Audit, Performance and Risk Committee

Thursday, 31 March 2022

To be held remotely in various locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Audit, Performance and Risk Committee, To be held remotely in various locations**, on **Thursday, 31 March 2022** at **10:30** to consider the business noted below.

AGENDA

1.	**Welcome and Apologies**	
2.	**Declaration of Member's Interests**	
3.	**Minute of Meeting of 6 December 2021**	**5 - 8**
4.	**Action Log of Meeting of 6 December 2021**	**9 - 10**
5.	**Performance Report - Quarter 3**	**11 - 42**
6.	**Internal Audit - Completed Projects**	**43 - 58**
7.	**Strategic Risk Register**	**59 - 90**
8.	**Internal Audit Plan 2022-23**	**91 - 94**
9.	**Civil Contingencies Resilience Standards Report**	**95 - 108**
	Item(s) which the Committee may wish to consider with the Press and Public excluded	

10. CONFIDENTIAL External Review of Commissioned Services

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Sandy Riddell (Chair)

Mr Steven Lindsay (Member)
Mr Derick Murray (Member)
Councillor Frank Brown (Member)
Councillor Theresa Coull (Member)

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

MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Monday, 06 December 2021

To be held remotely in various locations,

PRESENT

Ms Tracey Abdy, Simon Bokor-Ingram, Mr Sean Coady, Councillor Theresa Coull, Mr Steven Lindsay, Mr Derick Murray, Mr Sandy Riddell

APOLOGIES

Councillor Frank Brown, Ms Jane Mackie, Mr Neil Strachan

IN ATTENDANCE

Also in attendance at the above meeting were the Jeanette Netherwood, Corporate Manager, Atholl Scott, Internal Audit Manager, Peter McLean, Service Manager, Primary Care Contracts and Tracey Sutherland, Committee Services Officer.

1. Chair

The meeting was chaired by Mr Sandy Riddell.

2. Welcome and Apologies

The Chair welcomed everyone to the meeting and in particular Mr Derick Murray to his first meeting of the Audit, Performance and Risk Committee as the new NHS Grampian member.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 26 August 2021

The minute of the meeting of 26 August 2021 was submitted and approved.

5. Action Log of Meeting of 26 August 2021

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

6. Moray Winter Preparedness Plan 2021-22 Report

A report by the Chief Officer informed the Committee of the Health and Social Care Moray Winter Preparedness Plan for 2021/22.

Following consideration the Committee agreed to note:

i) that Health and Social Care Moray (HSCM), including GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period; and

ii) that the Moray Winter Preparedness Action Plan 2021/22 incorporates actions that focus on the immediate pressures on flow within the Moray Portfolio.

7. Quarter 2 Performance Report

A report by the Chief Financial Officer updated the Audit Performance and Risk Committee on performance as at Quarter 2 (July to September 2021).

Following consideration the Committee agreed to note:

i) the performance of local indicators for Quarter 2 (July to September 2021) as presented in the Performance Report at Appendix 1; and

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

8. Internal Audit Update Report

A report by the Chief Internal Auditor updated the Committee on the work of Internal Audit.

Following consideration the Committee agreed to note this audit update.

9. Strategic Risk Register Report

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

Following consideration the Committee agreed to note:

i) the updated Strategic Risk Register included in Appendix 1; and

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

10. Internal Audit Completed Projects Report

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

Following consideration the Committee agreed to note the audit update.

11. G-OPES - verbal update

Peter McLean, Service Manager, Primary Care Contracts, gave the Committee an update on the NHS Grampian Operational Pressure Escalation System (G-OPES) currently being rolled out within the Service.
The system was introduced to have a consistent means of measuring pressure across the entire system, and will be able to provide clear transparent metrics and actions relating to this.

The Chair said it was important to see reports coming out of the system to allow for scrutiny. He further added that information to be contained in the reports would need wider discussion at the IJB. The Chief Officer agreed to pull together some suggestions for discussion at the IJB.

12. Locality Planning Report

A report by the Head of Service provided the Committee with an overview on the current status of Locality Planning within Moray.

Following consideration the Committee agreed to:

i) note the progress towards delivering the identified aims for Locality Planning in Moray and confirms that this programme should remain a priority activity to meet objectives of the Strategic Plan; and

ii) request further reports be brought to the MIJB as specific decisions are required.

13. Items for Escalation to MIJB

The Committee agreed that regular reporting on the G-OPES system should be provided for the IJB. It was agreed that the Chief Officer would pull together proposals on what the report would contain.

MEETING OF MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

THURSDAY 6 DECEMBER 2021

ACTION LOG

Item No.	Title of Report	Action Required	Due Date	Action By	Update from 26/8/21
1.	Action Log of Meeting dated 27 August 2020	Payment Verification Assurance Update – once through appropriate NHSG Governance route.	August 2021	Sean Coady	Payment verification has not yet resumed, however it is hoped to re-start in September 2021.
2.	Civil Contingencies – Resilience Standards Progress	Annual Assurance report requested from Health and Social Care Moray Civil Contingencies Group	March 2022	Jeanette Netherwood	On schedule
3.	G-OPES	Reporting proposals from G-OPES to be considered by IJB			

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022**

SUBJECT: **QUARTER 3 (OCTOBER TO DECEMBER 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 3 (October to December 2021).

2. RECOMMENDATION

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

i) the performance of local indicators for Quarter 3 (October to December 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;

iii) the introduction of management dashboards using the Pentana Risk software to enable managers to monitor performance (an example is at 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 3 is attached in **APPENDIX 1.**

Summary

4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 3 of the financial year 2021/22 is showing as variable. Three of the indicators are presenting as green, 3 are amber and 4 are red. This represents a reduced performance compared to Quarter 2 and is a reflection of the significant additional pressure placed ion the service during quarter 3.

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

EMERGENCY DEPARTMENT - GREEN
There has been a slight decrease in the rate per 1,000 this quarter from 21.7 to 20.0, meeting the target but still well above the number presenting at the same period last year. Since June last year the trend has been reducing in gradual steps.

DELAYED DISCHARGES – RED
The number of delays at the December snapshot was 35 (up from 29 at the end of the previous quarter), remaining well above the recently amended target of 10. The number of bed days lost due to delayed discharges was 1142 (up from 784). However, during quarter 4 the number of people experiencing delayed discharge is starting to reduce and will be reported in more detail in next quarter's report.

EMERGENCY ADMISSIONS – AMBER
Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days for over 65s from 1,773 to 2,045 in December 2021 (just exceeding the target of 2,037 per 1,000 population). However, the emergency admission rate per 1000 population for over 65s has reduced from 190.4 to 187.2 during quarter 3, while the number of people over 65 admitted to hospital in an emergency also reduced from 126.7 to 126.3 over the same period.

HOSPITAL RE-ADMISSIONS - GREEN

Both indicators in this barometer are now green having maintained the improvements noted last quarter. 28-day re-admissions are 8.4% and 7-day re-admissions are at 3.5%.

MENTAL HEALTH – RED

After achieving 100% for the 6 months from December 2020 through to June 2021 there has been a reduction during quarter 3 with 67% of patients being referred within 18 weeks during December 2021.

STAFF MANAGEMENT – RED

NHS employed staff sickness levels have reduced to 5.5%, still above the target of 4%. Council employed staff sickness levels have risen slightly to 8.05% from 7.8% last quarter, remaining above the 4% target.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	Q2 2122 Jul-Sep	Q3 2122 Oct-Dec	New Target (from Q1 2122)	Previous Target from Q1 2021 or earlier	RAG
AE	**Accident and Emergency**								
AE-01	A&E Attendance rate per 1000 population (All Ages)	16.8	17.8	23.5	21.7	20.0	no change	21.7	G
DD	**Delayed Discharges**								
DD-01	Number of delayed discharges (including code 9) at census point	23	17	19	29	35	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	672	496	592	784	1142	no change	304	R
EA	**Emergency Admissions**								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1881	1773	1859	1934	2045	2037	2107	A
EA-02	Emergency admission rate per 1000 population for over 65s	179.5	174.8	185.9	190.4	187.2	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122.5	119.3	124.1	126.7	126.3	123.4	124.6	A
HR	**Hospital Readmissions**								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.3%	5.0%	4.4%	4.1%	3.5%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.3%	9.8%	9.2%	8.4%	8.4%	no change	8.4%	G
MH	**Mental Health**								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	100%	67%	no change	90%	R
SM	**Staff Management**								
SM-01	NHS Sickness Absence (% of hours lost)	3.6%	3.1%	4.2%	6.0%	5.5%	no change	4%	R

AREAS NOT MEETING TARGETS

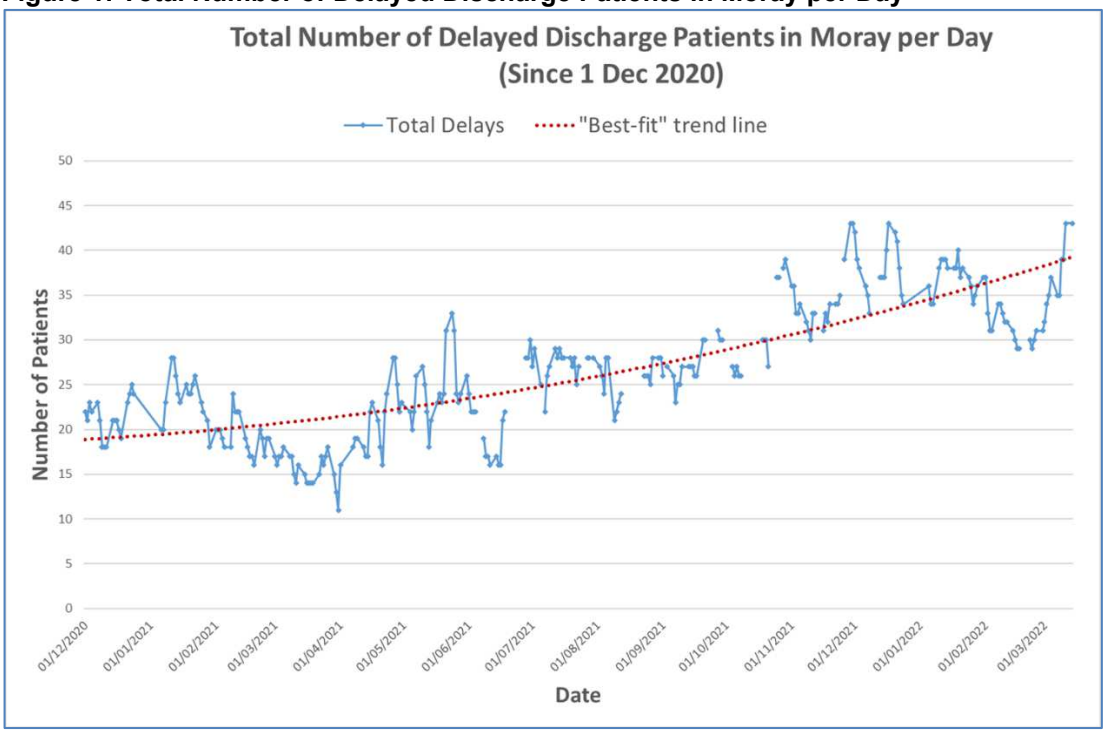
Delayed Discharge

4.5 As predicted in the previous report the two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) continue to be red and remain above the new targets set at the end of quarter 3 of 2020/21. The reasons for the above target levels remain the same; there has been an additional demand from the increase in COVID-19 cases linked to the Omicron variant, together with the reported increase in frailty and more complex needs of patients. Both factors have placed additional pressure on the service. Staff absences due to sickness (COVID-19, self-isolation and non-COVID-19 related illnesses) remained high during quarter 3, while COVID-19 guidelines and staff absences at care homes continued to limit the number of beds available for people to be discharged to, or for care at home packages to be put in place.

4.6 At the end of quarter 3 seven of the 14 care homes were at 'Red' status for COVID-19 and unable to receive residents, and the remaining 7 were Amber.

4.7 In the previous report the measures to manage the rising numbers were discussed, and the signs so far in quarter 4 were that the worst may be over with numbers starting to reduce during January and February. However, the recent spike in COVID-19 numbers allied to increasing staff absences has prevented some care homes from being able to take in residents and the delivery of care services has been disrupted. The latest data show the trend is rising once again (Figure 1).

Figure 1: Total Number of Delayed Discharge Patients in Moray per Day



4.8 Figure 1 indicates how much higher the numbers of patients each day who face a delayed discharge from hospital than they were last winter, indicating the scale of the task faced by health and social care teams.

Emergency Admissions

4.9 Emergency Admission rates for the over 65s (EA-02) have reduced during quarter 3, finally halting the rapid rise in numbers that occurred between March and August 2021. Note that the rate of 187.2 per 1,000 population remains above the target based on the 2019 average of 179.9 per 1,000 population. Similarly, the number of people admitted as an emergency over 65 years old (EA-03) has followed a similar trend. This indicator was showing a consistent downward trend but between February and July 2021, the trend reversed and increased rapidly. During quarter 3 the rate has stabilised between 126 and 127 per 1,000 population, just above the target of 123.4 per 1,000 population (also based on the 2019 average). Note that the Emergency Occupied Bed Days for over 65s (EA-01) has been increasing steadily since the start of 2021 and at the end of quarter 3 had just exceeded the target of 2,037 per 1,000 population. This is a reversal of the previous trend that had showed a gradual decrease since January 2019.

4.10 Emergency admissions were uncharacteristically low during 2020 due to the impact of the COVID-19 pandemic and are now closer to the rates experienced in earlier years. Daily admissions to the Emergency Department (ED) during quarter 3 were reasonably stable, fluctuating around 20 per day

with a high of 27 and a low of 9. However, it appears that patients are presenting with higher acuity, either because they are more acutely unwell, or their condition has deteriorated more than previously. They require longer stays in hospital and additional interventions and diagnostics. The lack of available care in community settings is resulting in extended length of stay in Dr Gray's Hospital (DGH) for patients that have been assessed by the multi-disciplinary team as ready to leave an acute setting. This in turn reduces our capacity for new patients requiring admission from ED and is creating crowding in the department, extensive breaches of the 4-hour ED standard and delays to the Scottish Ambulance Service (SAS) handover with ambulances unable to offload patients into ED as soon as they arrive at DGH. This in turn compromises SAS ability to respond to emergency calls and clinical transfer demands across the region. The Royal College of Emergency Medicine published a report in November 2021 highlighting the safety implications of ED crowding[1]. Their concerns are encapsulated by the following comments in the introduction to the report:

> *'…crowding is dangerous. It is undignified and inhumane for patients who are left waiting for treatment in precarious circumstances. Crowding is associated with increased mortality and increased hospital length of stay. As well as impairing the efficiency of hospitals, it contributes to staff burnout, moral injury, and to the loss of highly skilled emergency care professionals.'*

Mental Health

4.11 There was a reduction in the percentage of patients receiving psychological therapy treatment within 18 weeks (MH-01) during quarter 3 from 100% at the end of the previous quarter to 67% at the end of December 2021. This reduction is in contrast to the first 6 months of 2021 when the percentage meeting the 18-week timescale was consistently 100%.

4.12 Referrals into adult mental health continue whilst operating on reduced capacity due to vacancies and ongoing clinical care of open patients. Analysis of demand is being undertaken to determine gaps in service delivery. One member of secondary care staff continues to be deployed one day per week to the Psychological Resilience Hub. This will be reviewed if there is an impact on secondary care delivery. Primary care staff continue to be redeployed to the Psychological Resilience Hub but a plan to withdraw from this is in progress and they will no longer offer support from 1 April 2022.

4.13 There are ongoing difficulties with recruitment to psychological therapies posts in primary and secondary care services alongside increased demand. Online groups are running within the service to support waiting list management when clinically appropriate

Staff Management

4.14 Sickness levels amongst both NHS and Council-employed staff increased during quarter 3, which may be linked, amongst other factors, to the continuing high number of cases of COVID-19 being reported in Moray each

[1]RCEM Acute Insight Series:Crowding and its Consequences, November 2021 https://rcem.ac.uk/wp-content/uploads/2021/11/RCEM_Why_Emergency_Department_Crowding_Matters.pdf

day. At the end of quarter 3 the figure was 2,082 cases (equivalent to 2,175 per 100,000 population), 4% above the national rate of 2,093 per 100,000 population.

4.15 At the end of quarter 3 Moray vaccination rates for all residents aged 12 years old and over remained just above the Scottish average rates for 1st and 2nd dose vaccinations at 92.2% and 84.7% respectively (compared to 91.6% and 84% for Scotland)[2]. In Moray 65.7% of the population have had a third vaccination, compared to 62.6% nationally. There was a marked rise in hospital admissions in Scotland during December 2021, similar to the same period in 2020. However, the peak this winter was lower than the peak last year and there were half the numbers being admitted to ICU this winter, perhaps suggesting the vaccination programme has been effective in reducing the severity of symptoms.

4.16 The average absence due to sickness for all Moray Council staff since May 2020 was 6.6% at the end of quarter 3. This is just above the Scottish average of 5.9% for the same period and above the pre-pandemic levels. The rising level of absence reported in quarter 2 continued into quarter 3 reaching 8.0%. Over the same period NHS staff absences due to sickness reduced from 6.0% in quarter 2 to 5.5%. As reported previously, the pandemic continues to affect the delivery of health and social care in Moray with both staff and service users being affected, requiring periods of self-isolation to be managed, the continuing use of PPE, additional work pressure on the staff who are available and increased anxiety on the part of some service users.

4.17 Managers have been faced with daily challenges to find staff to allocate to rosters and to maintain the delivery of their services, and to prioritise the services being provided. The data currently being collected during quarter 4 suggest that the worst may be over, but managers will face the challenge of close management of their staff to meet demand for some time to come.

4.18 An appeal for volunteers to support the Health and Social Care Team was being prepared in quarter 3 ready for release to Moray Council staff early in the New Year. There would be opportunities for staff to redeploy to assist Social Care teams, but due to the critical situation with the provision of care volunteers would be sought on a temporary basis to undertake Social Care Assistant posts. The outcome of this appeal and the support that was provided will be included in the quarter 4 report to this committee.

4.19 To illustrate the issues being faced one of the HSCM services has provided a comparison of days lost from October to December 2021 with the same period in 2020 and 2019 (Table 1). The absences during quarter 3 this year are an order of magnitude higher than previously encountered and have taken exceptional measures to provide the required cover. These measures have included using relief staff to cover core hours and recruiting additional relief staff to cover holiday and sickness absences. Some of the relief staff have been given temporary contracts to provide an acceptable level of continuity. It should be noted that the absences include 7 core staff members who have been signed off from work for long-term conditions, including stress, which is

[2] https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland Data to 31 December 2021.

the first time the service has encountered staff being signed off for such reasons.

Table 1: Example of absence due to sickness in one service during a 3-month snapshot (2019-21) (days absent)

YEAR	October	November	December
2021	140 days	140 days	160 days
2020	3 days	5 days	21 days
2019	13 days	0 days	20 days

4.20 In the previous report to the committee, it was noted that some additional funding was due from the Scottish Government for Care@Home in the community. Recruitment has been underway in recent weeks and is expected to start making a difference later in quarter 4 once staff are taken on, having been trained and ready to be rostered on shifts. Recent analysis of staff retention shows that rates in Moray are high with 85.6% of staff employed in April 2020 still working within the team. This compares favourably to the 2020 Scottish Social Service Sector index for the Care at Home sector that indicated 82.2% of employees remained in the same post they held in 2019. However, although retention of staff is not a major issue for Moray there has been a reduction of 400 contracted hours since April 2020. Staff have cited a number of reasons including wanting a better work-life balance, fatigue and being burnt-out.

4.21 Additional resourcing is being put in place in Dr Gray's Hospital to undertake social care assessments before discharge of patients. The addition of an agency social worker and an additional day each week for an existing member of staff is expected to deal with those who are waiting for an assessment and meet the continuing demand.

4.22 Due to the continued and increasing pressures on staffing across HSCM focussed effort is being put into collation and identification of potential staffing pressures across HSCM services, especially when there are high levels of community transmission of Covid. The key staffing information regarding annual leave, sickness absences, covid related absences and vacancies in order to obtain the necessary management information to inform decisions regarding the allocation of staff resources. This was instigated in January 2022 and is being overseen by SMT.

PERFORMANCE MANAGEMENT DASHBOARDS

4.23 Moray Council uses Pentana Risk software to track and record performance indicators and progress on implementing service plan actions. The software enables information to be collated and presented to enable managers for teams and services to monitor performance for their area of responsibility and take action accordingly. The data are presented in graphical and tabular form on "portals" that provide managers with bespoke performance management dashboards. The framework for the dashboards is being developed, and a proof-of-concept dashboard has been developed for Adult Support and Protection (**APPENDIX 2**). The intention is to develop similar dashboards in conjunction with managers for the remaining services and to provide

overarching dashboards that will be reported to senior managers and committees.

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) Climate Change and Biodiversity Impacts
No climate change or biodiversity implications have been determined for this policy/activity. It should be noted that extreme weather events, such as the recent storms, are expected to occur more frequently and with greater ferocity in future years. In the longer-term there are likely to be issues with the reduction in availability and increases in costs of fossil fuels that will pose challenges for the delivery of care services to people living in rural areas.

(i) Consultations
For Health and Social Care Moray the Chief Officer, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee

Services Officer, Moray Council. Their 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. The report also introduces the MIJB to the management dashboards that are being developed, and which will be developed further in the coming months.

Authors of Report: Jeanette Netherwood, Corporate Manager
Carl Bennett, Senior Performance Officer
Background Papers: Available on request
Ref:

PERFORMANCE REPORT - SUPPORTING CHARTS

QUARTER 3 2021/22

(1 OCTOBER 2021 – 31 DECEMBER 2021)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **3 are Green** and **4 are Red** and **3 are Amber**. Data for one of the indicators are not yet available.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	**Barometer (Indicator)**	**Q3 2021** Oct-Dec	**Q4 2021** Jan-Mar	**Q1 2122** Apr-Jun	**Q2 2122** Jul-Sep	**Q3 2122** Oct-Dec	**New Target** (from Q1 2122)	**Previous Target** from Q1 2021 or earlier	**RAG**
AE	**Accident and Emergency**								
AE-01	A&E Attendance rate per 1000 population (All Ages)	16.8	17.8	23.5	21.7	20.0	**no change**	**21.7**	G
DD	**Delayed Discharges**								
DD-01	Number of delayed discharges (including code 9) at census point	23	17	19	29	35	**no change**	**10**	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	672	496	592	784	1142	**no change**	**304**	R
EA	**Emergency Admissions**								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1881	1773	1859	1934	2045	**2037**	**2107**	A
EA-02	Emergency admission rate per 1000 population for over 65s	179.5	174.8	185.9	190.4	187.2	**179.9**	**179.8**	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122.5	119.3	124.1	126.7	126.3	**123.4**	**124.6**	A
HR	**Hospital Readmissions**								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.3%	5.0%	4.4%	4.1%	3.5%	**no change**	**4.2%**	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.3%	9.8%	9.2%	8.4%	8.4%	**no change**	**8.4%**	G
MH	**Mental Health**								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	100%	67%	**no change**	**90%**	R
SM	**Staff Management**								
SM-01	NHS Sickness Absence (% of hours lost)	3.6%	3.1%	4.2%	6.0%	5.5%	**no change**	**4%**	R

2. DELAYED DISCHARGE - RED

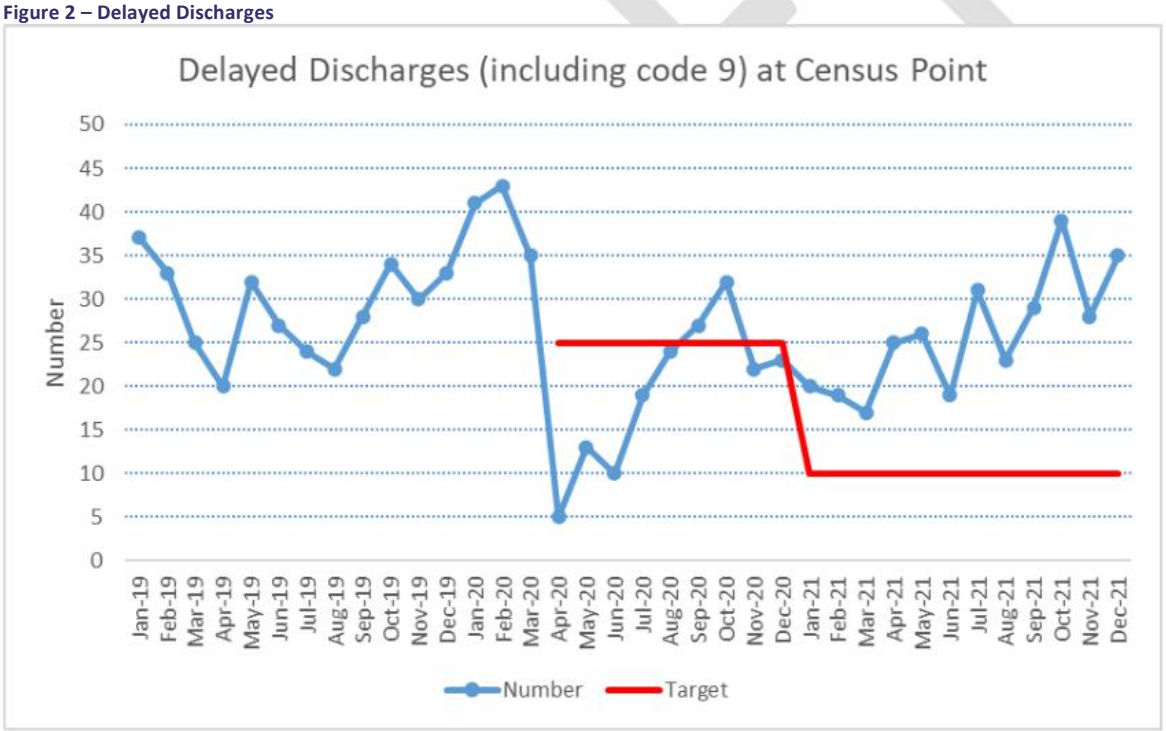
Trend Analysis

The number of delays at snapshot (**35**) and number of bed days lost due to delayed discharges (**1142**) have both increased since Q1 2021/22. Prior to March 2021 the figure had been reducing. It appears that the third wave has now peaked and the indications are that the number of people facing a delay in being dischared from hospital will show a reduction next quarter.

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

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

Figure 2 – Delayed Discharges



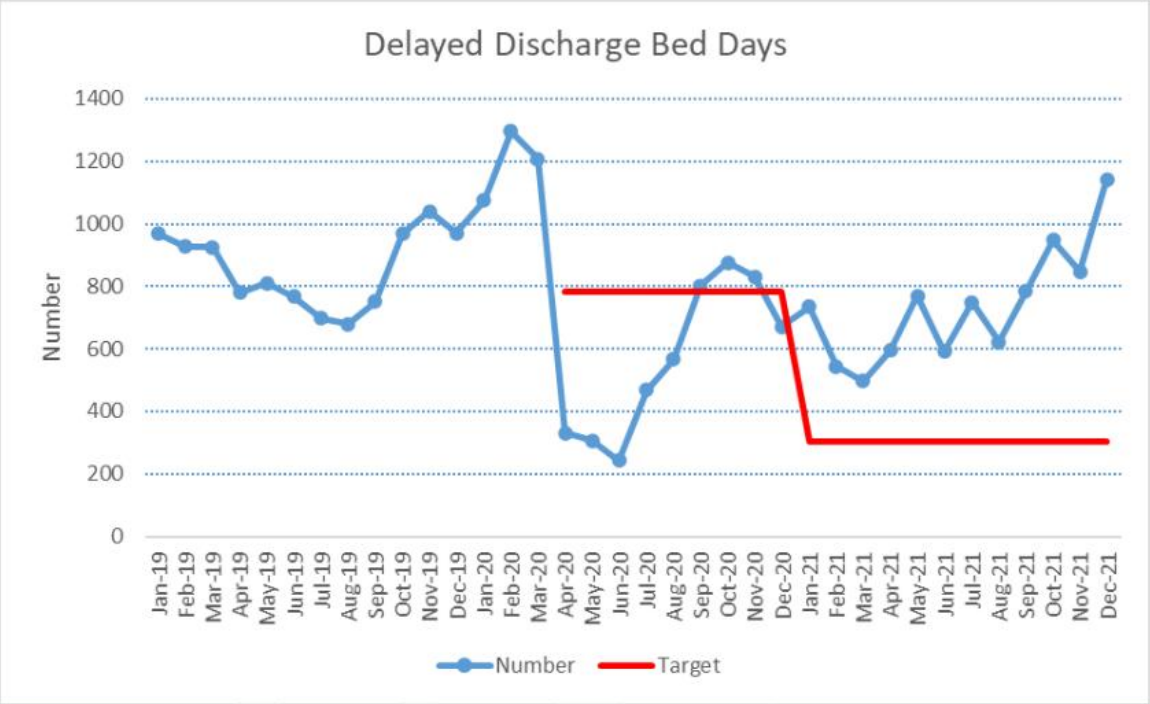
Indicator Trend – Increasing
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge has been steadily increasing since the end of Quarter 4 2020/21.

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 3 – Delayed Dischareg Bed-days



Indicator Trend – Increasing

The number of bed-days are now close to 4 times the target number of days ands has shown no sign of reducing for the past 3 quarters.

Source	Public Health Scotland

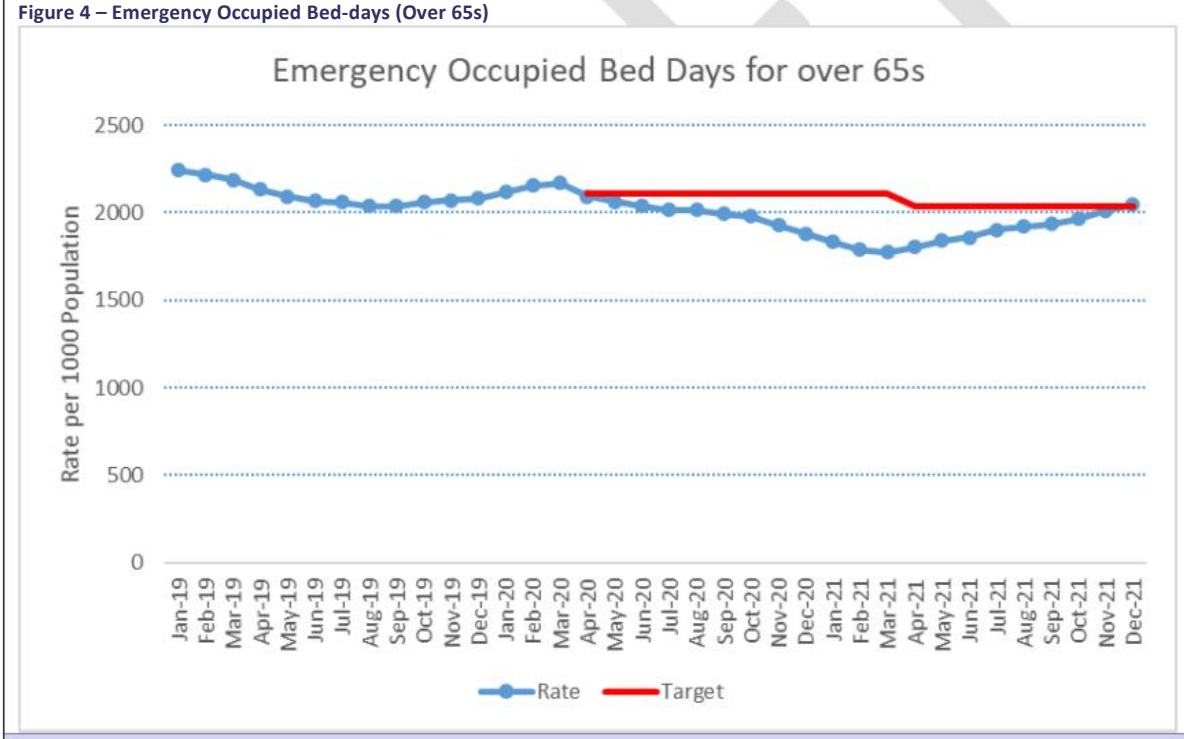
3. EMERGENCY ADMISSIONS - AMBER

Trend Analysis

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days for over 65s and the rate increased during quarter 3 from 1,934 to 2,045 in December 2021. However, the emergency admission rate per 1000 population for over 65s has reduced from 190.4 to 187.2 over the same period, while the number of people over 65 admitted to hospital in an emergency also reduced from 126.7 to 126.3.

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 4 – Emergency Occupied Bed-days (Over 65s)



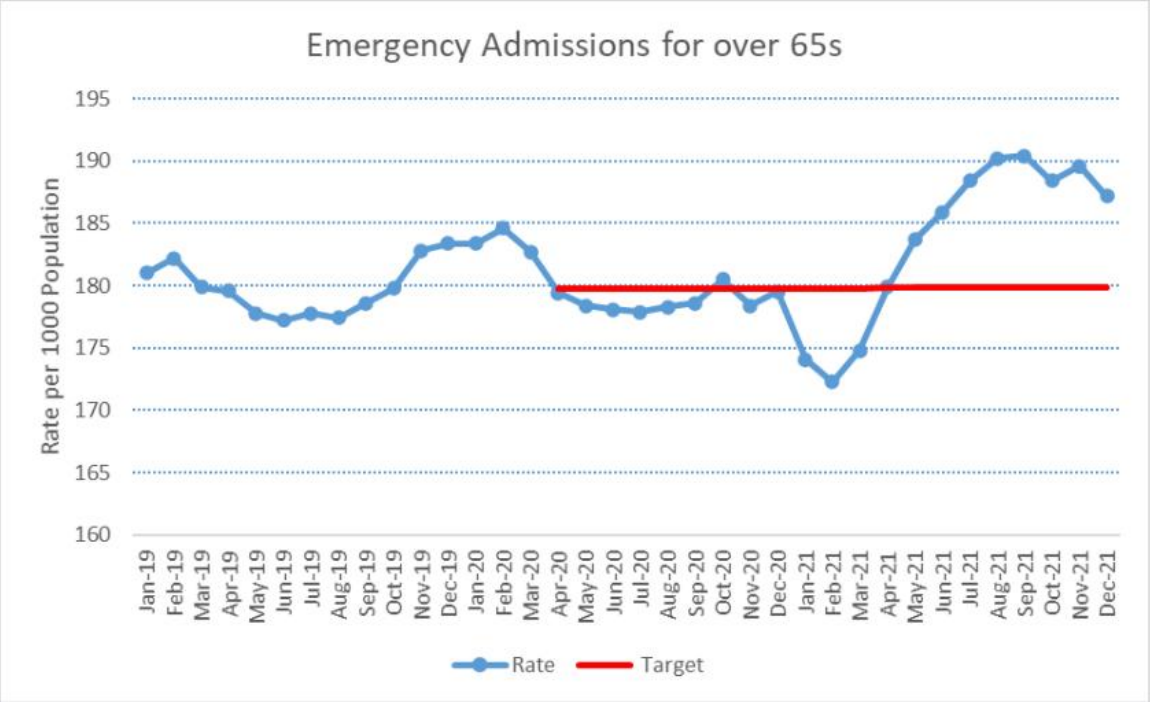
Indicator Trend – Increasing

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

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 5 – Emergency Admissions (Over 65s)



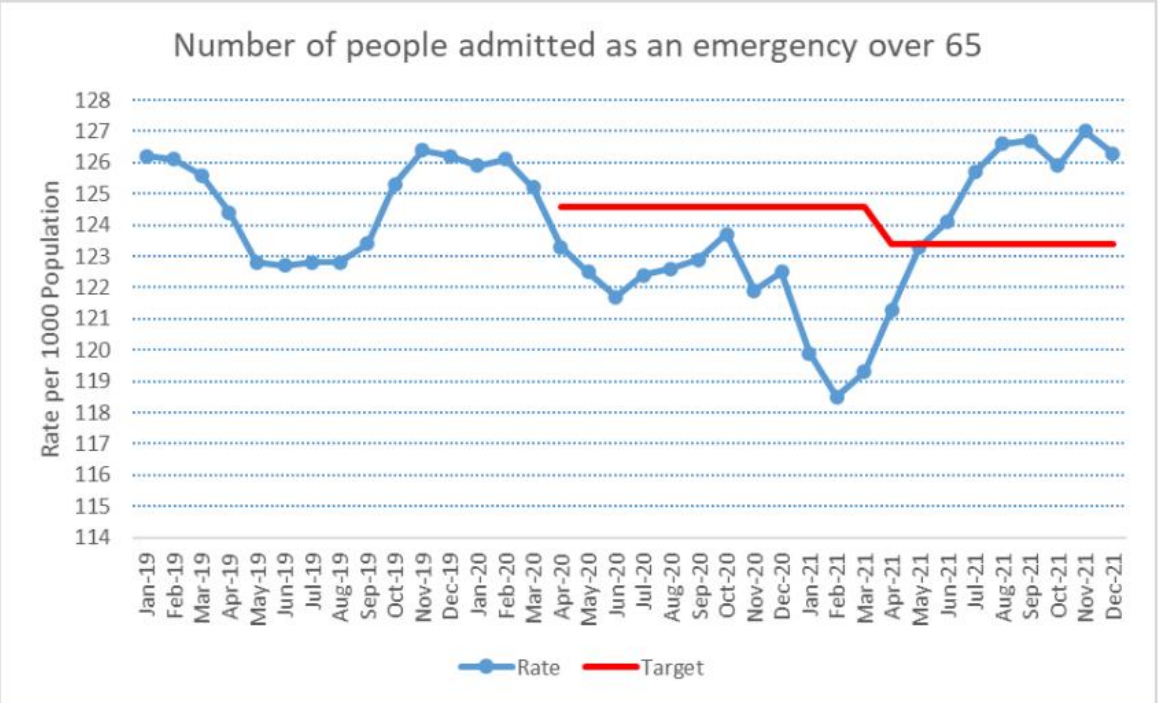
Indicator Trend – Reducing

At the start of 2021 the trend had been rapidly increasing, but since August there has been a steady and sustained reduction, albeit above the target of 179.9 admissions per 1,000 population.

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 6 – Number of Over 65 People Emergency Admissions



Indicator Trend – Stable

This indicator was showing a consistent downward trend until February 2021, since when the trend reversed and increased rapidly. As with Figure 4 the rate levelled off in August, and remains above target with a figure of 126.3 per 1,000 population.

Source	Health Intelligence

4. EMERGENCY DEPARTMENT – GREEN

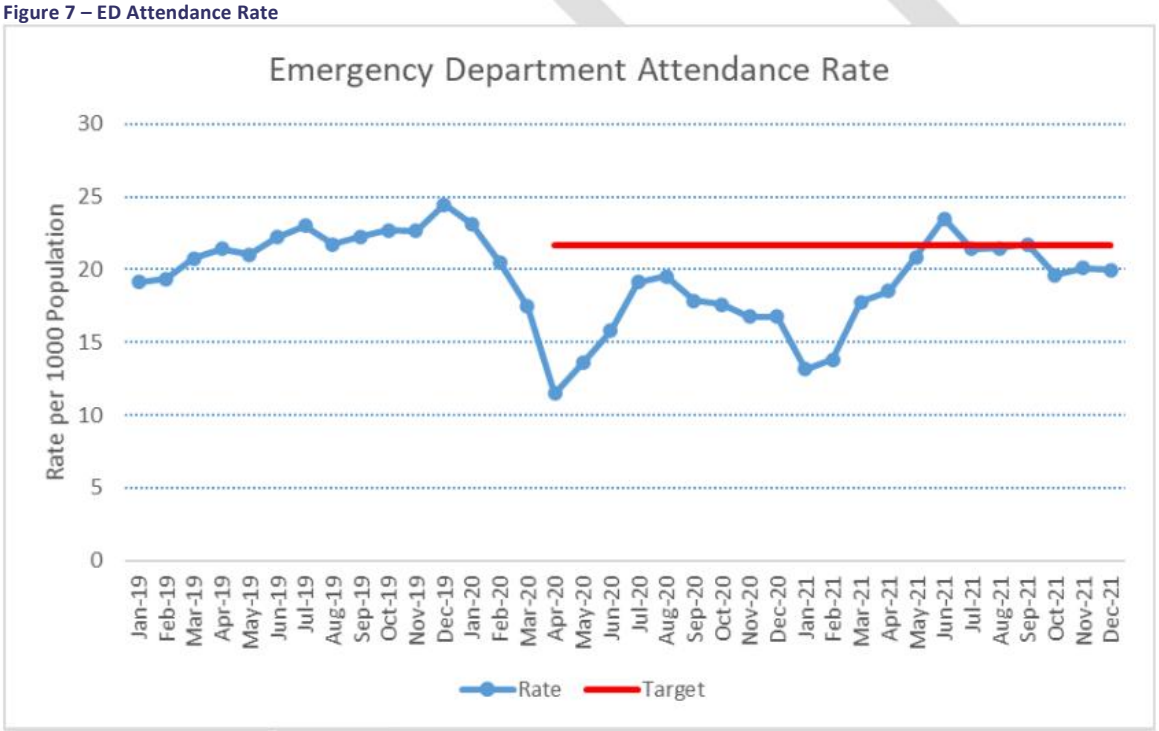
Trend Analysis

There has been a slight decrease in the rate per 1,000 this quarter from **21.7** to **20.0**, meeting the target but still well above the number presenting at the same period last year. Since June last year the trend has been reducing in gradual steps.

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

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

Figure 7 – ED Attendance Rate



Indicator Trend – Stable

During quarter 3 the attendance rate per 1,000 population has remained stable, below the target level. However, the attendance rate is almost double the rate experienced at they end of April 2020.

Source	Health Intelligence

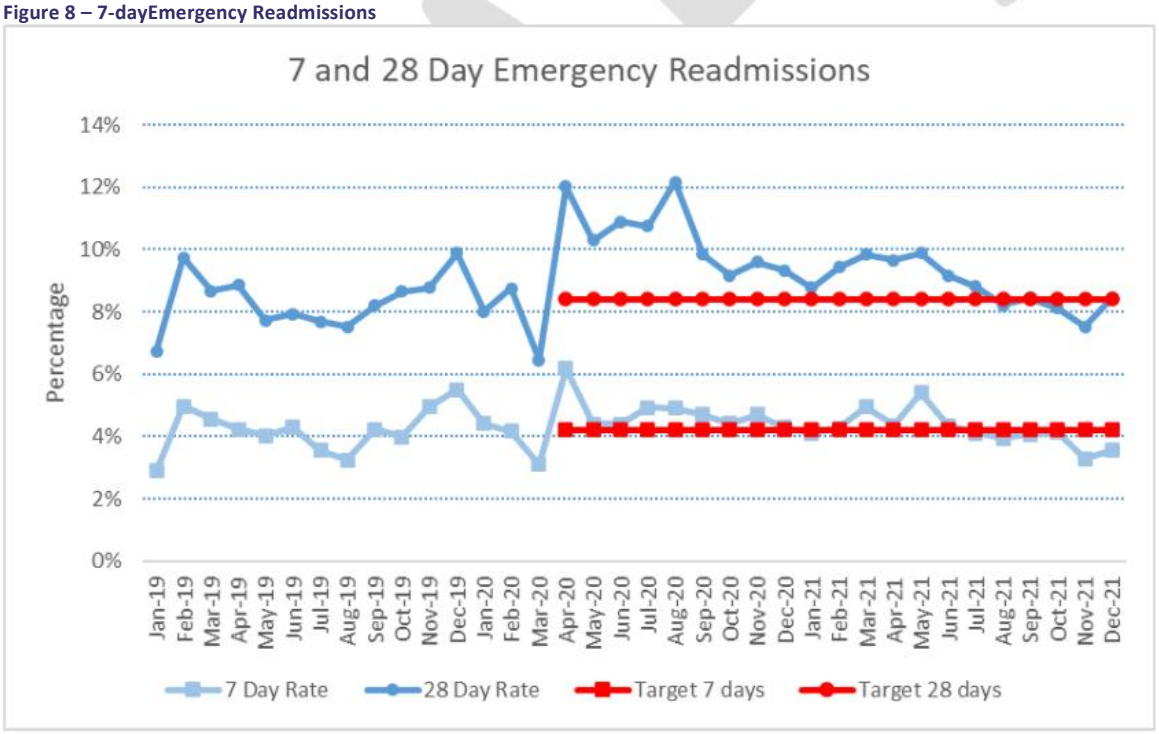
5. HOSPITAL RE-ADMISSIONS - GREEN

Trend Analysis

Both indicators in this barometer are now green. 28 day re-admissions are **8.4%** and 7 day Re-admissions are at **3.5%**.

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 8 – 7-dayEmergency Readmissions

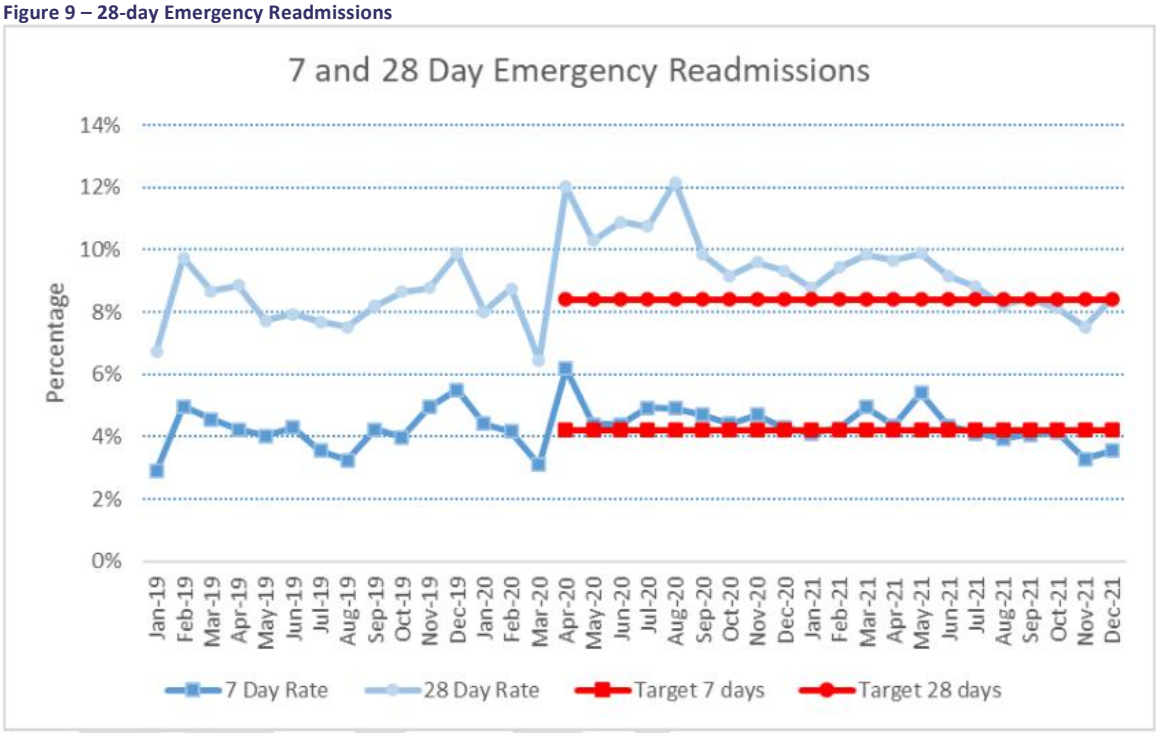


Indicator Trend – Stable
28-day Hospital Re-admissions have remained around the target of 8.4% this quarter.

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 – 28-day Emergency Readmissions



Indicator Trend – Stable

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

Source	Health Intelligence

6. MENTAL HEALTH - RED

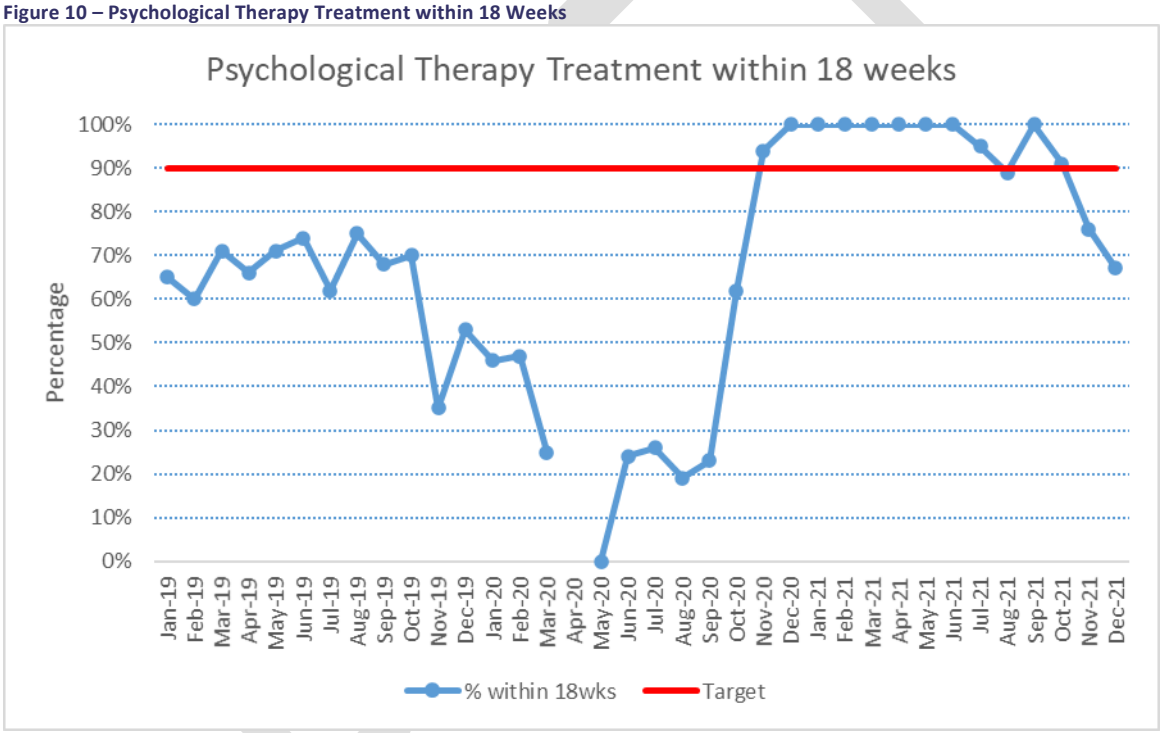
Trend Analysis

After 24 months below target and a year at around 20% this measure was at 100% for the 6 months from December 2020 through to June 2021. However, quarter 3 has shown a rapid reduction with **67%** of patients being referred within 18 weeks during December 2022.

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 10 – Psychological Therapy Treatment within 18 Weeks



Indicator Trend – Reducing

Having been at 100% for four quarters in a row this measure has reduced below target during quarter 3.

Source	Health Intelligence

7. STAFF MANAGEMENT - RED

Trend Analysis

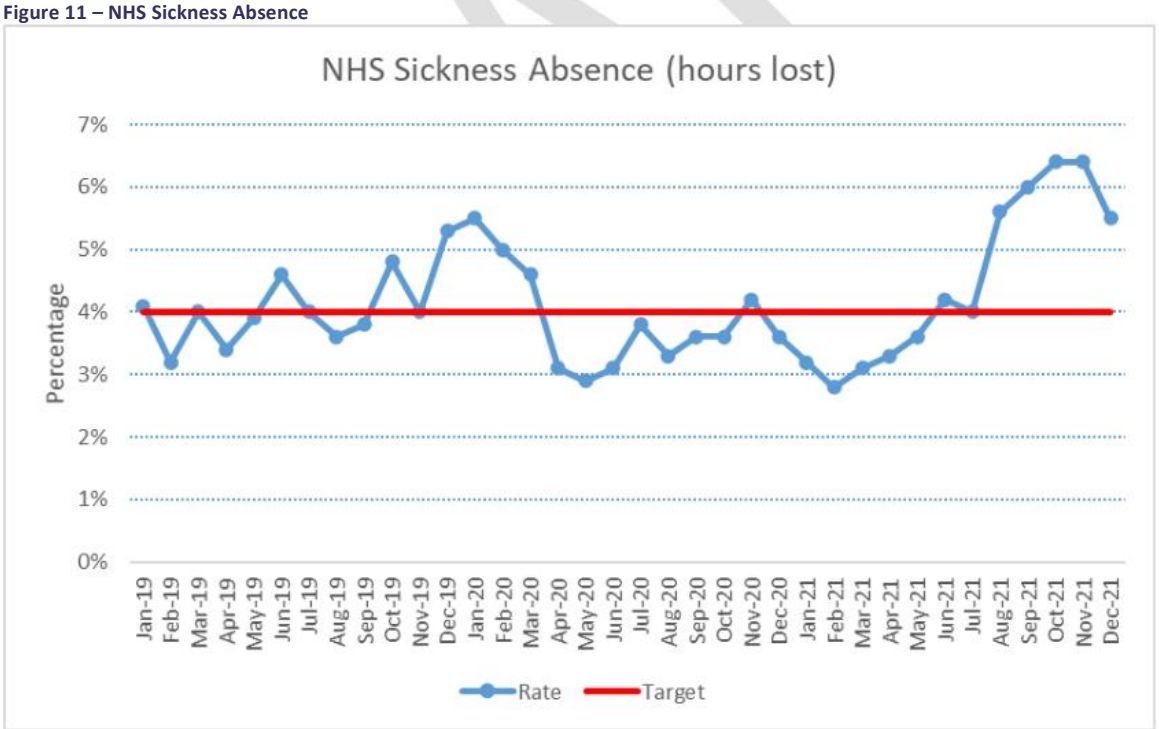
Sickness absence for NHS employed staff rose to 6.4%, one and a half times greater than the target of 4%, during quarter 3, before reducing to **5.5%**. It's too early to identify a trend, but this may indicate the peak is over. Council employed staff sickness has risen again from **7.8%** to **8.05%**, which is above the figure for the same period in the previous year. The rate of increase has decreased sharply during quarter 3.

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

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

Target (+10%)	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22
4%	3.6%	3.6%	3.1%	4.2%	6.0%	5.5%

Figure 11 – NHS Sickness Absence



Indicator Trend – Stable

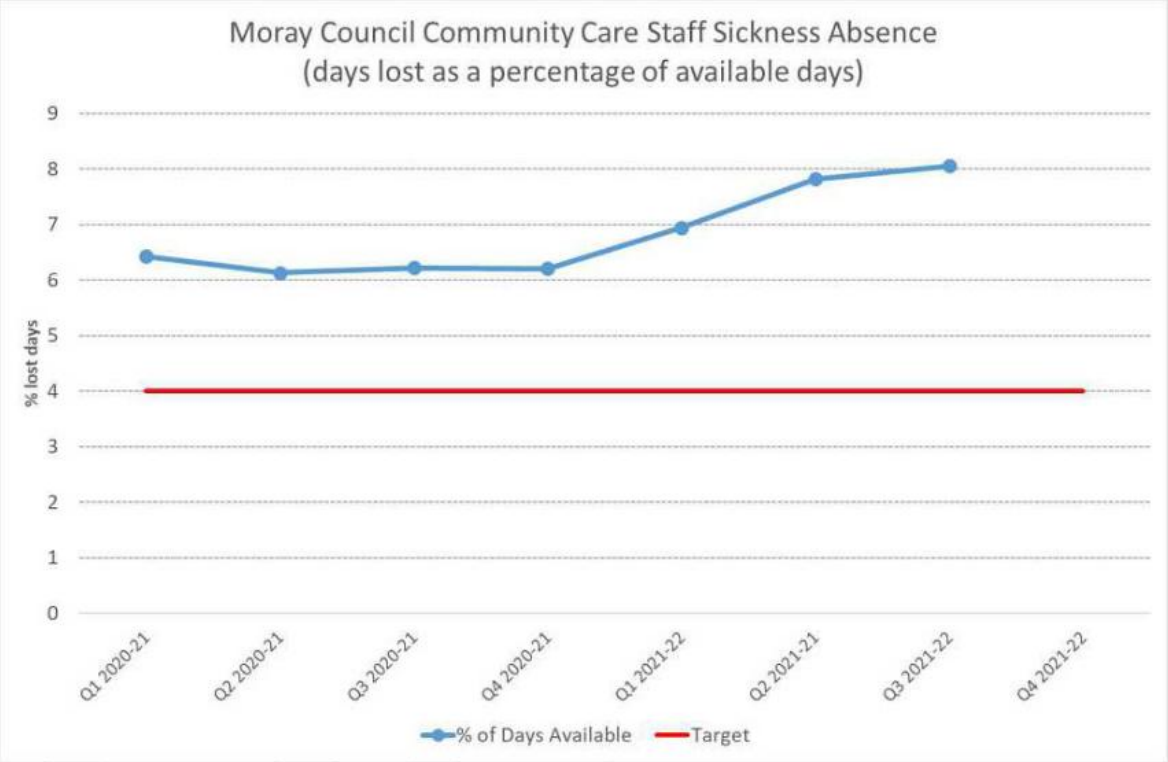
This indicator has been increasing over recent quarters and has remained 2.4% over target this quarter.

Source	Health Intelligence

SM-02: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)			
Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	SM-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Target	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22
4%	6.1%	6.2%	6.2%	6.95%	7.8%	8.05%

Figure 12 – Moray Council Sickness Absence



Indicator Trend – Increasing

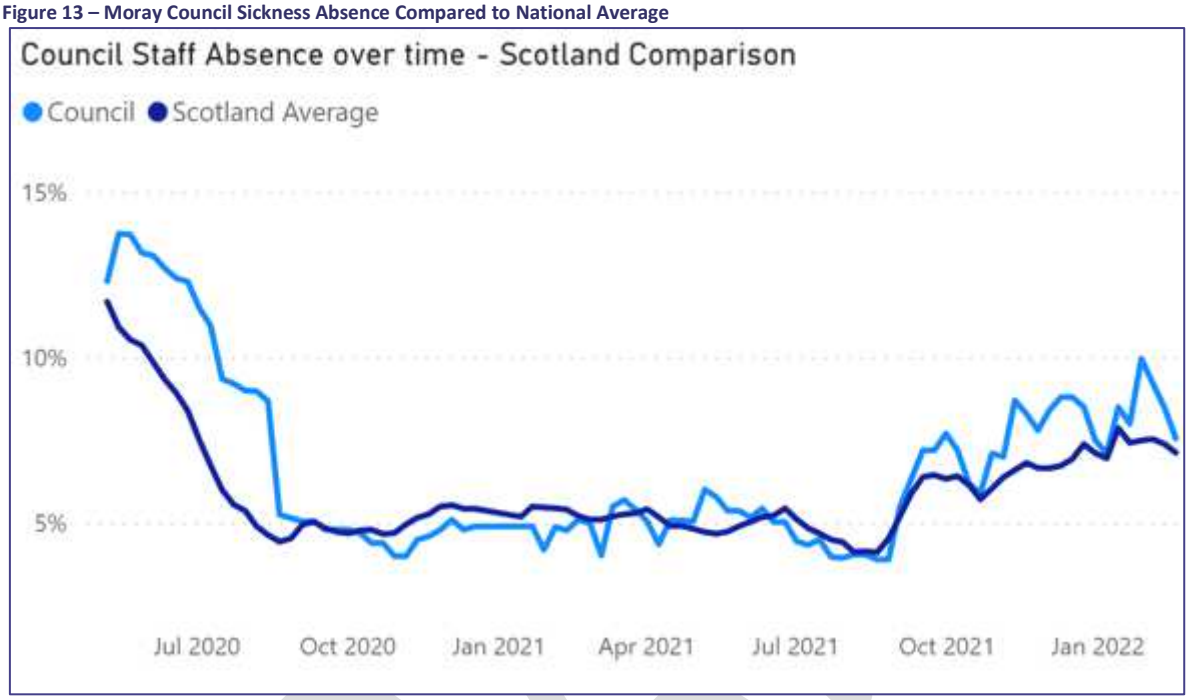
This indicator continues to rise, remaining above target although it is significantly lower than the figure of 9% recorded in quarter 4 2019/20 when it reached a peak.

Source	Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 18 Feb 2022.

Figure 13 – Moray Council Sickness Absence Compared to National Average



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.

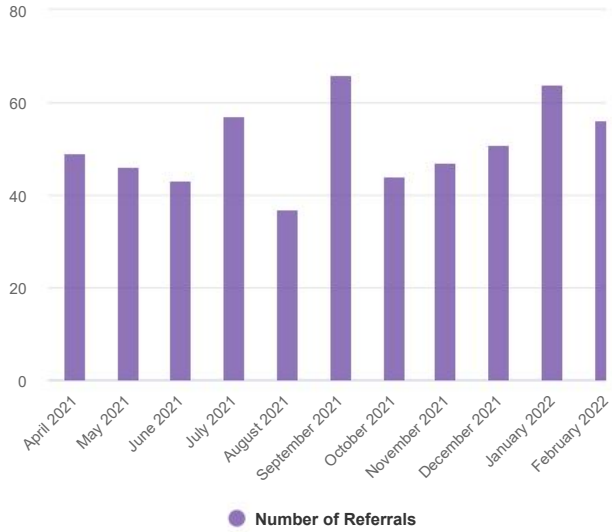
7 - PEOPLE USING HEALTH AND SOCIAL CARE SERVICES ARE SAFE FROM HARM.

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.

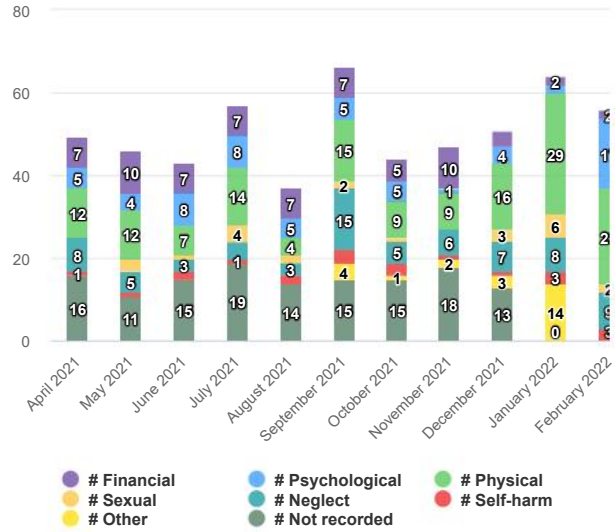
9 - RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES.

HSCM - Adult Support and Protection

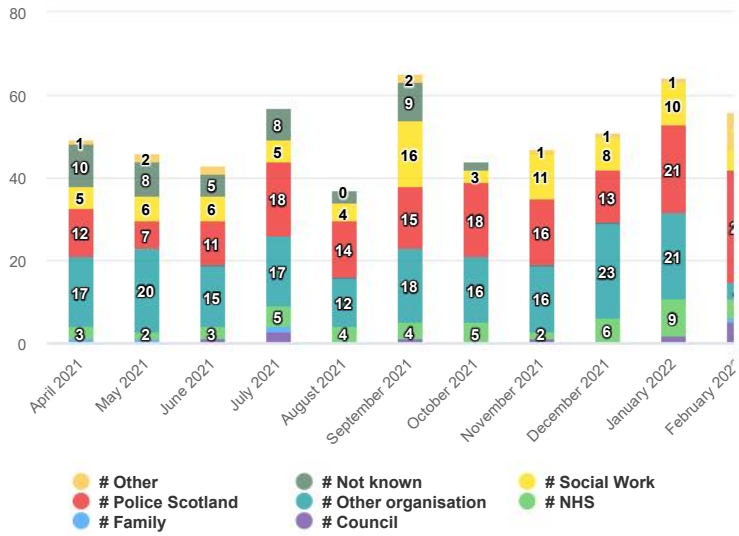
Number of referrals received in previous month



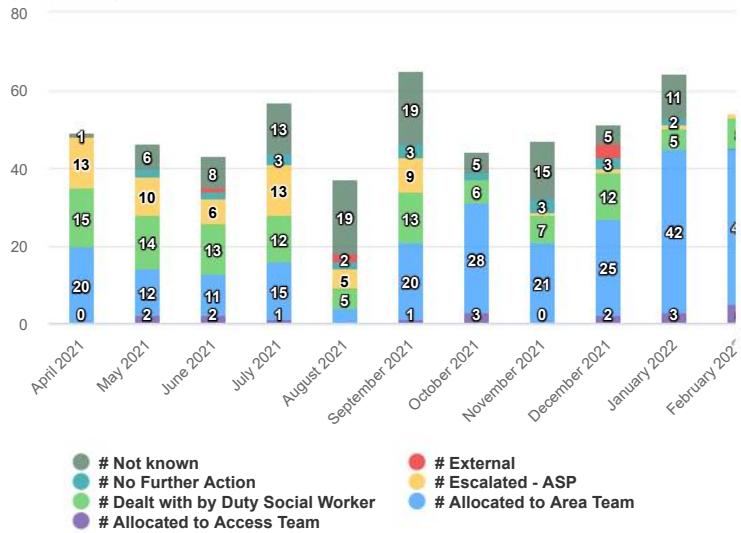
A. Number by main presenting harm



B. Number by source of referral

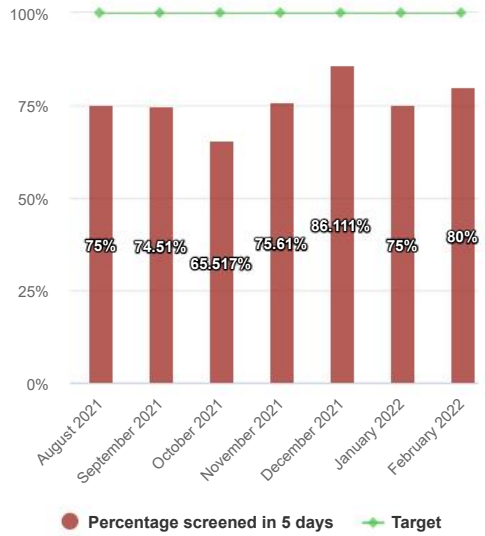


C. Number by outcome of ASP referral

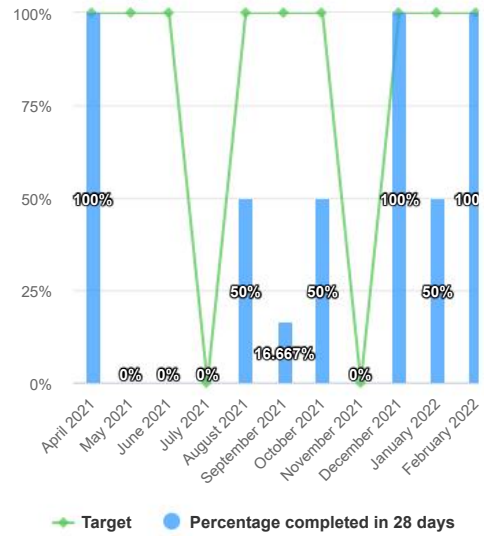


Note: the target for the following indicators is 100%:

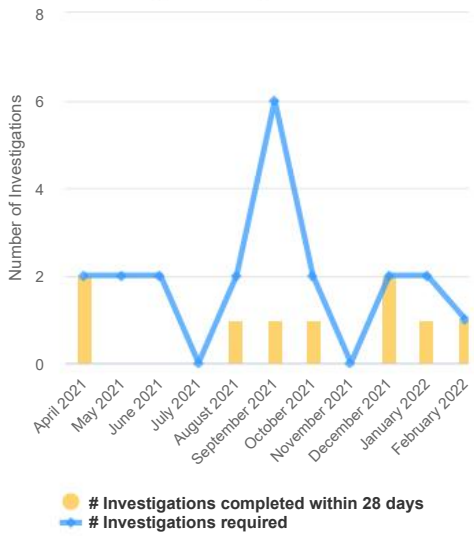
% ASP Referrals screened within 5 days



% ASP Investigations completed on time



No of ASP Investigations completed on time



PIs - Adult Support & Protection

...	Code & Title	Gauge	Value	Target	Last Update	History
	HSCM AP-01.1 Number of Adult Support & Protection Referrals received i…		56		February 2022	
	HSCM AP-01.1a Number of Adult Support & Protection Referrals received …		2		February 2022	
	HSCM AP-01.1b Number of Adult Support & Protection Referrals received …		17		February 2022	
	HSCM AP-01.1c Number of Adult Support & Protection Referrals received …		23		February 2022	
	HSCM AP-01.1d Number of Adult Support & Protection Referrals received …		2		February 2022	
	HSCM AP-01.1e Number of Adult Support & Protection Referrals received …		9		February 2022	
	HSCM AP-01.1f Number of Adult Support & Protection Referrals received …		3		February 2022	
	HSCM AP-01.1g Number of Adult Support & Protection Referrals received …		0		February 2022	
	HSCM AP-01.1h Number of Adult Support & Protection Referrals received …		0		February 2022	
	HSCM AP-01.2 Source of Adult Support & Protection Referrals received		56		February 2022	
	HSCM AP-01.2a Source of Adult Support & Protection Referrals received -…		5		February 2022	
	HSCM AP-01.2b Source of Adult Support & Protection Referrals received -…		1		February 2022	
	HSCM AP-01.2c Source of Adult Support & Protection Referrals received -…		5		February 2022	
	HSCM AP-01.2d Source of Adult Support & Protection Referrals received -…		9		February 2022	
	HSCM AP-01.2e Source of Adult Support & Protection Referrals received -…		4		February 2022	
	HSCM AP-01.2f Source of Adult Support & Protection Referrals received - …		27		February 2022	
	HSCM AP-01.2i Source of Adult Support & Protection Referrals received - …		5		February 2022	
	HSCM AP-01.2j Source of Adult Support & Protection Referrals received - …		0		February 2022	
	HSCM AP-01.3 Outcomes of Adult Support & Protection Referrals received		54		February 2022	
	HSCM AP-01.3a Outcomes of Adult Support & Protection Referrals - Alloc…		5		February 2022	
	HSCM AP-01.3b Outcomes of Adult Support & Protection Referrals - Alloc…		40		February 2022	
	HSCM AP-01.3c Outcomes of Adult Support & Protection Referrals - Dealt…		8		February 2022	
	HSCM AP-01.3d Outcomes of Adult Support & Protection Referrals - Escal…		1		February 2022	
	HSCM AP-01.3e Outcomes of Adult Support & Protection Referrals - No F…		0		February 2022	
	HSCM AP-01.3f Outcomes of Adult Support & Protection Referrals - Refer…		0		February 2022	
	HSCM AP-01.3g Outcomes of Adult Support & Protection Referrals - Not k…		0		February 2022	
	HSCM AP-02 Percentage of Adult Support & Protection Referrals screene…		62.5%	100%	February 2022	
	HSCM AP-02a Percentage of Adult Support & Protection Referrals screen…		80%	100%	February 2022	
	HSCM AP-03 Percentage of Adult Support & Protection Investigations com…		100%	100%	February 2022	

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022**

SUBJECT: **INTERNAL AUDIT – COMPLETED PROJECTS**

BY: **CHIEF INTERNAL AUDITOR**

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

3. BACKGROUND

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

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

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

4. COMPLETED PROJECTS

Self Directed Support (SDS)

4.1 An audit has been undertaken into the financial monitoring arrangements within the SDS Team for direct payments made to service users. The audit has checked for effective procedures in the monitoring of funds issued to service users. This involved the random selection of a sample of care packages and a check made to ensure compliance with operating procedures, expenditure incurred by the service user is in accordance with the agreed

budget and support plans, and surplus funds are recovered from service users where appropriate.

4.2 The audit found several areas where further improvements are required to current operating arrangements with a need to review all service user care packages to recover any excess funds. It is appreciated that staff resources have been diverted to support Covid related activities and the focus has been on supporting direct payment recipients, employers and personal assistants to ensure essential care has continued to be delivered. The executive summary and recommendations for this project is given in **Appendix 1**.

Creditor Payments

4.3 A review has been undertaken of creditor payments made within 2021/22. The use of an audit software interrogation system called IDEA was used to randomly select a sample of payments to check. The purpose of the audit was to confirm ongoing compliance with procurement and payment processing regulations. The audit had regard to the Audit Scotland publication 'Public Sector Counter-Fraud' issued in July 2020. The publication detailed a number of good practice recommendations, including Internal Audit undertaking a review to ensure proper controls are operating regarding segregation of duties, tendering arrangements, authorisation of expenditure, etc. The audit has included these elements within this review. A check was also made for duplicate payments by extracting listings where more than one invoice from a single supplier had been paid for the same amount.

4.4 Findings from the testing found no issues of concern regarding the suppliers used, sums paid, authorisations, and accounting treatment. It is also considered from the checks undertaken that appropriate controls are operating effectively, and the integrity of systems has been maintained.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial Implications

No implications directly arising from this report.

(d) Risk Implications

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

(e) Staffing Implications

No implications directly arising from this report

(**f) Property**
No implications.

(g) Equalities/ Socio Economic Impacts
No implications.

(h) Climate Change and Biodiversity Impacts
No implications.

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

6. CONCLUSION

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

Author of Report:	Dafydd Lewis, Chief Internal Auditor
Background Papers:	Internal Audit Files
Ref:	mijb/ap&rc/310322

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

1. Executive Summary

The approved Internal Audit Plan for 2021/22 includes a review of financial monitoring arrangements for Self-Directed Support (SDS) packages as part of the coverage of Health & Social Care Moray activities. The Social Care (SDS) (Scotland) Act 2013 came into force in April 2014 with the intention to help people manage their social-care support and choose services that best meet their needs.

Self-Directed support allows people eligible for social care to have greater choice and control over how they receive these services. This means care services can be 'personalised' to an individual's needs and wishes. The Council is required to offer several different options to individuals who have been assessed as needing a care service, e.g. direct payment, which is a payment to a person or third party to purchase their own support, person / council directs the available support.

This audit has reviewed the arrangements for monitoring service users who receive an SDS direct payment to purchase their own support. This involved the random selection of a sample of care packages and a check made to ensure compliance with operating procedures, expenditure incurred by the service user is in accordance with the agreed budget and support plans, and surplus funds are recovered from service users where appropriate. It was noted that a total of 150 adult service users receive an SDS direct payment to purchase their own support, at a cost of approximately £3 million annually.

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

The review has highlighted several areas for improvement in systems and administrative procedures:-

- Agreed procedures detail a requirement for officers to undertake financial reviews of the payments made to service users at agreed intervals. This is to check that service users are using funds in accordance with their approved support plans. The audit noted from testing a random sample of 15 SDS direct payments, 13 were found to have outstanding financial reviews at the time of audit with 6 under one year overdue, 6 between one and two years overdue, and 1 over two years overdue. It is appreciated that staff resources have been diverted to support Covid related activities and the focus has been on supporting direct payment recipients, employers and personal assistants to ensure essential care has continued to be delivered.

- From a sample of 15 service users' care packages, a check was made to ensure monies held within individual SDS bank accounts do not exceed the agreed 3 monthly contingency fund limit. It was found that in 8 of the 15 cases, funds in excess of the allowed contingency period were held at the point of their last financial reviews. The surplus funds ranged from £618 at the lowest to

£13,285 at the highest, with an overall total of £45,587 from the sample checked. Whilst there is a requirement for service users to contact the Authority should excess funds accumulate, officers should now undertake a review of all service users SDS bank accounts and arrangements be made for any unused funds to be repaid.

- Spreadsheets are used by the SDS Team to monitor the payments made to service users and to remind officers of when financial reviews should be undertaken. The details recorded within these spreadsheets include information already held within the primary recording database called Care First. Audit testing found the spreadsheets contained inaccurate information regarding the dates of when reviews were due or had been undertaken. An error was also found in that the amount to be paid to a service user had been incorrectly recorded. The use of spreadsheets carries an inherent risk of input error. Consideration should be given to make greater use of the Care First System. This should assist in providing greater consistency of the information held within the service and avoid the need to maintain additional databases.

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Recommendations

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
Key Control: Clear and current policy documents and operational guidelines have been developed for the financial administration of SDS packages.						
5.01	The SDS Direct Payment guidance and financial monitoring procedures should be reviewed and updated on a regular basis.	Low	Yes	This is to be scheduled into the teams calendar to review on a 12 month basis at the start of the financial year.	SDS & Carers Officer	30/04/2022
Key Control: Financial reviews are being carried out to monitor the usage of SDS funding in accordance with operational guidelines.						
5.02	Annual financial reviews should be undertaken in line with the direct payment financial monitoring procedures.	High	Yes	Staffing is currently being addressed with the Service Manager.	Commissioning and Performance Manager	31/01/2022

Appendix 1

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.03	Consideration should be given to the routine production of reports from the Care First System which can be used to detail financial reviews falling due and allow management to prioritise workloads accordingly. The requirement of manual spreadsheets should be minimised wherever possible to ensure information reference points come direct from the Care First system.	Medium	Yes	Work is currently underway with the CareFirst team to produce reports that are required. The reports just now need final adjustments and then they can be used and the other spreadsheets deleted	SDS & Carers Officer	31/12/2021
5.04	A risk based approach should be initiated by management to prioritise outstanding financial reviews and work through the backlog in an order which makes best use	High	Yes	Discussions have taken place with the DP Coordinators to prioritise unmanaged	SDS & Carers Officer	Implemented

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
	of limited resources.			accounts first. Team members to allocate set days in the week to complete reviews.		
5.05	A reminder should be issued to service users, and approved payroll providers where applicable, to inform the Authority when funds in excess of the contingency amount are held. This may assist in the prioritisation of early financial reviews and highlight issues for further investigation.	High	Yes	This reminder has been sent out to all individuals and payroll providers. This will be added to the routine actions for the team to send reminders out every 6 months and attention drawn to it for new packages.	SDS & Carers Officer	Implemented

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.06	A review should be undertaken of all Service Users in regard to the current balances held within their SDS bank account. Action should then be taken to recover excess funds.	High	Yes	Bank balances have been obtained for all managed accounts and work is underway to reclaim surplus on these accounts and notify the SW where there is a significant build up as the DP may need to be reviewed and reduced. Unmanaged accounts will be addressed through review prioritisation.	SDS & Carers Officer	30/04/2022
5.07	In compliance with established procedures, one-off direct payments should be subject to a financial monitoring review 3 months	Medium	Yes	Historic ones will be picked up through prioritisation and measures	SDS & Carers Officer	30/04/2022

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
	(or in limited circumstances at another interval) after the funding has been distributed to confirm its appropriate usage.			put in place to ensure these happen within timescales going forward. Capacity an issue for the team.		
5.08	The Service should comply with the monitoring requirements detailed within an agreement between the Council and Service User for the purchase and adaptation of a mini van.	Medium	Yes	Direct Payments Adviser will contact the SW and family to address as a priority and close off.	SDS & Carers Officer	31/12/2021
5.09	Closing financial reviews of SDS care packages should be undertaken in accordance with agreed procedures.	Medium	Yes	The team will prioritise closing reviews and ensure they are closed off	SDS & Carers Officer	31/12/2021

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
	Evidence should be retained of any expenditure outwith the agreed support plan and of the full discussions held and decisions made by Social Workers regarding retrospective authorisation.			timeously. Going forward it has been agreed that any discussion with the budget holder will be referred to in the review and any email confirmation from the budget holder will be added to the observation on CareFirst for evidence.		
Key Control: SDS Funding is only used to support the service user's support plan outcomes and compliance is monitored to ensure public funds are spend appropriately.						
5.10	Care and Support Plans should be reviewed annually to ensure the agreed care is being provided and continues to meet the service user's needs.	High	Yes	Workload pressures as a result of diversion of services in response to the pandemic have led to the lack of	Head of Community Care	01/05/2022

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
				routine annual support plan reviews since March 2020. The position will continue to be reviewed in terms of resource availability with a commitment to resuming routine annual reviews once the service is in a recovery position from the Omnicrom experience.		

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.

No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
5.11	All Social Workers should be reminded of the requirement to inform the SDS Team of any amendment to a Support Plan that will have a financial change to a service user's care package.	High	Yes	This has been actioned and will be resent every 6 months to all teams and team managers.	SDS & Carers Officer	Implemented
Key Control: SDS service has effective arrangements in place to monitor support packages and report on performance.						
5.12	Consideration should be given to the development of appropriate performance monitoring measures to be reported to service management on a regular basis. Given the current backlog of reviews and consequences of direct payment accounts not being scrutinised on a timely schedule, it may be beneficial for performance information to be made available for	Low	Yes	Discussion will take place with the Service Manager in line with any work being undertaken with the 3 Conversation Model and ensure new performance measures follow the 3CM principles.	Commissioning and Performance Manager	30/09/2022

AUDIT REPORT 22'013
SELF-DIRECTED SUPPORT FINANCIAL REVIEW

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
	management to identify any resourcing issues arising and assess risks involved.					

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022**

SUBJECT: **STRATEGIC RISK REGISTER – MARCH 2022**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated March 2022.

2. RECOMMENDATION

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

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

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

3. BACKGROUND

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

3.2 The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report at **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks. This report is presented to 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 Work initially overseen by NE Partnership continues to progress locally, in line with our Strategic Plan objectives. Hospital without Walls and Hospital at Home themes are being developed and will be progressed through the Home First programme. These workstreams are required to progress a new approach to delivering person-focussed clinical services to people, for the benefit of individuals through a person centred approach and to maximise best use of available staff resources which continue to be stretched.

4.3 As anticipated the numbers of Covid-19 cases in the community continued to increase during December and January, with a bit of respite in early February due to uncontrolled community transmission. Impact of covid has increased significantly from late February to March and there has been a subsequent and significant impact in staff absences and/or staff requiring to self-isolate. The rates of other respiratory infections also rose. This impact has been felt across all services and is of particular concern in areas where there is a limitation on options for cover for staff, such as in specialist residential care e.g. Woodview as an example. Contingency plans are in place but there continues to be significant pressure on safe staffing levels in this area. Managers continue to reiterate the necessity for correct use of PPE, ventilation, hand hygiene and lateral flow testing for all staff.

4.4 There continues to be a significant impact on progression of development work as there continue to be increases in demand for services across our system. Scottish Government and NHS Grampian issued communications to try to discourage people from attending Emergency Departments at hospitals unless life threatening, making use of 111 for medical advice and redirecting them to other services that can provide further appropriate advice and assistance. There continues to be a significant demand for social work assessments from the community and there are high levels of unmet need for care provision in the community which are increasing. Managers are working with teams daily to try to meet the greatest needs through a variety of means but there are still those who are not receiving a service. These increases in demands for service are being faced by staffing resource that is reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment.

4.5 The 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. This is being managed on a daily basis across Grampian through Operation Iris, developed by NHSG Chief Executive Team for the whole health and social care system. Work is currently underway to develop the approach for recovery however the level of Covid absences of staff across services and in particular in Care at Home and Care Homes at

present is having a negative impact on the ability to move people out of hospital, resulting in significant issues for Dr Grays in the emergency department. These issues present significant challenges for all staff involved and feelings experienced of being unable to deliver the service that they want to, has further impacts on staff wellbeing.

4.6 There continues to be significant financial risk in the system. As we transition from the additional supports provided as part of the Covid response. We are monitoring the position closely and assessing the impact on both short and longer term. Additional funding has been made available by Scottish Government to support the increased pressures in the system, including those presented by the winter period. The senior management team have, and continue to, assess where the funds should be applied for greatest benefit and approvals will be sought as appropriate.

4.7 Recruitment and selection to staff vacancies continues to prove challenging across several services. These challenges remain as previously reported regarding lack of appropriate applications for some posts and also the time taken to for the recruitment process in employing organisations to be followed. There have been significant efforts and collaborative working to streamline processes and align timescales for care at home appointments with the establishment of a recruitment cell through reallocation of staff resource. This has facilitated a rolling advert, weekly interviews and alignment of training schedules to make the process as efficient as possible and releasing management time to focus on service delivery. Unfortunately the progress being made is currently being offset by staff leaving, retiring or reducing hours. 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. The issues that have been identified will be factored into the developing workforce plan and collaborative work will be progressed with partners across Grampian for recruitment.

4.8 The adoption of the outcome based commissioning approach and collaborative working with Allied as the partner for care at home are fundamental changes in the approach for social care services and as such forms a core element of supporting the strategic aims for Home First and supports choice and control for service users. It is recognised by all involved that it will be challenging to deliver these developments in the context of the continued impact of the pandemic however it is also recognised that change is needed to create the capacity to meet the demand.

4.9 As NHSG moves out of Operation Iris, which was the management strategy in response to Omicron initially for the period to 31 March 2022, however this approach will continue due to current challenges and will be reviewed weekly. Further work will be required to establish and embed any changes made over the last two years that are considered to have improved service delivery. Governance arrangements implemented during the Covid response need to be reviewed and either adopted as business as usual or ceased and there may need to be a transition phase to accomplish this to ensure that staff are clear of the priorities and that information flow remains effective.

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

5. SUMMARY OF IMPLICATIONS

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

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

There are no legal implications arising from this report.

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

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

(e) Staffing Implications
There are no additional staffing implications arising from this report. 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) Climate Change and Biodiversity Impacts
There are no impacts arising from this report.

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

6. CONCLUSION

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

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

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

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 14 MARCH 2022

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. Weekly meetings of Chair/Vice Chair and Chief Officer are held. Progress is underway to review the Strategic Plan "Partners in Care" 2019 to 2029	
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 The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been achieved through collaborative working with partner organisations and the third sector.
Assurances:	• Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
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. Annual training sessions for MIJB members has slipped during Covid however will be scheduled following the Local Authority elections in May.
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 and update report submitted to MIJB 31/3/22 for approval to continue this arrangement. 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 is now with Scottish Government for ratification.
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 Lead is now taking this forward.

2		
Description of Risk: *Financial*	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.	
Lead:	Chief Officer/Chief Financial Officer	
Risk Rating:	Low/ medium/ high/ very high	**VERY HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
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 response 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 will be however significant earmarked reserves by the end of the 2021/22 financial year relating primarily to the ongoing response to Covid and Primary Care Improvement Plan The Revenue Budget 2022/23 will be presented to the MIJB on 31 March 2022, displaying a balanced position. A small savings plan is requesting approval of £0.11 million. Additional Scottish Government investment is provided again for 22/23, this is to meet additional policy commitments in respect of adult social care pay uplift for externally provided services and seeks to ensure that capacity can be maximised and ensuring system flow. The final outturn position will be finalised and reported to the MIJB in June where it is anticipated there will be a small general reserve. The update medium Term Financial Framework will be presented as part of the budget papers on the 31st March 2022 however, it is imperative that this is further reviewed during the 22/23 year to ensure alignment with the upcoming revisions to the Strategic Plan.	
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, recover and transform	
Controls:	Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. The current Chief Financial Officer vacates their post on 31 March 2022. It is essential that a successor is appointed on a permanent basis as soon as practicable.	

	The CFO and Senior Management Team have worked together to address further savings which will be presented to the Board for approval as part of the budget setting procedures for 22/23. This should be a focus of continuous review to ensure any investment is made taking cognisance of existing budget pressures. A revised Financial Framework has been developed and will be presented to the MIJB on 31 March 2022
Mitigating Actions:	Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required whilst dealing with the pressures that are emerging as a result of the pandemic. 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 throughout 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.
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, overspend have been reported throughout the year, however, it is expected that MIJB will finish the year with a small general reserve that has been created through non- recurring slippage. A final position will be presented to the MIJB on 30 June 2022.
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 as we look to make efficient and effective investment in services that are truly transformational.

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	**INCREASING**
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 and until March 2022 there had not been a direct impact on HSCM teams for additional support from contractors Covid 19 is currently causing significant disruption to staffing as a result of positive cases or for internal and external care providers and in the care homes There have been some achievements in the recent appointment to the Geriatrician post, and recruitment to agreed models for orthopaedics, anaesthetics, general surgery and the emergency department in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system. 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 now been reinstated for APR and CCG committees effective 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 appointed 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. Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers. HSCM services have commenced weekly reporting of workforce sit reps for Senior Management Team oversight highlighting vacancies, annual leave, sickness absence and Covid impacts so that issues can be identified and assessed quickly.
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. The timescales for submission moved due to Covid and is now required to be submitted for July 2022. Planning taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared by June 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.
Assurances:	Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework. The HSCM Response Group was in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them. This group has now stood down and Heads of Service are co-ordinating and escalating to SMT where necessary.
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. The Imatter survey results for 2021 were received by managers for review and action plans. Preparatory work is commencing on the survey for Imatter 2022 Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans. There continues to be a need for more streamlining in recruitment processes as the delay in approval to recruit to having a member of staff available is in excess of 8 weeks. There is also a lack of suitable applicants for various posts which is impacting on ability to appoint for some roles.
Comments:	Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past. For some professions there is a potential risk that staff move from one position to a new position within HSCM will just move the vacancy to elsewhere in the system, so Senior Management Team are aware of this risk and taking it into account in considerations for vacancies. There is a concern that if there is a longer term continuing impact of covid on system flow and beds continue to be blocked for new patients it will mean operations cannot be scheduled to reduce the backlog and key staff may not have

	the necessary time in surgery to maintain skills.

4		
Description of Risk: *Reputation:*	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**MEDIUM**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	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 was only able to commit to attending until August 2021. Efforts are underway to recruit a replacement for this role and for other forums. 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, Keith and Lossiemouth with information being made available to stakeholders and the wider public via HSCM website. Participation of stakeholders in a variety of meetings such as Home First project, carer strategy, Strategic, Planning and Commissioning groups.
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. Annual Performance Report for 2020/21 published in August 2021. 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 2020/21 published August 2021. Audited Accounts for 2020/21 were publicised by

	deadline 30 September 2021 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 The rates of Covid infection in Moray at the moment are high and despite risk identification, assessment and response	

	plans that have been developed for potential impacts across the whole system the current situation is very challenging as all services are being impacted and there are no alternative sources of staff identified, that have not yet been tried. Teams continue to do their best but are feeling overwhelmed. With effect from March 2021 MIJB is defined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparedness that is being taken forward in partnership with NHSG and Moray Council emergency planners.
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and the Category 1 status applied in March 2021, and work with partner organisations to meet these obligations
Controls:	Winter Preparedness Plan was updated but not tested as in previous years alongside NHSG plans as NHSG implemented their crisis management framework which required participation of partners at Daily connect meetings to discuss and prioritise resource to address issues with system flow. HSCM Civil Contingencies group established and meeting regularly to address priority subjects. NHS Grampian Resilience Standards Action Plan approved (3 year). Business Continuity Plans in place for most services although overdue a review in some areas. Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during incidents such as Gas outages in Keith (January and February 2021) and Covid response – debriefs carried out and learning identified. Debriefs being undertaken for HSCM, Moray (Council and HSCM) and Local Resilience Response with lessons learnt being collated and prioritised for an action plan.
Mitigating Actions:	Information from the updated BIA/BCP informed elements of the Winter Preparedness 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. NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM. NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing 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:	The recent experience of Storms and associated power outages proved challenging for all category 1 responders across Grampian however our staff responded extremely well. The debriefs have identified lessons learnt for Grampian Local Resilience Partnership and more locally for the response co-ordination within Moray. Action plans are in the process of being developed in collaboration with Moray Council's emergency planning officer to address the issues identified. The main issues related to developing wider awareness of roles and responsibilities, and improving general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. It has also highlighted the need for a more robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being progressed through an organisational change steering group. 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 Covid 19 The debrief reports following the gas outages from a Moray perspective and the Grampian Local Resilience Partnership (LRP), highlighted some issues for clarification in relation to the Care for People agenda. To address the local issues meetings have been taking place with Moray Council and HSCM representation to progress the Care for People plan and associated response structures. Steps to re-establish the Care for People group are in progress. The intention is to hold a table top exercise with managers from HSCM and Moray Council to test the invocation arrangements to ensure common understanding of roles and responsibilities.
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. A schedule of review and exercising of business impact assessments and plans has been scheduled for this year across services. Annual report on progress against NHS resilience standards was reviewed by APR committee on 25 March 2021. Report on the implications of the designation as a Category 1 responder was presented to MIJB 25 November 2021. Information is being collated regarding dependencies of fuel for delivery of critical functions for submission to NHSG and Council for inclusion in the planned response to the invocation of the National Fuel Plan.
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. The impact of the current level of Covid positive staff is stretching resources to deliver care in the community across all providers (internal and external) so there is a potential increased risk of expected standards not being achieved despite the best efforts of all concerned.	
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply, or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.	
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified 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. A complaints co-ordinator role is being developed and will be implemented to reduce duplication of effort, to provide co-ordination and improve information flow and support managers in responses with the intention of streamlining processes and improving achievement of target timescales. 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. .
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report. The level is marked as an increasing risk on the basis that services are under pressure with the issues with staffing capacity and the need to focus on delivery of critical functions which may mean external inspection are not the priority at this moment in time.
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

7		
Description of Risk: *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 increased to a level above 40 over the last month, reflecting the sustained pressure in the system as a result of Covid -19 impact and the lack of availability of care in the community. There are sustained focussed and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to realise reductions and maintain them.	
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. A daily dashboard of key indicators has been developed for HSCM and is circulated to service managers to ensure shared understanding of the pressures in the system. Work continues on the development and refinement of G-OPES (Grampian Operating Pressures and Escalation System) led by NHSG but being developed locally to identify the	

	triggers and resultant actions required in services to respond to pressure points.
Mitigating Actions:	Service managers monitor performance regularly with their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system. Key operational performance data is being circulated daily to all managers in the Daily dashboard to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed. Performance information is presented to the Performance sub group of Practice Governance Group to inform Social Care managers of the trends in service demands so that resources can be allocated appropriately.
Assurances:	Audit, Performance and Risk Committee oversight. Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team. HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services.
Gaps in assurance:	Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. 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. A review of the information collated for the Strategic Needs Assessment is underway to inform potential priorities for consideration in Localities. 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. The Council has procured new modules for their performance reporting system Pentana and HSCM performance team has been learning about and developing its use for reporting.

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. There was an initial meeting held on 22 September 2021 to consider terms of reference and the proposed structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements. The appointment of the Strategic Planning and Performance Lead provides additional capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally. The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. Work has progressed risk assessments are completed and assessments have been or are in the process of being reviewed to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid however it is anticipated that a hybrid service will be offered which will facilitate tailoring of services to meet specific individual outcomes where this is appropriate. The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over. It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives. There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress. 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. Hybrid working arrangements and preparation of offices for return require to be progressed in partnership with Council and NHSG.
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 March 2022. 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 There remains issues with access to ICT equipment for staff with orders over 6 months old outstanding with both NHSG and Moray Council. This impacts on services effectiveness. The matter has been escalated by senior managers with colleagues in the partner organisations.

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022**

SUBJECT: **INTERNAL AUDIT PLAN 2022/23**

BY: **CHIEF INTERNAL AUDITOR**

1. REASON FOR REPORT

1.1 To provide the Audit, Performance and Risk Committee with information on the proposed internal audit coverage for the 2022/23 financial year.

2. RECOMMENDATION

2.1 It is recommended that the Committee considers and agrees the proposed audit coverage.

3. BACKGROUND

3.1 Scottish Government Integrated Resources Advisory Group (IRAG) guidance requires each IJB to establish adequate and proportionate internal audit arrangements to review risk management, governance and control of delegated resources.

3.2 The guidance recommends that a risk-based audit plan should be developed by the Chief Internal Auditor of the IJB and be approved by the IJB or other Committee (in Moray, the Audit, Performance and Risk Committee). Importantly it also notes that the operational delivery of services within the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.

3.3 In recent years, discussions have been held with the internal audit providers for NHS Grampian, Aberdeen City and Aberdeenshire Councils. The intention has been to develop closer working relationships to better coordinate the audit planning process. It is therefore pleasing to report an audit of Information Management has been agreed to be undertaken by all of the internal audit providers. The audit will review that an appropriate system exists in the management, security and transfer of data. The sharing of an audit programme has also been agreed upon as part of this process.

3.4 Moray Council's Audit and Scrutiny Committee, at its meeting on the 30 March 2022, approved an audit plan which provided for a total of 80 days input for audit work relating to the MIJB and Social Care. This increases the number of days from the last year and restores the number of available audit days to previous years' allocation.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 In selecting audit topics, a full evaluation of the council's resource inputs to the activities directed by the MIJB has been undertaken, with consideration given to:

- materiality (based on expenditure or income)
- consultation with senior management for areas of work where it was considered internal audit could make a contribution through its work programme
- time elapsed since an area was last subject to a review
- overall audit assessment of the control environment

4.2 The following areas are considered for inclusion within the 2022/23 Audit Plan:-

- **Care First System-** An exercise to assess system management, security and resilience of the Care First System used for the recording and management of service users data.

- **Self-Directed Support-** Review of Self Directed Support financial monitoring arrangements regarding Option 2/3 where care support packages to service users are managed by the Moray Council or an Individual Service Fund (ISF) Provider.

- **Information Management-** Ensure appropriate systems exist in the management and security of data including the transfer of data between Local Authorities and the NHS.

4.3 The pandemic has resulted in significant changes within current working practices that make audit planning challenging, and uncertainty remains regarding these arrangements in the period ahead. In addition, all audit staff are still working from home, which brings some limitations to the audit process. Team members have been fortunate to be classed as mobile workers, each with a dedicated work laptop and mobile phone, but lack of face to face contact has slowed the pace of audits. Committee should therefore be aware of delays in progressing and completing audit reviews remain due to the limitations on working practices from the impact of the pandemic.

4.4 The Public Sector Internal Audit Standards requires the Chief Internal Auditor to consider whether or not the audit staffing resources are sufficient to meet the audit needs of the organisation, and where it is believed that the level of resources may impact adversely on the provision of the annual internal audit opinion, and to draw this to the attention of the Committee. Demands on the Internal Audit Service have increased over many years, and it is expected this will continue. A review of the staffing establishment for the Internal Audit Service has recently been completed, and additional staff resources in the form of an Assistant Auditor have been agreed.

4.5 In considering the audit coverage, the Audit, Performance and Risk Committee should be aware that the responsibility for developing and maintaining a sound control environment rests with management and not with Internal Audit. Similarly, it will be recognised that Internal Audit is not the only scrutiny activity within the MIJB, with services challenged through other mechanisms including external audit and inspection and separate reporting on clinical and care governance.

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 work of internal audit supports good governance and providesindependent assurances to the MIJB on use of its resources.

(b) Policy and Legal
The report has been prepared having regard to IRAG guidance issued by Scottish Government.

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

(d) Risk Implications and Mitigation
Audit reports highlight risk implications and contain recommendations for management to address as a means of mitigating risk.

(e) Staffing Implications
No implications.

(f) Property
None arising from this report.

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

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

(i) Consultations
Consultations have taken place with the MIJB Chief Officer, Chief Financial Officer and Jane Mackie, Head of Service, any comments have been considered in writing this report.

6. CONCLUSION

6.1 The Committee is asked to consider and agree the planned audit coverage for the MIJB for 2022/23.

Author of Report: Dafydd Lewis, Chief Internal Auditor
Background Papers: Audit working papers
Ref: MIJB/aprc/310322

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022**

SUBJECT: **CIVIL CONTINGENCIES - RESILIENCE STANDARDS PROGRESS**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To inform the Audit, Performance and Risk Committee progress against NHS standards and provide an overview of the work of the Health and Social Care Moray (HSCM) Civil Contingencies Group.

2. RECOMMENDATION

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

i) progress to date and contents of this report alongside the HSCM Civil Contingencies Group Action Plan (APPENDIX 1); and

ii) request an annual assurance report to this Committee from the HSCM Civil Contingencies Group.

3. BACKGROUND

3.1. In May 2016, Scottish Government Health Resilience Unit (SGHRU) published the NHS Scotland Standards for Organisational Resilience (the Standards): this was subsequently updated, revised and a second edition published in May 2018.

3.2. The stated purpose of the Standards is to “support NHS Boards to enhance their resilience and have a shared purpose in relation to health and care services preparedness in the context of duties under the Civil Contingencies Act 2004”.

3.3. Each Standard, of which there are 41, sets out:

- A statement of an expected level of resilience practice
- A rational/basis for the Standard (set within the context of statutory duties under the Civil Contingencies Act 2004 and other key legislation and guidance
- A series of indicators/measures of what should be in place, or achieved, within/by the Health Board.

3.4. An assurance report was submitted to this committee on 25 March 2021 providing an update on progress against NHS Grampian's Resilience Improvement Plan and provided an overview of the work of the HSCM Civil Contingencies Group, para 9 of the minute refers.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. In January 2021, the Cabinet Secretary for Health and Sport wrote to confirm that the Scottish Government concluded that the results of consultation showed that there were no clear equality, operational or strategic planning barriers to progressing the proposal and legislating for the inclusion of Integration Joint Boards (IJBs) within the Civil Contingencies Act 2004 as Category 1 responders. The amendment was laid before the Scottish Parliament on Monday 18 January and approved, with legislation becoming effective from 18 March 2021.

4.2. The Moray Integration Joint Board (MIJB) were provided with an outline of requirements arising from the inclusion of IJBs at Category 1 Responders under the Civil Contingencies (Scotland) Act 2004 on 25 November 2021 (para 19 refers).

4.3. Progress has been made in strengthening the links with partner organisations of NHS Grampian, Moray Council and the Local Resilience Partnership to ensure appropriate governance structures are in place and risk identification and mitigation measures and plans are aligned. HSCM are represented on NHS Grampian's Civil Contingencies Group, Local and Regional Resilience Partnerships and there is close working with the civil contingency lead and Emergency Planning officer in Moray Council.

4.4. The impact of the Covid-19 pandemic on civil contingencies and partnership working across Health and Social Care Moray, Moray Council and NHS Grampian has been unprecedented. The HSCM Civil Contingencies Group have continued to meet quarterly during the Covid-19 response and recovery phases to focus on key issues, identify training needs, monitor and manage risks and progress key actions.

4.5. At the start of the pandemic HSCM established additional meetings to focus on the response with representation from all services, clinical leads and links to Dr Gray's Hospital, for a system wide oversight for Moray. Initially there were three meetings a week to prioritise allocation of resources, assessing and planning the suspension of services and leading the identification of requirement, receipt and distribution of Personal Protective Equipment (PPE) across all services, supporting external providers and carers. The frequency of these meetings had reduced over the last year and recently ceased. However, given the current rate of covid infections and significant strain on the whole system these meetings have been stepped up again to identify status and pressures, determine priorities for maintaining critical functions and care across Moray, and decide on actions to reduce the system wide pressures. The Senior Manager On Call (SMOC) also attends the NHS Grampian Daily System Connect meetings which are held up to 3 times daily, 7 days a week to focus on surge and flow across the whole system in Grampian. There have been improvements throughout the Health and Social Care system in processes, communication mechanisms and reporting that will continue to be used. The learning from this will continue to strengthen winter/surge planning going forward.

4.6. In addition to the pandemic HSCM have had to respond to Storm Arwen during 26/27 November 2021 and Storm Malik and Corrie 28 to 30 January 2022. These storms caused major disruption to travel, power, water supply and telecoms across the North East including many rural communities within Moray. HSCM and Moray Council responded collaboratively during all storms in order to coordinate care for people effort on the ground, initially supporting vulnerable people in the community. The Local Resilience Partnership (LRP) was stood up each time and staff worked tirelessly throughout. Debriefs have taken place following each response and the learning from these incidents is being collated with actions being identified and prioritised for inclusion in the attached interim action plan (**Appendix 1**). Many of the actions involve collaboration with partners to deliver the required outcome so the actions and target dates will require to be aligned.

4.7. Progress has been made with the introduction of PageOne invocation technology for invocation of LRP response, identification of priority requirements for fuel disruptions, development of mechanisms to identify vulnerable people who may need additional support during an incident, training in crisis management and for loggists' roles. The winter plan to cope with surge in demand was developed and GOPES (Grampian Operational Performance Escalation System) has been developed to link monitoring of performance metrics to flag when mitigation actions are required, which links with business continuity arrangements. Relationships with the other Health and Social Care Partnerships resilience leads across Grampian have been strengthened and sharing of ideas, plans and support for debriefs is in place.

4.8. The LRP is conducting a review of its governance arrangements and supporting working groups. Once this work is completed the requirement for participation and engagement and the linkages between the partner organisations will be clearly set out and communicated accordingly.

4.9. The impact of the ongoing response to Covid, combined with the responses to the gas outages early in 2021 and the recent storms has placed a significant workload on people performing civil contingency roles. Staff have found it challenging to manage day time commitments with the out of hours' commitments, which currently fall to a small number of staff. A review of arrangements is underway with an organisational change steering group established to support this process and an update will be provided to a future committee.

4.10. The interim action plan (**Appendix 1**) is in place to support NHS Grampian's Resilience Improvement Plan, close the gaps and address areas of improvement in Moray, with assurance processes around these. The plan, overseen by HSCM Civil Contingencies group on behalf of the Chief Officer, is linked to each Standard and self-assessment level against each Standard is detailed. (Please see **Appendix 2** for criteria for scoring the self-assessment).

4.11. The following actions have been identified for 2022-23: these are predicated on the ongoing maintenance of actions already achieved, identified risks and continuance of the supporting resilience processes and practice in place across the health and social care system:

- Care for People – ensuring plans are in place to support community resilience and work with partners to refine the way in which vulnerable persons are identified to better direct resources to them
- Clarify roles and responsibilities for staff within HSCM and invocation of plans, both in hours and out of hours.

- Review existing service business impact analysis (BIA) and recovery plans to ensure they reflect new ways of working. A programme for supporting service managers to review and exercise plans is in place.
- Training gaps identified and action to address the gaps.
- Continue to work closely with partners to share information and learning with other responders to enhance coordination and efficiency in responses, with any gaps in preparedness identified and incorporate into the action plan.

4.12. This action plan will be reviewed in June 2022, when the outcome of the debriefs, the restructure of LRP and the review of response arrangements are completed, which will then inform the required actions and associated targets.

4.13. NHS Grampian have been contacted by Audit Scotland to advise of their intention to carry out an audit of NHS Grampian's Business Continuity arrangements. Whilst responding to the pandemic HSCM had to suspend some testing and exercising of plans, however a revised schedule has been agreed and is underway to update arrangements where necessary in light of impacts of the pandemic and to test plans.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

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

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

There are no implications directly arising from this report.

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

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not needed as there is no change to policy or procedure.

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

(i) Consultations
Consultation on this report has taken place with the Chief Officer, Chief Financial Officer, Ross Ferguson, Emergency Planning officer, Moray Council and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the content of this report as regards their responsibilities.

6. CONCLUSION

6.1. This report summarises the actions that are being progressed to ensure that HSCM meets the appropriate standards and establishes robust contingency arrangements to ensure critical functions can be maintained during disruptive incidents. Progress is being made but there are some areas that require urgent attention and these are being prioritised by senior management.

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

Moray Civil Contingencies Improvement Action Plan

Last Updated: 01/03/22

ID	Description	Linked to	Self Assess Level (see criteria on next page)	Requirement	RAG Status	Action Required	Evidence	Owner	Expected Completion Date	Completion Date	Progress update	Proposed revised completion date
2	Governance	Standard 2	2	Workplan in place to include training, review of plans, sector based exercising and participation in NHSG programme of exercising	A	Rolling programme of work to be reviewed and updated following COVID.	Annual work plan agreed and in place.	Interim Support Manager	~~31/10/2020~~ 31/3/2021		1/3/22 impacted due to covid - plans to be reviewed initially and plan for testing to be established for Sept 15/5/21 suspend exercising until after winter surge and covid response. Plan exercises for changes ways of working and impacts of flooding/power outages	30/09/2022
3	Business Continuity	Standard 7,8	2	a) HSCM to have up-to-date, effective Business Continuity (BC) / contingency plans for all prioritised services and functions. b) HSCM to have an overarching BC Plan with agreed list of critical functions/services.	R	Critical functions list agreed during COVID response. Overarching plan to be completed	A) Services have up to date plans in place b) Critical functions approved and overarching BC plan in place and agreed by Systems Leadership Group (SLG)	a) Service Managers and Commissioning manager b) Corporate Manager	~~30/10/20~~ tbd		a) plan agreed for implementation to review current status and update/complete plans by end Sept b) refresh and circulate for comment to this group - take to SLG Business meeting for approval	30/09/22 30/09/22
4	Specific needs of Children in MI & BC planning	Standard 10	2	The specific needs of children and young people to be addressed in all relevant Major Incident and Business Continuity plans, and ensure that its responses / interventions are sensitive to their needs	A	Sectors to develop model for engagement of Children's social work services in Resilience Groups	Engagement of Children's social work services in resilience planning	Systems Leadership Group	tbc		To be taken forward through the care for people team next meeting April 2022	tbc
7	Pandemic Influenza	Standard 16	2	NHS Board shall develop and review its Pandemic Influenza Plan jointly with local partnerships and RRP, and seek their endorsement. A joint multi-agency plan shall be developed, if one does not already exist.	A	Review of documents and updating where necessary. Completion and sign off	MID/Pandemic Flu response plan detailing integrated health system response to MID/Pan Flu, and setting out links to RP response	HSCM Civil Contingencies Group	31-Mar-21		To be taken forward with NHSG and LRP Health liaison group. Date to be advised	tbc
8	Pandemic Influenza	Standard 17	2	Link with NHSG Board in exercising Pandemic Flu plan every 3 years	A	Grampian wide health and social care system pandemic tabletop exercise.	Exercise documentation and records of attendees. Post exercise report with lessons learned.	HSCM Civil Contingencies Group	TBA		Linked to number 7 above	tbc
10	Information Security and ICT Resilience	Standard 31	2	BIA/Recovery plans reviewed for IT and Communications	A	Review and update list of critical ICT requirements following changes to working practices as a result of COVID and advise NHSG Ehealth and Moray Council accordingly.	BIAs updated and held centrally. Critical functions list agreed. NHS eHealth and Moray Council informed of requirements.	HSCM Civil Contingencies Group	tbc		This information will be collated as BIA updated. Will include reliance on fuel and transport	30/09/2022
11	Supply Chain Resilience	Standard 39	2	BIA/Recovery plans reviewed for suppliers	A	Define list of critical suppliers and ensure risk assessment mitigation measures are in place. NHSG Board to be informed.	BIAs updated and held centrally. Critical functions list agreed. Risk assessment completed with actions to mitigate detailed.	Systems Leadership Group	tbc		This needs to be taken forward with our partners NShG and Moray Council as they provide our procurement services.	30/09/2022

12	(Surge) Winter Plan	Standard 18	4	Sectors shall have robust Winter Plans and implement a range of actions to enhance resilience during winter period.	G	Review and update plan - short term working group to be established.	Winter plan in place and action plan in place. Part of Grampian's year-round planning cycle and participation in joint planning, table top exercises and debrief exercises.	Systems Leadership Group	Ongoing		1/3/22 in place and operational. Further development to integrated to BC arrangements to be undertaken Dec 2021 - winter plan in place and agreed by SMT 25/8/21 GOPES is being developed for Grampian operational system pressures identification. fed into NHSG winter plan 2020/21 a lot of work has been undertaken regarding Delayed discharges and surge and flow which can inform our arrangements for surges caused by disruptive incidents.	ongoing
13	Major Incident /Resilience Plans	Standard 9	2	NHS Board shall have Major Incident or resilience plans that reflect its emergency preparedness. Sectors to sign off plan. Through HSCP, GP / Primary Care made aware of their role in the Major Incident Plan and expectations of them.	A	Take final NHS Board plan to SLG and HSCM CC Group for discussion and sign off.	Grampian plan signed off and partnership working with primary care in place.	Systems Leadership Group	tbc		1/3/22 awaiting plan from NHSG	tbc
14	Training	Standard 12	1	Training gaps identified: - who needs to be trained and in what course / session	A	A locally delivered Civil Contingencies programme of training courses for HSCM managers and staff to be identified and implemented	NHSG Civil Contingencies Unit (CCU) training programme in place and dates communicated to SLG	Interim Support Manager	31-Oct-20		1/3/22 learning to come from debriefs - list of mandatory and desirable training identified. Plan to address any identified gaps to be developed 25/8/21 training needs analysis to be defined and implemented to identify where gaps in skills/knowledge are and to define training plan to address gaps	ongoing
15	Care for People	Standard 38	1	Establishment of the care for people plan and supporting framework for implementation, including clarification of roles and responsbilities for partner agencies	R	Using revised C for P plan from Aberdeen City as basis update for Moray, communicate widely across partnership. Resurrect regular Care for People meetings	Up to date Care for People plan in place, mechanism for identification of people at risk of harm in place, Care for people team meetings taking place regularly and plans exercised	Head of Service / CSWO			1/3/22 Corporate Manager and Emergency Planning officer MC to arrange meeting for April 2022 to review draft TOR and actions from debriefs 10/10/21 care for people team TOR to be reviewed. To be led jointly by MC and HSCM. 14/9/21 meeting of Care for People team scheduled 6 October 2021. Draft Care for People plan being prepared from Aberdeen City updated version Initial meeting was held in July and draft plan to be developed to incorporate comments made	tbc
16	Catergory 1 Responder / Organisational Resilience	Standard 5, 13	2	Civil Contingencies- Report to Discharge duties of Cat 1 Responder to CO Actively participate in Local and Regional Resilience Partnerships. Programme in place to assess, mitigate or manage resilience risks.	R	IJBs included within the Civil Contingencies Act 2004 as Category 1 responders, effective 18 March 2021.	Managers are participating in the appropriate forums and working closely with colleagues in the LRP, Moray Council and NHS Grampian to ensure that necessary communication channels and protocols are in place for response action and that plans are in place, and exercised collaboratively. Where any gaps in preparedness are identified they will be incorporated into the action plan.				1/3/22 Work to clarify roles and responsibliies underway. Organisational Change Steering group met Feb 2022 with follow up in April 2022 regarding role and escalation for SMOC 12/12/21 Report regarding responsiblities for CO under civil contingencies submitted to IJB in November 2021	01/06/2022 Complete

NHSS STANDARDS FOR ORGANISATIONAL RESILIENCE

ASSESSMENT & IMPROVEMENT PLAN – BENCHMARKING CRITERIA

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

1	Governance	Standard 3	4	Civil Contingencies Group (or equivalent) in place for each sector,	G
5	Command Control and Coordination - Major Incident / BC response	Standard 11	2	Control room arrangements agreed and tested.	A
6	Major Incident / BC Response - Control Room	Standard 11	2	Staff identified and trained: - Loggists - Control Room Manager	A
9	Governance	Standard 5	3	Sector risks to be recorded, monitored and escalated where necessary	G

	Terms of Reference agreed, meeting dates agreed. Reviewed annually - due in January 2021	HSCM Civil Contingencies Group	~~31/01/2021~~ 31/3/2021	
Training needs across HSCM to be identified ie loggist / control room lead / management in crisis. Documentation of command and control in HsCM produced for pandemic response - to	Documented roles and responsibilities. Incident Management Team identified. Control Room arrangements documented. List of staff trained held locally ie loggists	HSCM Civil Contingencies Group	18/12/2020 Dec 2020	18-Dec-20
Staff to be identified to attend training.	Central list of trained staff held. Training programme in place and communicated via SLG and HSCM Civil Contingencies Group	Interim Support Manager	31-Jan-21	complete d 31/1/21
Risk Register to be presented to HSCM Civil Contingencies Group for comment, update and approval.	Risk Register in place and maintained with actions to mitigate risks in place. System in place to escalate those risks deemed High or Very High to SLG where necessary.	HSCM Civil Contingencies Group	ongoing	30-Jul-21

completed?	
15/5/21 advertised at workforce Forum to get volunteers. Very little response. **Add** lack of volunteers and therefore trained resource to risk register 30/7/21 Command and control arrangements in the pandemic	########
completed for existing staff need to develop to provide more resilience in our response teams	
30/7/21 put as standard agenda item	

Self-assessment level

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

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

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