Audit, Performance and Risk Committee

Thursday, 26 August 2021

To be held remotely in various locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Audit, Performance and Risk Committee** is to be held at **To be held remotely in various locations**, on **Thursday, 26 August 2021** at **13:00** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Sandy Riddell (Chair)

Mr Sean Coady (Member)
Professor Nicholas Fluck (Member)
Ms Jane Mackie (Member)
Councillor Frank Brown (Member)
Councillor Theresa Coull (Member)

Mr Steven Lindsay (Non-Voting Member)

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

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 24 June 2021

remote locations via video conference

PRESENT

Mr Sandy Riddell, Councillor Theresa Coull, Councillor Frank Brown, Mr Nick Fluck, Ms Tracey Abdy, Mr Simon Bokor-Ingram, Mr Sean Coady and Mr Atholl Scott

APOLOGIES

Mr Steven Lindsay, Ms Elidh Brown and Mrs Jane Mackie

IN ATTENDANCE

Also in attendance at the above meeting was Mrs Jeanette Netherwood, Corporate Manager; Dafydd Lewis, Senior Auditor; Neil Strachan, Lead for Strategy & Performance; Peter Maclean, Service Manager – Primary Care Contracts; Dr Calum Leask, Lead for Research & Evaluation and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

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

4. Minute of Board Meeting dated 25 March 2021

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

The Board agreed to approve the minute as submitted.

5. Action Log of Board Meeting dated 25 March 2021

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

6. Quarter 4 (January - March 2021) Performance Cover Report

A report by the Chief Financial Officer (CFO) updates the Committee on its performance as at Quarter 4.

The Committee welcomed Neil Strachan to the meeting who is now Lead for Strategy & Performance for Health & Social Care Moray.

Delayed Discharges remain a priority focus for the partnership as it impacts on the whole system. Current Delayed Discharges are well above the new target set at the end of quarter 3. Mr Coady, Head of Service, advised the Committee at times the number of Delayed Discharges is really low, have recently seen some additional challenges in flow. To reduce the number of Delayed Discharges work is ongoing and the senior team are linked in with Scottish Government leads to ensure everything that can be done is being done and there are also close working relationships with other Board areas to share learning. Mr Coady continued, adding HSCM has been able to maintain flow around Community Hospitals for some time; not had high numbers on the waiting list for months.

Hospital Readmission rate remains high for this quarter. Data is monitored regularly. The Chief Nurse for Moray recently reviewed all of the discharges and readmissions and any lessons learned identified and shared.

In response to a query, the Chief Officer assured the Committee there is no pressure on clinicians to discharge a certain number of patients, there is no policy for that. Assessments are made to ensure patient is medically fit for discharge. Timing is key however, as if someone stays in hospital longer than they need to there is a risk of their overall condition and wellbeing deteriorating.

The CFO highlighted Appendix 2 to the Committee which shows the Moray information for the National Core Suite of Integration Indicators for 2019/20. This data is produced every 2 years. There was a 35% response rate with results showing a decrease in performance. Further consideration of the results and comparison with local data is required. There will be a focus around a plan for carers.

The Chair welcomed the information in Appendix 2 of the report as it is helpful to see how services are evolving. He would like to see a way of capturing and monitoring data around adults supported at home feeling safe. Align the flow and capacity monitoring with the public feeling safe and supported.

The Chair asked about Council staff sickness levels and how they compare with NHS staff sickness levels and how they compare Scotland wide and what measures are in place to address this. The Corporate Manager responded to inform the Chair that if you remove the long term sickness absences from the figure then Moray Council absence rate is well below the target. Sickness absence levels have

generally been low during the pandemic. Care at Home Manager has highlighted a recent increase in absences, which is being monitored.

The Chief Internal Auditor informed the Committee that as a Council absence management stats were recently reviewed including what support in available for staff. It was found that arrangements to monitor and provide support to get back to work were in place. A summary of these findings can been presented to the Committee if they wish.

Variations in sickness levels depending on job profile may iron out disparity. The Chair agreed, if there are variations, it would be good to see what actions take place to support teams if colleagues are off sick.

The Committee considered and noted the performance of local indicators for Quarter 4, the analysis of the local indicators and actions being undertaken to address performance that is outside of acceptable target ranges.

The Committee noted the published National Indicators for Moray for 2019/20 and that a further update report on performance for 2020/21 will be provided to this Committee in August 2021.

The Committee further noted that the draft Annual Performance Report will be submitted to this Committee in August 2021 with the intention of submission to MIJB in September 2021.

7. Internal Audit Update – Annual Opinion

A report by the Chief Internal Auditor provides the Committee with an update on audit work progressed since the last meeting of the Committee in March and an annual internal audit opinion.

Although the partnership has not been operating in normal times there is still the requirement to prepare and present reports to Committee on audit activity.

Audit work focused on key systems these are: payroll and creditor payments. An update was provided on some other projects where there has been some progress. Including exploratory meetings between the three IJBs in Grampian and NHS Grampian to assess the feasibility of joint working across internal audit teams. There will be some limitations with this piece of work due to audit resources. The Accounts Commission of Audit Scotland is coordinating a Best Value review in relation to progress with integration. The CFO sits on the National Advisory Group for it with the next meeting in August. The CFO will discuss with the Chair, initially, with regards progress.

In providing an audit assurance opinion, there are 3 elements to consider - broader governance arrangements, risk management, and control systems. The Chief Internal Auditor draws assurances from Moray Council and NHS Grampian.

There was some difficulties in accessing some supporting information for a small number of sampled payments which mainly covered invoices from suppliers of commissioned services. Further work is required though the audit planning process when time and resource allow. The Chief Financial Officer assures the Committee there are performance review meetings in place and regular meetings with Service Managers – internal audit are included where appropriate.

The committee considered and noted this audit update and the Chief Internal Auditor's opinion that reasonable assurance can be placed on the adequacy and effectiveness of the MIJB's system of governance, risk management and internal control for the year ended 31 March 2021.

8. Strategic Risk Register – June 2021

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

The cover report outlines key risk elements being experienced highlighting the delays in recruitment and selection and continuing impact of covid and potential impact of third wave.

There is an increasing risk around effective communication and engagement with stakeholders in relation to the fact that the MIJB third sector rep has stepped down from the Board and the Carer rep and Patient rep are finding it challenging to be present at all meetings. Looking to review how engagement takes place to ensure meaningful and voices are heard.

Another rising risk is around external inspections and the impact of Covid-19 and increasing workloads stretching a workforce that has been under sustained pressure for a considerable time.

The Chief Officer is seeking assurance around the implications for MIJB with regards to becoming a Category 1 Responder. The risk is on the Strategic Risk Register. There is a need to formally discharge duties of Category 1 Responder from MIJB to Chief Officer. This will outline how HSCM will function as a responder and make clear MIJB members themselves are not the people who require to be trained and respond to an incident.

The Chair asked, that as HSCM remobilises and reconfigures, if there were plans for Moray Council and NHS Grampian to work in tandem with regards to ICT infrastructure and premises. The Chief Officer has regular meetings with partners and whilst there is a commitment between NHS Grampian and the 3 Local Authorities to working together as much as possible on infrastructure and IT there is risk there. One organisation might work faster than another. The CO recognises the importance here and will continue to encourage joint discussions to take place.

The committee considered and noted the updated Strategic Risk Register and noted it will be further refined to align with the transformation plans as they evolve.

9. Internal Audit Plan

A report by the Chief Internal Auditor provides the Committee with information on the proposed internal audit coverage for completion in the current 2021/22 financial year.

Two things are likely to impact on the audit plan for 2021/22 these are the pandemic and staffing.

There are a number staffing issues within Internal Audit that require to be addressed.

It was noted this was the Chief Internal Auditor's last Committee meeting. The Chair acknowledge the very significant contribution he has made to both this committee and to the MIJB.

Capacity and vacancies within internal audit to be escalated the MIJB.

The Committee considered and agreed the proposed audit coverage.

10. Primary Care Improvement Plan Update

A report by Sean Coady, Head of Service, informs the Committee of progress towards implementation of the Primary Care Improvement Plan (PCIP).

PCIP progress in Moray is on track to achieve the principles outlined in the Memorandum of understanding (MoU) by 31/03/22.

The MoU is being reviewed again and there is some consultation with that – it is likely Integration Authorities will be asked to concentrate on Community Treatment and Care Services, and Vaccination Services. Transitions part is still being debated nationally.

The CFO stated the full implementation of the MoU is not affordable and there are national discussions taking place around this.

The Committee considered and noted the progress made towards implementation and the potential impact should all PCIP elements be fully implemented.

11. Home First Performance and Risk

A report by Sean Coady, Head of Service, updates the Committee of the current performance and risks associated with Home First in Moray.

Dr Calum Leask, Lead for Research & Evaluation, gave a PowerPoint Presentation to the Committee on the Operation Home First portfolio focusing on evaluation and priorities for Moray.

Cllr Brown is interested to see the full cost of Home First quantified and savings identified, considering there are significant cost pressures across Grampian. The Chief Officer advised the agreement for MIJB to proceed with fully funding the scale up of Discharge to Assess (D2A) and seeking efficiencies further down the line was taken with the understanding there was a degree of risk with this. The pilot showed potential with a positive effect of social care costs, system flow and an improved patient journey.

Dr Leask advised the intention is to gather experience from service users and unpaid carers across all initiatives to help refine and make more person centred.

Mr Fluck stated when collating experience consider if there is enough there in terms of evaluation of health care utilisation? Look at whole population – is there a change

in health care utilisation and consider hard outcomes. Do initiatives change the way clients interact with the health care system? – aim to see a move out of unscheduled care to more planned care.

Mr Coady added there is a need to do a piece of work around joining work streams together under Home First umbrella and being able to evaluate healthcare utilisation.

The Chair concluded as reporting and monitoring evolve there is a need to be mindful of interdependencies. As matrixes develop it's about people's personal experience of care, quality, timing and safety of care as well. The Chair advised development of the one page flash report is really welcomed and as matters progress it will provide a snapshot of the various aspects really well.

The Committee considered and noted the information provided in the report and Appendix 1.

Meeting closed at 12.09

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log of Meeting dated 27 August 2020	Payment Verification Assurance Update – once through appropriate NHSG Governance route. As this work is currently paused a verbal update will be given to the next Committee meeting regarding process.	August 2021	Sean Coady
2.	Civil Contingencies – Resilience Standards Progress	Annual Assurance report requested from Health and Social Care Moray Civil Contingencies Group	March 2022	Jeanette Netherwood
3.	Strategic Risk Register – August 2020	Report on Home First approach – setting out changes required and evaluation of current position, performance and risks	Completed	Simon Bokor-Ingram
4.	Strategic Risk Register	To be circulated to Clinical and Care Governance Committee for oversight and scrutiny in future	ongoing	Jeanette Netherwood
5.	Internal Audit Update – March 2021	Present Audit Programme for 2021/22	Completed	Atholl Scott

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
6.	Quarter 4 Performance	Further update report on National Performance Indicators for 2020/21 to be provided to this Committee.	August 2021	Jeanette Netherwood
		Draft Annual Performance Report presented to this Committee in August 2021 then to the MIJB in September 2021	August 2021	Tracey Abdy

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 AUGUST 2021**

SUBJECT: **QUARTER 1 (APRIL TO JUNE 2021) PERFORMANCE REPORT**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk (AP&R) Committee on performance as at Quarter 1 (April to June 2021).

2. RECOMMENDATION

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

i) **the performance of local indicators for Quarter 1 (April – June 2021) as presented in the Performance Report at APPENDIX 1;**

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

iii) **the published National Indicators for Moray for calendar year 2020 are included in APPENDIX 2.**

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.

RAG scoring based on the following criteria:

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 1 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 1 of the financial year 2021/22 is showing as variable. While four of the indicators are presenting as green, one is amber and 4 are now red.

4.4   The two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) are red and are above the new targets set at the end of quarter 3 of 2020/21. There had been a decrease in both measures for the previous 3 quarters and a significant decrease in comparison to the quarter 4 figure at 2019/20. In April and May there was an increase in delays which then fell during June. There are several factors contributing to the delays, but there are considerable efforts being made with a continued focus on sustaining progress made and working to reduce these figures. Examples include proactive daily monitoring of Community Hospital waiting lists, exploration of options for patient transport for discharges and transfers, an area that is proving to be challenging, ICT solutions for prescriptions for patient discharge continues to be progressed with E-Health and process mapping work at both Grampian and Moray levels to identify improvement opportunities.

4.5   Hospital Re-admissions (HR-01 and HR-02) relate to the rates for Moray residents of % emergency readmissions to hospital in a given month, within 7 or 28 days of a previous discharge. A detailed explanation was provided to this committee on 25 March 2021 (para 6 of the minute refers). The rates continue to remain high as anticipated because elective admissions have not restarted. It is predicted an improvement will be shown once elective admissions and treatment restart, which will result in the total discharges from hospital increasing. The restarting of elective care has been delayed due to the impact of water quality issues in Ward 7 of Dr Gray's which has resulted in 23 beds being taken out of the system for a period until November 2021. This has resulted in increased demands for beds across the Moray system with community hospitals running at increased occupancy rates:-

Hospital	April	May	June
Seafield	86%	91%	99%
Stephen	100%	100%	99%
Turner	92%	85%	85%

Source: Health intelligence

During this period occupancy of care homes has also been over 90% in each month which results in fewer alternative options for care for people.

4.6   The impact of the third Wave of the Covid pandemic has been placing increasing pressure across the system. At the end of June (Qtr 1) there were

early signs of this, but during July there have been sharp increases in demand for assistance with care services from the community and in Accident and Emergency department at Dr Gray's. Elderly people that are now requesting help are found to be more frail and vulnerable and if attending hospital are requiring longer periods of time in hospital before they can be discharged. These factors are placing extreme pressures on hospital services in Moray and in the Care at Home services. In addition, staffing capacity is reduced due to annual leave, which has been prioritised as staff are feeling exhausted and experiencing the effects of the prolonged response to Covid, and increase in general sickness absence with a low number of impacts where staff are isolating or are absent with Covid. The impact of annual leave is usually covered by relief staff however this year people have not had the same availability as in previous years. Further guidance from Scottish Government is awaited on the changes to the rules on self isolation and how they will apply to health and social care staff, if staff can come back to work despite being a close contact of someone with covid, where certain conditions are met and arrangements are put in place in the workplace.

4.7   An expanded summary of the local indicators is contained in section 2 of **APPENDIX 1**, along with detailed information for each indicator.

4.8   The table below (Figure 1) gives a summary and the historical trend by indicator since quarter 1 year 2020/2021.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q1 2021 Apr-Jun	Q2 2021 Jul-Sep	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	New Target (from Q1 21-22)	Previous Target	RAG
DD	**Delayed Discharges**								
DD-01	Number of delayed discharges (including code 9) at census point	10	27	23	17	26*	no change	10	R*
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	242	803	672	496	770*	no change	304	R*
EA	**Emergency Admissions**								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2037	1994	1881	1773	1773	2037	2107	G
EA-02	Emergency admission rate per 1000 population for over 65s	178.1	178.6	179.5	174.8	170	179.9	179.8	G
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	121.7	122.9	122.5	119.3	116.3	123.4	124.6	G
AE	**Accident and Emergency**								
AE-01	A&E Attendance rate per 1000 population (All Ages)	15.8	17.9	16.8	17.8	23.5	no change	21.7	R
HR	**Hospital Readmissions**								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.4%	4.7%	4.3%	5.0%	4.4%	no change	4.2%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	10.9%	9.8%	9.3%	9.8%	9.9%*	no change	8.4%	R
MH	**Mental Health**								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	24%	23%	100%	100%	100%	no change	90%	G
SM	**Staff Management**								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	3.6%	3.6%	3.1%	No Data	no change	4%	No Data
SM-02	Council Sickness Absence (% of calendar days lost)	6.4%	6.1%	6.1%	6.2%	No Data	no change	4%	No Data

* May data used as end of quarter data is not currently available and verified.
Note: In order to match other national and local data sources indicators are showing the last month in the reporting quarter.

4.9   **APPENDIX 2** shows the Moray information for the National Core Suite of Integration Indicators for 2020/21.

4.10   Indicators NI-1 to NI-9 are generated from the Health and Care experience survey 2019/20 (HACE) which is undertaken every two years. The HACE asks about people's experiences of; accessing and using their GP practice and Out of Hours services; aspects of care and support provided by local authorities and other organisations caring responsibilities and related support. In Moray there were 2,237 respondents out of a 6,438 (35% response rate).

Indicators NI-2, NI-3 and NI-4 relating to people supported at home show results above the Scottish average and we have maintain results where people agree they supported to live as independently as possible, increasing performance in relation to people agreeing they had input into how they were supported and that their support is well co-ordinated. In addition we are above the Scottish average and showing a slight increase in performance relating to people receiving a service who rate it as an excellent or good standard.

The result for NI-1, adults able to look after their health very or quite well, we have maintained performance. The remaining indicators are showing a decrease in performance which is not in line with strategic intention. Most concerning is NI-8 relating to carers who feel supported to continue their caring role. Given this survey was conducted prior to the pandemic and its impact on people in the community it is not likely that there will be an improvement in this indicator unless specific and directed action is undertaken. Under the Home First theme funding has been approved by the senior management team for Quarriers for a year, for a Wellbeing Worker who will support discharges by working with unpaid carers and those who perhaps do not currently recognised themselves as carers and provide support, advice and signposting links so that people do not feel unsupported when they, or their family member is back home.

The HSCM senior management team are aware of the challenges with communication and engagement that have been exacerbated during the Covid 19 pandemic and have commenced a review which will incorporate the Scottish Government guidance "Planning with People", to evidence, going forward, the impact of our services received by the people Moray.

4.11   Indicators NI-11, 12, 13, 14, 15, 19 and 20 show Moray is maintaining good performance against the national average during the calendar year 2020. There is a slight increase in Falls rate (NI-16) but this is an area that is closely monitored across Moray hospitals and through the processes in place and the reviews undertaken there is assurance that every effort is being made to mitigate risk for patients in this area. NI-18 relates to the percentage of adults with intensive care needs receiving care at home which has been on a downward trend and is below the Scottish average. Work has just commenced on the Hospital at Home project, following a successful bid for funding from the Scottish Government and it is anticipated that there will be an impact on this indicator once this project progresses to implementation. (Indicators 10, 21, 22 and 23 are not currently reported as either national data is not available or there is not yet a nationally agreed definition).

5.   SUMMARY OF IMPLICATIONS

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

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

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

(b)   Policy and Legal

None directly associated with this report.

(c)   Financial implications

None directly associated with this report.

(d)   Risk Implications and Mitigation

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

(e)   Staffing Implications

None directly associated with this report.

(f)   Property

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, Strategic Planning and Performance Lead/DCO, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas, HSCM and Katrina McGillvray, Senior HR advisor and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted and comments incorporated in the report.

6.   CONCLUSION

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

6.2   The National Core Suite of Integration Indicators for 2021/22 have recently been published and are included.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: Available on request
Ref:

PERFORMANCE REPORT

QUARTER 1
2021/22

(1 APRIL 2021 – 30 JUNE 2021)

NHS
Grampian

moray
council

1. TABLE OF CONTENTS

2. PERFORMANCE SUMMARY

COMMENTARY

DELAYED DISCHARGE – RED

The number of delays at June snapshot was 19 (down from 26 in previous quarter) and number of bed days lost due to delayed discharges was 592 (down from **770**) showing a decrease on the previous. This figure is still considerably above the recently amended target of 10.

EMERGENCY ADMISSIONS - GREEN

There was no change quarter on quarter from Mar 2021 (1,773) to June 2021 (**1,773**) in rate of emergency occupied bed days while the emergency admission rate per 1000 population for over 65s reduced from 174.8 to **170** and the number of people over 65 admitted to hospital in an emergency also decreased (119.4 to **116.3**).

In line with infection prevention and control guidelines there has been a reduction in the number of beds available at Dr Gray's and Community Hospitals, this will continue to have had an impact on patient flow and the number of admissions.

ACCIDENT AND EMERGENCY - RED

There has been a significant increase in the rate per 1,000 this quarter from 17.8 to **23.5**. This is well above the target of 21.7 and also well above the number presenting at the over the same period last year. While the rate in January 2021 was low (likely due to increased lockdown measures and the Flow Navigation Hub redirecting people) there has been a steady increase in this rate since then.

This increase is in number of those in Flow 1 presenting (Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as See and Treat). Flows 2, 3 and 4 remain at relatively consistent levels as they have done throughout the pandemic.

HOSPITAL RE-ADMISSIONS - AMBER

Both indicators in this barometer are red and are not decreasing significantly since the Q1 2020-21 spike. 28 day re-admissions are 9.2% and 7 day Re-admissions are at **4.4%**. These are both above target.

Elective treatment continues to be below pre-pandemic levels therefore the overall number of discharges from hospital is less, this in turn impacts the percentage of those readmitted. The current targets are based on activity before the pandemic, these will be reviewed when there is a recognised 'normal' level of hospital activity.

MENTAL HEALTH - GREEN

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

Adult mental health continue to carry a full time vacancy despite two rounds of advertising. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

STAFF MANAGEMENT – AMBER / RED

NHS employed staff sickness levels have risen to 4.2% which is now above the target of 4%.
Council employed staff sickness levels have risen to 6.95%

Staffing levels are being closely monitored as the impact of staffing vacancies and summer leave is placing additional pressure on services at a time when demand for services is increasing.

Managers are working to support teams and individuals to ensure they are receiving sufficient breaks and leave, and signposting to support where required, to prevent people being overwhelmed and becoming ill.

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **4 are Green** and **4 are Red** and **1 is Amber**. There are 2 indicators which have not had their data published.

Figure 2 – Performance Summary

Health and Social Care Moray Performance Report									
Code	**Barometer (Indicator)**	**Q1 2021** Apr-Jun	**Q2 2021** Jul-Sep	**Q3 2021** Oct-Dec	**Q4 2021** Jan-Mar	**Q1 2122** Apr-Jun	**New Target** (from Q1 21-22)	**Previous Target**	**RAG**
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Note: In order to match other national and local data sources indicators are showing the last month in the reporting quarter.

3. DELAYED DISCHARGE - RED

Trend Analysis

The number of delays at snapshot (19) and number of bed days lost due to delayed discharges (592) which has increased since Q4 2020/21. Prior to March 2021 the figure had been reducing. As the third wave hit in July and there were significant impacts across the whole system in Grampian there is a potential that this figure may show an increase next quarter.

Operational Actions and Maintenance

Since the last report, delayed discharges in Moray have increased owing to various capacity issues in specific fractions of the system. This is primarily down to planned and unplanned leave (staff isolation etc.), in combination with recognised resourcing concerns.

Nevertheless, the level of work being undertaken across the Moray system continues, looking for and progressing improvements and resolutions.

The aims continue:
•   To support a reduction in delayed discharge
•   To reduce the risks to patients from unnecessary time spent in hospital
•   To ensure that processes are sustainable
•   That we have appropriately resourced teams across the system

Work continues with some areas of Improvement with a fastidious focus on :
•   Communications
•   Pathways including Planned Discharge Date (PDD)
•   Capacity and Performance

Work continues to be progressed to support the aims of Delayed Discharges. For example:
•   Community Hospital Waiting lists continue to be monitored
•   Options regarding patient transport, for transfer and discharge continues to be explored
•   ICT solution for prescriptions for patient discharge continues to be progressed with e-Health
•   Work is being progressed to secure permanent Discharge Coordinator Posts
•   Process mapping work continues at both Grampian and Moray levels

This work will contribute to generating a positive impact on Moray's Delayed Discharge performance.

Next Steps

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

Discharge to Assess teams will be operational from August 2021 and it is anticipated that this will have assist in the reduction of 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	

Figure 1

Delayed Discharges (including code 9) at Census Point
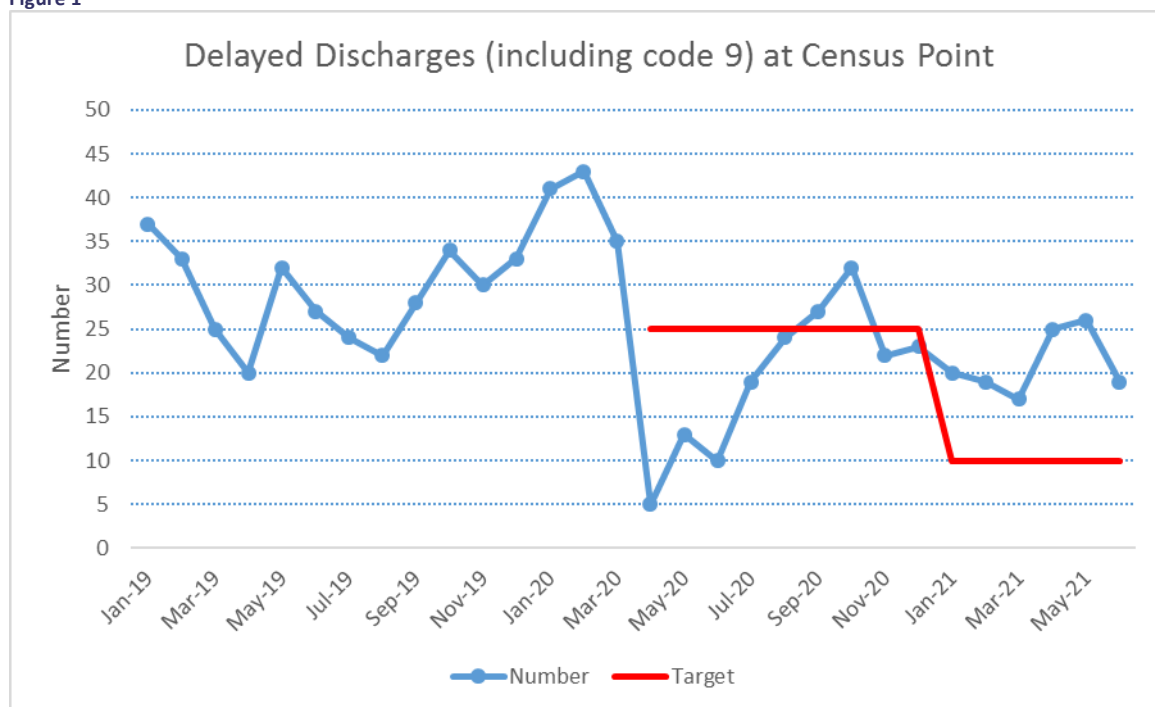
Indicator Trend – fluctuating

The number of delayed discharges started to increase in April and May but then fell in June 2021. There are several factors influencing this however the impact of Covid is starting to show in the increasing acuity and frailty of the patients coming into the emergency department who once medically fit then require support of care at home. Demand for care at home services has increased sharply and available capacity is a limiting factor. Services continue to work collaboratively to provide the best and most appropriate service for individuals.

Scotland Trend	TBC
Peer Group	TBC
Last Reported	August 2021 for Quarter 1 Data
Next Update due	November 2021 for Quarter 2 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		

Figure 2

Delayed Discharge Bed Days

Indicator Trend – Decreasing

Whilst the number had been decreasing since September 2020 there has been a sharp increase since March 2021 and whilst there has been a drop in June 2021 it is anticipated there will be an increase during July whilst the system is in surge status as a result of the third wave of Covid.

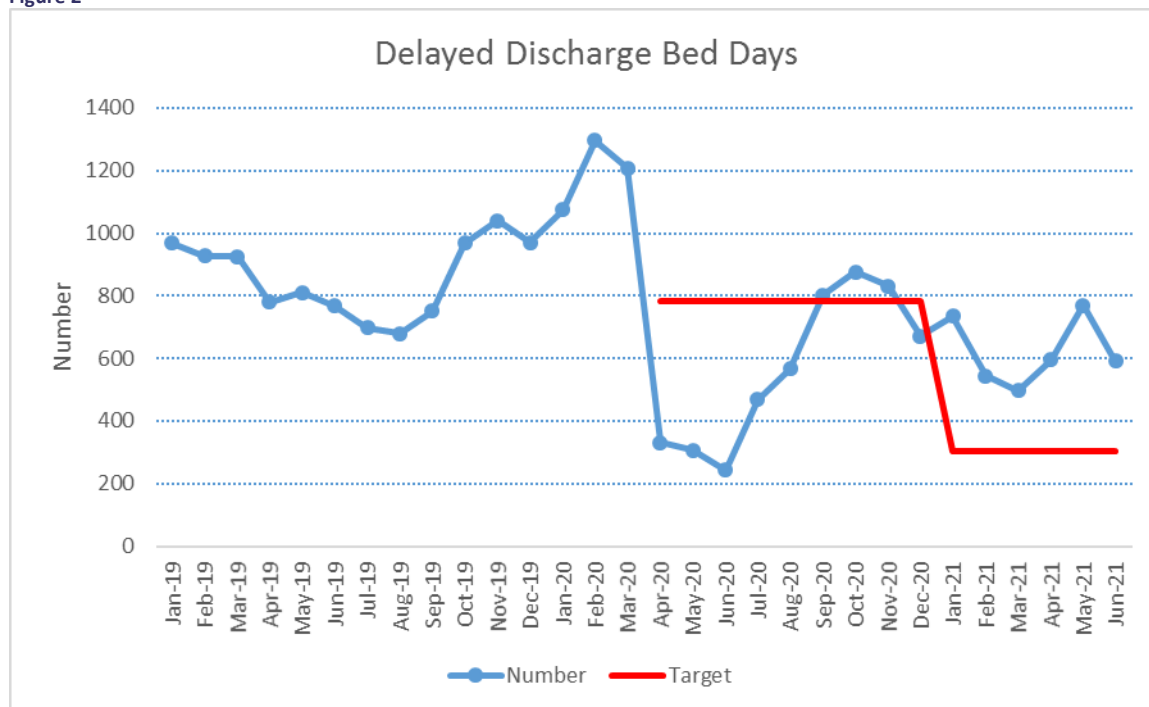| Scotland Trend	TBC
Family Group	TBC
Last Reported	August 2021 for Quarter 1 data
Next Update Due	November 2021 for Quarter 2 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS - GREEN

Trend Analysis

There was no change quarter on quarter from March 2021 (1,773) to June 2021 (1,773) in rate of emergency occupied bed days while the emergency admission rate per 1000 population for over 65s reduced from 174.8 to 170 and the number of people over 65 admitted to hospital in an emergency also decreased (119.4 to 116.3).

In line with infection prevention and control guidelines there has been a reduction in the number of beds available at Dr Gray's and Community Hospitals, this will continue to have had an impact on the number of admissions.

Daily Attendances / Breaches / 4Hr % / % admitted 01.04.21 to 30.06.21
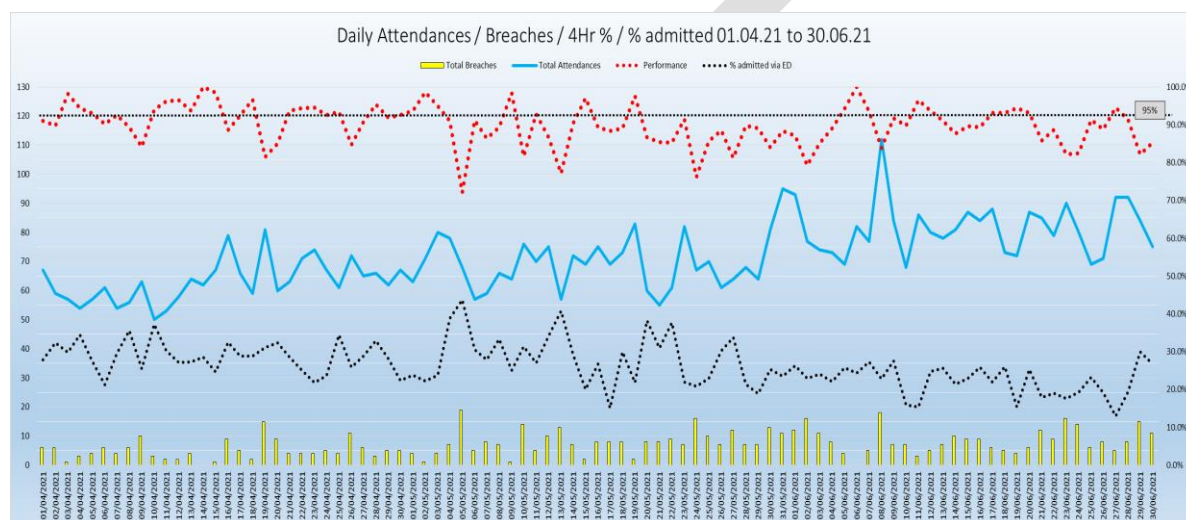
Operational Actions and Maintenance

In addition to the reduction of beds due to infection prevention and control guidelines above Business Continuity Planning was activated during refurbishment works to the General Medical Ward when water outlets were sampled, with results revealing a legionella risk. The ward was subsequently closed on Thursday 27 May. To safely accommodate closure of the General Medical Ward beds across the site were re-purposed. Understandably there were periods of moderate impact on flow and congestion. This challenging situation has been incredibly well supported by all teams across site with all ensuring patient welfare and experience is not compromised and disruption minimised.

Next Steps

The leadership team continue to manage the water safety incident at Dr Gray's and planned improvement works on the affected area have been accelerated in order to bring that clinical space back into use by the end of the calendar year. In the interim, effective use of all available clinical space is being made in order to maximise the available bed base and manage unscheduled patient flow, as well as making every attempt to preserve some capacity to enable high priority elective procedures. Teams in Moray are developing alternatives to admission, such as through the work of the discharge to assess teams and community response teams and the situation is being closely monitored via the Moray senior management team.

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

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

Figure 3

Emergency Occupied Bed Days for over 65s
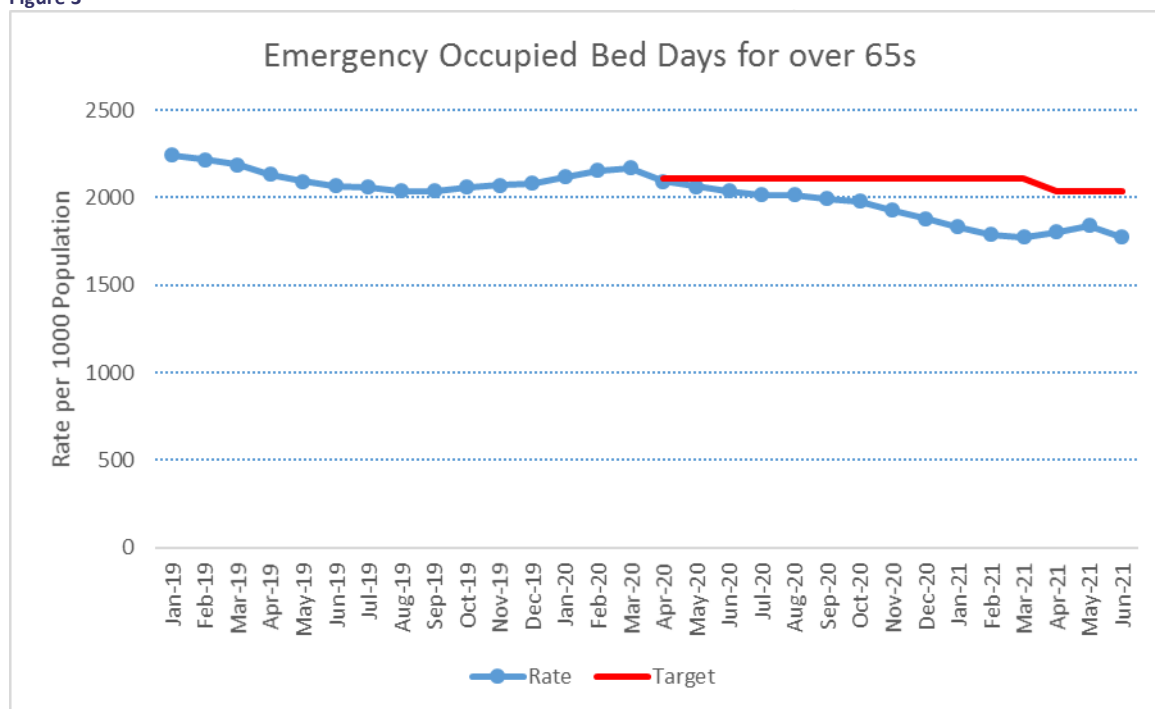
Indicator Trend – Reducing
This indicator is on a downward trend.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S	
Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.

Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	EA-01, EA-03
National Health & Wellbeing Outcomes		1, 2, 3, 5	

Figure 4

Emergency Admissions for over 65s
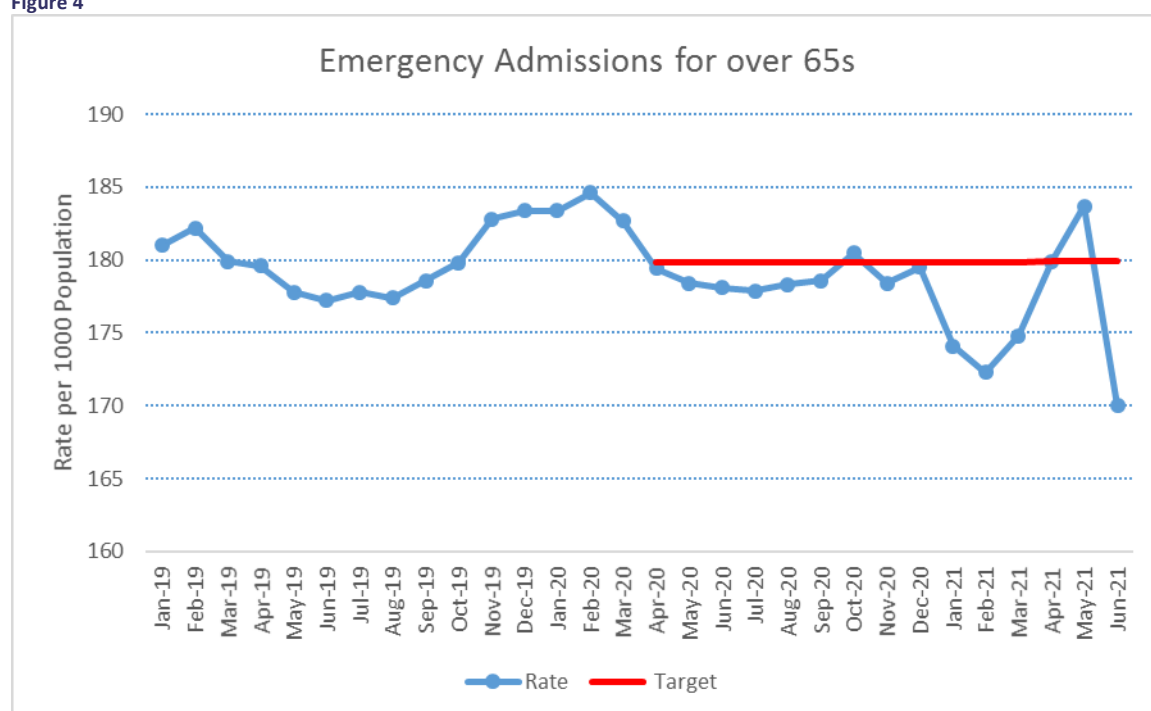
Indicator Trend – Variable#

The drop in Qtr 4 followed the pattern of Q3 to Q4 reductions shown in the previous 3 years. However there was a significant spike in April 2021 followed by sharp drop in May which is not following a recognised pattern.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

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

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

Figure 5

Number of people admitted as an emergency over 65
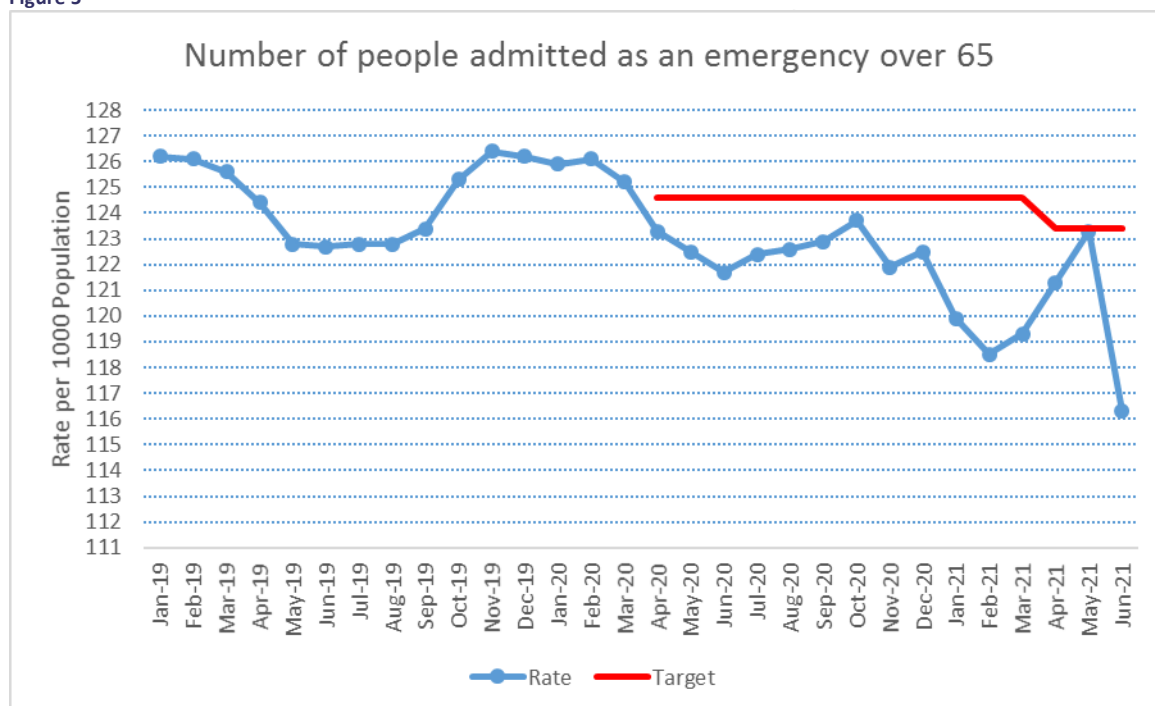
Indicator Trend – Variable
This indicator is showing a consistent downward trend, although there was a spike in April the figures have plummeted to a new low of 116.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY – RED

Trend Analysis

There has been a significant increase in the rate per 1,000 this quarter from 17.8 to **23.5**. This is above the target of 21.7 and is well above the number presenting at the over the same period last year. While the rate in January 2021 was low (likely due to increased lockdown measures and the Flow Navigation Hub redirecting people) there has been a steady increase in this rate since then.

Operational data from Dr Gray's implies that this increase is in number of those in Flow 1 presenting (Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as See and Treat). Flows 2, 3 and 4 remain at relatively consistent levels as they have done throughout the pandemic.
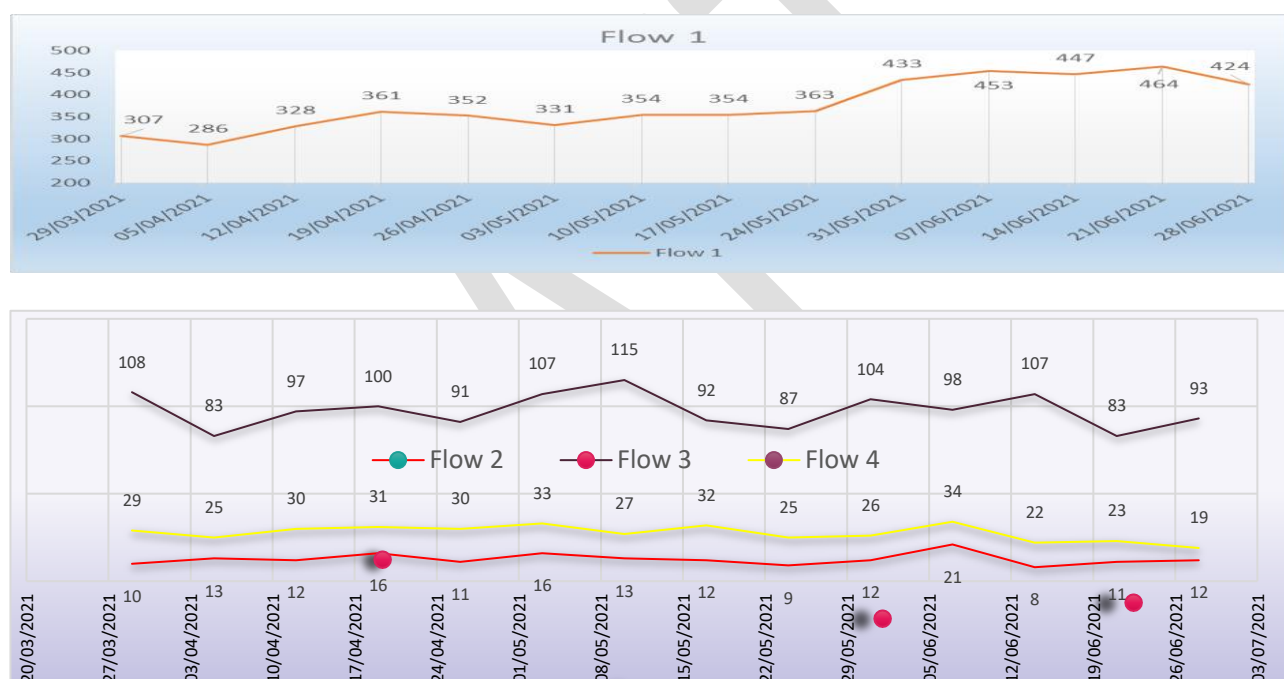
Operational Actions and Maintenance

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.

The Flow Navigation Hub (FNH) has been running since 17th Jan 2021 and data for analysis is still limited, however we continue to monitor up to date weekly data to enable more responsive action from management teams.   This close monitoring of data assists with the identification of opportunities for improvement i.e. walk in patients have been re-assigned to scheduled care from unscheduled via the FNH.

The work locally is following the lead from the NHS Scotland redesign of urgent care
[NHS Scotland redesign of urgent care - first national staging review report: 1 December 2020 – 31 March 2021 - gov.scot (www.gov.scot)](#)
It should be noted that agreed timelines for implementation of each element have been delayed and postponed several times to reflect emerging impacts on services including moving from a nationwide big bang approach to a more regional soft launch approach

TV and radio publicity:
These elements of the campaign were due to take place in April/May; however this was delayed due to the service demands already on NHS 24 and deemed too high risk to proceed.

Next Steps

The Flow Navigation hub is a relatively new service and meaningful trend information is not currently available but is being developed.
Figures are being monitored on a weekly basis but numbers remain low however these patients are seen by the medical staff from Emergency Department (ED) and are in addition to the figures presented for ED as above. See additional data re the delay in the SG media campaign regarding this part of the redesign

FLOW NAVIGATION HUB ATTENDEES

Values (FNH attendees): 15, 12, 11, 15, 10, 14, 8, 13, 10, 23, 18, 10, 21, 15, 10, 13, 21, 17, 15, 19, 19, 19, 15, 22, 25, 11, 14, 11, 14

Dates: 17/01/2021, 24/01/2021, 31/01/2021, 07/02/2021, 14/02/2021, 21/02/2021, 28/02/2021, 07/03/2021, 14/03/2021, 21/03/2021, 28/03/2021, 04/04/2021, 11/04/2021, 18/04/2021, 25/04/2021, 02/05/2021, 09/05/2021, 16/05/2021, 23/05/2021, 30/05/2021, 06/06/2021, 13/06/2021, 20/06/2021, 27/06/2021, 04/07/2021, 11/07/2021, 18/07/2021, 25/07/2021, 01/08/2021

AE-01: A&E ATTENDANCE RATES PER 1,000 POPULATION (ALL AGES)

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

Figure 6

A&E Attendance Rate
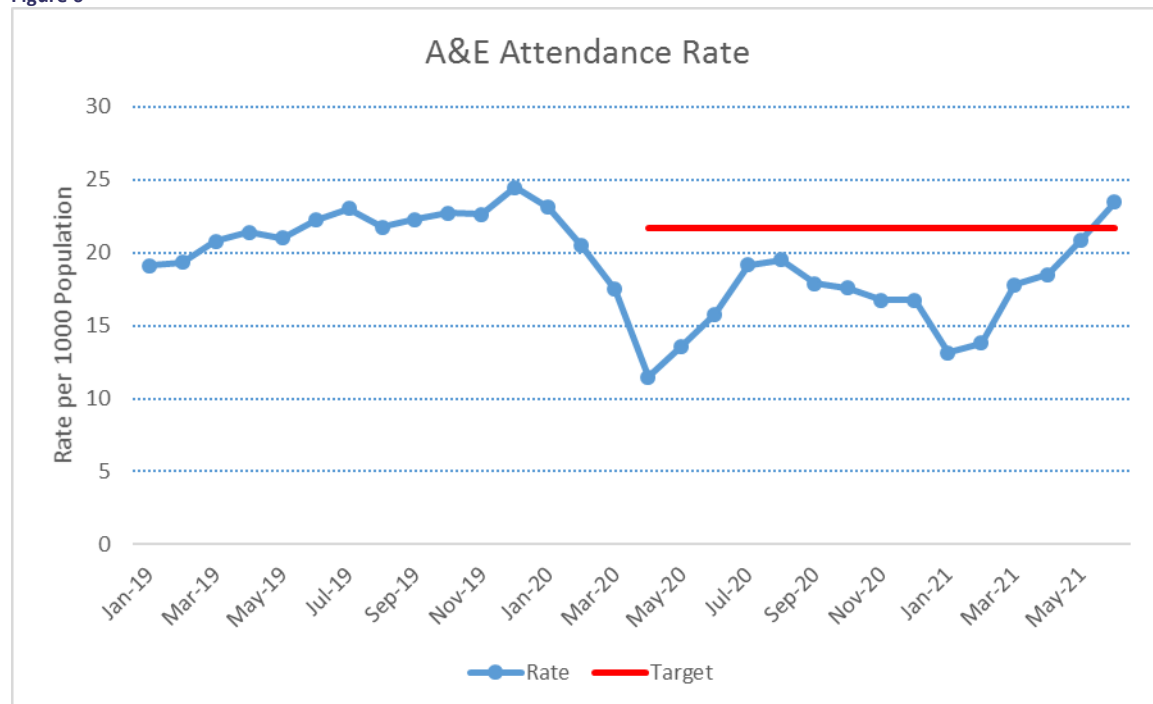
Indicator Trend – Increasing

Whilst there had been a reduction in attendances from November 2020 to January 2021 there has been a steady increase in the numbers attending and they are now back to the levels seen during the winter period of 2019/20.

Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Source	Health Intelligence

6. HOSPITAL RE-ADMISSIONS - RED

Trend Analysis

Both indicators in this barometer are red and are not decreasing significantly since the Q1 2020-21 spike. 28 day re-admissions are **9.2%** and 7 day Re-admissions are at **4.4%**. These are both above target.

Elective treatment is yet to be resumed in any volume and this means that the raw discharge numbers remain low and consequently the rate per Discharge remains high.

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 oversight of this performance information.

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	

Figure 7

7 and 28 Day Emergency Readmissions
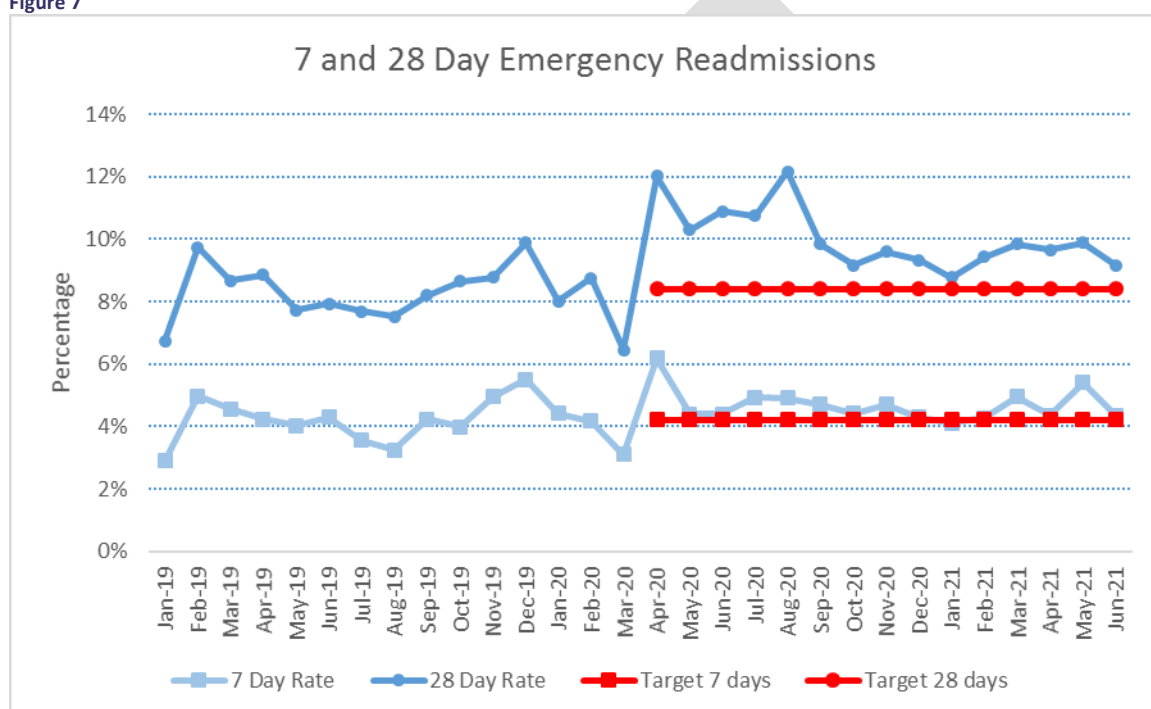
Indicator Trend – Stable
28 day Hospital Re-admissions have remained around 9.5% over the last 4 quarters, slightly above target.

Scotland Trend	Unknown
Peer Group	Unknown
Source	Health Intelligence

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

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

Figure 9

7 and 28 Day Emergency Readmissions
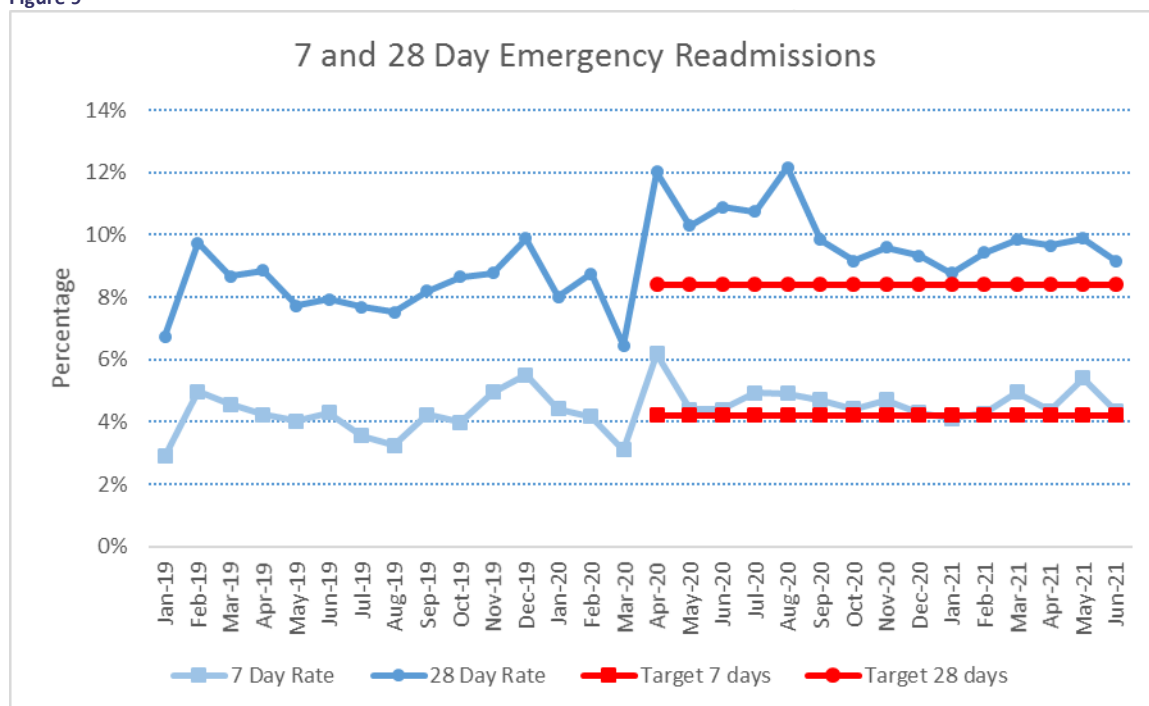
Indicator Trend – Stable

The rate of 7 day re-admissions had a slight increase in quarter 4 but has returned to the level of the previous 4 quarters.

Scotland Trend	Unknown
Peer Group	Unknown
Source	Health Intelligence

7. MENTAL HEALTH - GREEN

Trend Analysis

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

Operational Actions and Maintenance

All areas continue to achieve 100% HEAT targets for waiting and treatment times.

Adult mental health continue to carry a full time vacancy despite two rounds of advertising. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

Staff from the older adult team continue to be redeployed on a part time basis to the Psychological Resilience Hub but this is not currently affecting ability to see secondary care patients. The Psychological Resilience Hub funding has been extended until January 2022, meeting to take place with lead psychologist to discuss continued support from secondary care services.

Primary care staff continue to be redeployed to the Psychological Resilience Hub. Recruitment to all primary care posts has now concluded. Staff are continuing to support the PRH alongside primary care work, ongoing support to be discussed locally.

Referrals into all secondary care services are manageable.

Next Steps

Pilot group for Mentalisation Based Therapy (MBT) patients to commence on 9 August, further preparatory work being done for other psychological therapies groups to be delivered via technology. Issues with platform availability has been identified and a solution is being sought in relation to this to enable further roll out of group work.

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

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

Figure 80

Psychological Therapy Treatment within 18 weeks
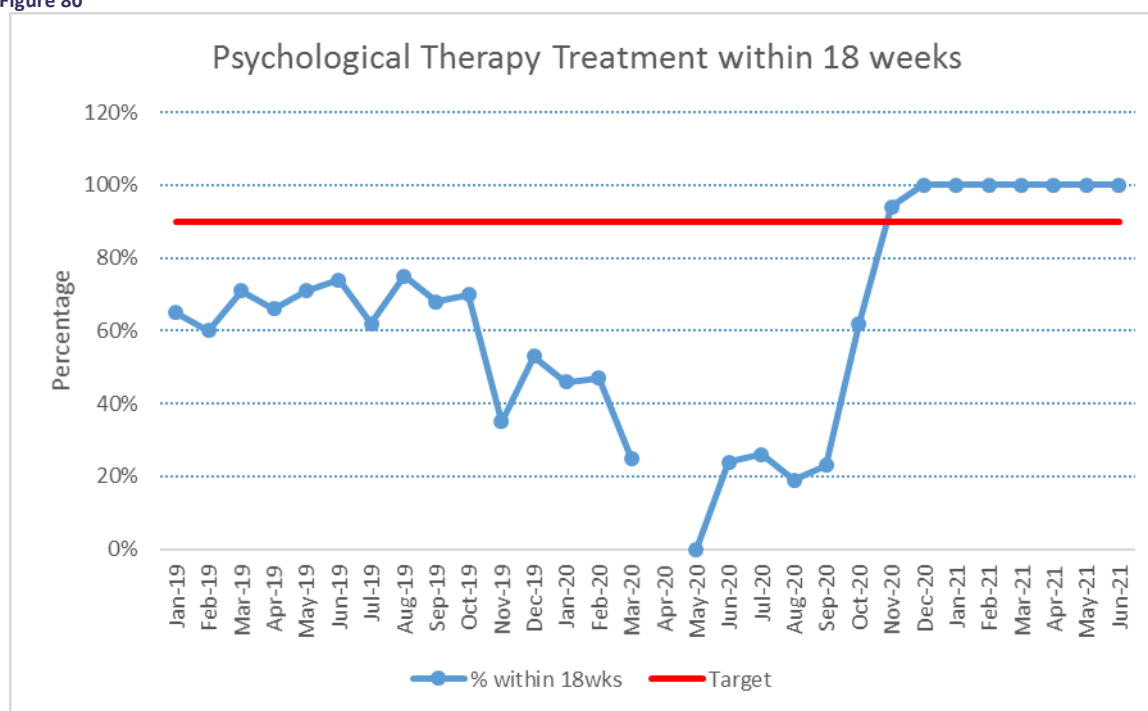
Indicator Trend – Stable
This measure remains at 100% for the third quarter in a row.

Scotland Trend	Unavailable
Peer Group	Unavailable
Source	Health Intelligence

8. STAFF MANAGEMENT - RED

Trend Analysis

Sickness absence for NHS employed staff has increased to 4.2% which is above the target of 4% and this is the first time it has been above target since November 2020.

Council employed staff sickness has risen slightly from 6.2% to 6.95% which is just above the figure for the same period in the previous year.

It was reported previously that across the general population, during the lockdown period with Covid measures in place and with improved hand hygiene there had been a reduction in the levels of colds, respiratory infections and flu, which it was felt was also being reflected in HSCM with the reduction of absence rates.

It would appear that the sickness levels are increasing and maybe related to the relaxation of lockdown measures however it will require further investigation to identify reasons for the increase.

Operational Actions and Maintenance

Managers continue to focus on supporting staff and following good absence management practice. Staff wellbeing is a key focus given the pressures and challenges people have faced during the Covid-19 response.

Moray Council have undertaken a survey of staff in relation to their wellbeing and the outputs are awaited as they will help inform actions that will be undertaken to maintain and improve support to staff.

Next Steps

HSCM have instigated an internal collation of staffing figures relating to sickness absence, vacancies, covid isolation/sickness, annual leave and special leave to identify any services being significantly affected and requiring support.

Managers will continue to monitor absence management and are aware of the continued need to support staff through the transitions of coming out of lockdown.

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%)	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22
4%	4.6%	3.1%	3.6%	3.6%	3.1%	4.2%

Figure 91

NHS Sickness Absence (hours lost)
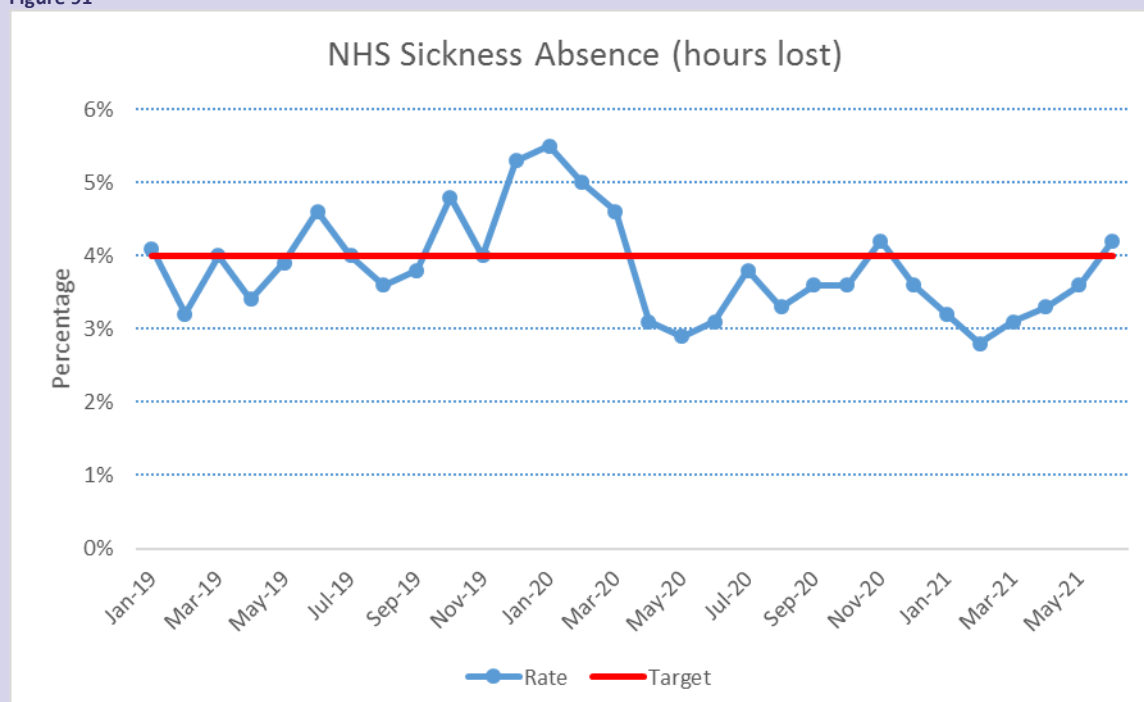
Indicator Trend – Increasing
This indictor has been increasing slightly over the last two quarters and it now just above target.

Scotland Trend	Unknown
Peer Group	Unknown
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	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Qtr1 21/22
4%	9.1%	6.4%	6.1%	6.2%	6.2%	6.95%

Figure 102 - Council Sickness Absence (% of Calendar Days Lost)
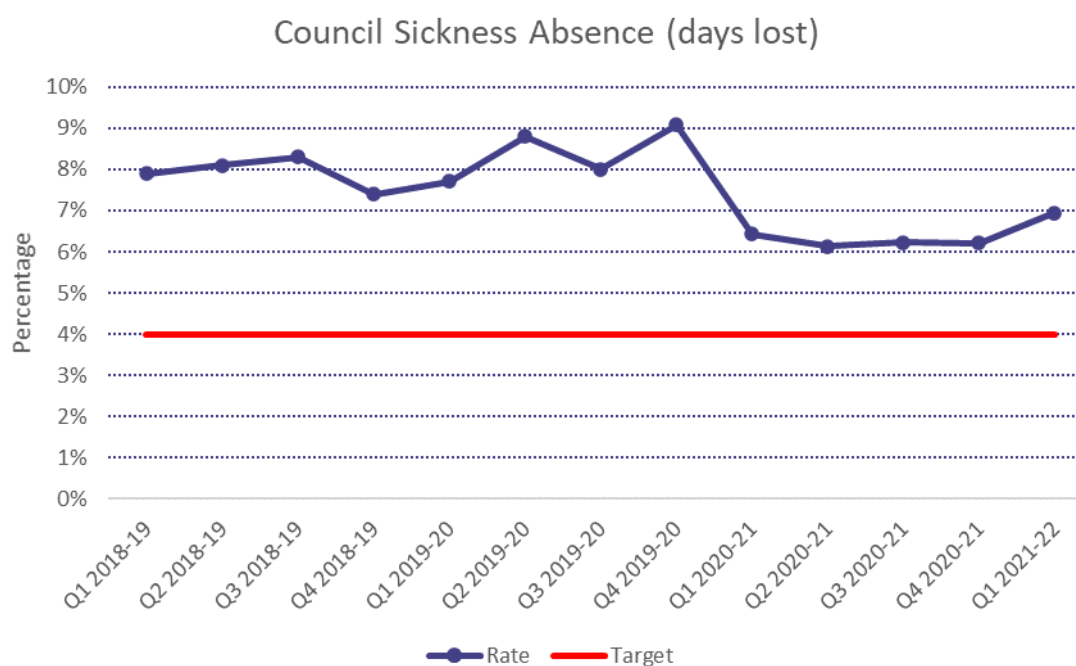
Indicator Trend
This indicator remains above target up to the end of quarter 4 2020/21 but it has dropped significantly from quarter 4 2019/20 where it was at a peak. We are awaiting the information from HR for Qtr1 however information from managers highlights that sickness absence is increasing and this increase is not directly attributable to the impact of Covid.

Scotland Trend	Unknown
Peer Group	Unknown
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:

- Medium Term Financial Plan
- Performance Framework
- Locality Plans
- Existing strategies
- Infrastructure Planning
- Housing Contribution
- Organisational Development and Workforce Plan
- Communication & Engagement Framework

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.

NATIONAL INDICATORS – 2020/21

Published on: 13 July 2021

Source: https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-13-july-2021/

	Indicator	Title	2013/14	2015/16	2017/18	2019/20	Scotland	Trend
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	97%	96%	93%	**93%**	93%	
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	74%	83%	**83%**	81%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	73%	75%	**80%**	75%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	71%	73%	**77%**	74%	
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	81%	79%	80%	**81%**	80%	
	NI - 6	Percentage of people with positive experience of care at their GP practice	84%	86%	80%	**77%**	79%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality	82%	83%	79%	**79%**	80%	
	NI - 8	Percentage of carers who feel supported to continue in their caring role	43%	38%	39%	**31%**	34%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	79%	84%	**79%**	83%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	**NA**	NA	

(As January to March 2021 data is not complete for all NHS Boards, calendar year figures are shown for 2020)

	Indicator	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020	Scotland	Sparklines
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (Data per Calendar Year, Latest 2019)	399	360	372	394	358	**357**	457	
	NI - 12	Emergency admission rate (per 100,000 population)	8714	8802	9276	8974	9322	**8713**	11,100	
	NI - 13	Emergency bed day rate (per 100,000 population)	95860	97430	95707	91483	90556	**78337**	101,852	
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	76	75	84	77	78	**96**	114	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.0%	90.2%	89.4%	90.0%	90.6%	**91.4%**	90.1%	
	NI - 16	Falls rate per 1,000 population aged 65+	16.8	15.7	15.3	15.2	15.1	**16.5**	21.7	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78.4%	70.7%	84.7%	81.8%	75.2%	**80.9%**	82.5%	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	75.9%	67.3%	65.9%	67.9%	62.5%	**59.4%**	62.9%	
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	764	1,095	936	1,063	768	**504**	488	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an	20.1%	20.3%	21.0%	20.8%	20.8%	**18.4%**	21.0%	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care	NA	NA	NA	NA	NA	**NA**	NA	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	**NA**	NA	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	**NA**	NA	

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 AUGUST 2021**

SUBJECT: **INTERNAL AUDIT UPDATE**

BY: **CHIEF INTERNAL AUDITOR**

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

3. BACKGROUND

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

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Self Directed Support (SDS)

4.1 An audit is currently ongoing regarding the financial monitoring arrangements within the SDS Team for direct payments made to service users. The audit will check for effective arrangements in the monitoring of funds issued to service users. A check will also be made to ensure that monies awarded and expenditure incurred by service users correspond to their support plan.

Petty Cash

4.2   A review was undertaken of the systems and procedures for the administration of petty cash funds. Petty cash is an amount of money held by establishments or services in cash to meet minor items of expenditure. The audit report has been prepared and a response requested to the recommendations.

Social Media

4.3   An audit has been undertaken of the Council's arrangements on the use of social media. Social media refers to websites and applications e.g. Facebook and Twitter that are designed to allow people to share content quickly, efficiently, and in real-time. The audit reviewed the Council's guidelines and procedures on the use of social media. Testing has also been undertaken to establish how officers are authorised to communicate information through social media and monitoring arrangements of postings. The audit report has been prepared and a response requested to the recommendations.

Business Continuity

4.4   An audit has been undertaken of the Council's Business Continuity arrangements. Business Continuity is an important part of corporate governance and is a specific risk management process designed to establish and manage the risks that may interrupt or stop effective service delivery. The scope of the audit was to review the Council's Business Continuity arrangements to confirm up to date policies, procedures and plans are regularly tested and reviewed, and that an appropriate level of awareness of Business Continuity is held throughout the organisation. An audit report has been prepared and a response requested to the recommendations.

Self-directed Support Framework of Standards- Joint working arrangements with Social Work Scotland

4.5   It was noted that recently the Health and Social Care Moray has been successful in a joint working arrangement with Social Work Scotland to assist in the implementation of the new self directed support standards. The standards are intended to promote a greater flexibility and autonomy in meeting service users support needs. Implementation of these new standards may therefore require a review of current arrangements regarding authorisation, monitoring and reporting of expenditure in the near future.

Staffing

4.6   Currently the Internal Audit Section has a number of staff vacancies including the post of the Internal Audit Manager, who undertakes the Chief Internal Auditor role for the IJB. A recruitment process has started to ensure the staffing establishment for internal audit remains fit for purpose going forward. However, until this is completed and all posts filled, there is a risk the service may have insufficient capacity to meet the requirements placed upon it by the internal auditing standards.

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"

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

A number of staffing issues within Internal Audit require to be addressed as outlined in this report.

(**f) Property**

No implications.

(g) Equalities/ Socio Economic Impacts

No implications.

(h) Consultations

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

6.   CONCLUSION

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

Author of Report: Dafydd Lewis, Senior Auditor
Background Papers: Internal Audit Files
Ref: mijb/ap&rc/26082021

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 AUGUST 2021**

SUBJECT: **STRATEGIC RISK REGISTER – AUGUST 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 August 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,

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

    iii)   consider if this committee wishes to receive this update on a regular basis.

3.   BACKGROUND

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

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

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

3.4   The Strategic Risks received an initial review to ensure they align to the Moray Partners in Care 2019-2029 strategic plan which was agreed at MIJB on 28 November 2019 (para 13 of the minute refers).

4.   **KEY MATTERS RELEVANT TO RECOMMENDATION**

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

4.2   The impact of COVID-19 has delayed the development of some aspects of transformation plans as reported to the last meeting of this committee on 24 June 2021 (para 8 on the minute refers). Work overseen by North East Partnership on Home First programme continues to be progressed, in line with our Strategic Plan objectives. As anticipated the numbers of Covid-19 cases in the community continued to increase and there was some impact of staff requiring to self-isolate. However the greatest impact on progression of development work as plan has been the increases in demand for services at all parts of our system, for example at the Emergency Department at Dr Gray's, for social work referrals from the community, requests for Occupational Therapy services and through these processes a resultant increase in demand for care at home services. In addition Primary Care Services have also experienced considerable challenges with the requirement to develop new pathways to support demand. This has impacted on both in hours and out of hours primary care services. These increases in demands for service have arisen at a time where staffing resource has been reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment. These aspects continue to impact on delivery of developmental work as staff have to continually adjust to respond to the Covid-19 situation albeit there is development work taking place as teams work collaboratively to address the increases in demand. The continued safe delivery of services is a priority and as such a considerable amount of management time is being directed to support oversight of operational risks to ensure they are managed and prioritised across the whole system.

4.3   There continues to be significant financial risk in the system. As we transition from the additional supports provided as part of the Covid response we are monitoring the position closely and assessing the impact on both short and longer term.

4.4   Recruitment and selection to staff vacancies is proving challenging across services. These challenges remain as previously reported regarding lack of appropriate applications for some posts and also the time taken to for the recruitment process in employing organisations to be followed. There has been significant efforts and collaborative working to streamline processes and align timescales where possible which has resulted in some care at home appointments being able to commence a couple of weeks earlier than anticipated, which will assist to relieve some particular pressures. In addition there has been an efficient and effective recruitment process for the

Discharge to Assess posts which again will assist to relieve specific pressures in the system. There remain some staff redeployments and acting up arrangements in place, such as for some of the vaccination team members, and there will be a period of time before services and staff return to "business as normal" or alternative arrangements are put in place. Staff wellbeing continues to be a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is readily available, where it is required.

4.5   As plans evolve, the Strategic Risk Register will be updated to ensure that it reflects any barriers to realising the ambitions we are not enacting, to achieve the vision set out in our Strategic Plan.

5.   **SUMMARY OF IMPLICATIONS**

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019-2029"**
        The MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

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

        There are no legal implications arising from this report.

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

(d)   **Risk Implications and Mitigation**
        This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB.

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

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

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

(h)   Consultations

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

6.   **CONCLUSION**

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

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

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

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 15 AUGUST 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: *Regulatory*	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high	**MEDIUM**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	The strategic plan "Partners in Care" 2019 to 2029 was developed and launched in December 2019. Membership of IJB committees has been relatively stable and the majority of members have attended several cycles of meetings. An amendment to the Scheme to increase membership by one from each of the partner organisations is being considered by the Scottish Government following approval by Moray Council and NHS Grampian Board. During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August 2020. In addition weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on "Home First" and these actions will be incorporated into the Transformation plan that underpins "Partners in Care"
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	• Integration Scheme. • Strategic Plan ""Partners in Care" 2019 to 2029 • Governance arrangements formally documented and approved by MIJB January 2021. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports. • Standing orders have been reissued to all members

Mitigating Actions:	Induction sessions are held for new IJB members. IJB member briefings are held regularly. Conduct and Standards training held for IJB Members in December 2020 with updates provided by Legal Services as appropriate. SMT regular meetings and directing managers and teams to focus on priorities. Regular development sessions held with IJB and System Leadership Group Strategic Plan and locality management structure is in place 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.
Assurances:	• Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	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.
Current performance:	Scheme of administration is reported when any changes are required. An initial meeting was held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services. 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 Appointment of Standards Officer agreed by IJB September 2020. Members Handbook has been updated and circulated to all members in June 2021. Governance Framework was approved by IJB 28 January 2021 A request to amend the Scheme to increase voting members from 3 to 4 from each partner was submitted to Scottish Government in May 2021, a response was received requiring some other amendments to the previously agreed scheme, which are being addressed and it will then been necessary to submit to Moray Council and NHS Grampian Board for agreement before it can be resubmitted to Scottish Government.
Comments:	Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the

changes Covid is causing on ways of working and will recommend a revised way forward. The Strategic Planning and Performance Lead is now taking this forward.

The Scheme of Integration requires to be amended to incorporate the agreed increase in membership. The public consultation completed on 5 March 2021 and Moray Council Legal services are progressing with Scottish Government for ratification.

2	
Description of Risk: *Financial*	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.
Lead:	Chief Officer/Chief Financial Officer
Risk Rating:	Low/ medium/ high/ very high <td style="background:red">**VERY HIGH**</td>
Risk Movement:	Increase/ decrease/ no change <td style="background:orange">**NO CHANGE**</td>
Rationale for Risk Rating:	Whilst the 2019/20 and 2020/21 settlement saw additional investment for health and social care that was passed through to the MIJB, there remains a significant pressure as much of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning. In addition, many uncertainties have arisen through the Covid reponse and continue as we continue to remobilise. The full impact is not yet quantifiable. Demand on services is greater than before and the IJB has no remaining general reserves. There is however earmarked reserves of £4.7m that will be used to support the Covid response and Primary Care Improvement Plan The unaudited annual accounts werepresented to the IJB meeting of 24 June 2021 and show a surplus of £6.3m This in the main is derived from late allocation as payment in advance from Scottish Government in relation to Covid spend in 2021/22. The available general reserve of £1.5m has been utilised in balancing the revenue budget for 2021/22 as approved by the IJB in March 2021. Audited Accounts will be presented to the IJB on **25 November 2021 for approval prior to publishing.**
Rationale for Risk Appetite:	The Board recognises the financial constraints all partners are working within. While we are cautious and open about accepting financial risks this will be done: • Where a clear business case or rationale exists for exposing ourselves to the financial risk • Where we can protect the long term sustainability of health & social care in Moray Covid-19 continues to place additional risk on the MIJB finances as we continue through the pandemic and remobilise
Controls:	Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. The CFO and Senior Management Team continue to work together to address further savings which will be presented to the Board for approval during the 2021/22 financial year. A revised Financial Framework will be developed during the year to support the emerging situation
Mitigating Actions:	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.

	The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations have continued through the pandemic phase. 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. The focus for 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation in addition to identifying further efficiencies and seeking IJB approval
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	For the 2021/22 financial year an overspend will be reported at the end of the first quarter. This will be reported to the IJB on 30 September 2021 In the previous year, reliance has been place on Covid – 19 funding to support under-delivery of savings will has beendrawn-down to create a general reserve. This has been required to support a balanced budget for 2021/22 and it is yet unknown whether SG will provide support for this in the current year.
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.

3		
Description of Risk: *Human Resources (People):*	Inability to recruit and retain qualified and experienced staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of Covid and the actions that will arise from the recommendations from the Independent Review of Adult Social Care 2021.	
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	**HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**

Rationale for Risk Rating:	There continues to be issues with recruitment to some front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. Allied Health Professions and Social Work are two particular areas experiencing difficulties with obtaining people with the appropriate skills and training. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter. 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. The Care Homes in Moray have continued to do well to maintain their staffing levels throughout the pandemic and whilst the difficulty with recruitment and retention of staff to caring roles is still being experienced there has not been a direct impact on HSCM teams for additional support from contractors. Neither has Covid 19 cause significant disruption to staffing as a result of positive cases or notification of Test, Trace and Isolate . There have been some achievements in the recent appointment to the Geriatrician post, and recruitment to agreed models for orthapedics, anaesthetics, general surgery and the emergency department in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system. The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored. The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Committee Officer support has been reinstated for APR and CCG committees with effect from August 2021.
Rationale for Risk Appetite:	Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case. The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision. The Board will also seek to balance individual safety risks with collective safety risks to the community.
Controls:	Management structure in place with updates reported to the MIJB. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan.

	Continued activity to address specific recruitment and retention issues. The chief social worker reviewed the situation with managers and employed a Consultant Practitioner to develop options for addressing some of the particular issues affecting social work services in Moray and to provide support to managers and staff. There continues to be pressures around Social Work as more requests for assessment are being received from the community and an additional 3.68 FTE have been approved for recruitment for a temporary period to progress outstanding reviews. Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19. Communications & Engagement Strategy was approved in November 2019 and is being implemented. Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible. SMT review vacancies and approve for recruitment. Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers. HSCM services have commenced twice weekly reporting of workforce sit reps for Senior Management Team oversight highlighting vacancies, annual leave, sickness absence and Covid impacts so that issues can be identified and assessed quickly.
Mitigating Actions:	System re-design and transformation. Organisational Development Plan and Workforce plan have been updated and approved by MIJB in November 2019 and they are being progressed by the Workforce Forum. Workforce planning has recommenced and an initial draft was prepared and submitted in April 2021. This will be taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared for March 2022. Staff Wellbeing is a key focus and there are many initiatives being made available to all staff including training, support, information and access to activities. . Locality Managers are developing the Multi-disciplinary teams in their areas and some project officer support has been provided to develop the locality planning model across Moray. Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development. Close monitoring of Covid infection rates and potential impacts for services are considered at the weekly Response Group meeting.
Assurances:	Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework. The HSCM Response Group has been in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them.

Gaps in assurance:	Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed.
Current performance:	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. Work is underway in preparation fo the Imatter survey that will take place during July/August 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. Collaborative working has resulted in streamlining the appointment and training of 10 Care at Home staff to which will enable them to start their role on 9 August 2021, a couple of weeks earlier than originally envisaged. For some professions there is a potential risk that staff move from one position to a new position within HSCM will just move the vacancy to elsewhere in the system, so Senior Management Team are aware of this risk and taking it into account in considerations for vacancies.

4	
Description of Risk: *Reputation:*	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high — **MEDIUM**
Risk Movement:	increase/decrease/no change — **INCREASING**
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.

	The Third Sector rep stood down from MIJB and the substitute is only able to commit to attending until August 2021 so there is a need to recruit. Recent engagement with individuals representing their communities or third sector organisations in a variety of forums is highlighting that problems with their capacity to fulfil our needs so more co-ordination and clearer focus is required to ensure that the communication, engagement and outcomes are meeting identified needs.
Rationale for Risk Appetite:	The Board is cautious but open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time. 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. 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. 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
Controls:	Governance Framework approved by IJB January 2021 Communication and Engagement Strategy approved November 2019 Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit. Annual Performance Report for 2019/20 was published in August 2020 Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team. Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website. Participation of stakeholders in Home First project meetings.
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. Annual Performance Report for 2019/20 published in August 2020.

	Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled. SMT have considered the existing arrangements for engagement with stakeholders and work is being undertaken to align our framework with the Scottish Government "Planning with people guidance" and ensure that mechanisms are in place across services to evidence and evaluate their impact.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board.
Gaps in assurance:	Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement are not all available. More use is being made of social media and Microsoft teams and other options and methods for engagement with staff are being used via NHSG such as videos on Youtube and one question surveys.
Current performance:	Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2019/20 published August 2020. Audited Accounts for 2019/20 were publicised by deadline 30 September 2020 Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.
Comments:	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. There has been representation from the Home first project at the Wellbeing forum to facilitate sharing of information and seeking views.

5	
Description of Risk: *Environmental:*	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	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.

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

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.

MIJB will be redefined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparadness that is being taken forward in partnership with NHSG and Moray Council emergency planners. |
| **Rationale for Risk Appetite:** | The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and the Category 1 status applied in March 2021, and work with partner organisations to meet these obligations |
| **Controls:** | Winter/Surge Plan updated and was tested alongside NHSG plans for winter with participation from officers in cross system table top exercises. Further work is being undertaken to identify learning from recent incidents to strengthen plans.
HSCM Civil Contingencies group established and meeting regularly to address priority subjects.
NHS Grampian Resilience Standards Action Plan approved (3 year).
Business Continuity Plans in place for most services although overdue a review in some areas.
Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during recent incidents such as Gas outages in Keith and Covid response – debriefs carried out and learning identified |
| **Mitigating Actions:** | Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan).

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. |

	NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing Lesson learnt from the response to Covid will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed. Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources. HSCM continues to monitor the local situation regarding Covid-19 and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. There is work underway with partners within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look at Surge flows and establish a mechanism that will provide easy identification of "hot spots" across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach. This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian would aid communication and understanding.
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
Gaps in assurance:	Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. It has also highlighted the need for a more robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being progressed with partners in Moray. 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. 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. Pandemic flu plans will require to be updated with the learning from this incident The debrief reports following the gas outages from a Moray perspective and the Grampian Local Resilience Partnership (LRP), highlighted some issues for clarification in relation to the Care for People agenda. To address the local issues ameeting has taken place with representation from Moray Council and HSCM and steps to re-establish the Care for

	People group and update the Care for People response plan are in progress. The next meeting will be in September 2021.
Current performance:	The Senior Management Team participated in Strategic Leadership in a Crisis training in 2020 and a programme of further training for the wider management team is scheduled. 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. Annual report on progress against NHS resilience standards was reviewed by APR committee on 25 March 2021.
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: *Regulatory*	Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high **MEDIUM**
Risk Movement:	increase/decrease/no change **INCREASING**
Rationale for Risk Rating:	Considered medium risk due to the impact of Covid-19 and resultant efforts required to remobilise services and/or the increase in workloads stretching a workforce that has been under sustained pressure for a considerable time.
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply,or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified 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. Complaints and compliments procedures in place and monitored. 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. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee. Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate, albeit there has been a reduction in some areas of external inspection reporting during the Covid period due to social distancing restrictions Care Home Oversight Group was meeting daily but now three times a week to oversee and manage risks in care homes. Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.
Mitigating Actions:	This risk is discussed regularly by the three North East Chief Officers. Additional resource has been allocated to support the analysis of information for presentation to CCG committee

	Process for sign off and monitoring actions arising from Internal and External audits has been agreed
Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues. There has been a reduction in staff resources around clinical and care governance due to the need to deploy staff to the vaccination team. This is being addressed.
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report in 2020.
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

7	
Description of Risk: *Operational Continuity and Performance:*	Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high · HIGH
Risk Movement:	increase/decrease/no change · NO CHANGE
Rationale for Risk Rating:	Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service.

	The level of delayed discharges has fluctuated over the last two months but reduced in recent weeks and has reflected the sustained focus and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to continue reductions and maintain them.
Rationale for Risk Appetite:	The Board is cautious but open about risks that could affect outcomes that are priorities for people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met. This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.
Controls:	Performance Management reporting framework. 2019 to 2029 "Partners in Care" Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process.
Mitigating Actions:	Service managers monitor performance regularly with their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system. Key operational performance data is being circulated daily to all managers in a "Performance Flow" dashboard to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed.
Assurances:	Audit, Performance and Risk Committee oversight. Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team. HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services.
Gaps in assurance:	Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. Progress will be reported to future Board meetings.

Current performance:	Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support mangers interpret the impact of Covid19 on their services, now and going forward. There are likely to be changes to ways of working and this may also have impact on the performance information required.
Comments:	Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers. The delayed discharge group has produced an action plan for implementation and progress is being made. Practice Governance have been reviewing their operational performance requirements. The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis. Progress in this area has been hampered due to the increased demand for urgent or critical services requiring staff resource to be prioritised to frontline service delivery.

8	
Description of Risk: *Transformation*	Inability to progress with delivery of Strategic Objectives and Transformation projects.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	There are many issues that will impact on the ability to progress to deliver Strategic Objectives. The Strategic Planning & Commissioning group is to be refreshed and re-launched and key work is being progressed that will report into this forum. This will provide as structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements. The appointment of the Strategic Planning and Performance Lead provides additional capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally. The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. Work has progressed and risk assessments are completed and assessments have been or are in the process of being reviewed

to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid however it is anticipated that a hybrid service will be offered which will facilitate tailoring of services to meet specific individual outcomes where this is appropriate.

The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over. It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives. There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress.

There is concern that due to the workloads and challenges over the last year that teams are weary and/or do not have capacity at this moment in time, to progress with delivery of development plans at this moment in time. In addition the pandemic is still present in the community so services are still responding to the impacts it has for the population of Moray. Managers are working with teams to establish "readiness" and their capacity and sense of wellbeing and the collated output will inform plans going forward.

One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system.   Work was undertaken by NHS GRAMPIAN and partners to address the needs for ICT kit and information during the response to Covid and it is hoped that this progress can be built on

Rationale for Risk Appetite:	The Board has a high appetite for risks associated with delivery of transformational redesign. The following should be considered when accepting these risks: • We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite • Service users are consulted and informed of changes in an open & transparent way • We will monitor the outcome and change course if necessary
Controls:	Home First strategic theme is being progressed across the whole system and a local Home First Group is meeting fortnightly. The Home First Transformation Board has also been established for Grampian – the output of these meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed. It is recognised that there will be significant changes taking place in Social Work practice with the implementation of the Self Directed Support standards and the move to outcomes based services, so governance arrangements are being set up to facilitate the same type of oversight and communication that is in place for the Home First programme.
Mitigating Actions:	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

	Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid. These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.
Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.
Gaps in assurance:	Transformation/implementation planning is in development and will inform outcomes and performance reporting on the delivery of the strategic plan. Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed. Meetings have not been taking place due to Covid.
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: *Infrastructure*	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:	Changes to processes and necessary stakeholder buy-in still bedding in. Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. The output was anticipated in October 2019 however due to changes with roles and responsibilities within the Council however the paper has been out for consultation. The changes required to places of work as a result of Covid19 continue to restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their development of policy regarding workspace and availability of facilities going forward as highlighted in the Premises Strategy report to MIJB in May 2021. NHSG have advised that staff should aim to work from home until December 2021 although and update will be provided in August 2021. ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required. The impact of Covid has resulted in a change in ICT strategy for Moray Council. 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. There is still an issue with availability of kit for NHS employed staff which has been escalated
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	Chief Officer has regular meetings with partners Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months PSN accreditation secured by Moray Council

	Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate oversight of all projects underway in HSCM. The Board is not meeting at present, so in the interim, project requests are being processed via Senior Management Team.
Mitigating Actions:	Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed Interim Infrastructure Manager in post and linking into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'. Dr Gray's site development plan is being produced collaboratively with input from NHSG and HSCM management Work is progressing on identification of needs for some services with regard to accommodation which will be communicated with partners to find the most effective solution.
Assurances:	Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a robust business case and meets requirements of the respective partner organisations. This board reports to Strategic Planning and Commissioning Group. Both of these groups are being refreshed and remobilised. Workforce Forum meeting regularly with representation of HR and unions from both partner organisations
Gaps in assurance:	Further work is required on developing the process for approval for projects so that they are progressed timeously. Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort. Infrastructure Board is in development and priority issues are being addressed in relation to infrastructure and premises risk. Legal services have reduced capacity to provide support due to budget cuts so any requests may take longer. Recruitment for vacancies takes considerable time due to various factors and is presenting a strain on services to maintain normal service whilst covering vacancies. There have been several posts that have had to go out to advert more than once extending the time other staff are covering gaps.
Current performance:	The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.

	Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised against all other services in the partner organisations. The challenges and impact on the ability to adopt efficient working processes for HSCM staff and managers whilst have to use networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing, matters is very significant.
Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels

REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 AUGUST 2021

SUBJECT: HEALTH AND SOCIAL CARE MORAY ANNUAL PERFORMANCE REPORT 2020/21

BY: CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To request the Audit, Performance and Risk (APR) Committee consider and approve the draft Annual Performance Report 2020/21.

2.   RECOMMENDATION

2.1   **It is recommended that the Committee:-**

(i)   **note the approach taken to produce the 2020/21 Annual Performance Report; and**

(ii)   **approves the Report in APPENDIX 1 to be formatted for publication and submitted to the Moray Integration Joint Board on 30 September for noting prior to publication on the Health and Social Care Moray website by 1 October 2021**

3.   BACKGROUND

3.1   The Scottish Government have advised that the Coronavirus Scotland Act (2020) has been extended to 30 September 2021. Subsequently, Integration Authorities can delay the release of their Annual Performance Report until November 2021 using the same mechanisms as last year and as laid out in Coronavirus Scotland Act (2020), Schedule 6, Part 3. Public Health Scotland (PHS) have also issued guidance to Integration Authorities for 2020/21 Annual Performance Reports in relation to which release of Core Suite Integration Indicators to be referred to.

3.2   A report to the Audit, Performance and Risk Committee on 24 June 2021 (para 6 of the draft minute refers) informed members that the draft Annual Performance Report would be submitted to this Committee on 26 August 2021 and then to the Moray Integration Joint Board on 30 September 2021 for approval prior to publishing.

3.3   The Annual Performance Report must meet the required content as described in the national reporting guidance. It must demonstrate how Health and Social Care Moray (HSCM) has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement as presented within the report. To support this, a set of Core Integration Indicators have been developed by the Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators. The report is required to include a comparison of performance in previous years. The MIJB Annual Performance Report includes a comparison during the period since establishment, that being 1 April 2016.

3.4   A summary of financial performance for the 2020/21 reporting year, along with comparisons for prior years, that include the total spend by service, details of any underspend/overspends and the reasons for these.

3.5   An assessment of performance in relation to best value.

3.6   Description of the arrangements which have been put in place to involve and consult with localities and an assessment of how they have contributed to the provision of services.

3.7   Details of any inspections carried out by Healthcare Improvement Scotland and The Care Inspectorate relating to the functions delegated by Moray Council and Grampian Health Board.

3.8   The previous Annual Performance Report can be viewed at the following link: https://hscmoray.co.uk/uploads/1/0/8/1/108104703/moray_ijb_annual_perform ance_report_2019-20.pdf

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1   This report covers performance across HSCM, and highlights specific pieces of work to demonstrate positive performance against a variety of objectives and performance indicators. These include:-
   - HSCM Strategic Priorities
   - National Outcomes for Integration
   - National Core Indicators
   - 6 National Outcomes for Integration
   - Local indicators

4.2   There is a large amount of performance data available to support the report, however it is not possible to include it all within the public facing report so specific highlights have been chosen which reflect areas that have been of particular focus.

4.3   The items for focus were identified by staff and managers following a call for submissions. There is a continued effort to strengthen the links between the Strategic Plan, implementation plans and related performance monitoring reports, to facilitate production of future Annual Performance reports. This

matter will be taken forward as part of the process for the refresh of the 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"**

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan.

Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

(b) **Policy and Legal**

Over and above the prescribed information, it is open to the Board to include any additional information within its annual report as it thinks appropriate.

(c) **Financial implications**

None directly associated with this report.   .

(d) **Risk Implications and Mitigation**

None directly associated with this report.

(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 as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics.

(h) **Consultations**

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

▪ Tracey Sutherland, Committee Services Officer
▪ Chief Financial Officer, MIJB
▪ Senior Management Team
▪ System Leadership Group

6.   **CONCLUSION**

6.1 **This report recommends the Audit, Performance and Risk Committee approves the Draft Annual Performance Report 2020/21 for publication by 1 October 2021.**

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

APPENDIX 1

HEALTH & SOCIAL CARE MORAY

ANNUAL PERFORMANCE REPORT

2020/21

Version 6

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In line with the Coronavirus (Scotland) Act, and with the approval of the Moray Integration Joint Board, the decision was made to postpone publication of the Health & Social Care 2020-21 Annual Performance Report until 01 October 2021.

It will be available thereafter on the HSCP website at X. Printed copies will be available on request by contacting involvement@moray.gov.uk or calling 01343 567187.

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1. Chair and Vice-chair's foreword

Welcome to the fifth Health & Social Care Moray Annual Performance Report.

The report shows how the resources available to Health & Social Care Moray have been used by the partnership to deliver health and social care services for the people of Moray between April 2020 and March 2021, how performance compares with previous years and with Scotland.

Normally, our report would also celebrate what we have achieved during the past 12 months. This doesn't feel appropriate this year, so instead we have used the opportunity to reflect on what has been anything but a normal year and focus on the response, recovery and renewal work undertaken.

The word that defined the year was pandemic which literally means "affecting everyone" and it is clear Coronavirus has touched and changed every aspect of our lives, testing us all.

We saw the devastating effects of Covid-19 on people around the world. We feared for the fate of the most vulnerable in our society. We learnt that the simple act of hand-washing or sanitising was critical in preventing the spread of the virus. We discovered what it meant to be stuck at home, reliant on technology to keep in contact with the outside world and to continue working and learning. We got into the habit of never leaving the house without checking we had a face mask in our pocket.

One of the toughest rules to follow was surely being told we had to keep our distance from loved ones. Yet even when we had to physically stay apart, we still came together as the community of Moray to care for and support one another.

Vaccines offered a much-needed ray of hope. December 2020 saw the arrival of the first batch of vaccine in Moray and the start of the biggest vaccination programme ever undertaken. People came forward in numbers we could hardly have imagined to take up their offer of a vaccine to protect themselves, their loved ones and their communities.

Colleagues in health and social care continued to be a presence in our communities and on the frontline, delivering essential services and providing safe and effective support and care for those with the greatest needs. Others moved from offices and bases to bedrooms, living rooms and kitchens to keep working. Many took on new or adapted roles to ensure services were there for those who needed them.

To all colleagues in all sectors across the health and care system - whether you have been working on the frontline, providing essential support from a base or working from home – we want to say thank you for your hard work and unwavering commitment which has made a huge impact on the lives of people across Moray.

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The Moray Integration Joint Board is immensely proud of this partnership and the individual and collective determination and innovation of each and every one to keep essential services going and continuing caring for and supporting our citizens.

We would also like to take this opportunity to recognise and thank all of Moray's unpaid carers for the unparalleled support they have provided throughout the crisis. While we have sought to minimise the disruption to services and supports throughout and continue to do so, the individuals who rely on our services and their carers have displayed remarkable levels of fortitude and understanding of the difficulties we face.

While challenging, our experiences during the year have also been inspiring and uplifting, showing us all how much we can achieve when we pull together. We have been awed by the way our communities rolled up their sleeves to support one another - particularly during the challenges of lockdown - by volunteering and carrying out heart-warming acts of

kindness. Their dedication and hard work has been essential to the response efforts.

We continue to have a great deal of work to do to recover and renew as an organisation and have much learning to take stock of. The last year has brought into sharp relief opportunities to transform services to better meet the needs of individuals and communities, and as we continue to build back and redesign while learning to live with Covid-19, we strongly believe Moray has the will, skill and drive to come out of this stronger than before.

We recognise we are stronger when working together. We will build on the strong partnerships forged during the pandemic across the public, independent, voluntary and community sectors, work alongside our local communities and learn lessons from the lived experience people share with us as we continue on our journey to ensure people have access to the services and support they need to experience improved health and wellbeing outcomes.

Councillor Shona Morrison, Chair

Dennis Robertson, Vice-chair

Moray Integration Joint Board

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2. Chief Officer's introduction

It is something of an understatement to say that the past year has been the most challenging we have ever faced in health and social care – and in every other sector. Throughout the response to Covid-19, and our recovery and remobilisation phases, we have continued to use the strength of the partnership of Health & Social Care Moray to work together for the good of the people and communities who need our services.

Dedication and commitment

It has without doubt been challenging navigating through the usual demands and pressures on our health and care system with the added complexity of Covid-19 infections, precautions and restrictions while maintaining our services as far as possible and establishing new ways to care for our residents and support our communities and partners.

I want to start by acknowledging the huge efforts of colleagues across the health and care system. For more than a year now, folk have been going above and beyond, day after day, to respond to the ongoing coronavirus situation. Their dedication and commitment has been remarkable.

Colleagues on the frontline led on protecting people from harm, ensuring person-centred care and providing the best possible services to our citizens with the restrictions and challenges that Covid-19 created. This was amid much early uncertainty about the virus and despite fears to their own health and the health of those they live with. They had to make rapid adjustments in an ever changing environment, working in full personal protective equipment (PPE), adhering to strict infection prevention and control measures and carrying out regular testing.

Responding to the pandemic

From the start, the partnership refocussed and reorganised its resources to protect key areas of operation. A large number of rapid changes had to be made to working practices. Changes that would have previously taken months to design and implement were accomplished in days or weeks. The changes also brought about service improvements which ensured we could continue to deliver quality health and care services in a safe manner for those that needed them at home, in care settings and in hospital.

The demands on care homes during the pandemic have been enormous. It is recognised that adults living in care homes often have multiple health and care needs and are frail with varying levels of dependence. Many are inevitably at greater risk of a poor outcome if they were to contract Covid-19. We have worked in real partnership with the owners and managers of Moray's care homes to protect residents and staff.

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We worked hard to keep our patients, clients and staff safe, changing working practices in line with national guidance and ensuring people had access to personal protective equipment (PPE). We moved to remote working and service delivery where appropriate to minimise footfall in buildings and face-to-face contacts. This has improved access for many patients and clients, although we recognise that this has been a difficult change for some folk.

Our Covid vaccination programme has been a really successful example of partnership working across staff groups and with our communities. There was a significant response to our call for help, including folk who had retired or left health work, who returned to help vaccinate, making a huge difference to how quickly we responded when vaccines became available. The uptake rates of the vaccine are high, and the community have worked with us to make that happen.

Command structures were established to enable strategic, tactical and operational decision making across the wider system. Staff wellbeing was prioritised as we moved from response to remobilisation and recovery. Our plans focused on living with the risks of Covid-19 through delivery of the testing and vaccination programmes and supporting the safe return of suspended services.

The National Day of Reflection on 23 March 2021 marked the anniversary of the first lockdown and we paused to think about those we had lost during the year, whatever their cause of death, and to acknowledge the sacrifices so many have endured over the past 12 months. It was an opportunity to look back over the 12 months, acknowledge how far we had come, the sacrifices we have made and to start looking ahead to better times to come.

Working in partnership

We are fortunate that the good work taken forward by the partnership in previous years meant we were in a strong place to respond to the challenges we experienced and continue to experience. Of course, the pandemic has inevitably impacted on our service planning, delivery and performance this year while we worked in an agile and rapid manner to redesign services at pace and scale and create new and innovative ways to deliver them.

During the pandemic we had to stop doing some of the things we routinely did. As we moved into recovery and remobilisation we needed to consider whether we re-started and returned to these again in the same way or perhaps continued to take a different approach to what we did before. Out of necessity we also found ways of doing things differently. We have learnt a lot as we continue to assess the practicality and effects of the new working practices and to identify, refine and embed those which have delivered real benefits.

I look forward now to leading the partnership as we emerge from the pandemic, working together to shape what that future looks like as we strive to achieve the best health and care system which offers high quality, person-centred, safe and

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sustainable services which enable our communities to enjoy better health and wellbeing.

Our key objectives set out in the Strategic Plan for the Integration Joint Board have not changed. The pace of meeting those objectives has quickened, and as we emerge from the pandemic we must keep up that pace to meet the new challenges we face.

Simon Bokor-Ingram, Chief Officer
Health & Social Care Moray

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3. Background to health and social care integration

National Context

The way in which health and social care services are managed changed in 2016 when legislation brought together health and social care in to a single integrated system.

The legislation created 31 integration authorities in Scotland which now have responsibility for the budget, strategic planning and commissioning of services which were previously managed separately by NHS Boards and Local Authorities.

Integration aims to improve care and support for people who use services, their carers and their families by ensuring services:

- ✓ Are joined up and easy for people to access
- ✓ Take account of people's individual needs
- ✓ Take account of the particular characteristics and circumstances of different service users in different parts of the city
- ✓ Respect the rights and dignity of service users
- ✓ Take account of the participation by service users in the community in which service users live
- ✓ Protect and improve the safety of service users
- ✓ Improves the quality of the service
- ✓ Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services
- ✓ Anticipate people's needs and prevent them arising
- ✓ Make the best use of facilities, people and resources

Local context

NHS Grampian and Moray Council agreed to integrate all community-based adult health and social care services and some hospital-based services. Responsibility for these services was delegated to a new body, the Moray Integration Joint Board (IJB), which was established in 2016.

The services which have been integrated and now come under the Moray IJB include:

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ADULT CARE SERVICES	COMMUNITY HEALTH SERVICES
• Social Work Services for adults and older people; • Services and support for adults with physical disabilities and learning disabilities; • Mental Health Services; • Drug and Alcohol Services; • Care at Home and Community Support • Carers support services; • Respite provision • Social Care Assessment • Equipment and telecare; • Day services/opportunities • Occupational Therapy services • Aspects of housing support including aids and adaptations.	• District Nursing; • Primary Medical Services (GP practices); • Out of Hours Primary Medical Services; • Public Dental Services; • Ophthalmic Services; • Community Pharmacy Services; • Community Geriatric Services; • Community Learning Disability Services; • Community Mental Health Services including inpatient beds; • Community Drug and Alcohol Services • Community Palliative Care; • Allied Health Professional Services.

There are six services, based within the acute sector, which are delegated to the three Grampian Integration Joint Boards for the purpose of Strategic Planning as they are the specialties with the highest levels of unscheduled care. . These services are:

1. Accident and Emergency services provided within hospitals;
2. Palliative care;
3. Care of the elderly;
4. Respiratory medicine;
5. General medicine;
6. Emergency Department.

Community Services 'hosted' by Moray on behalf of the NHS Grampian Boards are:

1. Primary Care Contracts
2. Out of Hours Service Primary Care (GMED)

Children and Families Health Services are 'hosted' by the Moray IJB. The full list of delegated services can be found in the Scheme of Integration.

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4. The Moray Integration Joint Board and Health & Social Care Moray

The Moray IJB is made up of voting and non-voting members:

- Voting members: three elected members from Moray Council and three Non-executive Directors of the Board of NHS Grampian.
- Non-voting members: professional advisors including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Leads, and also stakeholder members representing patients and service users, unpaid carers, the Third Sector and staff.

There were a number of changes to the Moray IJB membership during the year.

Jonathan Passmore, Chair of the Board, and Councillor Tim Eagle both stepped down from the IJB. They were replaced by Professor Nick Fluck, NHS Grampian Non-Executive Board and Councillor Frank Brown, Moray Council, elected member. Dennis Robertson became Chair in September 2020.

Pamela Dudek, Chief Officer, took up a secondment to NHS Highland in April 2020 and was then appointed to the post of Chief Executive in August 2020. Simon Bokor-Ingram arrived on secondment from his post as Director of Community Health and Social Care and Chief Officer of the Shetland Islands IJB. He was appointed to the Chief Officer post in January 2021.

Dr Graham Taylor stepped down as joint Clinical Lead in September 2020. Jane Ewen, Nurse Director Excellence and Innovation, NHS Grampian, replaced Dr June Brown as a professional adviser to the Board

Governance

The Board continued to operate in an open and transparent manner during the pandemic. Due to rapid advancement in digital technology availability, the Board was able to establish online meetings immediately and the original timetable was fulfilled. The March 2021 meeting was the first to be webcast.

All but one of the scheduled Audit Performance and Risk Committee meetings were held as timetabled during 2020/21. An interim arrangement was agreed for the operation of the Clinical and Care Governance Committee whereby the Chair of the Committee received monthly updates on the key issues arising during the pandemic response.

Decisions taken by the Board during the year included:

March 2020	The Chief Officer (or Interim Chief Officer) was granted delegated authority to take decisions in respect of matters that would normally require Board approval, if the Board was unable to meet.
July 2020	The Annual Performance Report for 2019/20 was approved.
September 2020	The temporary suspension of care packages was ended and the eligibility criteria reverted to meeting both critical and substantial need. The Standards Officer and Depute were re-appointed. The delegated authority granted to the Chief Officer was revoked.
November 2020	The Audited Annual Accounts for the financial year 2019/20 were approved. The Public Sector Climate Change Duties Report was submitted to Sustainable Scotland Network. Charges for services for 2021/22 were approved and recommended to Moray Council for approval and inclusion in the budget setting processes.
January 2021	An increase to the voting membership was approved, subject to consultation and ratification by the Scottish Government. The updated Learning Disability Strategy was approved along with proposed housing projects for people with a learning disability. The governance framework was approved. The Annual Report of the Chief Social Work Officer 2019-2020 was accepted.
March 2021	Funding was approved to scale up the Discharge 2 Assess Team on a permanent basis. Commissioning of an outcomes-based care at home service was agreed. An implementation plan for the National Whistleblowing Standards was approved.

Agendas, reports and minutes for the Moray Integration Joint Board and its two committees (Audit, Performance and Risk, and Clinical and Care Governance) are available using the website link below.

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https://moray.cmis.uk.com/moray/CouncilandGovernance/Committees.aspx

The Strategic Plan 2019-2029

The Moray IJB's second Strategic Plan, Partners in Care, was developed in partnership with our stakeholders and published in 2019. It sets out the vision for a Moray where:

"We come together as equal and valued partners in care to achieve the best health and wellbeing possible."

The Strategic Plan sets out the high level priorities for the health and social care partnership to focus on for the next 10 years to deliver improved health and wellbeing outcomes. These are:

- **Building Resilience**

Enabling people to take greater responsibility for their own health and wellbeing

There is a commitment to improve overall health and wellbeing and prevent ill-health of the people of Moray. Positive health and wellbeing, prevention, early intervention and harm reduction will continue to be promoted. People need to get the right levels of information, advice and support to maintain their independence and reduce the instances of them having to engage with services at points of crisis in their life.

- **Home First**

Supporting people to live as independently as possible at home or in a homely setting

There is a commitment to continue to invest in communities for services to be delivered locally and support people to be maintained safely at home, avoid unnecessary hospital attendance or admission, and to be supported with early discharge back home after essential specialist care.

- **Partners in Care**

Enabling people to have greater choice and control over decisions affecting their care and support

There is a commitment to ensure patients, people who receive services and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

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Health & Social Care Moray

Through our strategic priorities, our ambition is to create a health and social care system that is accessible, caring, person centred, safe and sustainable. We need to ensure we can continue to provide health and social services to those who need them most, at the appropriate time, in the appropriate place. We want to transform the way we do things so that more people can access the support they need to live healthy, independent lives.

The Strategic Plan drives the work of the partnership of Health & Social Care Moray. This is the delivery arm of the Integration Joint Board with Moray Council and NHS Grampian employees work together with organisations across the Third and Independent Sectors to deliver integrated services.

Responding to the challenges of Covid-19 has resulted in the opportunity to accelerate work to achieve the Moray IJB's ambitions as set out in the Strategic Plan, particularly around the Home First agenda.

Health & Social Care Moray works to achieve improved health and wellbeing outcomes for individuals and communities, and achieve the core aims of integration to:

  ➢ improve the quality and consistency of services for patients, carers, service users and their families;

  ➢ provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so;

  ➢ ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The Chief Officer is supported by the Senior Management Team and wider System Leadership Team.

The partnership reports quarterly to the Moray IJB on a range of performance measures to highlight areas of good performance and areas where improvement action is required.

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5. About the Annual Performance Report

Integration Authorities are required by legislation to report on the Core Suite of Integration Indicators within their Annual Performance Reports. These national indicators are intended for consideration within the wider context of health and social care and to help identify areas for improvement to aid with strategic planning.

The Annual Performance Report describes our performance in a number of different ways, recognising that information is used and understood differently by different audiences. It presents how the Partnership has:

- Worked towards delivering against our three strategic priorities by highlighting areas of key activity and good practice
- Performed in relation to the nine National Health and Wellbeing Outcomes
- Performed in relation to the National and Local Indicators
- Performed financially

The National Health and Wellbeing Outcomes

There are nine National health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.

They are high level statements of what health and social care partners are striving to achieve through integration, and ultimately through improvement across health and social care.

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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 and 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 who use 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.

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National and Local Indicators

We present a range of key performance indicators to evidence our progress during 2020/21:

- National Core Integration Indicators;
- National and Local Indicators;
- Ministerial Strategic Group (MSG) Indicators.

The indicators have been developed from national data sources to enable comparisons between Integration Authority areas and with Scotland. There are 23 indicators in total.

There are nine indicators based on the Health and Care Experience Survey and 10 other measures mainly using health activity, community and deaths information. The remaining four indicators cannot be reported as national data is not available or there is not yet a nationally agreed definition. Each indicator acts as a measure of progress against at least one outcome.

Financial Performance

We have set out an overview of our financial performance for 2020/21 and by comparison with the preceding year as trend data.

It includes not only the total amount spent by the Partnership in the course of the year, but also the total amount and proportion of spend broken down by the various services to which the money was allocated. We have identified whether there has been an under or overspend against the planned spending for the year and, if this is the case, an assessment as to why this occurred.

Locality Planning

The Performance Report Regulations require that each performance report includes a description of the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality

The Partnership has appointed four Locality Managers who will lead on the development of Locality Plans with partners including patients, service users, carers and the third and independent sectors. Each Locality Plan will be updated annually to show how the Strategic Plan is being implemented locally to ensure services and any redesign work reflects local priorities, needs and community issues.

Inspections

Health and Social Care services delivered by statutory and non-statutory providers in Moray are monitored and inspected in a range of ways to give assurance about the quality of people's care.

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The Partnership's commissioning officers apply contract monitoring processes to services commissioned to deliver health and social care while Service Managers monitor internal service delivery. This work is reported through the Board's Clinical and Care Governance Committee.

Normal programmes of inspection by external bodies were suspended during the pandemic but they continued to carry out scrutiny. The type of scrutiny was based on risk or intelligence, taking the form of self-evaluation, virtual scrutiny and on-site inspection.

Inspections carried out during 2020/21 are listed in Appendix 2.

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6. Our response to Covid-19

The national situation

In January 2020, the World Health Organisation (WHO) announced that a new respiratory illness in Wuhan, China, was associated with a novel (new) coronavirus called Covid19.

As the virus spread around the world and reached Europe, it became clear that mortality varied across age groups with the elderly appearing to be at particular risk as were those with certain health conditions.

Scotland confirmed its first case in early March 2020 and by 23 March - the start of the first national lockdown - the deaths of 16 people had been linked to the virus. In the year since, more than 9,800 deaths where coronavirus was mentioned on the death certificate had been recorded.

Lockdown placed stringent restrictions on every day activity. People were required to stay at home unless they had a key role (which included many NHS and Social Care staff) or for essential purposes, such as shopping and once a day exercise. Legislation allowed for enforcement and fines for non-compliance.

Scotland began the first of four phases to exit lockdown at the end of May when an initial easing of lockdown restrictions began.

Coronavirus remained a significant threat to public health and measures to limit its spread continued, including requirements to observe social/physical distancing and avoid crowds, to adopt strict hand washing, to wear a face covering unless except, and to self-isolate and book a test if experiencing symptoms.

In November 2020 a new five-tier local lockdown levels system was put in place, based largely on the prevalence of the virus, including the number of positive cases. Due to concerns around the emergence of a new, more transmissible variant of the virus, from Boxing Day the country moved into the tightest Level 4 restrictions, which included the closure of non-essential retail and hospitality. Scotland moved into its second lockdown on 5 January 2021.

The Scottish Government published an updated strategic framework in February 2021 setting out the plan to restore, in a phased way, a return to a more normal life for the country while at the same time suppressing the virus to the lowest level possible and keeping it there.

The picture in Moray

For much of 2020 Moray had the third lowest infection rate of any Scottish local authority and typically recorded 6-8 cases per week, per 100,000 of population. As a result, Moray was placed in Level 1 in the first review of Scotland's Covid alert system in November.

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Moray, however, began to experience a significant increase in cases in early 2021. To drive down community transmission, in February testing began of people who experienced no symptoms to identify those with virus who had the potential to infect others.

The initial response

Following direction from the Scottish Government, in March 2020 Health & Social Care Moray started its emergency response to the pandemic. Many planned services were suspended whilst others rapidly changed their delivery model and huge numbers of staff began working from home. Many members of the workforce were redeployed to assist with anticipated high levels of demand and activity.

The command and control structure was embedded. To meet the requirement for robust and continuous planning, the HSCM Covid Response Group of service managers and system leads met daily and linked directly to Local Authority and NHS arrangements to ensure a co-ordinated tactical and operational multi-agency response for Moray and Grampian.

In the emergency response phase, there were a number of key priorities to be addressed.

- ➢ **Ensuring the most vulnerable residents with critical care and support needs stayed safe and well in the community**
- ➢ **Supporting those in the community who were shielding, self-isolating or vulnerable**
- ➢ **Supporting the workforce to continue to safely deliver essential services**
- ➢ **Supporting those in the community effected by coronavirus**

Our actions performance in relation to these is reported in section 7 of this report.

Recovery and re-mobilisation

The Re-mobilisation Plan developed by the Moray, Aberdeenshire and Aberdeen City Health & Social Care Partnerships and NHS Grampian, set out a whole-system approach to safely restarting services whilst living with Covid-19.

The plan drew on learning from the innovation and reform accelerated during the initial response phase to support the priorities of keeping residents safe through work with statutory, third sector and independent sector partners.

The partnership remained focused on strategic priority of Home First. The approach of aiming to avoid hospital admissions where appropriate and minimise hospital delayed discharge, was key to creating the capacity and pathways required to sustain care delivery through winter, including any further waves of Covid-19.

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7. Our progress against the National Outcomes

Community health and wellbeing

National Health and Wellbeing Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Strategic priority: Building Resilience: Supporting people to take greater responsibility for their our health and wellbeing

Covid priorities: Supporting those in the community who were shielding, self-isolating or vulnerable; and supporting those in the community effected by coronavirus

The health and wellbeing of the people of Moray is central to the work of the health and social care partnership. One of the priorities of the Moray Integration's Joint Board's strategic plan is to work collaboratively with partners and communities to progress approaches which enables individuals to take greater responsibility for their own health and wellbeing. This will support them to live longer and healthier lives.

Living through a global pandemic has had a huge impact on the health and wellbeing of Moray's citizens. The resilience of individuals, households and communities will determine how well we recover from the wide range of impacts, and the length of time this will take, and ongoing work is required to fully understand the long-term impacts.

Everyone had to adapt their lives and follow the national restrictions put in place to reduce the devastating spread of Covid-19. We have all had to change our behaviour, such as wearing a face covering whilst shopping and keeping our distance from others.

As the number of people with Covid-19 symptoms in Scotland grew, Health Boards were asked to set up community clinical hubs and assessment centres as part of a comprehensive front line community response for people struggling to manage their symptoms at home.

Grampian Covid-19 Hub has been set up by the Out of Hours Service Primary Care (GMED) Service with support from management and clinical lead teams from three partnerships and continues to be staffed by clinicians from across the system. Calls made day or night to NHS 24 by members of the public whose symptoms failed to improve, were initially assessed and information forwarded to the hub using existing infrastructure. Staff at the hub then contacted the individuals by phone and provided advice on how best to manage their symptoms and continue to self-isolate at home, gave an appointment to attend the centre for further assessment or arranged a GMED home visit. The initial telephone assessment was complemented by the NHS Near Me video consulting platform when required.

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During an 11 month period, the Community Response Team (CRT) carried out 72 rapid response assessments (completed within a 2 hour timeframe) for patients too unwell to attend the centre which was based at The Oaks in Elgin, enabling it to dovetail with the CRT, the Out of Hours Primary Care Service (GMED) and Grampian Covid Hub. The team also undertook training in relation to providing care and support to Covid-19 end of life patients at home.

Given the impact of Covid-19 on the most vulnerable in society, the adult seasonal flu immunisation programme had a key role in preventing ill health in the population and minimising further impact on NHS and social care services. Flu vaccinations in Grampian moved away from a model based on GP delivery to delivery through dedicated teams. The Moray Immunisation Team developed and delivered the core programme to all eligible groups with particularly focus of those aged 65 years and over, those aged 18-64 in clinical risk groups and pregnant women. The extended programme offered vaccination to frontline health and social care workers, including Independent Contractors, unpaid and young carers.

The National Immunisation Programme was maintained during the pandemic with pre-school immunisations moved out of general practice and carried out in school settings by the Immunisation Team.

Moray's first mobile community testing site opened in Keith in February to provide free testing for members of the public with no symptoms associated with Covid-19 but who could be infectious and spreading the virus without knowing it. This pop-up testing unit will moved between Moray towns in an effort to drive down community transmission.

The national Covid-19 vaccination programme is the biggest in history. It represented a huge logistical challenge requiring scaling up the workforce, inviting large numbers to get vaccinated safely, transportation and storage of the vaccines.

Since early December 2020, when the Covid-19 vaccine first became available in Grampian, vaccination teams – including nursing and medical staff, care workers, GPs, returning workers, admin staff and volunteers – have worked together to protect people in Moray from the virus.

The roll-out of the programme prioritised those most at risk, beginning with the first of two doses care home residents and staff and frontline health and care workers to lower the risk of them getting Covid-19 or transmitting it to the people they care for and support. Teams from general practice and community nursing led the vaccination effort for the over 80s and people who were housebound.

January saw the first appointments offered at newly opened mass vaccination centre in Elgin. The Fiona Elcock Centre is named in memory of a much-missed and valued colleague who was an immunisation nurse and died very suddenly at the end of 2020. The delivery of first and second doses had continued into 2021/22.

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Amidst all the challenges, there have been many positives, most notably the response from the people of Moray. Since March 2020 there has been an unprecedented movement in community resilience and increase in community capacity. Neighbours connected and looked out for one another more than usual and informal groups in local areas mobilised to use community-centred approaches to identify and support individuals and families in need, particularly the isolated and excluded.

Much of this work was co-ordinated by community planning partners including the partnership's community development team, Moray Council's community support unit and tsiMORAY, which included support for the Grampian Humanitarian Assistance Centre (HAC). It began operation to coordinate resilience partnership, third sector and community resources for people on the shielded patients list (the extremely vulnerable at higher risk) and for members of the wider public experiencing difficulties due to the Covid-19 restrictions such as collecting shopping and medications. In its first week, the helpline responded to over 600 people across Grampian and connected them to appropriate support.

Our Volunteer Service experienced increased interest in volunteering, including a number of people furloughed from their jobs, to support people known to health and social care services. During the year 131 volunteers were matched with clients to take the number of current volunteers to 183. They supported 291 clients – 170 who were in need of a social buddy and 121 who required one or more volunteer to act as their community alarm responder.

All volunteers were provided with national Covid-19 guidance, PPE and guidance cards for safe procedures during community alarm call outs as appropriate. Training moved online which gave greater accessibility and reduced travel time and costs.

The team had to find different ways to meet 77 potential volunteers and used video calls and outdoor meetings to get to know people and explore volunteering opportunities. Adapting the buddy roles was a challenge due to restrictions on face to face visits, most of the clients and their buddies maintained contact by phone in the early stages. As some restrictions were lifted in the summer of 2020 over 50% were able to visit clients in gardens and outside spaces.

There was a marked increase in the number of community alarm responder referrals, including via the Home from Hospital Team based at Dr Gray's Hospital. The rise may in part have been due to neighbours, friends or family who would normally have filled the role having to shield.

Community Development Team supported 80 people to access digital devices and training, to enable them to make use of digital services and video consultations. Devices have also been supplied to care homes.

The Bow community café in Elgin run by Arrows, a Quarriers support service which provides a resource of practical help for individual and their families dealing with

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substance or alcohol misuse in Moray. The service receives funding from the Moray Alcohol and Drug Partnership.

The café is supported by volunteers and Moray Food Plus who facilitate donations from local supermarkets. The food recovery initiative allows the café to prepare and provide quality meals and fresh baking to customers. While the café was closed, volunteers, staff and catering colleagues redeployed by Moray Council worked together and between April and September provided 6,970 three course meals to families, people who were shielding, older people, single person households, people who experiencing physical and/or mental health difficulties and people that found themselves in financial hardship.

The NHS Grampian virtual Psychological Resilience Hub launched just days after the first lockdown was imposed and was the first of its kind in Scotland. Members of the public and health and care staff from all sectors who were struggling with the impact of the pandemic could refer themselves to the hub. Clinicians and trained volunteers provided psychological first aid aimed at reducing distress, preventing further psychological harm and reducing presentations to front line services

The Hopeman Community Minibus was a lockdown lifeline to locals with medical appointments and then began supporting vaccination runs. Community members from Burghead, Cummingston and Hopeman joined forces last August to form a new committee in response to the transport issues experienced by coastal residents following the temporary closure of the GP surgeries in Burghead and Hopeman and reductions to the already limited public transport timetable.

They made use of an underused mini bus to establish a volunteer-led door-to-door service which enabled people to continue accessing their health centre, hospital, optician and podiatrist appointments. Additional funding was secured through Health & Social Care Moray's Health Improvement Fund to meet growing demand for the service and the committee has worked closely with the medical practice to co-ordinate appointment times.

We continued our work to promote healthier lifestyles and active ageing. Community health and wellbeing groups managed by the partnership including Be Active Life Long (BALL) Groups for older people and the Walk Moray project which delivers health walks in communities across Moray, had to suspend or adapt activities in line with the Covid-19 restrictions, which online sessions helping to combat social isolation and promote physical activity.

With many services suspended and venues temporarily changes, technology was used to support conversations with individuals in making positive changes in their health-behaviour and lifestyle, such as smoking, diet, alcohol consumption and physical activity.

The NHS Grampian virtual Psychological Resilience Hub launched just days after the first lockdown was imposed and was the first of its kind in Scotland. Members of

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the public and health and care staff from all sectors who were struggling with the impact of the pandemic on their mental health could refer themselves to the hub. Clinicians and trained volunteers provided psychological first aid aimed at reducing distress, preventing further psychological harm and reducing presentations to front line services

Primary care services are often the first point of contact in the healthcare system. The primary care services of general practice (GP), community pharmacy, dental, and optometry (eye health) all had to adapt ways of working during the year.

Since the end of June 2020, Community Optometry has worked hard to remobilise whilst adapting to a new world of PPE and more stringent hygiene and infection control and prevention measures. Initially permitted to only deal with emergency and essential eye care, the scope of services was expanded to review routine eye care patients as well.

Early on in the response to Covid-19, community pharmacies quickly implemented systems to remain open for face-to-face services, working hard to complement system transformation and ensure patients received their medication. Community pharmacies were also key in delivering the flu vaccination programme.

General practice was never stood down but delivery methods rapidly changed to maintain infection control in GP practices, keep patients and staff safe, and allow general practice staff to continue delivering care should they need to self-isolate.

The majority of consultations were delivered remotely by telephone or using two emerging platforms unless it was clinically appropriate for the patient to be seen face-to-face. These were the secure NHS video calling platform Near Me and eConsult, a form-based online consultation platform that the collects the patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care for the patient.

2020/21 saw a full take-up and scale-up of Near Me video calling by all GP practices in Moray with a 915% increase in consultations from the previous year (459 to 4200) and a 1173% rise in consultation hours delivered using the platform (58,000 to 690,200).

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Person-centred approaches to independent living and building a good life

National Health and Wellbeing Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live as independently as possible at home or in a homely setting in the community

National Health and Wellbeing Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

National Health and Wellbeing Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Strategic Priority: Home First – Supporting people to live as independently as possible at home or in a homely setting

Strategic Priority: Choice & Control – Supporting people to make choices and take control over decisions affecting their care and support

Covid priority: Supporting those in the community effected by coronavirus

We have presented Outcomes 2-4 collectively as they underpin the way in which we plan, design and deliver our services.

Lockdown was a particularly difficult and isolating time for those with health and care needs and their families as their usual services were suspended, community facilities closed their doors and support from those out with their household was restricted. Carers had little to no respite from their role.

Business continuity plans were enacted within all services as health and social care moved to critical function in response to Covid-19.

The **Access Team** continued to provide a single point of contact for all initial requests for care and support. Daily duty social work systems, out of hour's services and Adult Protection responses were all maintained.

Mental health services in Moray remained open during the pandemic to ensure people in crisis had access to mental health assessment, care and treatment. Emergency (seen same day) and urgent (seen within 7 days) referrals were triaged and prioritised by a newly-formed Urgent Care Team. The in-patient wards - Ward 4 at Dr Gray's Hospital and Muirton at Seafield Hospital - continued to provide services.

An **Enhanced Discharge Hub** was set up to focus efforts to free up hospital beds and arrange care at home or a homely setting for older people and others in need of support.

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Members of the Hospital Discharge, Reablement, Care at Home and Commissioning teams worked together to support the care system to adapt to the increased pressure placed on it by Covid-19, with many people requiring continued support for daily living even if they had not contracted the virus.

To increase capacity in care at home services, Social Work teams worked with service users and their families to review low-level packages of care and seek agreement for temporary variations. The process of assessment and reassessment was overseen by Consultant Social Work Practitioners. Any variation to a package of care was reassessed in a maximum timescale of 12 weeks or sooner if triggered by the service user or the team.

The adjustment in packages ensured HSCM maintained an ability to meet all critical needs whilst having the capacity to continue with hospital admission avoidance and early hospital discharge in order to protect the acute hospital bed capacity.

Additional bed capacity was created with the opening of Duffus Wing – an unused section of Spynie Care Home in Elgin – to support the discharge of individuals who no longer required acute care but were not in a position to return home. The 17-bed intermediate social care facility was staffed by teams deployed from the council and NHS working in partnership with staff from local providers Cornerstone and Mears. The wing was operated by Health 7 Social care Moray from April until the end of September.

While the majority of building-based day services had to close temporarily, the Burnie Day Centre in Buckie continued to provide a critical service for adults with learning disabilities, with staff making adaptions to the service to ensure the provision of excellent day care and support that was safe, fun and meaningful.

We engaged with providers of services and supported them to continue to offer virtual day opportunities using online platforms. The options to provide support and services online have opened up the opportunity to increase choice to people who may not want to attend a traditional building-based service.

To encourage people to approach meeting their outcomes in creative ways following the suspension of their usual services, Social Work reviews were undertaken with a focus on the full range of self-directed support (SDS) options discussions to promote greater choice and control.

The SDS Team developed 'Talking Heads' videos where people spoke about their experience of using SDS creatively. These included: the purchase of a greenhouse to meet an unpaid carer's outcome of having a break from caring for her family member; the purchase of a laptop to enable an individual to continue with online yoga and music sessions; and the purchase of gym equipment to continue with at-home fitness sessions while gyms were closed.

Many other services continued to be delivered face-to-face such as care at home and community nursing, and in supported living and residential care settings.

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Enhanced support was provided to commissioned services with a particular focus on care homes. Care homes have a vital role to play in providing a safe, caring environment for people to live, but are a high risk setting for coronavirus due to the vulnerability of residents and the institutional setting.

From March, a range of structures and processes were put in place to support and maintain good engagement with care home providers in Moray and to offer assurance to the partnership around care homes' ability to cope with additional pressures placed on them. This include the establishment of a multi-disciplinary oversight group.

The collaborative approach including daily contact with the commissioning team to monitor PPE supplies and staffing levels and to signpost to updated national guidance and legislation. There were open lines of communication with the Chief Nurse to offer clinical guidance and support on areas including use of PPE and educational needs. A consultant social work practitioner and lead nurse were seconded to provide support and carry out onsite visits. Weekly information returns were made to the Scottish Government.

Building on the success of delivering virtual consultations during the Covid-19 pandemic, systems and processes are being established to ensure this method of service delivery is embedded, sustained and used widely across our health and social care partnership.

Since January 2021, a core group of early adopter social workers have been using **Near Me**. The primary driver was to reduce the backlog of outstanding reviews with residents in care homes which could not be held face to face due to restrictions on entering the homes. This group has also been starting to use video calling for other social work interactions and the work has informed processes to embed Near Me as an additional tool which affords a more personal approach than being undertaken by telephone.

Social workers have so far reported that the experiences have mostly been positive for all parties. One of the most positive aspects reported so far has been the ability to include other participants such as family members who do not live locally or are unable to travel due to restrictions as well as the ability to review out-of-area placements as far away as England. In the first three months of use around 1800 miles of travelling has been saved.

Transformation work is being progressed under the Home First programme working to maintain people safely at home, avoiding unnecessary hospital attendance or admission, and supporting early discharge back home after essential specialist care.

There is wide recognition that outcomes for people who are cared for closer to home are better and we believe that expanding the range of services available to people at home will be of immense benefit to individuals, their families and the wider community.

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Home First was launched in June 2020 as part of the Grampian-wide health and social care response to the 'living with COVID' phase of the pandemic. All three Health & Social Care Partnerships are working together with the acute services sector of NHS Grampian to break down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes.

In support of a whole system approach to reducing the number of people delayed in hospital when they are clinically ready to leave, the Discharge to Assess workstream was successfully taken forward into a six month pilot project.

Discharge to Asses supports the rapid discharge of patients who are medically ready to leave hospital and appropriate to have their functional needs assessed among the familiar surroundings of their own home. People are supported through comprehensive physiotherapy and occupational therapy assessment and the provision of timely rehabilitation to maximise their independent living skills.

An element of the Discharge to Assess project was to review the pathway to enable early identification of people for whom discharge to assess would be appropriate so that admission could be avoided and people could return home with appropriate support.

The targeted functional approach results in more people remaining independent after a hospital admission or attendance, and a reduced dependency on formal care services. During the six month test, 48 patients aged between 64 and 96 were support by the team to return home to continue their recovery. All 48 recorded improved assessment scores in their gait, balance and mobility leading to a reduced risk of falls. 88% of patients agreed their functional performance had improved.

Funding was approved to scale up the project to full implementation from August 2021.

The **Delayed Discharge** programme has required a whole system approach as discharge is a complex process. It involves many different members of staff and the components of the discharge process cover a number of different services.

The focus of this work is on the following four parts of the system: admission avoidance; discharge planning/process; community hospital transfers; and provision of care in the community.

A Delayed Discharge Focus Group has been meeting regularly to address these issues by identifying and progressing actions. Since the action group began meeting in October 2020 there has been a sustained reduction in the number of delayed discharges in Moray.

Hospital at Home is a short-term targeted intervention that provides a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital. The Moray programme is at scoping stage and meetings are taking place with clinicians and service managers to agree and identify components of a hospital

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at home model that takes in to account the remote and rural aspects of service delivery in Moray.

Health improvement approach to Respiratory Conditions is a programme providing the opportunity for individuals to self-monitor their health and wellbeing within their home and local communities. It enables professionals to access information and training so they can best support individuals within their own home and local community, and promotes and develops community support and resilience to support individuals within their local communities.

Two initial tests of change were completed with patient cohorts from Forres and Buckie. Where appropriate the patients were given further information on how to self-manage their condition and have been referred on to one of the established respiratory pathways.

Health and Social Care Moray worked in partnership with Moray Council Sport and Leisure Service to launch a new Respiratory Programme dedicated to those living with or at risk of respiratory disease. Based on physical activity and behavioural change, healthcare professionals were able to refer patients to either the core Pulmonary Rehabilitation Programme or to a new Physical Activity Programme.

Reducing Inequalities

National Health and Wellbeing Outcome 5 - Health and social care services contribute to reducing health inequalities

Whilst the last year has required a concerted focus on meeting the challenges of a pandemic, positive steps have continued to be taken to incorporate and further develop equalities into our policies and processes, and our teams have actively engaged in meeting the needs of people with protected characteristics despite the complexities that Covid has created.

The Equality Act 2010 introduced a Public Sector Equality Duty, which requires us to pay due regard to the need to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations between people with one or more protected characteristics, both in relation to our commissioning responsibilities and our workforce. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership (only with regards to eliminate discrimination), pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Moray Council and NHS Grampian recognise their responsibility as community planning partners, service providers and employers to encourage the fair treatment of all and are committed to the principle of equality of opportunity.

We recognise that due to a range of dimensions - including personal characteristics; lifestyle factors; social networks; living and working conditions; and socio-economic and environmental conditions - some communities experience health inequalities. Health inequalities are the avoidable and unjust differences in health between people or groups of people.

The pandemic has and the necessary lockdown restrictions to control its spread have had an impact on our health, the economy and how we function as a society, with everyone being affected in some way. This has replicated existing health inequalities with the burden falling on the most vulnerable, the most deprived and the more marginalised, and, in some cases, has increased them.

These determinants of health require to be addressed in line with national public health priorities as part of wider Community Planning Partnership activities that focus on prevention and inequality in order to protect and improve the health and wellbeing of Moray residents.

A short life working group was established in early 2021 to review and refine the partnership's Equality and Mainstreaming Outcomes and provide a basis for reporting performance and demonstrating implementation across the partnership's services. The refocused outcomes are:

1. Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.

This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities. It also recognises that wider inequalities that effect health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

2. Everyone across Moray (including those who share a protected characteristic and those who do not) has equitable access to Health and Social Care services and are supported to live as independently as possible.

This outcomes will support people to have access to person-led health and social care services and the help they need to make informed decisions about their care and support so they can feel more in control of their lives.

3. Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.

This outcome focuses on workforce development. Awareness will be raised among staff of issues affecting health equalities and they will receive training appropriate for their roles. Opportunities for personal well-being, development and learning are to be developed for all employees.

In delivering on the Strategic Plan, we work to take account of: the particular needs of different service users; the particular needs of service-users in different parts of the area in which the service is being provided; and the particular characteristics and circumstances of different service-users.

Through our 'planning with people' engagement work, we are proactive in ensuring that equality, diversity and inclusion are a priority when we are designing, planning and commissioning services and respect the voices of the diverse communities we serve.

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Supporting Carers

National Health and Wellbeing Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

Three in five of us will be carers at some point in our lives, supporting family members, friends or neighbours whose lives are affected by disability, physical or mental ill-health, addiction or frailty.

Unpaid carers in Scotland represent a larger workforce than the paid health and social care support workforces combined. They are among our key partners in care and contribute significantly to achieving the ambitions of our Strategic Plan. Recognition of the value they bring and representation of their experiences and views are central to the planning and delivery of services and supports for carers and those they care for.

During the Covid-19 pandemic, the responsibilities of unpaid carers have increased considerably. There are more unpaid carers than ever before, and most of those who provided unpaid care before the pandemic are now spending more time providing care for another person.

Carers who took part in a series of engagement sessions during January and February 2021 led by Health & Social Care Moray and supported by Quarriers Carers Support Service (Moray), reflected on the significant impact the role continues to have on their own health and wellbeing.

As well as their caring situation, they were also dealing with anxieties resulting from the Covid-19 such as transmission and finances. Restrictions and shielding had stripped away the support networks carers normally have, leaving many feeling even more lonely and isolated. The closure of community facilities and suspension of social care services amplified the pressure on carers by increasing the hours they spent in a caring role and in many cases leaving them without any respite from their responsibilities.

Advice and guidance which detailed the situations in which unpaid carers may require personal protective equipment (PPE) was published by the Scottish Government and promoted by the partnership. A local PPE hub was set up to support unpaid carers to access supplies of PPE if their normal supply routes were unavailable.

Unpaid carers aged 16 to 64 were invited to come forward for the Covid-19 vaccination as part of priority group 6. Letters were sent out in February 2020 to those registered with their GP as an unpaid carer or in receipt of carers' benefits. There was also the opportunity to self-register via an online portal or through the Covid-19 Vaccination Helpline.

Carers support service

Quarriers Carer Support Service (Moray) – the commissioned carers support service – focused on continuing to provide information and support, achieving a seamless transition from office to home working, and introducing a range of remote supports and activities to stay in touch with carers.

The staff team called registered carers to let them know they weren't alone and reassure them of the service's ongoing availability. They targeted carers considered to be most vulnerable, offering additional support where possible.

Quarriers secured significant additional funding for emergency responses to carers' need for breaks, financial support, shopping and wellbeing. Funding was also secured to accelerate the service's IT development plan and equipped workers with the devices and software packages needed to work effectively from home.

Quarriers moved to greater reliance on IT, doorstep visits, outdoor meetings and walks, and completed Adult Carer Support Plans over the phone or by video call. Carer support activities moved online and new creative options were introduced to keep carers connected, with learning, social, craft and networking opportunities available.

The service increased information flow to and from Health and Social Care Moray, keeping the service and carers updated with developments, and reporting on the impact on carers of the pandemic.

Quarriers has worked closely with Health and Social Care Moray to create an Adult Carer Support Plan providing an overview of a carer's life and the impact of their caring role. During the 2020/21 completing support plans was a challenge and there has been backlogs in assessing carer eligibility for additional supports and a lack of service availability to meet carers' outcomes.

During the reporting period:

- 248 new referrals were received
- Over 14,000 contacts were made
- 1068 carers were supported
- 332 Adult Carer Support Plans were offered and 102 were completed
- 255 counselling session were delivered
- 55 Adult Short Breaks were awarded
- 40 Adult Respite Awards were made

- 17 online sessions were delivered to 63 participants
- 142 people took part in the Open Doors activity programme
- 4000 newsletters were distributed, 22,500 e-newsletters and 2000 Covid fact sheets.

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Safe Services

National Health and Wellbeing Outcome 7 - People using health and social care services are safe from harm.

One of the principles for Moray's integrated health and social care system is to protect and improve the safety of people who make use of services. Staff are focused on ensuring people are kept safe from harm.

All areas of service are linked into the Clinical and Care Governance Group which provides a platform to identify and respond to governance issues at a local operational level. The governance group seeks assurance that safe, effective, person centred care is delivered by HSCM by receiving and scrutinising regular reports from all services including hosted services.

It determines any issues which require to be escalated to the Board's Clinical and Care Governance Committee.

During the year, reports were presented on issues including:

- Child and Adult Protection;
- Out of Hours Primary Care Service (GMED) and Grampian Covid Hub;
- Use of Spynie Care Home (Duffus Wing);
- Enhanced oversight of care homes;
- Adverse events and complaints;
- Deaths involving coronavirus

The Clinical Risk Management (CRM) Group continued to meet every two weeks to discuss adverse events, complaints and risks. The group comprises of senior management, clinical leads, chief nurse and relevant service managers/ consultants.

Contract monitoring was conducted virtually by the Commissioning Team which monitors externally provided services alongside Social Work and Adult Protection colleagues and the Care Inspectorate. Performance issues are addressed through jointly negotiated service improvement action plans.

The Partnership directly provides a number of services including care at home, day services and housing which are subject to a rolling programme of internal audit. Independent inspection from the Care Inspectorate was largely paused during the pandemic in order to assess care home arrangements.

Staff and services retain a focused approach to child and adult protection and require to be suitably trained and supported to confidently deliver positive outcomes for those who may be subject to harm.

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The partnership has continued preparations for the anticipated Care Inspectorate Adult Support and Protection (ASP) thematic inspection. A self-evaluation exercise was undertaken with members of the Moray Adult Protection Committee and representatives of the Moray ASP partner agencies. The findings from this and a case file audit supported the development of an Improvement Action Plan.

Due to competing priorities and the global pandemic, a delay occurred in developing and implementing the improvement plan. Consequently, for the plan to be achievable in line with competing priorities, the focus was agreed to prioritise improvements in policy, processes, and procedures.

Phase 1 of the plan focused on the review of the core ASP process with the aim of ensuring that it adequately reflects multi-agency input and covers the whole ASP process including monitoring and review. Phase 1 also covers NHS Grampian requirements to produce and facilitate a pan Grampian approach for Initial Referral Discussions (IRDs). The outcome is to offer a consistent response across Grampian. This is fully supported by the NHS Grampian Public Protection Officer.

The improvement plan has achieved the milestones of creating a robust screening tool, mapped and developed processes and procedures for ASP across a whole systems approach whilst working in partnership with NHS Grampian to develop a pan Grampian IRD process for Health. These improvements require testing and further reviewing through staff consultation prior to being adopted as business as usual.

To address limited capacity for social work to screen referrals and drive forward the improvements required by the processes in the Access Team, Covid finances have been directed to the recruitment of 3.5 full time equivalent (FTE) social work staff for a nine month period to support the improvement plan.

We are continuing work to further adopt and embed a trauma informed culture across the workforce, supporting staff and partners to embed a trauma informed approach across all services and aspects of the organisation.

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Effective Organisation

National Health and Wellbeing Outcome 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

National Health and Wellbeing Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

Covid priority: Supporting the workforce to continue to safely deliver essential services

Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Many were redeployed into new roles such as running the PPE Hub, Covid Hub or returned to work to support our existing workforce and the Covid-19 vaccination programme.

The impact of the pandemic on the NHS and Local Authority as employers and on their employees has been far reaching with new ways of working rapidly introduced.

Like many others, staff had to contend with the impact of lockdown and restrictions, home schooling and additional caring responsibilities. While some services were suspended and staff redeployed to support areas of focus, others were stretched beyond capacity in the effort to meet rising demand. Colleagues were tested in terms of functional practices, IT and home-working

In addition, the impact on the physical and mental health of workers has been brought to the fore, with individuals having to cope with new and incredibly difficult challenges. This included the care of people who had or may have had Covid-19 infection, putting them at increased risk of contracting the virus themselves.

In the face of unprecedented demand across the health and social care system, national measures were introduced to maintain an appropriate supply and improve the distribution of masks, aprons, gloves and other crucial items of PPE direct to those on the frontline who needed it.

In Moray, deliveries were received at NHS and Local Authority points for onward distribution and collection. The social care hub was established at a day centre in Elgin where services had been suspended. Redeployed council employees worked to ensure staff across in house services and external providers, along with personal assistants and unpaid carers, had access to PPE through an efficient packing and distribution system.

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Staff worked to the national guidance on the use of personal protective equipment (PPE), donning and doffing, cleaning and waste management.

Workforce health and wellbeing has never been more important. NHS Grampian and its partner Health and Social Care Partnerships recognised the importance of prioritising the wellbeing and recovery of staff across the system as the country moved on from the Coronavirus (COVID-19) pandemic.

Protecting the mental health and wellbeing of health and social care staff – whether they worked on site, in the community or from home – was a priority. Enhanced resources promoting physical and psychological wellbeing, self-care and personal resilience were put in place nationally with the launch of the National Wellbeing Hub and We Care website for NHS Grampian and partnership staff. Both offered a wealth of resources for individuals and for managers to help them support their staff through the challenges brought by the pandemic.

A symptomatic key worker testing programme was developed and a drive-through testing facility set up at Linwood in Elgin, initially staffed by redeployed members of the partnership's Public Health Team. Staff critical to the delivery of frontline services had rapid access to testing, as did members of their immediate household, to allow them to be released from isolation guidance on confirmation of a negative test.

The testing team provided a seven day a week service that included the roll out of testing to residents and staff in care homes reporting a single suspected or confirmed case of Covid-19 and testing of people in the community prior to a planned hospital admission. The Community Response Team carried out swabbing of individuals moving from home to residential care.

Partnership workplaces were risk assessed and measures brought in to limit capacity, reduce movement of people and ensure physical distancing. Guidance was provided on infection control measures including hand washing/sanitisation, respiratory hygiene, cleaning and decontamination.

Improved communication was essential during the year. Every effort was made to ensure staff were sighted on and adhered to the latest government guidance which was frequently updated. NHS Grampian issued a daily brief and the partnership a weekly brief, both of which were communicated to staff through the line management structure.

Staff have acknowledged that they have felt empowered to make rapid decisions and implement change with the removal of bureaucracy.

Social media was used to highlight and celebrate the work of staff. The partnership's Facebook page increased its number of 'likes' from 1,613 to 3,570 over the year and followers grew from 1,870 to 4,078.

Staff working in health and social care were touched as each week the public demonstrated their support for keyworkers by gathering on their doorsteps, in their

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streets and outside workplaces for the Clap for Carers national round of applause. For months, people stopped at 8pm on a Thursday to reflect on the lives lost to Covid-19 and also the many lives saved, as well as the contribution of many to keep public services going.

Our staff also received numerous kind donations from generous and thoughtful local businesses, community groups and individuals to help support them through the challenges they faced. From hot meals and drinks to hand cream, sweets, treats to scrubs, the gifts always raised spirits and boosted morale.

International Nurses' Day is celebrated around the world each year on 12 May. In 2020 the day also marked the 200th anniversary of the birth of Florence Nightingale, the founder of modern nursing and pioneer of infection control. It was marked in Moray with deliveries of specially decorated cupcakes to nurses along with a message of thanks and appreciation from Moray and Grampian Nursing Leads.

Health & Social Care Moray joined the international celebrations for World Social Work Day 2021 in March, a day that recognises the achievements of the profession and the contribution social workers make in their communities. Against the backdrop of a constantly developing situation, social work teams have responded with dedication and resilience in order to continue to safeguard the vulnerable from harm and support people with social care needs to experience positive personal outcomes.

Staff awards

Maggie Taylor, Team Leader for the East Moray Older Adult Community Mental Health Nursing Team, was recognised for the dedication, commitment and excellence she brings to her role. She received The Queen's Nursing Institute Scotland (QNIS) Long Service Award that is presented to nurses who have been working in the community for 21 or more years, delivering care to people in a range of settings including their own homes, schools, community hospitals, care homes and GP practices.

Keith Mackay, Senior Charge Nurse at Stephen Hospital in Dufftown, was presented with an award and medal to mark his dedication to his profession after 44 years' service with NHS Grampian. In a letter of congratulations, Professor Amanda Croft, who was then Chief Executive of NHS Grampian, said the long-service milestone marked a lifetime achievement of loyalty, hard work and commitment.

Use of resources

As a public organisation, the partnership has a duty to optimise the use of its resources. These resources include staff, buildings, information and technology.

Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Many were redeployed into new roles such as running the PPE

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Hub or returned to work to support our existing workforce and the Covid-19 vaccination programme.

In recent years, digital technology has played an increasingly important role within the health and care sector. At the beginning of 20/21 our parent organisations had the Herculean task of enabling remote and Covid-19-safe working for NHS and Moray Council employees

The partnership's ability to work effectively with much of its workforce based at home, working remotely and conducting business via virtual means, relied on technological capability.

ICT Services mounted an urgent response to enable as many staff as possible to do this, sourcing, building and distributing large volumes of laptops and mobile phones although orders were delayed due to the national demand and supply issues. Virtual meetings were enabled using Microsoft Teams and consultations and reviews via the secure NHS video platform Near Me. ICT service desks dealt with increased volumes of requests from home workers.

Within Moray we have seen increasing demand for our services which has added significant financial challenges across the health and social care sector. In response to this, we have focused on further unlocking the benefits of whole system flow and partnership working which has enabled us to more effectively enhance the efficiency and quality of service provision.

Winter / surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. It was anticipated that the winter period 2020/21 would bring significant pressure to the health and care system across Grampian.

The winter plan reflected considerable cross system working on unscheduled care that had accelerated since the spring. It focused on key areas to ensure early prevention and response to minimise potential disruption to services and ensure that we continued to provide safe and effective care for our population. Meetings with sector leads were arranged to review respective plans, key themes, gaps and opportunities to optimise cross-system capacity. Services reviewed their business continuity plans and prioritisation of critical functions.

A Moray Covid-19 Outbreak Control Plan was developed which built on existing health protection plans and puts in place measures to contain any outbreak and protect the public's health. The plan set out how Moray Council, NHS Grampian, businesses, voluntary agencies and local communities are working together to prevent, manage, reduce and suppress outbreaks of Covid-19 in Moray.

Moray is fortunate to be an area rich in assets and strengths. We have a vibrant Third sector, which includes charities, social enterprises and voluntary groups, delivers essential services, helps to improve people's wellbeing and contributes to

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economic growth. During the year it played an even more vital role in supporting communities at a local level.

Financial performance and best value is detailed in Section 10 of this report.

8. Measuring performance under integration

Source: https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-13-july-2021/

The Core Suite of 23 National Integration Indicators were published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 Outcome Indicators are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 Data Indicators are derived from Partnership operational performance data.

Outcome Indicators

NI-1 Adults can look after their health well or very well
Moray 93.5%
Scotland 92.9%

2013/14	2015/16	2017/18	2019/20
97.3%	95.8%	93.2%	93.5%

NI-2 Adults live as independently as possible
Moray 82.7%
Scotland 80.8%

2013/14	2015/16	2017/18	2019/20
81.8%	74.4%	82.7%	82.7%

NI-3 Adults had a say in their help, care or support
Moray 79.7%
Scotland 75.4%

2013/14	2015/16	2017/18	2019/20
74.4%	71.4%	72.8%	77.1%

NI-4 Adults thought services were coordinated
Moray 77.1%
Scotland 73.5%

2013/14	2015/16	2017/18	2019/20
78.5%	72.6%	74.8%	79.7%

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NI-5 Adults rated services as good or very good
Moray 80.7%

Scotland 80.2%

2013/14	2015/16	2017/18	2019/20
81.3%	79.2%	79.8%	80.7%

NI-6 Adults had positive experiences at the GP
Moray 77.3%

Scotland 78.7%

2013/14	2015/16	2017/18	2019/20
83.6%	85.8%	80.0%	77.3%

NI-7 Services maintained or improved their quality of life
Moray 79.2%

Scotland 80.0%

2013/14	2015/16	2017/18	2019/20
81.9%	82.7%	78.5%	79.2%

NI-8 Carers felt supported in their role
Moray 30.7%

Scotland 34.3%

2013/14	2015/16	2017/18	2019/20
42.9%	38.1%	39.5%	30.7%

NI-9 Adults felt safe
Moray 79.2%

Scotland 82.8%

| 2013/14	2015/16	2017/18	2019/20
81.8%	78.8%	83.5%	79.2%

Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer comparable to previous years. Of those Moray has performed close to or above the Scottish average in all but one, NI-9 (Percentage of adults supported at home who agree they felt safe).

Of those that do have comparable data over the four years, NI-1 (Adults who can look after their health well or quite well) and NI-6 (People with positive experience of care with their GP Practice) are decreasing in line with a wider Scottish trend (NI-1 tracking above average and NI-6 tracking just below average).

NI-8 (Carers who feel supported to continue in their caring role) has decreased 8.8% in Moray. Despite a decreasing trend across Scotland, Moray is now 2.6% below Scottish average, compared to 2.5% above in 2017/18.

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Data Indicators

NI - 11 Premature mortality rate per 100,000 persons (Data per Calendar Year)

| 2015/16 399 | 2016/17 360 | 2017/18 372 | 2018/19 394 | 2019/20 358 | 2020 357 | Scotland 457 |
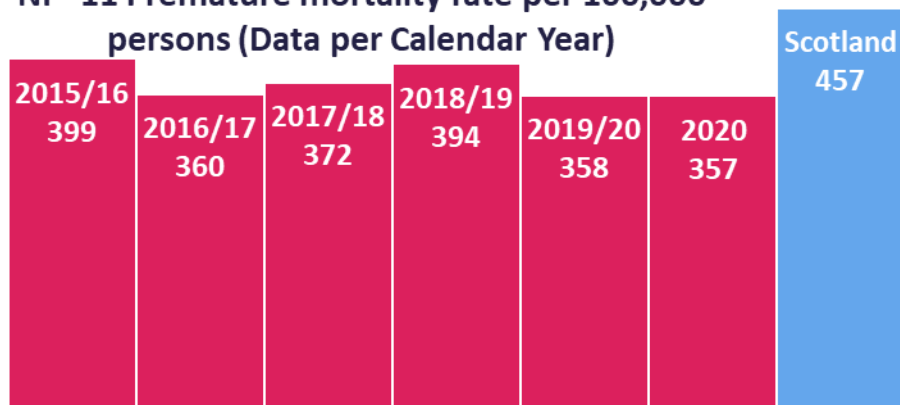
Moray continues to perform well in this measure.

NI - 12 Emergency admission rate (per 100,000 population)

| 2015/16 8,714 | 2016/17 8,802 | 2017/18 9,276 | 2018/19 8,974 | 2019/20 9,322 | 2020 8,713 | Scotland 11,100 |
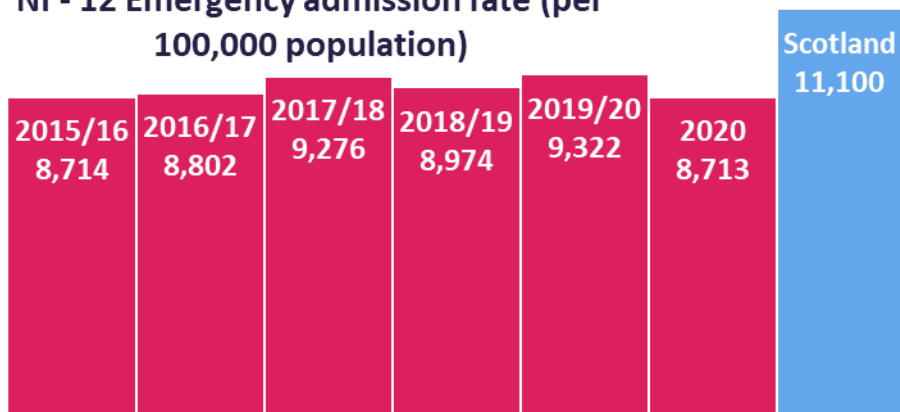
Moray continues to perform well in this measure.

NI - 13 Emergency bed day rate (per 100,000 population)

| 2015/16 95,860 | 2016/17 97,430 | 2017/18 95,707 | 2018/19 91,483 | 2019/20 90,556 | 2020 78,337 | Scotland 101,852 |
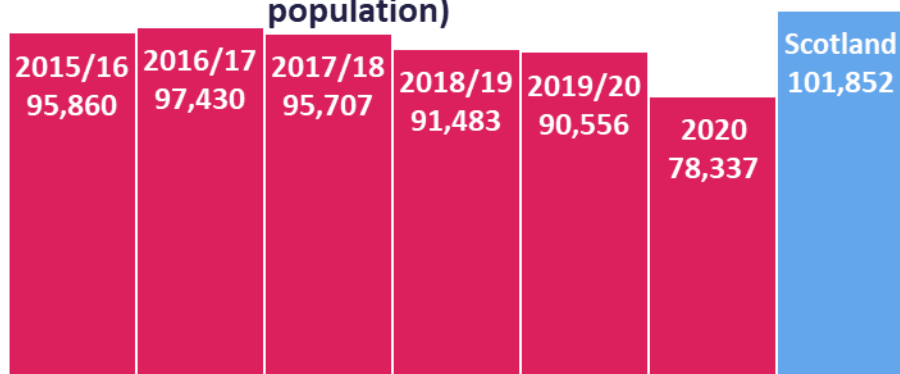
Moray has had a decrease in its Emergency Bed Day rate. Performance in this measure continues to perform well.

42

## NI - 14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)

2015/16 76	
2016/17 75	
2017/18 84	
2018/19 77	
2019/20 78	
2020 96	
Scotland 114	
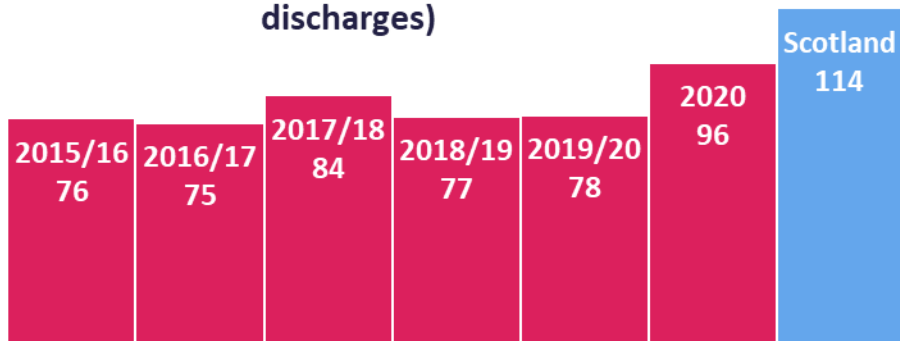
Despite an increase in this measure for Moray, the rate of re-admissions remains within the top quartile across Scotland.

NI - 15 Proportion of last 6 months of life spent at home or in a community setting

2015/16 90.0%	
2016/17 90.2%	
2017/18 89.4%	
2018/19 90.0%	
2019/20 90.6%	
2020 91.4%	
Scotland 90.1%	
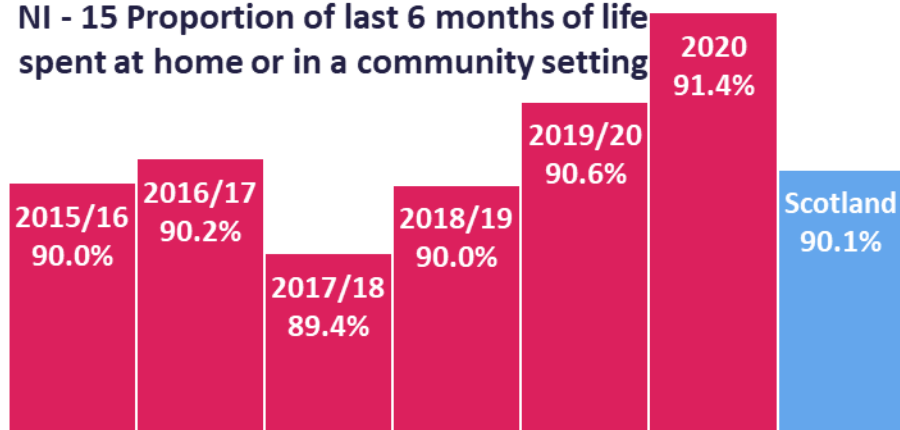
Moray continues to perform very well in this measure.

NI - 16 Falls rate per 1,000 population aged 65+

2015/16 16.8	
2016/17 15.7	
2017/18 15.3	
2018/19 15.2	
2019/20 15.1	
2020 16.5	
Scotland 21.7	
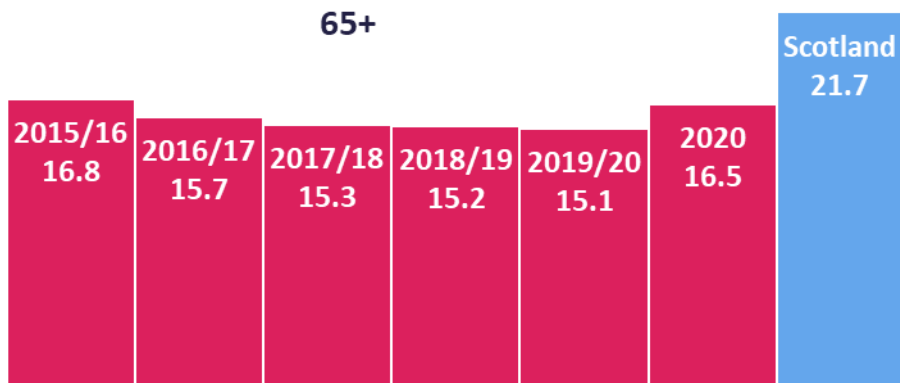
Moray has the third lowest falls rate in Scotland but this measure did have a small increase in 2020.

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NI - 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

2015/16 78.4%
2016/17 70.7%
2017/18 84.7%
2018/19 81.8%
2019/20 75.2%
2020 80.9%
Scotland 82.5%
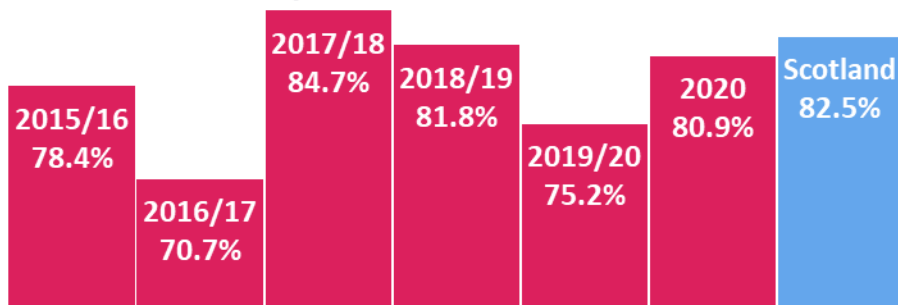
While Moray was below the Scottish average performance in this measure, it has improved significantly from 2019/20.

NI - 18 Percentage of adults with intensive care needs receiving care at home

2015/16 75.9%
2016/17 67.3%
2017/18 65.9%
2018/19 67.9%
2019/20 62.5%
2020 59.4%
Scotland 62.9%
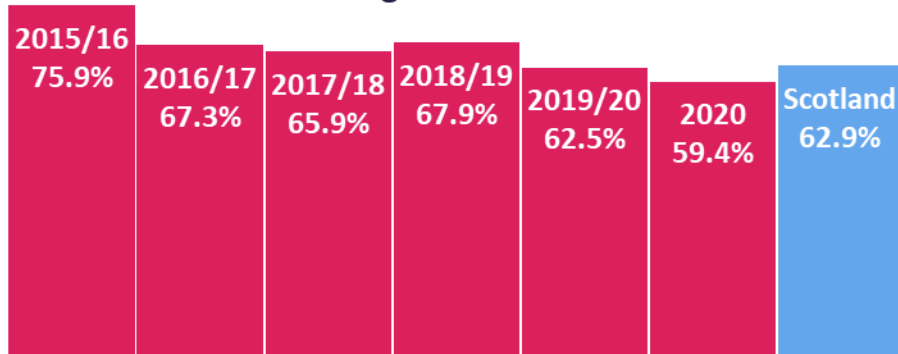
Moray has had a decreasing trend in this indicator since it was introduced and has now been below the Scottish average for two years in a row.

NI - 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population

2015/16 764
2016/17 1,095
2017/18 936
2018/19 1,063
2019/20 768
2020/21 504
Scotland 488
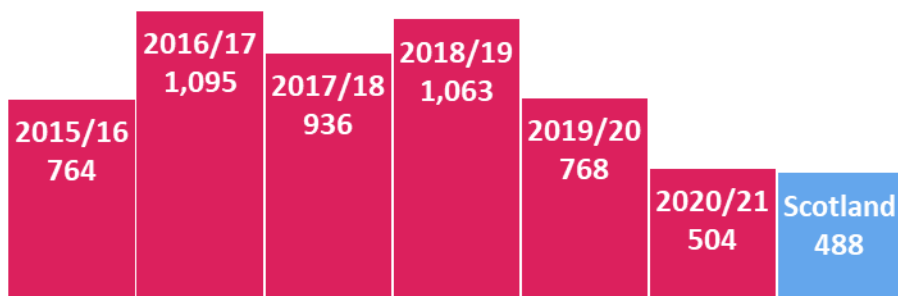
In the last two years this measure has shown good improvement in Moray.

44

NI - 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

2015/16 20.1% | 2016/17 20.3% | 2017/18 21.0% | 2018/19 20.8% | 2019/20 20.8% | 2020 18.4% | Scotland 21.0%

Despite a significant reduction in this measure, Moray continues to track at just under 3% below the Scottish average which it has done since this measure was put in place.

Ministerial Strategic Group (MSG) Indicators
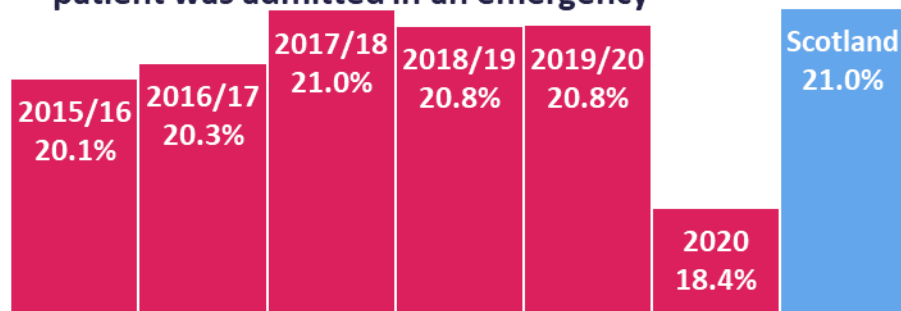
Data Release Note: Some figures have been released in this Excel workbook ahead of National Statistics publications. Where this occurs data may be used to report your own partnership's position, which local data could also support, however data must not be published for peer partnerships / Scotland.

The only measure to not have this warning is the Delayed Discharge Bed Days.

Moray continues to perform well in all MSG measures

Emergency Admissions: Moray, All Ages

45
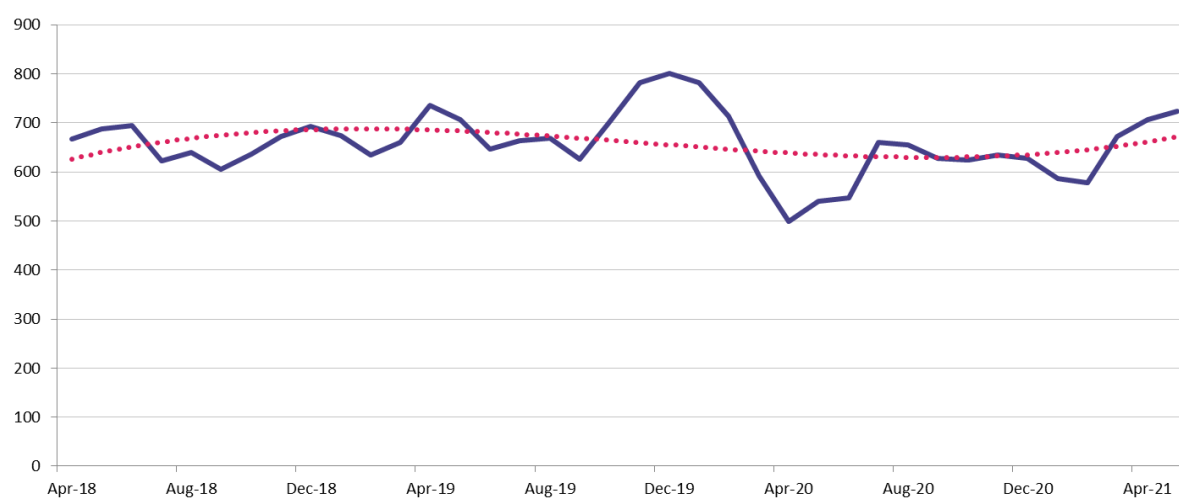
Number of admissions from A&E: Moray, All Ages

Unscheduled hospital days, acute specialties: Moray, All Ages

Unscheduled hospital days, mental health specialties: Moray, All Ages

A&E Attendances: Moray, All Ages

A&E % seen within 4 hours: Moray, All Ages

47
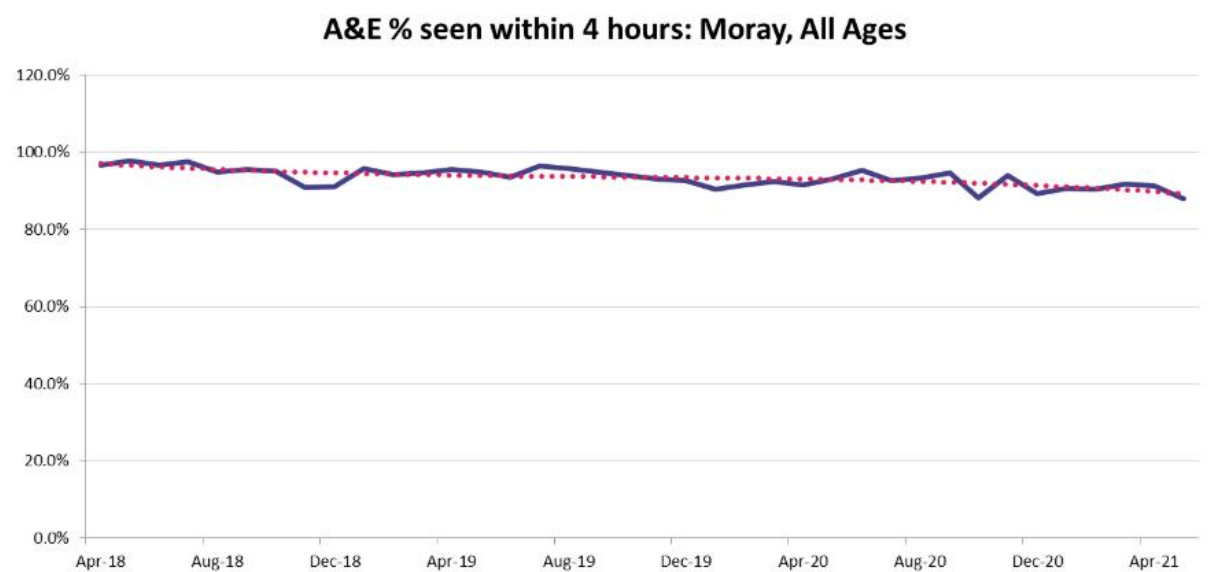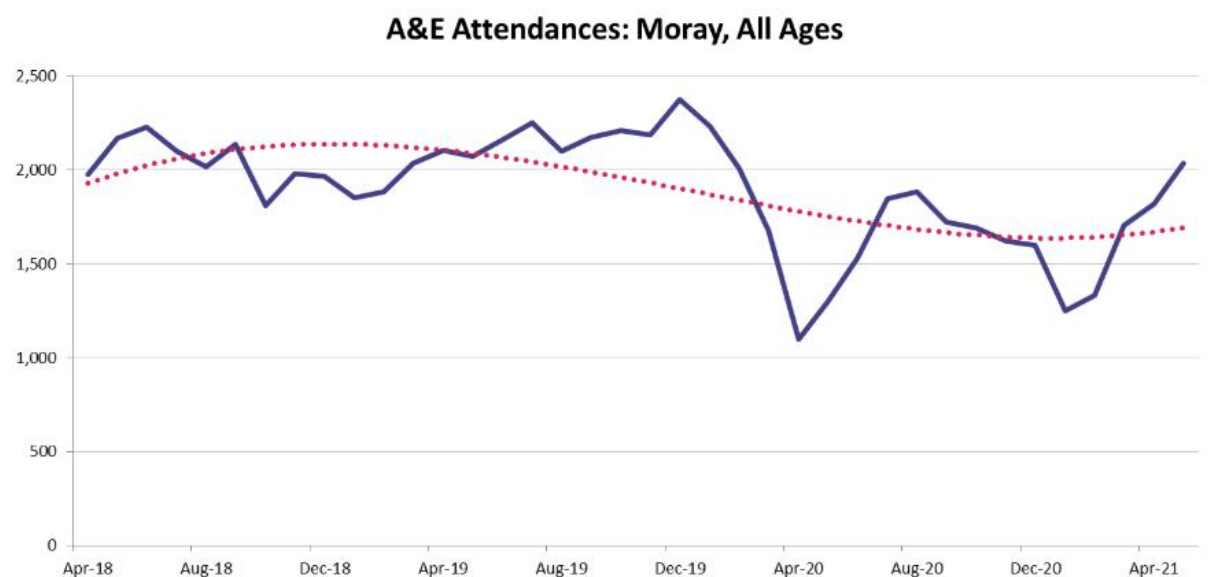
Delayed discharge bed days (All reasons): Moray, 18+

Percentage of last six months of life spent in Community: Moray

Number of days during last six months of life spent in Community: Moray

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Percentage of population in community or institutional settings: Moray, aged 65+

■ Home (supported) ■ Care home ■ Community hospital ■ Large hospital

Year	Home (supported)	Care home	Community hospital	Large hospital
2013/2014	5.8%	2.9%	0.3%	0.5%
2014/2015	5.3%	2.7%	0.3%	0.5%
2015/2016	5.0%	2.6%	0.3%	0.5%
2016/2017	4.1%	2.5%	0.3%	0.5%
2017/2018	4.6%	2.5%	0.3%	0.5%
2018/2019	4.1%	2.4%	0.3%	0.5%
2019/2020	4.1%	2.4%	0.2%	0.5%
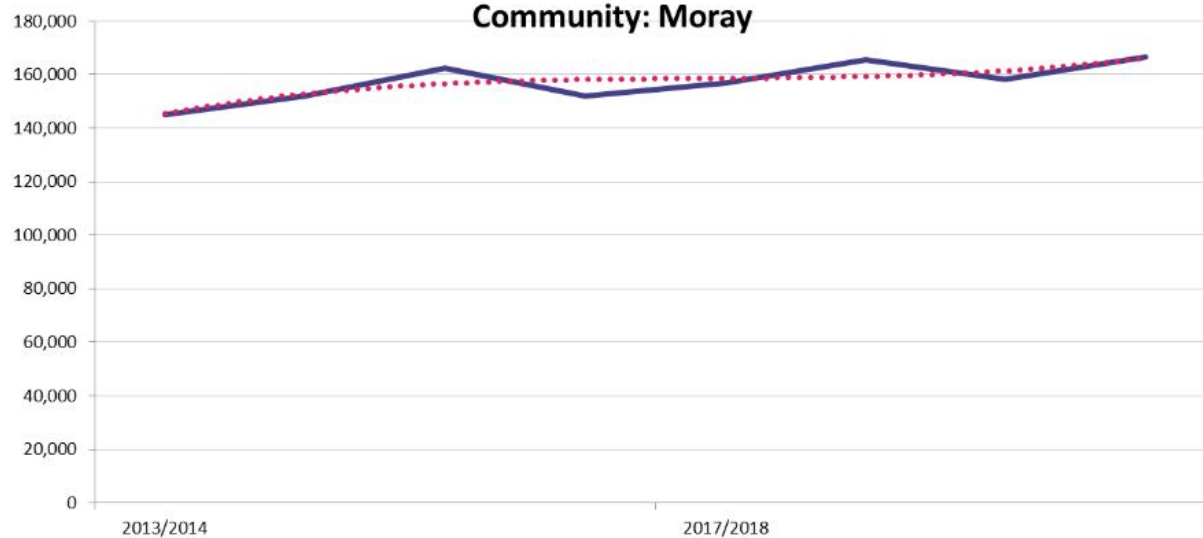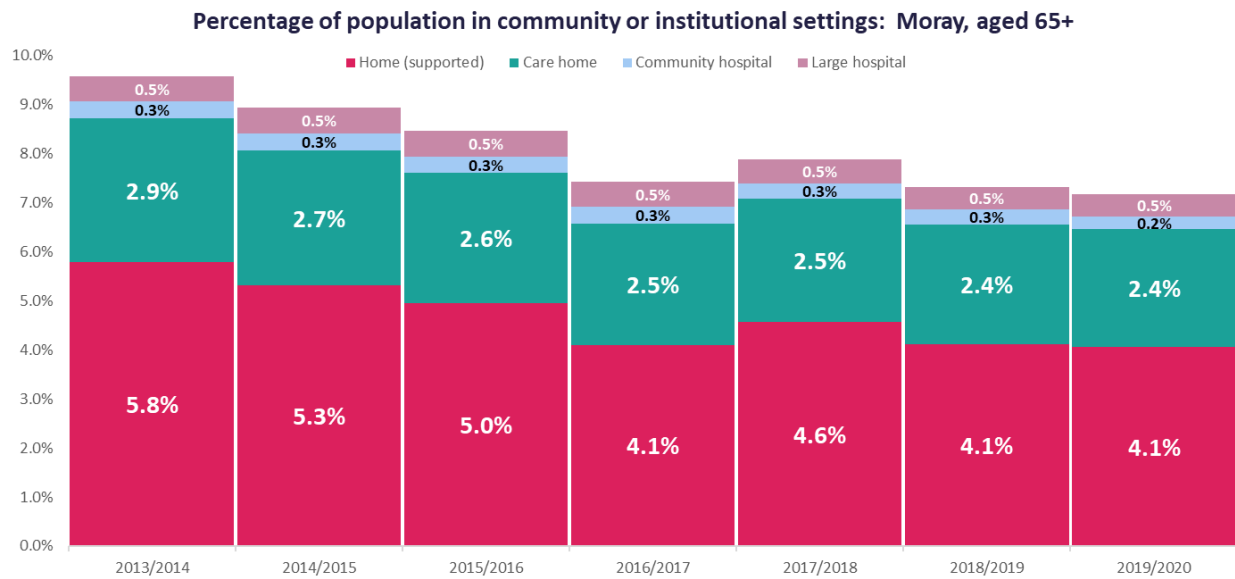
9. Financial Performance and Best Value

Financial Governance

The Moray Integration Joint Board (MIJB) has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a revenue budget by the 31st March each year. The funding of the MIJB revenue budget is provided by NHS Grampian and Moray Council. It is then the responsibility of the MIJB to direct the funding in a way that best supports the delivery of the Strategic Plan in accordance with the functions that have been delegated.   The total level of funding provided to the MIJB at the start of the 2020/21 financial year was £135.6 million. In addition, the MIJB had a remaining reserve at the start of the year of £0.187million which was earmarked for the Primary Care Improvement Plan. This reserve is held in line with the Scottish Government Transformation Programme. The split of funding can be analysed as follows:

Expenditure in £M

45

90.6

■ NHS Grampian   ■ Moray Council
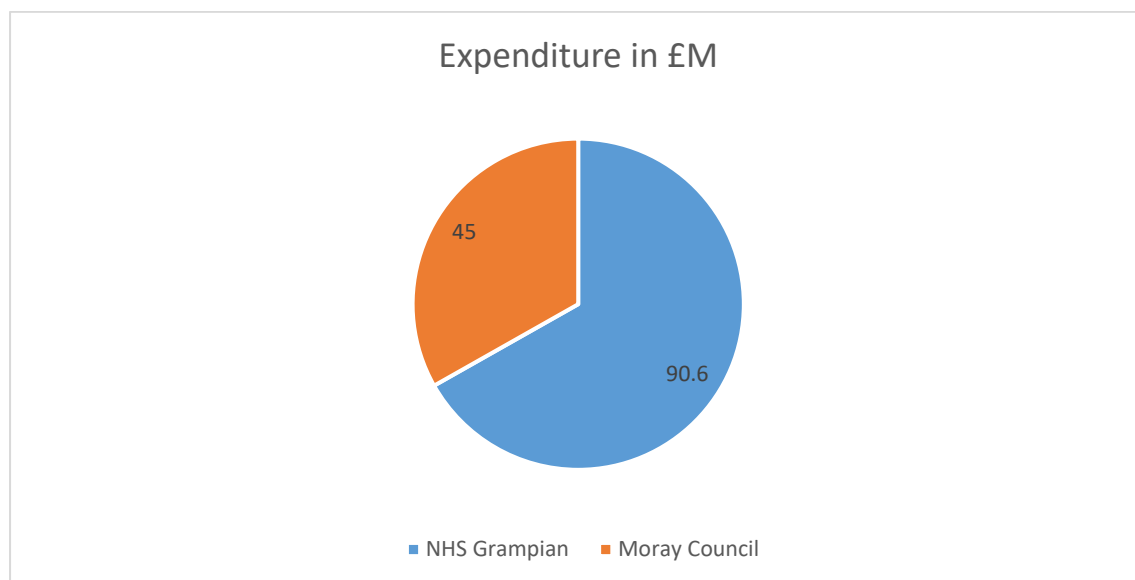
Financial Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board are presented with financial information that includes a forecast on the likely financial outturn at the end of the financial year.

In March 2020 a balanced revenue budget for the 2020/21 financial year was presented to the MIJB supported by a financial recovery plan of £1.9 million to align service delivery with the approved level of funding. The progress against the recovery plan is reported at quarterly intervals throughout the year as part of the

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regular financial monitoring process. Through in-year reporting of the recovery/savings plan progress, it was evident that whilst some small elements were delivering according to plan, other areas, were falling significantly short and with the impact of the Covid 19 pandemic on expenditure, Scottish Government made available additional funding to support the underachievement of savings totalling £1.4 million. The MIJB concluded the financial year in an underspend position due to additional funding being made available for Covid 19 related expenditure and unachieved savings. The additional funding is advance payment and has been carried forward in General Fund Reserves. The level of reserves as at 31 March 2021 is £6.3 million. £4.5 million is required to be earmarked and used for specific purposes and the remaining £1.8 million is a general reserve that will be used to support the 2021/22 revenue budget.

An expenditure summary is provided below:

Service Area	2019/20 Budget	2019/20 Actual		2020/21 Budget	2020/21 Actual	Variance Fav/ (Adverse)
Community Hospitals	5,092	5,466		5,348	5,587	(239)
Community Nursing	4,778	4,738		5,175	4,853	322
Learning Disabilities	7,062	7,481		7,968	8,546	(578)
Mental Health	8,372	8,568		8,680	8,649	31
Drug & Alcohol	1,116	1,048		1,176	1,143	33
Adult Protection & Health Improvement	148	151		151	152	(1)
Care Provided In-House	15,959	15,514		16,397	15,183	1,214
Older People's Services	16,789	18,636		17,930	19,835	(1,905)
Intermediate Care & Occupational Therapy	1,555	1,736		1,510	1,497	13
Externally Provided Care	8,972	9,060		8,413	8,067	346
Community Services	7,860	7,712		8,144	7,725	419
Administration and Management	3,296	2,933		4,363	3,904	459
Primary Care Prescribing	16,905	17,573		17,626	17,451	175

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Service Area	2019/20 Budget	2019/20 Actual		2020/21 Budget	2020/21 Actual	Variance Fav/ (Adverse)
Primary Care Services	16,757	16,555		17,669	17,541	128
Hosted Services	4,291	4,671		4,427	4,526	(99)
Out of Area Placements	669	807		669	808	(139)
Improvement Grants	925	933		938	613	325
Total Core Services	120,546	123,582		126,584	126,080	504
Strategic Funds & Other Resources	2,018	1,055		12,540	6,702	5,838
Set Aside	12,252	12,252		12,620	12,620	0
Total Net Expenditure	134,816	136,889		151,744	145,402	6,342

Main reasons for variances against budget 2020/21

Older People Services and Physical & Sensory Disability - This budget was overspent by £1.9m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for sheltered housing in Forres and Elgin. The ageing population and local demographics also contributes to this overspend.

Care Services Provided In-House – This budget was underspent by £1.2M at the end of the year. The most significant variance being due to the Care at Home services for all client groups. Supported Living services are also underspent. Staff transport across all the services and client transport under day services are also contributing to the underspend. This was due to Covid-19 and related restrictions

Learning Disabilities – The Learning Disability (LD) service was overspent by £0.6m at the end of 2020-21 where pressures continue to be experienced in supporting people with complex needs and the transition of individuals moving from being cared for by their families to living more independently creates additional costs that have to be met. The whole system transformational change programme in learning disabilities can help ensure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation, that expenditure is appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support.

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Administration & Management – This budget was underspent overall by £0.5m at the end of 2020-21 and refers primarily to an adjustment relating to staffing budgets, meaning staffing underspends were greater than the staff savings target applied.

Other Community Services – Other Community Services was underspent by £0.4m. This relates to underspends in Allied Health Professionals which includes underspends in Speech and Language Therapy and Podiatry where ongoing difficulties are being experienced in recruitment. This is partially offset by overspends in Occupational Therapy, Dietetics and Physiotherapy. There were also underspends in Community Dental services mainly arising from staffing, Specialist Nursing services and Public Health. The underspends are offset in part by an overspend in Pharmacy which is related to staff costs which are expected to continue.

Financial outlook and best value

One of the major risks that continues to face the MIJB and its ability to deliver the services delegated to it within the context of the Strategic Plan is the uncertainty around the funding being made available from the partners and the Scottish Government. This is set against a back-drop of a changing demography which increases the demand and complexity for our health and social care services. In addition, we are faced with a need to rapidly transform services in line with the integration agenda and also as we continue to respond to and remobilise through the current pandemic. The balance in continuing to provide services and plan for transformation is a difficult combination, however, the Home First agenda has escalated programmes such as Discharge to Assess during the year with clear support and commitment being provided by the Board. There is an on-going commitment to provide care to those in the greatest need while providing those services within the resource available.

The MIJB governance framework comprises the systems of internal control and the processes, culture and values, by which the MIJB is directed and controlled. It demonstrates how the MIJB conducts its affairs and enables the MIJB to monitor progress towards the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of cost-effective services.

The MIJB ensures proper administration of its financial affairs through the appointment to the Board of a Chief Financial Officer, in line with Section 95 of the Local Government (Scotland) Act 1973.

For the 2021/22 financial year there will be a continued focus on financial recovery that will have to be considered alongside transformational development. Covid19 continues to impact on delivery of services with work to remobilise being a priority. It is therefore key to ensure consideration of opportunities at every juncture to ensure the MIJB can remain with the limits of the funding being made available through NHS Grampian and Moray Council.

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Financial Reporting on Localities   54

The financial reporting for 2020/21 is not currently reported at locality level. This continues to be a work in progress and remains a priority for development. A recently implemented management structure has secured 4 Locality Managers who are all now in post and work is underway to align budget responsibility to locality areas.

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10.   Looking forward – our priorities for 2021/22

Recovery and renewal

Covid-19 has been the biggest challenge the health and care system has faced in living memory. It is essential that lessons continue to be learned from this experience – whether from the extraordinary contributions of staff and volunteers, the rapid progress achieved in digitising and transforming service delivery, or from the shortcomings and inequalities brought sharply into focus.

Demand pressures will continue to extend to all hospital and community services which must respond to the health impacts coronavirus and the care and support needs of those who's mental and physical health and wellbeing has deteriorated as a result of delayed presentations or gaps in routine care, or as a consequence of social restrictions and lockdown measures.

Concerns remain over new and more transmissible variants of coronavirus and future outbreaks of infection, which could lead to many more cases of long Covid and make catching up with the backlog of routine NHS care even more challenging. Looking ahead to winter, a potential surge in respiratory viruses could cause widespread ill health and put pressure on the NHS which will be operating with fewer beds because of infection control measures. Planning is already advanced for delivery of the 2021/22 adult flu programme.

In Moray we are continuing to build on the whole system, integrated approaches seen during the pandemic. A system leadership and management approach is in place with the senior management team membership for health and social now revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system

Comprehensive engagement and collaboration with partners and communities will generate further learning to bring about positive change and renewal as we move towards the new models of care which are central to the Moray IJB's long term strategic intent.

Strategic planning

The key pieces of work outlined in the Strategic Commissioning Plan published in 2019 remain our priority but the operating models for our services have inevitably changed as a result of the pandemic.

The Strategic Planning and Commissioning Group will refresh, reform and lead the ongoing implementation of the Strategic Plan. Redesign and transformation will see significant pieces of work taken forward over the coming year, including the requirement for Locality Plans.

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Locality Planning

Financial reports are now being produced by locality. These are reviewed regularly by the teams. Improvements continue to be made and regular finance meetings have been established. A Home First and Localities Project Manager has been appointed to support this work further over the next 12 months

Home First

We continue to drive forward our Home First approach to ensure home is always considered first with a range of community-based services offering alternatives to traditional hospital care in order to support people through times of crisis to regain their independence.

We are developing the provision of Hospital at Home services for older people with frailty to provide a short-term, targeted intervention that gives a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital.

Our bed-based services should be available to those who need them most, and be able to provide the right level of care for those who cannot have their care and support needs met in any other environment. Our intermediate care beds should provide targeted, outcome focussed, rehabilitation goals that support and prepare people to return to their home

 Following the success of the pilot, Discharge to Assess will be in place from August 2021. This supports the rapid discharge of people who are medically ready to leave hospital and appropriate to have their functional needs assessed among the familiar surroundings of their own home.

Home-based care and support is a key enabler to people remaining as independent as possible at home within their communities. Work is underway to move away from the "time and task" model to help care workers take an outcomes-focused approach to their practices

Social care reform

The Independent Review of Adult Social Care, commissioned by the Scottish Government and independently chaired by Derek Feeley, sets out a bold and ambitious vision that, if fully implemented, has the potential to transform the lives of people with social care needs, unpaid carers and the wider adult social care sector.

The review makes 53 individual recommendations across 8 key themes: a human rights based approach; unpaid carers; the case for and operation of a National Care Service; a new approach to improving outcomes – closing the implementation gap and managing quality; models of care; commissioning for public good; fair work; and, finance.

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If fully implemented, the recommendations will have significant implications for Moray IJB and the Health and Social Care Partnership, NHS Grampian, Moray Council and wider community planning partners, and initial assessment of potential implications have been carried out.

Whilst a number of the recommendations require significant legislative and structural change at a national level, some aspects are already being progressed by the IJB and partnership in the short-term such as those relating to further enhancing human-rights, equality and fairness as key aspects of our social care and social work practice.

Unpaid carers

The partnership recognises the essential contribution young and adult carers make to their communities in Moray – even more so throughout the Covid-19 pandemic. They are an important resource that requires the right support and services to be available.

A new Carers Strategy will be developed in 2021/22 which will be informed by the experiences of Moray's carers and the needs and aspirations they identify.

Digital change

There was rapid acceleration of digital change over the pandemic and we will continue to embed and accelerate policy and practice to support digital innovation while recognising the importance of actions to prevent digital technologies entrenching or widening health inequalities.

A significant future challenge will be the analogue to digital switchover. Around for decades, analogue lines are now harder to maintain making them less reliable. By 2025 telephone companies in the UK are switching off analogue telephone services and replacing them with digital internet protocol (IP) technology.

We currently use in-house telephone lines to connect people who receive a telecare service to the alarm receiving centre. All current telecare unit will require to be replaces with ones which will work with the digital phone lines.

Budget control

For the 2021/22 financial year there will be a continued focus on financial recovery that will have to be considered alongside transformational development. Covid-19 continues to impact on delivery of services with work to remobilise being a priority.

Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The senior management team continually review spend, identify additional savings and track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported.

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Appendix 1– summary of performance against core suite of Integration indicators

	Indicator	Title	2013/14	2015/16	2017/18	2019/20	Scotland	Trend
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	97%	96%	93%	**93%**	93%	
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	74%	83%	**83%**	81%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	73%	75%	**80%**	75%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	71%	73%	**77%**	74%	
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	81%	79%	80%	**81%**	80%	
	NI - 6	Percentage of people with positive experience of care at their GP practice	84%	86%	80%	**77%**	79%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality	82%	83%	79%	**79%**	80%	
	NI - 8	Percentage of carers who feel supported to continue in their caring role	43%	38%	39%	**31%**	34%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	79%	84%	**79%**	83%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	**NA**	*NA*	

	Indicator	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020	Scotland	Sparklines
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (Data per Calendar Year, Latest 2019)	399	360	372	394	358	**357**	457	
	NI - 12	Emergency admission rate (per 100,000 population)	8714	8802	9276	8974	9322	**8713**	11,100	
	NI - 13	Emergency bed day rate (per 100,000 population)	95860	97430	95707	91483	90556	**78337**	101,852	
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	76	75	84	77	78	**96**	114	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.0%	90.2%	89.4%	90.0%	90.6%	**91.4%**	90.1%	
	NI - 16	Falls rate per 1,000 population aged 65+	16.8	15.7	15.3	15.2	15.1	**16.5**	21.7	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78.4%	70.7%	84.7%	81.8%	75.2%	**80.9%**	82.5%	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	75.9%	67.3%	65.9%	67.9%	62.5%	**59.4%**	62.9%	
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	764	1,095	936	1,063	768	**504**	488	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an	20.1%	20.3%	21.0%	20.8%	20.8%	**18.4%**	21.0%	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care	*NA*	*NA*	*NA*	*NA*	*NA*	**NA**	*NA*	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	*NA*	*NA*	*NA*	**NA**	*NA*	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	*NA*	*NA*	*NA*	**NA**	*NA*	

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Appendix 2 – inspections

To meet the duties placed on it by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance that it must evaluate infection prevention and control and staffing, the Care Inspectorate amended its quality framework for care homes to support this process.

This enabled the Care Inspectorate to conduct targeted inspections that were short, focused and carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support during the Covid-19 pandemic.

All care homes in Moray are independently owned with one run by a charitable trust.

The following information is taken from the fortnightly reports to the Scottish Parliament on Care Inspectorate inspections and the grades published on the website here.

Service name: Cathay nursing home, Forres **Service provider**: Care Concern Limited **Service type**: Care home for older people. Registered to provide care to 41 people				
Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
12 June 2020	Adequate	Adequate	Adequate
	How good is care and support during the Covid-19 pandemic?		
	Adequate		
01 Apr 2021	Good	Good	Good
	How good is care and support during the Covid-19 pandemic?		
	Good		
	How good is our leadership?		
	Good		

An inspection was carried out on 12 June 2020. Staff were observed to be wearing PPE in line with good practice. Inspectors found that social distancing was not being practiced consistently within the home. National guidance on hand washing, laundry management, waste disposal and cleaning was not always followed. Cleaning of the home was only carried out between 8am and 3pm.
On some occasions, people did not receive the right level of support as staff were not available to help them. People's care plans included sufficient information to provide the right care. Staff asked for advice from healthcare professionals in response to people's changing health needs. People were supported to keep in touch with their families.
Inspectors carried out a further visit to the service on 27 July 2020. Staff were receiving improved training and support to understand and consistently implement

infection prevention and control guidance. This had led to improved outcomes for people living in the care home.

The home was clean and tidy and PPE and hand washing facilities were available. However, some practices were observed that were not in line with current guidelines. This related to the cleaning of equipment, the management of used linen, cleaning equipment used and keeping accurate cleaning records.

An unannounced inspection of the service was carried out on 30 and 31 March 2021. Inspectors observed kind and compassionate interactions between people. Staff were familiar with people's needs and preferences. People were able to move freely around the home and were supported to remain active. People had been supported to maintain contact with family and friends through phone calls and other technology. People were enjoying visits in their own rooms. Feedback from families was positive.

Staff were knowledgeable about the signs and symptoms of Covid-19 and infection prevention and control. Staff had enough information to meet people's needs and care for them safely.

The care home was clean and clutter free, yet homely. There were good systems for cleaning and infection prevention and control, and inspectors observed safe staff practices.

Improvements were planned for the laundry room to help prevent the spread of infection. Enhanced cleaning schedules were in place. Cleaning and decontamination of reusable equipment was in line with guidance. PPE supplies were readily available and used in line with guidance.

There were enough staff to meet people's health and care needs. There was a staffing contingency plan to help manage staff shortages. Staff described feeling valued and well supported. They were empowered to make decisions that had positive health outcomes for people.

Service name: Spynie (Care Home), Elgin
Service provider: Intobeige Ltd
Service type: Care home for older people. Registered to provide care to 56 people

Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
28 May 2020	Good	Good	Good
	How good is care and support during the Covid-19 pandemic?		
	Not assessed		

An inspection was carried out on 28 May 2020. Inspectors observed compassionate, warm care being given to people living in the home.

The care plans viewed demonstrated that people and their relatives and carers were involved in reviewing their health care needs at regular intervals. They were person-centred, and reflected people's individual right's, choices and wishes. This included information on people's preferences for, and support required to maintain

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contact with those important to them, and ways they can remain active and engaged.

Staff were observed to actively engage with people, and for those living with dementia, staff assisted them to practice social distancing to support their overall safety and wellbeing. Staff used hand-held devices to monitor and record people's health and care needs. The home had implemented virtual surgeries and Near Me consults to minimise personal contact and promote people's safety.

Although not assessed the service demonstrated an overall performance evaluated as good for health and wellbeing.

Inspectors observed that the home was clean and that infection control practices supported a safe environment for both people experiencing care and staff. Staff were well informed on the importance of hand hygiene. The home had a good supply of PPE and staff were observed to wear this in line with guidance.

Although not assessed the service demonstrated an overall performance evaluated as good for infection control.

There was visibly good staff numbers within both units. Registered Nurses were rostered across all shifts and led the delivery of quality nursing care. The home had appointed a Clinical Lead who promoted people's health through the appropriate use of health and risk assessments.

Staff encouraged people to maintain contact in various ways including Skype, iPads, social media and telephone.

The home had developed a preparation plan for COVID-19 which included a comprehensive training schedule.

Although not assessed the service demonstrated an overall performance evaluated as good for infection control.

Service name: Lythe Home, Cullen
Service provider: Lythe Home
Service type: Care home for older people. Registered to provide care to 32 people

Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
28 July 2020	Adequate	Adequate	Adequate
	How good is care and support during the Covid-19 pandemic?		
	Adequate		
04, 08 Feb 2021	Unsatisfactory	Unsatisfactory	Unsatisfactory
	How good is care and support during the Covid-19 pandemic?		
	Unsatisfactory		

An inspection was carried out on 27 July 2020. Inspectors reported that people living in the service appeared well and were being supported to implement social distancing during lockdown. Garden visits had commenced and there was a focus on helping people maintain contact with their families.

Cleaning schedules had been increased and laundry services were found to be of a good standard. Staff were correctly using PPE and adhering to good infection

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prevention and control practice. However, the infection prevention and control policy had not been updated to include Health Protection Scotland Covid-19 Information and Guidance for Care Home Settings.

The number of staff on duty was sufficient to meet people's needs. Staff morale was good and they felt supported. It was found that not all staff had completed training in infection prevention and control.

Inspectors visited again on 16 September 2020 and were satisfied that people were being supported to engage in a range of activities. They found significant progress in ensuring fluids were available to everyone. Systems were in place to monitor those who were at risk to help ensure they remained hydrated. The service had taken positive action to progress training for staff in infection prevention and control.

Inspectors carried out an unannounced inspection of the care home on 4 February 2021, with NHS Grampian present on the first day. They had significant concerns about the cleanliness and repair of the home, infection control practices, unsafe use of cleaning chemicals and a lack of domestic staff. A letter of serious concern was issued to the provider detailing the concerns.

Inspectors visited the service on 8 February and found that while some of the areas of serious concern had been progressed, there remained significant areas of concern that posed a risk to people's health, safety and wellbeing. Due to the provider's failure to address the significant concerns, the Inspectors issued an improvement notice on 12 February. The Lythe Home was closed by the provider in March 2021.

Service name: Speyside (Care Home), Aberlour
Service provider: Parklands Group Ltd
Service type: Care home for older people. Registered to provide care to 41 people

Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
31 Jul 2020	Good	Adequate	Adequate
	How good is care and support during the Covid-19 pandemic?		
	Adequate		

An inspection was carried out on 27 July 2020. The design of the home enabled physical distancing. The general environment was clear from non-essential items and clutter to allow for effective cleaning. Staff carrying out housekeeping and cleaning in the service were familiar with required decontamination processes specific to Covid-19.

Although Inspectors saw staff wearing appropriate PPE, they did not consistently wear or dispose of their PPE correctly when entering, leaving, or moving between rooms. There was clear signage above hand washing sinks however, the hand washing sinks and hot water supply in the staff toilets were not suitable, making it difficult for staff to wash their hands safely and correctly.

Many people were socially distancing in their rooms. People who preferred to be in the communal areas were patiently supported and reminded to distance.

The care plans reviewed had sufficient information to enable staff to meet people's health and care needs overall. People's care and support needs during the Covid-19 pandemic were recorded in an electronic Covid-19 care plan.

People benefited from the use of technology to stay in touch with people that were important to them. There was good support from staff to do this, using different methods such as video and phone calls. Relatives confirmed that the service had provided innovative ways to support them to keep in touch.

Service name: Weston View Care Home, Keith
Service provider: Craigard Care Ltd
Service type: Care home for older people. Registered to provide care to 40 people

Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
16 Nov 2020	Adequate	Good	Adequate
	How good is care and support during the Covid-19 pandemic?		
	Adequate		

Inspectors visited on 11 and 12 November and found that people experienced warm and compassionate care. They were supported to maintain contact with family and relatives, although access to the internet was limited for some people who were in isolation.

Families did not always feel informed about their relative's care. Essential visits were in place. Care staff were familiar with people's choices and preferences. Personal plans contained information about people's preferences but required more regular updating.

Communal areas were adapted to support people to maintain physical distance. People were spending more time in their bedrooms. The environment was clean and uncluttered with enhanced cleaning schedules in place. Stocks of PPE were good and used appropriately. Senior staff monitored infection prevention and control measures.

Staff received regular online training and were knowledgeable about how Covid-19 should be managed. Staff followed safe hand hygiene guidance. Staff testing for Covid-19 was undertaken in line with guidance.

A follow-up inspection was carried out on 16 December 2020, using virtual technology, to monitor progress need to improve the assessment, evaluation and recording of skin damage, pressure ulcers and wounds. Inspectors found that most staff had completed training to improve their knowledge, competence and practice in skin and wound care. Care plans had been brought up to date and now contained details which directed staff and enabled them to better meet people's health and skin care needs.

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Service name: Meadowlark, Forres			
Service provider: Renaissance Care Ltd			
Service type: Care home for older people. Registered to provide care to 57 people			
Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
02 Dec 2020	Good	Adequate	Good
	How good is care and support during the Covid-19 pandemic?		
	Adequate		

Inspectors visited on 01 and 02 December 2020 and noted people were supported by staff who were familiar with their choices and preferences. They were supported to socially distance, remain active, and take part in one-to-one activities. People and their families kept in touch and indoor and outdoor visits were supported in line with guidance.

Care plans were person-centred and had sufficient detail to enable staff to meet people's needs. However, people's health and care were not consistently evaluated and not all relatives were involved in reviewing people's care.

The home was clean, tidy and well maintained. While a program of refurbishment had commenced, toilets, wet rooms and sluices were yet to be completed. Floor and ceiling damage within these areas made cleaning difficult and increased the risk from infection. Enhanced cleaning schedules were in place. Cleaning and decontamination of re-usable equipment was in line with guidance. PPE supplies were good and readily accessible. PPE use and disposal were in line with guidance.

There were sufficient staff to meet people's health and care needs. Staff had completed infection prevention and control and Covid-19 training, but there had been no formal evaluation of staff practice.

The home had a contingency plan to support the service if care staff were absent because of illness, self-isolation or exclusion following a positive Covid-19 test.

Service name: Wakefield House Care Home, Cullen			
Service provider: Craigard Care Ltd			
Service type: Care home for older people. Registered to provide care to 30 people			
Date of report	People's health and wellbeing	Infection control practices	Staffing arrangements
29 Jan 2021	Good	Adequate	Good
	How good is care and support during the Covid-19 pandemic?		
	Adequate		

An inspection of the care home using virtual technology was carried out on the 27 and 28 January. Inspectors reported that staff knew about people's likes and dislikes and people were supported in a caring and warm manner. Staff helped

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people to use technology and other methods to maintain contact with relatives. Families felt informed about their relatives' care.

There were enough staff to meet people's needs. People were supported to remain active and one-to-one activities were taking place. Care plans were person-centred, up to date and had enough detail to enable staff to meet people's needs. Communal areas were adapted to support people to maintain physical distance. While the environment was clean, communal and staff areas needed to be decluttered and improvements to the décor and general environment were needed. The laundry area was small and poorly ventilated, and infectious and clean laundry was not kept separate.

There were enhanced cleaning schedules for frequently touched areas. PPE stocks were good and used appropriately and staff followed safe hand hygiene guidance. Infection prevention and control measures were regularly monitored. Staff received regular training and were knowledgeable about how Covid-19 should be managed. Staff testing for Covid-19 was undertaken in line with guidance.

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Health & Social Care Moray
9C Southfield Drive
Elgin
IV30 6GR

Telephone: 01343 567187
Email: involvement@moray.gov.uk
Website: www.hscmoray.gov.uk
Facebook: www.facebook.com/hscmoray
Twitter: www.twitter.com/hscmoray

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