MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 26 November 2020

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board Audit, Performance and Risk Committee** is to be held in **remote locations via video conference**, on **Thursday, 26 November 2020** at **13:00** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

MEMBERSHIP

Councillor Theresa Coull (Chair)	Moray Council
Councillor Tim Eagle	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Elidh Brown	tsiMORAY
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative

ADVISORS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Simon Bokor-Ingram	Interim Chief Officer, Moray Integration Joint Board
Mr Atholl Scott	Chief Internal Auditor, Moray Integration Joint Board

Clerk Name:
Clerk Telephone: 01343 563014
Clerk Email: committee.services@moray.gov.uk

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 27 August 2020

remote locations via video conference

PRESENT

Councillor Theresa Coull, Councillor Tim Eagle, Mr Sandy Riddell, Mr Dennis Robertson, Mr Steven Lindsay, Ms Tracey Abdy, Mr Simon Bokor-Ingram

APOLOGIES

Mr Atholl Scott

IN ATTENDANCE

Also in attendance at the above meeting was Mr Bruce Woodward, Senior Performance Officer, HSCM; Mr Dafydd Lewis, Senior Auditor, Moray Council; Mrs Jeanette Netherwood, Corporate Manager, HSCM; Mr Sean Coady, Head of Service, HSCM; and Mrs Isla Whyte, Interim Support Manager, HSCM, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Cllr Coull.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

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

4. Minute of Board Meeting dated 30 January 2020

The Minute of the meeting dated 30 January 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

5. Action Log of Board Meeting dated 30 January 2020

The Action Log of the meeting dated 30 January 2020 was discussed and updated accordingly at the meeting.

6. Quarter 1 (April-June 2020) Performance Cover Report

A report by the Chief Financial Officer updates the Committee on its performance as at Quarter 1.

There was a development session in July for Board members around the new performance reporting style. It was acknowledged there is still some work to do regarding indicators but the report will continue to evolve and be flexible to support the health and social care system.

The Committee noted the performance of local indicators for Quarter 1 and the analysis of the local indicators that have been highlighted and actions being undertaken to address the performance that is outside of acceptable target ranges.

7. Internal Audit Update

A report by the Chief Internal Auditor provides the Committee with a general update including details of progress on projects contained within the Internal Audit plan for 2019/20 financial year.

It was noted that a formally agreed programme of work is not yet in place and a development session for Audit, Performance and Risk Committee members is to be scheduled prior to the November meeting to provide an opportunity for discussion of the contribution of this committee to ensuring an effective audit and scrutiny Committee for Health and Social Care Moray (HSCM) and development of a more integrated approach across the whole system.

Mr Riddell went on to advise, as Chair of NHS Grampian Audit Committee, discussions are starting around ways in which partnership working across Grampian can be strengthened. Thoughts welcome on how to achieve a greater relationship with partners around joint auditing.

In term of the Occupational Therapy Store Final Report it was noted there is a lot of work underway with regards to the recommendations.

The Committee noted the audit update.

8. Internal Audit Annual Report

A report by the Chief Internal Auditor provides the Committee with an internal audit opinion and report that can be used to inform the annual governance statement for the Moray Integration Joint Board (MIJB) for the financial year ended 31 March 2020.

It was noted COVID-19 has impacted on audit this year but will likely have a greater impact next year.

The Chief Internal Auditor is of the opinion that for the year to 31 March 2020, reasonable assurance can be placed on the adequacy and effectiveness of the Moray Integration Joint Board (MIJB) framework of governance, risk management and internal control.

The Committee notes the audit opinion based on work undertaken during the 2019/20 year, noting the impact the pandemic has had in the period of lockdown since March 2020.

9. Strategic Risk Register – August 2020

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

The report outlines the current position in relation to the impact of COVID-19 on progress with transformation plans. Governance arrangements of NHS Grampian and Moray Council have led to different reporting requirements for HSCM. Partners have been impacted which has resulted in less support to HSCM i.e. ICT, Legal and Committee Services. Going into winter it is noted the potential further waves of COVID-19 along with usual pressures will be a challenge.

The Audit, Performance and Risk Committee requested a report to a future meeting setting out in more detail changes required to embed the Home First approach. It was agreed to add this action to the action log. The report should include an evaluation and measure of current position against performance and risk. Mr Bokor-Ingram advised a report will also go to Clinical and Care Governance Committee with respect to any clinical risk.

The Committee agreed to:

I.   Consider and note the updated Strategic Risk Register and;
II.   Note the Strategic Risk Register will be further refined to align with the transformation plans as they evolve.

10. COVID-19 and Impact on Governance System – Discussion regarding email from MIJB Chair 06.08.20

It was noted that an effective governance system is again in place as formal Committee meetings restart.

Pre meetings for Chairs/Vice-Chairs will also be scheduled going forward.

It was agreed that Mrs Netherwood will prepare a report for MIJB meeting in September clarifying governance arrangements in place for APR to give assurance to MIJB Chair.

MEETING OF MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

THURSDAY 27 AUGUST 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log of Meeting dated 27 August 2020	Report on NHS and Moray Council staff sickness absence. Report to also include information regarding staff recruitment and retention, key staff indicators and highlight any difficult to fill posts.	November 2020	T Abdy / J Netherwood
2.	Action Log of Meeting dated 27 August 20020	Payment Verification Assurance Update	March 2021	Sean Coady
3.	Civil Contingencies – Resilience Standards Progress Jan 2020	Annual assurance report to be requested from Health and Social Care Moray Civil Contingencies Group.	March 2021	J Netherwood
4.	Strategic Risk Register – August 2020	Report on Home First approach – setting out changes required and evaluation of current position, performance and risks	November 2020	S Bokor-Ingram
5.	COVID-19 and Impact on Governance System	Report to be prepared for MIJB providing clarification of governance arrangements for APR	September 2020	Jeanette Netherwood

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 NOVEMBER 2020**

SUBJECT: **QUARTER 2 (JULY – SEPTEMBER 2020) PERFORMANCE REPORT**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To provide an update the Audit, Performance and Risk (APR) Committee on performance as at Quarter 2 (July – September 2020).

2. RECOMMENDATION

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

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

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

3. BACKGROUND

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

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

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

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

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

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

Summary**:**

4.3   Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 2 of the financial year 2020/21 is showing as generally positive once again; however the impact of COVID-19 is starting to show in some indicators. There have been changes made to routine procedures in hospitals and care homes that have impacted HSCM services both positively and negatively.

4.4   Despite no target being set, the three indicators without targets are being monitored and there is action underway to address concerns around what appear to be high levels of Reviews Outstanding (OA-01). There is still currently no data available for council absences in quarter 1 and quarter 2 (SM-02) due to the COVID-19 pandemic interrupting operations within the HR department. Other data is available and is presented in a separate report to this committee.

4.5   The impact of COVID-19, where the whole system is still working to a different set of priorities, will mean that it will not be possible to draw direct comparisons with previous years. As per the MIJB development session on 30 July 2020 a graphic that illustrates the measures and how their performance relates to the strategic priorities as outlined in the Strategic Plan 2019-29 'Partners in Care' is now presented under the Indicator Summary.

4.6   All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets will likely be re-assessed and updated appropriately.

4.7   The table below (Figure 1) gives a summary and the historical trend by indicator since quarter 2 2019/20.

Figure 1 – Performance Summary

Code	Measure	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21	Q2 20-21	Target	Deviation
DD	**Delayed Discharge**							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	28	33	35	10	27	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	751	971	1,208	242	803	781	
EA	**Emergency Admissions**							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,039	2,082	2,169	2,091	2,051	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	178.6	183.4	182.8	178.6	178.6	182	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	123.4	126.2	125.2	122.3	123.3	127	
AE	**Accident and Emergency**							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	22.3	24.5	17.5	15.8	17.9	22	
HR	**Hospital Re-Admissions**							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients *(Aug 2020)*	8.2%	9.9%	6.5%	11.0%	11.8%	7.5%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	4.2%	5.5%	3.1%	4.4%	4.4%	3.5%	
UN	**Unmet Need**							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	-	623	523	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	-	36	44	Data only for first year	
OA	**Outstanding Assessments**							
OA-01	Number of Reviews Outstanding at end of quarter snapshot	-	-	-	1506	1608	Data only for first year	
MH	**Mental Health**							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	78%	20%	20%	21%	23%	90%	
SM	**Staff Management**							
SM-01	NHS Sickness Absence (% of Hours Lost) *(Aug 2020)*	3.80%	5.30%	4.60%	3.10%	3.30%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	8.80%	8.00%	9.08%	N/A	N/A	4%	

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The long term impact of the COVID-19 on the Health and Social Care system are still

unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Interim Chief Officer, MIJB; Committee Services Officer, Moray Council; Service Managers where their respective areas are relevant to this report, Health and Social Care Moray; Service Manager, Performance and Workforce; IJB Corporate Manager.

6. **CONCLUSION**

6.1 **This report requests the APR consider and note the performance of local indicators and actions summarised in Section 4 and expanded on in APPENDIX 1.**

Author of Report: Bruce Woodward, Senior Performance Officer
Background Papers: Available on request
Ref:

PERFORMANCE REPORT

QUARTER 2
2020/21

(1 JULY 2020 – 30 SEPTEMBER 2020)

1. TABLE OF CONTENTS

2. PERFORMANCE SUMMARY

COMMENTARY

Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 2 of the financial year 2020/21 is showing as generally positive once again; however the impact of COVID-19 is starting to show in some indicators. There have been changes made to routine procedures in hospitals and care homes that have impacted HSCM services both positively and negatively.

Despite no target being set, the three indicators without targets are being monitored and there is action underway to address concerns around what appear to be high levels of Reviews Outstanding (OA-01). There is still currently no data available for council absences in quarter 1 and quarter 2 (SM-02) due to the COVID-19 pandemic interrupting operations within the HR department. Other data is available and is presented in a separate report to this committee.

The impact of COVID-19, where the whole system is still working to a different set of priorities, will mean that it will not be possible to draw direct comparisons with previous years. As per the MIJB development session on 30 July 2020, a graphic that illustrates the measures and how their performance relates to the strategic priorities as outlined in the Strategic Plan 2019-29 'Partners in Care' is now presented under the Indicator Summary.

All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets will likely be re-assessed and updated appropriately.

DELAYED DISCHARGE – AMBER (RED TRAJECTORY)

The significant reductions made in both measures in quarter 1 has not continued into quarter 2. The number of those delayed at census at the end of September was **27 patients**, against a pre-COVID-19 target of 25. While this figure is in Amber the rate of increase is much steeper than with comparator partnerships and the rest of Scotland. The number of bed days occupied in September was **803**, which is a less volatile measure, and this too is increasing sharply. Most of the increase in delay reasons are the non-availability of suitable care across Moray which is a trend being seen across Scotland.

Delayed Discharges are being addressed in detail in a cross-system group that has been established with action log focussing on the processes, resources, and performance around Delayed Discharges; and additionally it is being picked up under Operation Home First where detailed analysis has been undertaken at a granular level. Different workstreams under the Moray Home First initiative are now underway.

EMERGENCY ADMISSIONS - GREEN

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

ACCIDENT AND EMERGENCY - GREEN

Moray had a significant drop in the rate of attendances people per 1,000 population to the Emergency Department in quarter 1 and this has increased in quarter 2 but is still below pre-COVID-19 figures at 17.9 and is still well below the target of **22**.

HOSPITAL RE-ADMISSIONS - RED

The percentage of emergency re-admissions **within 28 days** and **within 7 days** to hospital increased significantly in quarter 1 and this has continued in quarter 2. The primary driver for this is that the total number of people being admitted to and discharged from hospital has increased slowly since April 2020, while re-admissions are recovering more quickly and are almost to their pre-COVID-19 levels.

UNMET NEED – DATA ONLY

At the end of the quarter there were **44 people** awaiting care packages which amounted to **523 hours** of unmet need. This represents an increase in the number of people awaiting care but a decrease in the number of hours being unmet from quarter 1.

OUTSTANDING ASSESSMENTS – DATA ONLY

At the end of quarter 2 the number of reviews outstanding in CareFirst increased to **1,608**. A data cleansing initiative is now underway regarding this measure and while it is expected to reduce this figure, initial analysis does suggest that the number of reviews outstanding will remain high.

MENTAL HEALTH - RED

For the past year only around **20%** of patients commenced Psychological Therapy Treatment within 18 weeks of referral.

During the COVID-19 pandemic, psychological therapies staff were redeployed to the Psychological Resilience Hub. Although they have a weekly commitment to that service it is anticipated that they will be able to offer virtual outpatient appointments to those waiting within a shorter timeframe and this is anticipated to reduce waiting times. As stated last quarter, this improvement is expected in quarter 3.

STAFF MANAGEMENT – GREEN (NO UPDATE)

NHS staff absence decreased to well below target over quarter 1 and quarter 2 2020/21 to 3.1% and 3.3% respectively. Absence data for Council employees is still not available.

INDICATOR SUMMARY

Moray currently has 14 local indicators. Of these **6 are Green** and **3 are Red** and **1 is Amber**. There are 3 indicators that are new and have targets pending, and 1 that currently has no data due to no resource available within the relevant service to collate and provide the data.

Figure 2 – Performance Summary

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3. DELAYED DISCHARGE

Trend Analysis

At the snapshot taken for this report on the last Thursday of September, DD-01 (Number of Delayed Discharges) was at 26, which is just above pre-COVID-19 target. However, this figure is volatile as demonstrated by one week later (Tuesday 29 September) having 36 discharges and again one week after that the number delayed is down to 25. Daily variances of 5 or more delays either way is common and as such caution should be taken when analysing shorter term trends based on this measure.

Longer term as the services return to relative normality, the indicator which was low in quarter 1 is now returning to pre-COVID-19 levels in quarter 2. While comparing numbers prior to the COVID-19 crisis has little value, it is worth noting that the months leading up to it had some of the highest figures Moray has had, these were primarily due to people awaiting Care Arrangements and this is the same reason given for the increase post crisis.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level, additional pressures to the services from the first lockdown will impact this figure for months to come.

Operational Actions and Maintenance

Delayed Discharges are being addressed in detail in a cross-system group that has been established with action log focussing on the processes, resources, and performance around Delayed Discharges; and additionally it is being picked up under Operation Home First where detailed analysis has been undertaken at a granular level. Different workstreams under the Moray Home First initiative are now underway.

The Delayed Discharge Tracker has been developed and comprises of several actions to be undertaken to reduce delayed discharges to within the target of 25 (+10%). The recent rise is expected as the system moved out of the COVID-19 phase and into re-introduction of previously ceased or reduced services. The balance remains, within the system, to support delayed discharges along with the increased social debt arising from COVID-19 within the community of Moray balanced against a limited capacity to meet this demand.

Various improvements have been implemented to address this, including the introduction of new external providers in the area which is adding more flexibility and capacity into the system. Work is also recommenced to look at new commissioning tender for Moray to look at one external provider to work in collaboration with our internal provision. The expected outcome of this will be an outcome focused model which, in working in collaboration, should maximise capacity across Moray further addressing the delayed discharges.

Action Timescales

It is expected that actions within the delayed discharge tracker are to be implemented or completed by March 2021. Test of changes that have concluded as a result of the Home First agenda will also be evaluated within this timescale to allow the findings to direct ongoing development.

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

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

Target (+10%)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)	Q2 (Jul-Sep 20)
25	27	28	33	35	10	27

Figure 1

Delayed Discharge Census by Delay Reason

Moray
Ages 18+
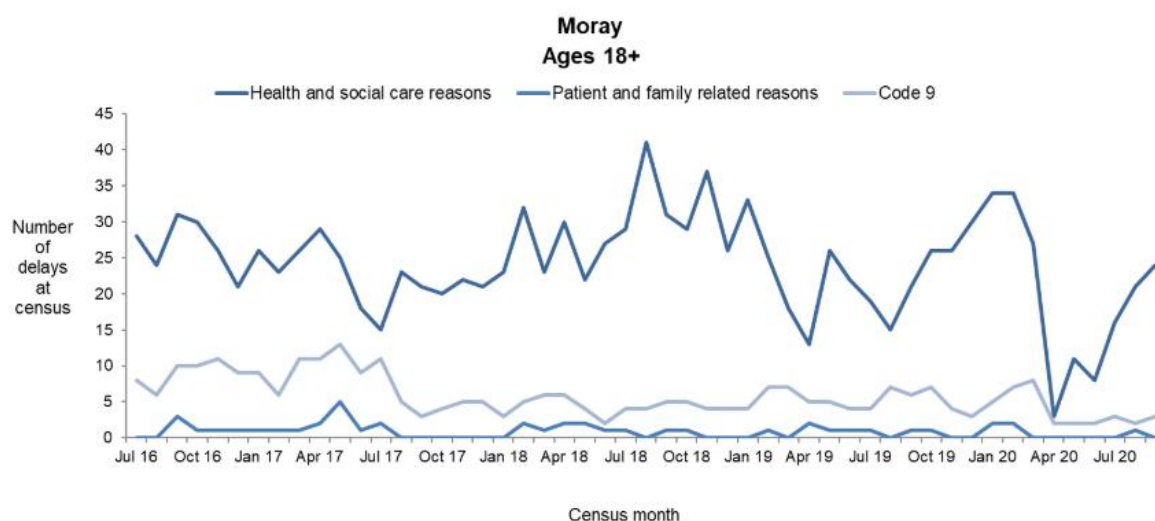
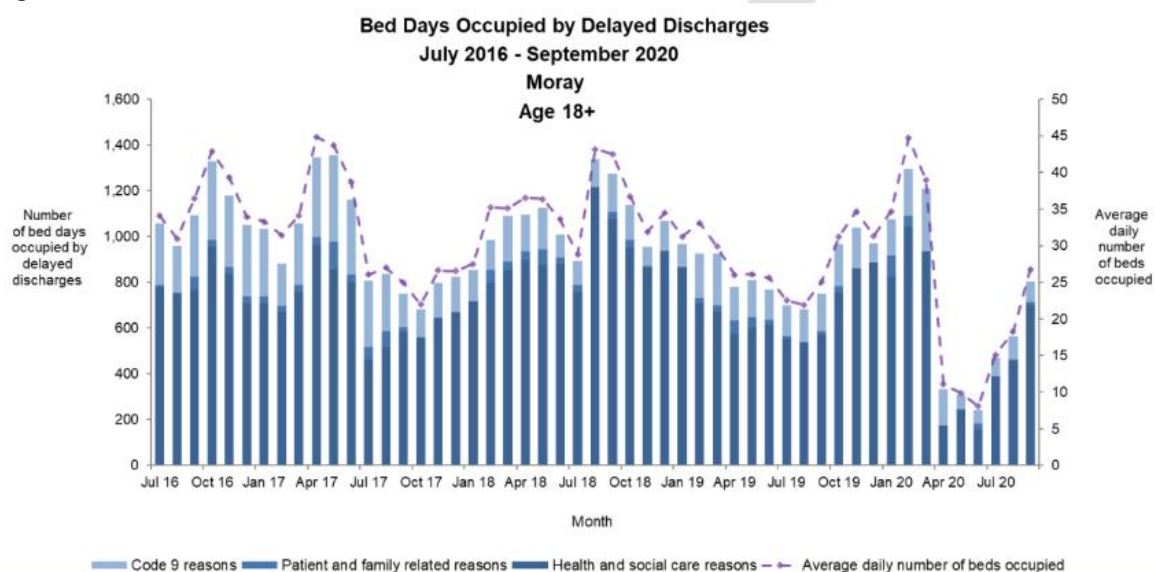| Indicator Trend	
Prior to COVID-19 this indicator was increasing steadily and while it dropped to an all-time low in April it has started to revert to its previous levels.	
Scotland Trend	Quarter 1 Delayed Discharges reduced dramatically and then have been returning to the normal across Scotland. While staying lower for longer Moray is now returning to normal at a faster than national rate.
Peer Group	Moray had the largest reduction in Delayed Discharges amongst the peer group and is now returning to pre-COVID-19 levels like its comparators.
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Public Health Scotland

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

Purpose	This monitors the number of people delayed in hospital once medically fit for discharge. Longer stays in hospital are associated with increased risk of infection, low mood, and reduced motivation.					
Strategic Priority	2: HOME FIRST		**Linked Indicator(s)**	DD-01		
National Health & Wellbeing Outcomes	2, 3, 5, 7					
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
781	**768**	**751**	**971**	**1,208**	**242**	**803**

Figure 2

Bed Days Occupied by Delayed Discharges
July 2016 - September 2020
Moray
Age 18+

Indicator Trend	
This indicator is increasing rapidly and on its current trajectory could reach the pre-crisis highs of January and February 2020.	
Scotland Trend	The national trend in this measure is a steady increase since April. Moray had a reduction through May and June and was well below the national average. In quarter 2 this measure has increased significantly faster than the Scottish trend and at its current trajectory could hit pre-COVID-19 levels by the end of the year.
Family Group	The rest of Family Group 2 have tracked slightly above the Scottish trend in quarter 2 and while Moray started low it is now equal to the family group with a much steeper upward trajectory.
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

Trend Analysis
The three indicators that fall under this measure all show generally positive quarterly figures and they are still comparable to the numbers recorded in the same period in 2019/20. There has been no impact on these figures by the COVID-19 crisis.

Operational Actions and Maintenance
An action within the Delayed Discharge working group is to reduce admission to hospital. Some areas under review are around the potential for early access to information or advice from other teams such as Mental Health (Older People) or Social Worker although there is a challenge out of hours.

Action Timescales
No timescales for improvement are currently set.

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a narrative when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.

Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	EA-02, EA-03

National Health & Wellbeing Outcomes	1, 2, 3, 5

Target (+5%)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
2,051	2,067	2,039	2,082	2,169	2,091	2,051

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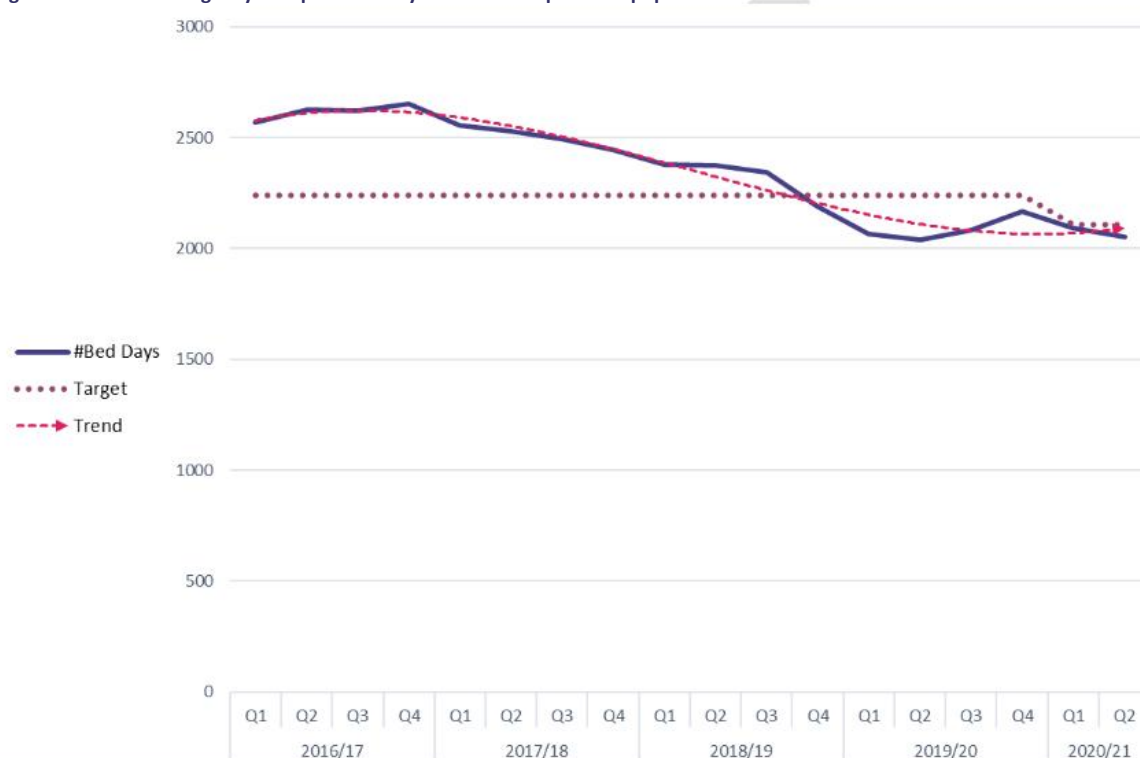
Indicator Trend

There has been a decreasing trend in this indicator over the past 4 years and despite small increases at the end of 2019/20 quarter 1 and quarter 2, 2010/21 figures are reducing again. It is expected that this measure remains stable in the next few periods and has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	EA-01, EA-03		
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
182	**180**	**179**	**184**	**183**	**179**	**179**

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

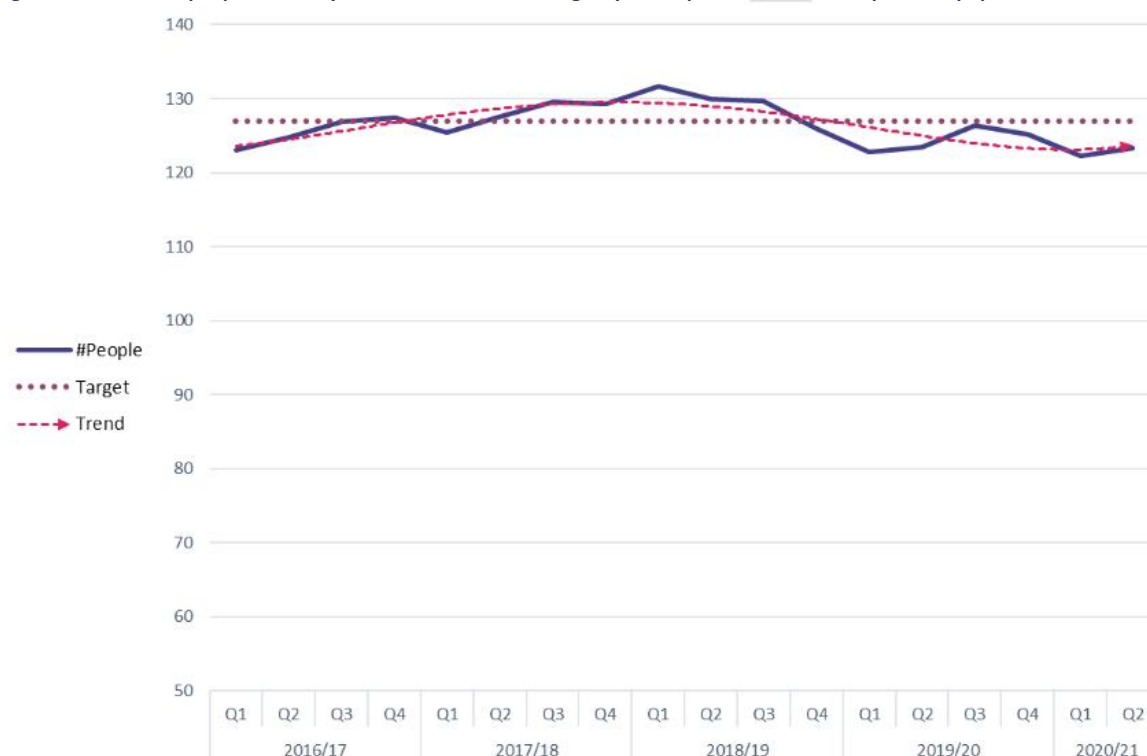| **Indicator Trend**	
This indicator has generally hovered around target for the past few years without any significant unseasonal variation. This measure has not been impacted by the COVID-19 crisis.	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	EA-01, EA-02		
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
127	**123**	**123**	**126**	**125**	**122**	**123**

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

Indicator Trend	
There had been an increase in this measure through 2018, and after a reduction in 2019/20 it is expected to remain at those levels and has not been impacted by the COVID-19 crisis.	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis
Moray had a significant drop in the number of attendances to the Emergency Department in quarter 1 and this was mirrored across Scotland during the first months of the COVID-19 pandemic. The number of attendances have since increased and will most likely increase over the winter period.

| Operational Actions and Maintenance |
|---|
| The MIJB Transformational Plan 2019-24 has Unscheduled Care as a key goal and actions underway include: shifting unplanned hospital activity to preventative interventions; ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary; and positive team co-ordination. |

Action Timescales
No timescales for improvement are currently set.

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

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

Target (+10%)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
21.5	22	22	24	17	16	18

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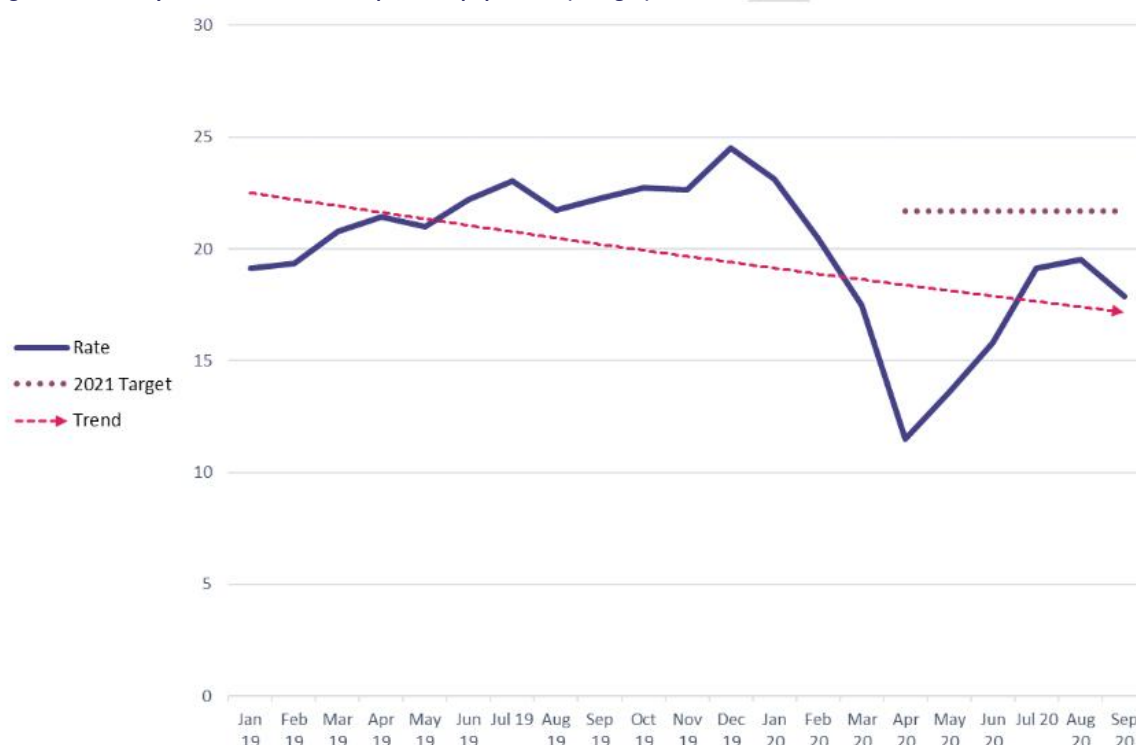
Indicator Trend

Prior to the pandemic there had been an increasing trend in this measure, but the pandemic resulted in the numbers attending the Emergency Department reducing significantly.

Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Public Health Scotland

6. HOSPITAL RE-ADMISSIONS

Trend Analysis

The percentage of emergency re-admissions within 28 days and within 7 days to hospital increased significantly in quarter 1 and these high levels continued into quarter 2. The primary driver for this is that the total number of people being admitted to and discharged from hospital has increased slowly since April 2020, while re-admissions have increased significantly and are exceeding pre-COVID-19 levels.

As demonstrated in Fig 7 the number of 28 day re-admissions is reverting to the pre-COVID-19 average where the number of discharges is at 70% of pre-COVID-19 levels.

Figure 7 - Variance in Discharges and 28 day re-admission rates vs Pre-COVID-19 Average
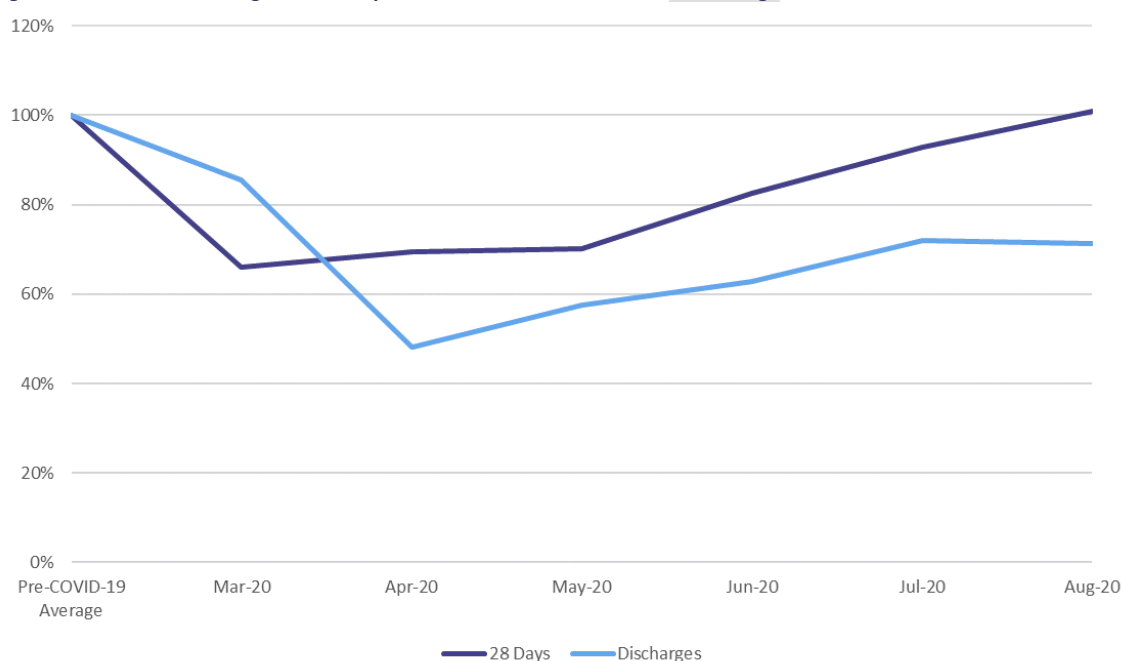
Operational Actions and Maintenance

Hospital re-admissions are being addressed in Operation Home First and more specifically in the Discharge to Assess stream where the intention is to analyse data on those entering hospital to better understand their journeys.

Action Timescales

It is expected there will be an update on this by the end of the year.

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS (DR GRAY'S)

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support. (This measure lags by a month due to the time required for a potential 28 day discharge to occur)

Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	HR-02, AE-01

National Health & Wellbeing Outcome	1, 2, 3, 5

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
7.5%	7.9%	8.1%	9.9%	6.4%	10.4%	11.8%

Figure 8 - Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients

Indicator Trend

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of admissions. Long-term trend analysis will only be possible once more post-COVID-19 crisis data is collected.

Scotland Trend	Unknown
Peer Group	Unknown

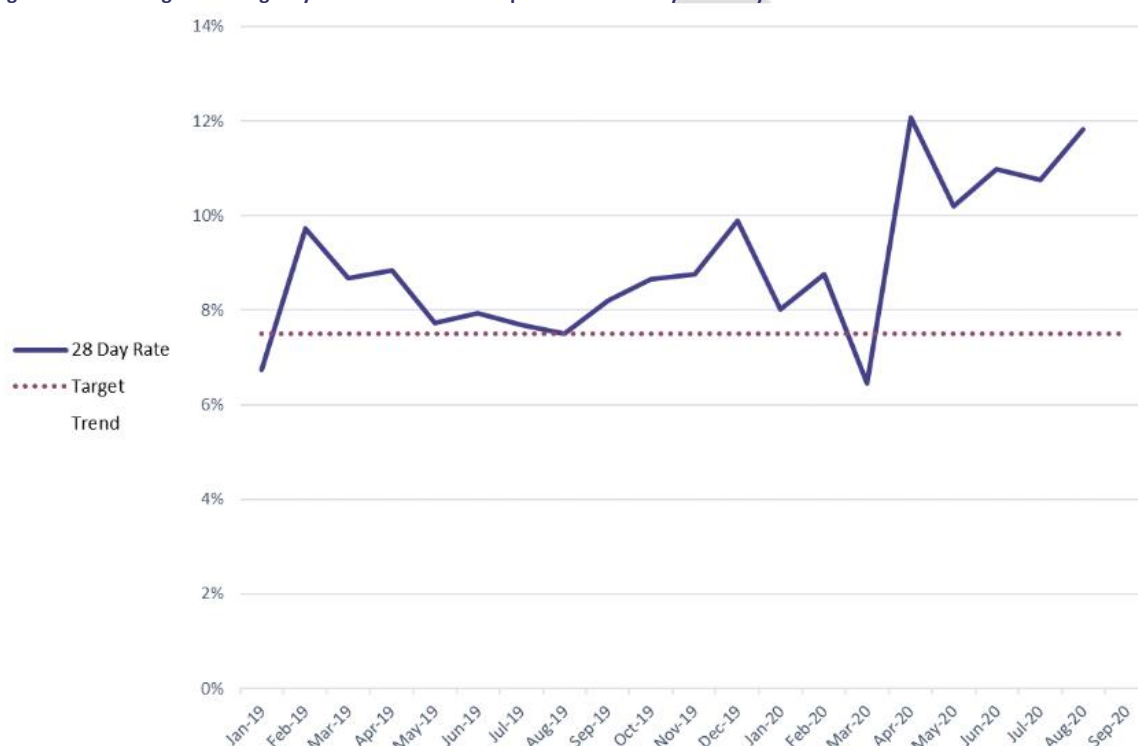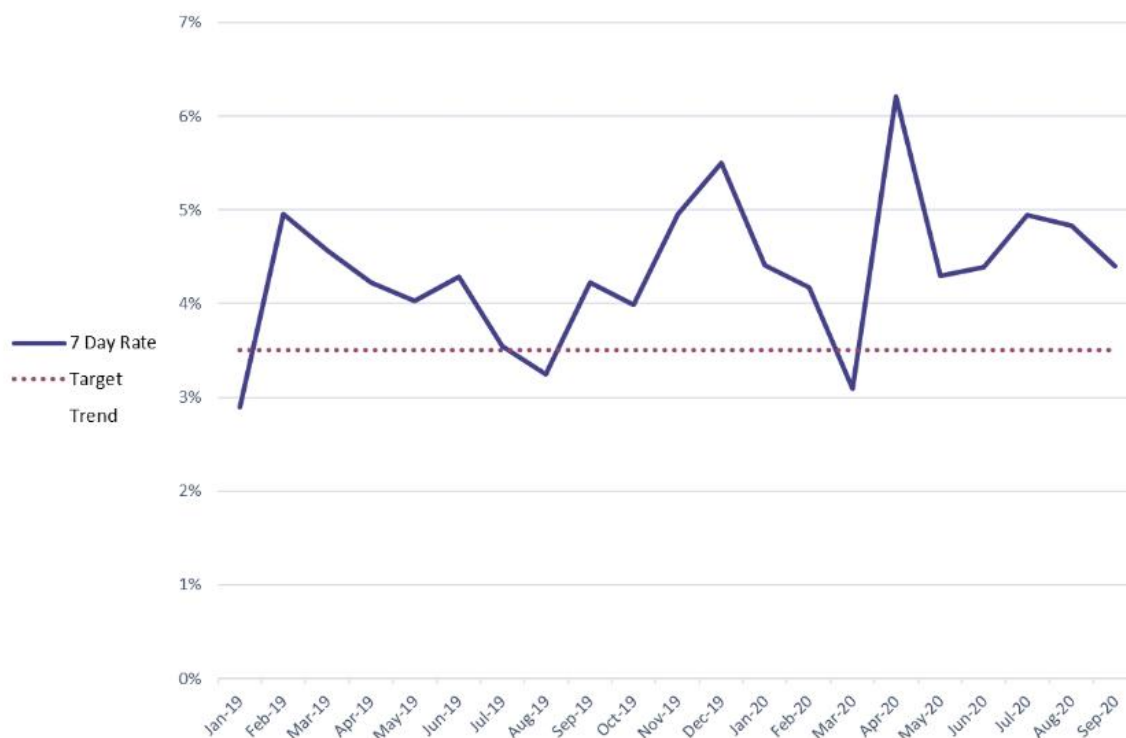| Period Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS (DR GRAY'S)

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

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
3.5%	**4.3%**	**4.2%**	**5.5%**	**3.1%**	**4.5%**	**4.4%**

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

Indicator Trend

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of admissions. Long-term trend analysis will only be possible once more post-COVID-19 crisis data is collected.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

7. UNMET NEED

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

Operational Actions and Maintenance
As this data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19, actions for improvement are yet to be outlined (if they are required).

Action Timescales
No timescales set currently.

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

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.

Strategic Priority	2: HOME FIRST	Linked Indicator(s)	UN-02

National Health & Wellbeing Outcome		1, 2, 3, 5	

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	ND	ND	ND	ND	623	523

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	October 2020
Next Update Due	January 2020
Source	Brokerage

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

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.

Strategic Priority	2: HOME FIRST		Linked Indicator(s)		UN-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	ND	ND	ND	ND	36	44

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	July 2020
Next Update Due	October 2020
Source	Brokerage

8. OUTSTANDING ASSESSMENTS

Trend Analysis
There was an increase in quarter 2 in this measure from 1,506 to 1,608 reviews outstanding in CareFirst. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work. The data from which this measure is derived is now undergoing data cleansing and it is hoped that this will help give a clearer picture in future quarters.

Operational Actions and Maintenance
This data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19, and suspension of care packages actions for improvement are yet to be outlined.

Action Timescales
No timescales set currently.

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

Purpose	Those awaiting assessments are at risk of not receiving the service they require in good time, and can then put pressure on other, more resource intensive primary and acute services.		
Strategic Priority	3: PARTNERS IN CARE	**Linked Indicator(s)**	
National Health & Wellbeing Outcome		1, 2, 3, 5	

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	**ND**	**ND**	**ND**	**ND**	**1506**	**1608**

Indicator Trend	
No Data	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	July 2020
Next Update Due	October 2020
Source	TBC

9. MENTAL HEALTH

Trend Analysis
The indicator under this measure has been decreasing rapidly over the last year and is currently at 23%.

| Operational Actions and Maintenance |
| --- |
| There are currently no vacancies within adult mental health. One member of staff has been seconded one day per week to support the Grampian Psychological Resilience Hub until 31 March 2020. The older adult team are fully staffed and the two staff members working within that team have also been seconded to the Psychological Resilience Hub until 31 March 2020; one member of staff one day per week, the other two days per week. The consultant adult psychotherapist retired in October 2020. Plans are in place to cover this vacancy until a review of psychological therapies can be carried out across all services in Moray. Funding has been confirmed for primary care psychological therapies and recruitment for three additional full-time staff is underway.

Since August 2020, primary care staff have been supporting the Psychological Resilience Hub and referrals continue to be received via that route. At present, due to staffing shortages, they are not accepting direct GP referrals. Once new posts have been recruited, the team will be able to re-commence accepting referrals from GP practices whilst continuing to support the Psychological Resilience Hub. This month there have been no referrals for older adult or psychotherapy services, but adult mental health continues to receive a large number of referrals. Changes made to waiting list management in adult mental health have allowed people to be assessed sooner and signposted to alternative services if not deemed suitable for secondary care psychology input. |

Action Timescales
We would anticipate an improvement in these figures in the quarter 3 2020/21 figures as we consider a new way of working within the service.

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

Purpose	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.					
Strategic Priority	3: PARTNERS IN CARE	**Linked Indicator(s)**				
National Health & Wellbeing Outcome		1, 2, 3, 5				
Target (-5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
For Info	**73%**	**78%**	**20%**	**20%**	**21%**	**23%**

Figure 10 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)
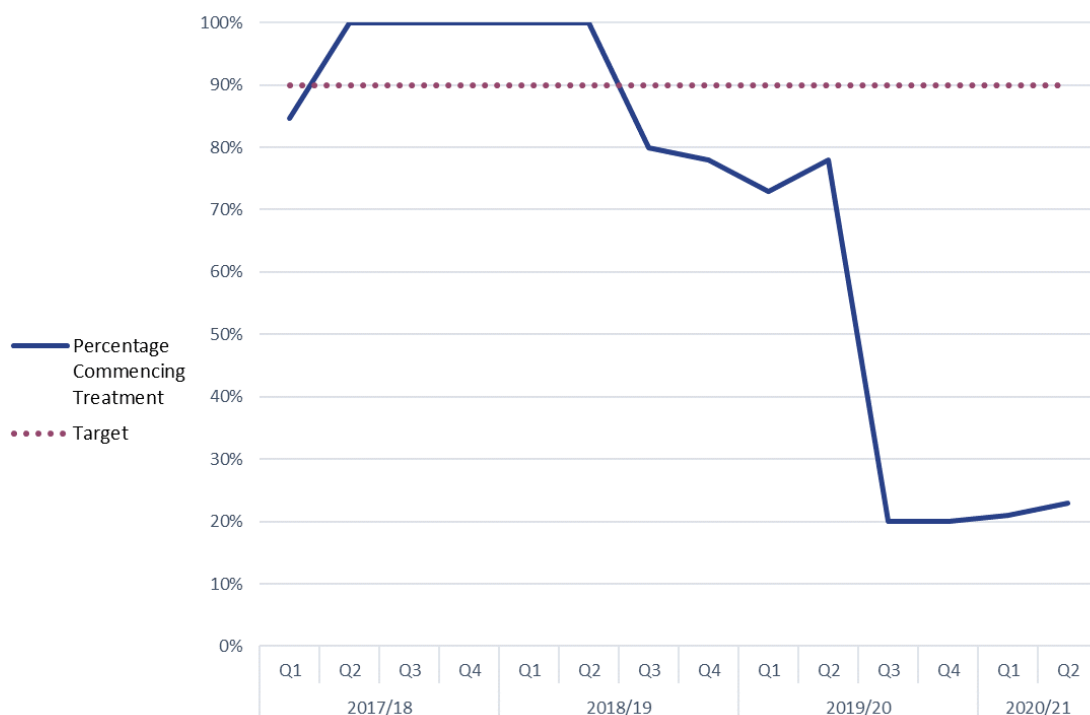
Indicator Trend	
This indicator has seen a dramatic decrease in the past three quarters after hovering at 20%, well below target.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

10.   STAFF MANAGEMENT

Trend Analysis

Prior to the COVID-19 pandemic, absence figures within HSCM have been outside of target, particularly within the council. Moray NHSG employee sickness reduced in the first two quarters of 2020/21 during the COVID-19 crisis and initial aftermath.

There has been a delay in sourcing council sickness absence figures for quarter 1 and quarter 2 figures but these will be updated in quarter 3. Background data cleansing has been undertaken to improve the breakdown of this data, and as a result data from quarter 1 2020/21 onwards will allow for more detailed analysis and targeted action.

Operational Actions and Maintenance

An in-depth report on Absence Management is being prepared for presentation.

Action Timescales

No timescales set currently.

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	SM-02		
National Health & Wellbeing Outcome	8					
Target (+10%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
4%	**3.9%**	**3.8%**	**4.7%**	**4.6%**	**3.1%**	**3.3%**

Figure 11 - NHS Sickness Absence % of Hours Lost
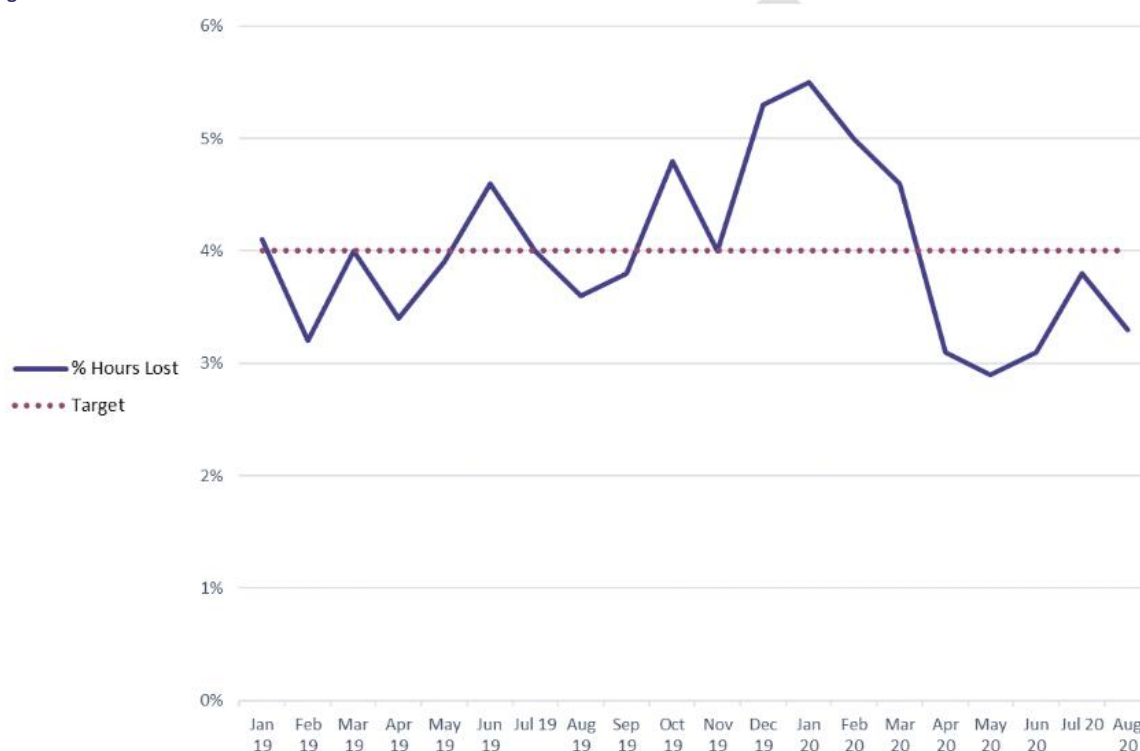
Indicator Trend	
NHS sickness absence in Moray dropped significantly in quarter 1 and quarter 2 of 2020/21.	
Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

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

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

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	**7.7%**	**8.8%**	**8.0%**	**9.1%**	**No Data**	**No Data**

Figure 12 - Council Sickness Absence (% of Calendar Days Lost)

Indicator Trend
This indicator remains well above target up to the end of quarter 4 2019/20. From quarter 1 2018/19 there appears to be an increasing trend in sickness absence in this cohort.

Scotland Trend	Unknown
Peer Group	Unknown

Period Last Reported	July 2020 (Quarter 4 2020/21)
Next Update Due	December 2020 for Quarter 1 and 2 data
Source	Council HR

APPENDIX 1: KEY AND DATA DEFINITIONS

RAG SCORING CRITERIA

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

PEER GROUP DEFINITION

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

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

APPENDIX 2: STRATEGIC PRIORITIES

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

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

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

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

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

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

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

TRANSFORMATION (DELIVERY) PLAN supported by enablers:

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.

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 NOVEMBER 2020**

SUBJECT: **INTERNAL AUDIT UPDATE**

BY: **CHIEF INTERNAL AUDITOR**

1.   REASONS FOR REPORT

1.1   To provide the Committee with a general update on audit work progressed since the meeting of the committee in August and to give consideration to initial thoughts as to the audit plan for the 2021/22 financial year.

2.   RECOMMENDATION

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

3.   REPORT

3.1   Context

3.1.1 Challenges associated with the pandemic remain all pervasive in relation to work directed by the IJB and have had a consequential effect on internal audit and its normal processes of planning, delivering and reporting on audit project completed. That said some work has been taken forward as detailed in the following paragraphs, and with indications that the current situation is likely to present for some time to come, consideration needs to be given to what is feasible and practicable in terms of providing audit assurances as a 'new normal' is established.

3.2   Specific topics in the Audit plan and recent developments

3.2.1 Three audit topics were included in the audit plan for last financial year and an update on each of these and on audit work recently commenced is as follows:

3.3   Aids and Equipment Store

3.3.1 This audit was completed ahead of the pandemic and the outcomes reported to this Committee in August. Quite a number of issues were raised regarding the effectiveness of the stores operation, and it was observed when reporting that post the pandemic there would likely be a greater focus on stores and the

role they place in supporting the effective delivery of services. While a formal follow up of the audit has yet to take place to assess progress with implementation of the audit recommendations, there are signs that the stores control systems are being strengthened. (see para 3.4 below)

3.4   Personal Protective Equipment

3.4.1   With much focus being given to the process of securing PPE for use by all front line service providers, the Chief Internal Auditor considered it prudent to review the arrangements established within the IJB and council services for procurement and distribution of PPE supplies. The audit work established that there were essentially two strands to the process; direct requisition of all PPE requirements for social care services from National Services Scotland (NSS), with the costs of same being met by Scottish Government; and more 'traditional' procurement, purchase, storage and distribution of PPE for other council services through the council stores operated by Fleet Services.

3.4.2   Audit work was mainly completed as a desk top exercise and the audit findings were encouraging with sound processes and good audit trails evident from the outset. The audit report has been drafted and is currently with management for agreement, but the results of the audit can be reported as positive. In particular, for supplies procured directly (as opposed to those procured nationally by NSS), it was noted that the urgency to secure PPE supplies had not compromised pre-existing procurement channels, with contracted suppliers used to fulfil the majority of order requirements. There were some price fluctuations noted, but such variations are not without precedent when, as in this case, challenging market conditions apply.

3.4.3   In addition to the desk top exercise, visits were also made to stores to assess stock storage and distribution arrangements and during these visits, one of which was to the Aids and Equipment Store, sound procedures were evident. This is encouraging and hopefully an early indication that the recommended changes from the earlier audit of this store (as referred to at paragraph 3.3.1 above) are being implemented.

3.5   Adaptations - Private and Council Housing

3.5.1   As previously reported, this review was substantially completed pre pandemic and the audit report after many months remains in draft with the Housing Services management for consideration of audit findings. The budget for adaptations work is an amalgam of funding from Social Care and Housing and a number of recommendations were made that require responses from three different officers. There have been changes in personnel within some of the services, and of course workload pressures, nonetheless the delay is disappointing and the need for a response to the audit has now been elevated to senior management. The audit report and agreed action plan will be brought to this Committee when completed.

3.6   Care Homes/Residential Nursing (excluding assessment criteria)

3.6.1   This audit remains in the plan but the remit has not been agreed and unless there is a specific risk that has been identified by service management as requiring independent review, it is recommended this audit be deferred meantime. This on the basis that exceptional circumstances continue to apply

and at the time of the last audit of this topic there was confidence that financial and care assessment control processes were working as intended.

3.6.2 Instead, at this time, the Chief Internal Auditor has taken the view that it is important to glean assurances to the extent possible on issues that have emerged as a consequence of the pandemic, hence the PPE review referred to above, and in similar vein, audit work has commenced on Supplier Sustainability Relief Payments. This initiative was introduced by Scottish Government to provide additional financial support to providers of goods or services whose businesses have been impacted by the pandemic. Care homes fall into this category, and can claim for additional costs necessarily incurred where these are eligible in terms of the scheme. Finance, procurement and social care staff have been involved in assessing claims and the outcomes from the audit will be reported to the next meeting of this committee.

3.7 Follow up - Learning Disabilities (LD)

3.7.1 Committee was advised in August that Internal Audit had been asked to conduct further work to assess progress being achieved in redesign of LD services, having prepared an audit report on this topic in 2018. It was advised then that much had happened in the interim with a clear intention to transform services and the Chief Internal Auditor had concluded from Board papers and the report of the Chief Social Work Officer that the Board is well sighted on what needs to happen. Doubtless the pace of change will have been impacted by workload pressures in recent months. For now; this will remain as a pending audit review until the timing is considered right to conduct further audit work on LD services

3.8 Self Directed Support

3.8.1 A member of the internal audit team continues to provide advisory support to the working group involved in the development of the self-directed support initiative. There are no significant issues to report on this work since the last meeting of the Committee.

3.9 Joint working

3.9.1 The recent development session considered the work of Internal Audit for the IJB in terms of providing assurances, noting that per guidance issued by the Integrated Resources Advisory Group, internal audit work should be 'adequate and proportionate'. These terms were not defined but recognised that wider assurances would continue to be available from the internal audit arrangements of the both the Health Board and the council.

3.9.2 Since the development session took place, a Chief Auditor colleague in another council has carried out some benchmarking to compare and contrast the level of audit staff resource made available for IJB audit work. Those responding indicated that they typically spend no more than 20 days annually looking at specific IJB issues e.g. governance, risk management, performance management with a further allocation of time devoted to social care audits. So not particularly dissimilar to the approach we have taken in Moray. The information also gave an indication of topics covered by audit teams which will be useful for future planning purposes, and of interest, in one instance, the

IJB provided the NHS board with an audit topic and asked that it be included within the Health Board internal audit plan. This information is only just to hand and will be considered further in the development of an audit plan for 2021/22.

3.9.3 As an outcome from the development session the Chief Internal Auditor has also contacted his opposite number who has responsibility for the internal audit of the IJBs of both Aberdeen City and Aberdeenshire councils and dialogue continues with the appointed internal auditor of Grampian Health Board (PricewaterhouseCoopers) to ensure there is clarity in roles and responsibilities prior to scheduling the meeting to explore possibilities for future internal audit arrangements across the three IJBs.

3.10 Ad hoc works

3.10.1 Work to follow up the recommendations made in the 'Carefirst Information Governance' audit completed last year has still to be undertaken.

4. SUMMARY OF IMPLICATIONS

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

Audit assurances support good governance which is integral to the delivery of strategic plans for the Moray area.

(b) Policy and Legal

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

(c) Financial Implications

No implications directly arising from this report.

(d) Risk Implications

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

(e) Staffing Implications

No implications

(f) Property

No implications.

(g) Equalities/ Socio Economic Impacts

An equality impact assessment is not required as there will be no impact on people with protected characteristics as a result of consideration of this report.

(h) Consultations

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

5.   CONCLUSION

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

Author of Report: Atholl Scott, Chief Internal Auditor
Background Papers: Internal Audit Plan
Ref: mijb/ap&rc/26112020

REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 NOVEMBER 2020

SUBJECT: STRATEGIC RISK REGISTER – NOVEMBER 2020

BY: INTERIM CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated November 2020.

2.   RECOMMENDATION

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

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

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

3.   BACKGROUND

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

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

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

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Risk Management Framework review is nearing completion and the output from the development workshop for MIJB members in February 2020 was approved by the Board on 25 June 2020 (para 9 of the minute refers). The approved Risk Appetite Statements have been included in **APPENDIX 1**.

4.2 The impact of COVID-19 has delayed the development of some aspects of transformation plans. The work to develop change plans has accelerated with the North East Partnership Group giving priority to the embedding of a Home First approach, in line with our Strategic Plan, as continue to respond to further waves of COVID-19 and winter pressures. Home First involves a whole system approach, and the work includes the acute sector to make the change enduring. As plans evolve, the Strategic Risk Register will be updated to ensure that it reflects any barriers to realising the ambitions we are not enacting to achieve the vision set out in our Strategic Plan.

5. SUMMARY OF IMPLICATIONS

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

The MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

(b) Policy and Legal

As set out in the terms of reference, the Board has responsibility to provide assurance of the adequacy of the risk management framework.

There are no legal implications arising from this report.

(c) Financial implications

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

(d) Risk Implications and Mitigation

This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB.

(e) Staffing Implications

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

(f)   Property

There are no property implications arising from this report.

(g)   Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h)   Consultations

Consultations have been undertaken with the Senior Management Team and Chief Internal Auditor and comments have been incorporated in this report.

6.   CONCLUSION

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

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

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

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 11 NOVEMBER 2020

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 has been reviewed and new plan launched in December 2019. Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. **During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August and in addition the weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on "Home First" and these actions will be incorporated into the Transformation plan that underpins "Partners in Care"**
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. • 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 voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18 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 new management structure is in place and wider system re-design and transformation governance structures are being developed for implementation. The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been done through collaborative working with partner organisations and the third sector.
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 will progress over the next quarter to address this gap.
Current performance:	Scheme of administration is reported when any changes are required. An initial meeting has been held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services. Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Performance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019 Appointment of Standards Officer agreed by IJB September 2020. Members Handbook is being updated and will be circulated to all members in December 2020.
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.

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

<table>
<tr><td>Risk Rating:</td><td>Low/ medium/ high/ very high</td><td style="background:red; color:white;">VERY HIGH</td></tr>
<tr><td>Risk Movement:</td><td>Increase/ decrease/ no change</td><td style="background:orange;">NO CHANGE</td></tr>
</table>

Rationale for Risk Rating:	Previous funding cuts from Moray Council have been significant 2017/18 (£1.3m) and 2018/19 (£1.759m Gross). Both the 2019/20 and 2020/21 settlement saw additional investment for health and social care. Although this was passed through to the MIJB there remains a significant funding gap 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 Demand on services continues to rise and the IJB has no remaining reserves to be utilised other than a reserve of £0.187M as at 1 April 2020, earmarked for the Primary Care Improvement Fund as directed by Scottish Government. The draft annual accounts have been produced and were presented to the IJB on 30 July 2020 prior to audit inspection. The reported deficit as at 31.3.20 is an overspend of £2.073M, The IJB have now out turned a deficit position for the 2nd consecutive year, NHSG and Moray Council are required to meet this deficit, for 19/20 the amounts are £1.306M and £0.767M respectively. The audited accounts are to be presented to the IJB of 26 November 2020. In addition to existing financial challenges, the Covid-19 pandemic brings with it additional financial burden, as at October 2020, this has been quantified at £5.2M with an additional challenge coming from the underachievement of savings, estimated at £0.090M taking the full impact to £6.1M. The Chief Financial Officer has introduced processes for recording the costs of Covid - 19 which are being monitored on an ongoing basis. Regular discussions are taking place with Scottish Government and financial returns in support of Mobilisation Plan are being made at regular intervals. The assumption based on advice from SG is that the costs of the pandemic will be fully funded. The IJB approved a balanced revenue budget in March 2020 which included a recovery and transformation plan. It should be noted that a balanced budget position was achieved through a Recovery and Transformation plan of £1.944m. There is now a significant risk to the delivery of the MIJB 20/21 recovery plan – this has been highlighted to Government, the IJB and the Senior management team are working to address through other actions. We are currently awaiting written confirmation from SG that any underachievement of the savings plan will funded.
Rationale for Risk Appetite:	The Board recognises the financial constraints all partners are working within. While we are cautious to open about accepting financial risks this will be done: • 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 places additional risk on the MIJB finances
Controls:	Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and being monitored regularly. In October 2019, the MIJB approved the Medium Term Financial Framework that aims to support delivery of the Strategic Plan, this will require a review in 2021 to adjust for the impact of the pandemic and the work being driven forward to address this. The CFO and Senior Management Team continue to work together to address the budget shortfall. A revised Financial Framework will be developed to support the emerging situation
Mitigating Actions:	Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group. The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue following the 2019/20 outturn position and as we respond to the Covid-19 pandemic. 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 have been put in place on a quarterly basis with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB. The MIJB is acutely aware of the recurring overspend on its core services and continues to work to address this underlying issue. Measures to ensure only essential expenditure is being incurred have been communicated to all officers with budget manager responsibility.
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	Budget Outturn for 2019/20 has seen an overspend after consideration of strategic funds of £2.073m. This was met by NHSG and MC in the agreed proportions of 63% / 37% respectively as per the Integration Scheme. Plans are being progressed in relation to service planning and financial review during 2020/21. The recovery plan is being monitored regularly by the Senior management team. As at 30 September 2020 the IJB is reporting a significantly reduced overspend position to date of £0.087m with a forecast to the end of the financial year of £0.302m
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.

3	
Description of Risk: *Human Resources (People):*	Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration and external factors such as Covid and transition from European Union.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high	**HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	There continues to be issues with recruitment to some front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter. A potential roll out of a Covid vaccine will place a significant strain on the Partnerships resources, and this could delay the achievement of strategic objectives. The difficulty with recruitment and retention of staff to caring roles is experienced by Care Homes and this can lead to an impact on HSCM teams where additional support may be required by the contractors. Covid 19 has the potential to cause severe disruption to staffing as Test, Trace and Isolate is implemented and managers are working as far as possible to mitigate any potential impact of a positive test result. There are also difficulties in recruitment to key clinical positions in Dr Grays and the impact of these are felt across the whole system. The planning for transition from EU membership is being stepped up – whilst initial assessments on workforce for HSCM do not raise any immediate concerns this will be carefully 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. This has been further impacted due to Covid 19 and Committee Officer support will not be available for APR and CCG committees until the new year.
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. Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19. Communications & Engagement Strategy was approved in November 2019 and is being implemented. Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible. SMT review vacancies and approve for recruitment
Mitigating Actions:	System re-design and transformation. Organisational Development Plan and Workforce plan has been updated and was approved by MIJB in November 2019. This will be further updated following the work carried out by the NSHG Recovery Cell on Supporting Staff and the revised NHSG Organisational Development plan. All Locality Managers are now in post with effect from January 2020 and are developing the Multi-disciplinary teams in their areas Joint Workforce Planning is being undertaken albeit it suspended at present and the joint workforce forum recommenced meeting in July 2020. 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:	Normally there is operational oversight by Moray Workforce Forum and reported to MIJB. Currently the HSCM Response Group is overseeing matters arising as a result of Covid19 response. Organisational Steering Group oversees any potential organisational change
Gaps in assurance:	Joint or single system not yet agreed for incident reporting.
Current performance:	IMatter survey undertaken during July 2019 across all operational areas showed improvement in response rate although there are still some teams that require to engage. Managers have worked with teams and developed action plans with

	64% completed by the deadline in comparison to 50% in previous year. An IMatter pulse survey was undertaken in September 2020 to get a snap shot of what staff are feeling. The results will be published 20 November 2020.
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. A paper has been submitted to Audit Performance and Risk committee outlining the key areas experiencing difficult to fill posts. Earlier in the Covid response staff were being redeployed from NHS Grampian and Moray Council to frontline services. As there has been progress to remobilise services the availability of staff for redeployment has been vastly reduced.

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.	
Rationale for Risk Appetite:	The Board is cautious to open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time. 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:	Communication and Engagement Strategy approved November 2019 Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit. Annual Performance Report for 2019/20 was published in August 2020 Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team. Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website.
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 2018/19 published in August 2019. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.
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. Emergency governance structure is in place so this does not provide the normal levels of engagement. Governance Framework for MIJB is being documented and will be presented for discussion at the meeting in November.
Current performance:	Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2019/20 published August 2020. Audited Accounts for 2019/20 were publicised by deadline 30 September 2020 Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.
Comments:	A communication cell was established as part of the Local Resilience Partnership response with representation from Councils, HSCP and NHSG. This was led by Aberdeen City Council and was an example of the collaborative working

that took place. This forum provides assurance that messages to all stakeholders are consistent. It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.

5	
Description of Risk: *Environmental:*	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Due to the response requirements for Covid 19 progress has been made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions. HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list has been recently reviewed to take into account remobilised services and the winter/surge action plan has been further defined and implemented Whilst the rates of Covid infection in Moray at the moment are relatively low the situation could change. Risk identification, assessment and initial response plans have been developed for potential impacts across the whole system. EU Exit plans are being reviewed.
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and work with partner organisations to meet these obligations.
Controls:	Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises. 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.

Mitigating Actions:	Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan). A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing Lesson learnt from the response to Covid will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed. Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources. HSCM is engaged with NHSG Operation Snowdrop which identifies the incident response structure and key priorities, and is on the Council's Response and Recovery management team.
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
Gaps in assurance:	Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled once we are out of response phase. Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group. Pandemic flu plans will require to be updated with the learning from this incident
Current performance:	The Senior Management Team participated in Strategic Leadership in a Crisis training and further training for the wider management team is scheduled. Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the

	implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply. Annual report on progress against NHS resilience standards was reviewed by APR committee in January 2020.
Comments:	Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.

6	
Description of Risk: *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	**NO CHANGE**
Rationale for Risk Rating:	Considered medium risk due to the reporting arrangements being relatively new
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply,or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework. Complaints and compliments procedures in place and monitored. Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee. Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate. Care Home Oversight Group is meeting daily 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

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Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

7	
Description of Risk: *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 have increased significantly and in the recent weeks Moray has had the highest level of delays in Scotland per population aged over 75 years. A short life group has been established to review the processes involved and identify and implement key actions to reduce the delays which cause negative impacts to people. This clear focus and the efforts of staff are resulting in some early signs of progress, however this is a complex area and will require sustained effort to continue reductions and maintain that.

Rationale for Risk Appetite:	The Board is cautious to open about risks that could affect outcomes that are priorities to people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met. This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.
Controls:	Performance Management reporting framework. 2019 to 2029 "Partners in Care" Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process.
Mitigating Actions:	Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system. Key performance data is being circulated daily to all managers in a "Performance Flow" dashboard to ensure any potential issues are identified quickly so action can be taken.
Assurances:	Audit, Performance and Risk Committee oversight. Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group. HSCM Response Group was established and meets regularly to review 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 new Strategic Plan is on hold, but will re-commence shortly as plans for recovery are developed.
Current performance:	Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support mangers interpret the impact of Covid19 on their services, now and going forward. There are likely to be changes to ways of working and this may also have impact on the performance information required.
Comments:	Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers.

The delayed discharge group has produced an action plan for implementation and progress is being made.

The Home First priorities are being taken forward with the first stream being the implementation of Discharge to Assess which has been funded until March 2021 initially.

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 **INCREASING**
Rationale for Risk Rating:	There are many issues that will impact on the ability to deliver Strategic Objectives. The transformation plan is being developed and will be presented to the Board for approval and will form the basis for monitoring progress on delivery of the objectives. The remobilisation plan for HSCM services that were suspended or reduced is being progressed with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. There is significant effort required to ensure risk assessment are completed and assessments reviewed to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid. 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. 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 the Transformation plan. 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 weekly. The Home First Transformation Board has also been established – the output of these meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed. 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
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 Plan is being developed that will detail the outcomes. Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.

	Meetings have not been taking place due to Covid.
Current performance:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.

9	
Description of Risk: *Infrastructure*	Requirements for support services are not prioritised by NHS Grampian and Moray Council.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high **HIGH**
Risk Movement:	increase/decrease/no change **INCREASING**
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 it is not yet clear when the outcomes will be available for consultation. The changes required to places of work as a result of Covid19 will restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their assessment of what facilities we will have available. 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 and this has been escalated. The new post of Strategic Planning and Performance manager post has not yet be appointed. The HSCM infrastructure board has not met during Covid so any options or requests for resource are being considered and decided by the Senior Management Team, at this time.
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	Chief Officer has regular meetings with partners Infrastructure Programme Board established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate

	oversight of all projects underway in HSCM. The Board is not meeting at present so project requests are being processed via Senior Management Team.
Mitigating Actions:	Membership of the Board reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed Infrastructure Manager post is vacant but other officers are 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.
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.
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 not currently meeting Premises, Infrastructure and Digital Manager post that provides additional leadership in relation to major infrastructure projects is currently vacant although interviews have been held
Current performance:	The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.
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. Issues with lack of NHS ICT kit have been further escalated and discussions are underway to resolve the matter.

REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 NOVEMBER 2020

SUBJECT: UPDATE ON STAFF ABSENCE AND RECRUITMENT CHALLENGES

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

1.1 To provide an update on the absence figures and an overview of the challenges that are being experienced with recruitment to various posts in Health and Social Care Moray (HSCM).

2. RECOMMENDATION

i) **It is recommended that the Audit, Performance and Risk Committee (APR) consider and note the content of this report, in relation to challenges with recruitment and the associated impact on service delivery.**

3. BACKGROUND

3.1 The difficulties in recruiting to specific posts in HSCM have been previously highlighted in the strategic risk register updates and absence figures have been monitored in the quarterly performance reports.

3.2 Managers have highlighted issues with recruitment in specific areas and the impact that it has on existing staff, which is of concern as the whole system copes with the impact of Covid and the likely surge caused by winter.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The absence figures are reported to this committee on a quarterly basis. The information for NHS employed staff shows that the sickness absence was 3.3% at Quarter 2 which is below the target of 4%. However the figure for Council employed HSCM staff overall was 9.1% at the end of March 2020 and further update on the overall figure is not currently available due to other

pressures of work on Council HR staff. Management information and support is being provided to specific managers as required. Managers have not reported any specific concerns with the levels of absence at present.

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

4.3 The challenges that are being faced by HSCM are also being experienced by Dr Gray's Hospital and acute services in Moray, and this can have implications for patient flow across the whole system.

4.4 Workforce levels are set through consideration of patient numbers/ client cases, services to be provide and complexity of work. Wherever the assessed need for staffing is not met there will be additional pressure on the rest of the team as they try to maintain the level and quality of service.

4.5 Additional challenges are being presented as services remobilise following the interruption of the initial phase of Covid response. This is causing additional work with regard to risk assessments for people and services, preparation of workplaces prior to people returning to services and the need for training on new systems or in new protocols.

4.6 Staff wellbeing is a key priority with support being drawn from NHS Grampian and Moray Council resources and will be led by managers and the workforce forum within HSCM.

4.7 Various efforts have been made by partners and HSCM to attract people with the appropriate skills and experience to Moray, with limited success. HSCM will continue to engage with the Community Planning Board and other partners to attract people to Moray.

4.8 Work has commenced on the workforce plan that will require to be completed by March 2022. This will highlight gaps and training needs for the workforce going forward and will draw on the experience of the response to Covid and the changes to methods of service delivery and skills required, that are being identified.

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 delivery of the Strategic plan requires a robust and resilient workforce that is able to respond and deliver transformational change set out in the plan. Issues with recruitment of key posts may impact on the delivery of objectives in the short term.

(b) Policy and Legal

There are no legal implications arising from this report.

(c) Financial implications

There are no direct financial implications arising from this report however where posts are not recruited there may be a saving though it is likely that this will be offset by costs for overtime or bank staff where this is an option.

(d) Risk Implications and Mitigation

This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB.

The recruitment challenges have the potential to negatively impact on the delivery of the strategic responsibilities for MIJB.

(e) Staffing Implications

There are no additional staffing implications arising from this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) Consultations

Consultations have been undertaken with the Senior HR Adviser, Moray Council, Karen Innes, Assistant HR Manager NHSG, the Senior Management Team Management Team, and any comments have been incorporated in this report.

6. CONCLUSION

6.1 This report and appendix outline the immediate challenges with recruitment for Health and Social Care Moray and the additional workloads being experienced.

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

Recruitment Issues – Difficult to fill posts

Current position	Key challenges	Next steps	By When	Risks	Comments
Mental Health 1 WTE					
1.0 Consultant Psychiatrist in adult mental health	Despite three rounds of advertising we have been unable to fill this post. Agency locum had been covering until March when they had to return home overseas due to Covid.	Decision made not to advertise further at this time and a specialty doctor will be appointed on an 11 month temporary basis.	December 2020	Impact on colleagues, risks to organisation both financial and reputational , potential adverse events, inability to see patients within stipulated timescales	Consultant posts are difficult to recruit to across all of NHSG with a large number due to retire within the next few years.
Learning Disabilities 1 WTE					
Advanced Speech and Language Therapist for Adults with Learning Disabilities, band 7, 1.0 wte (0.2 wte of this post paid by Aberdeenshire HSCP and hosted there)	• From June 2017 to April 2019 this post was vacant and we were unable to recruit. • We recruited an SLT from America who started May 2019 and left April 2020 unexpectedly. • Post has been vacant since then and despite three rounds of recruitment we have not even been able to shortlist anyone, never mind recruit. • The lead for this post has been on maternity leave since June 2020. She does 0.2 wte in Moray. • There has been no ALD SLT's in Moray since June 2020.	• Next round of recruitment to be in paid national publications. • Attempts to recruit a locum has been unsuccessful due to only one suitable person currently in UK and they are unable to come due to personal covid-19 issues. • Assistant SLT providing additional support with social stories to the extended team.	See key challenges section.	• The service has been closed to new referrals (unless triaged to be very high risk) for a period of time. • A number of those previously triaged as high to medium are now being re-referred as very high risk. • The patients with a current open duty of care are only being seen if they go into crisis. • All of this leads to unacceptable delays to assessment and treatment and could lead to admission to hospital, particularly for dysphagia.	The Adult SLT services within the generalist SLT services in Moray have been clear that they do not have the capacity or the skills to manage specialist LD SLT services.

Current position	Key challenges	Next steps	By When	Risks	Comments
	• Cover being provided by Aberdeenshire HSCP senior SLTs. • Telephone support being provided to the MDT by the professional lead for SLT for MHLD.			• Health needs associated with eating, drinking and swallowing difficulties are not being identified and in some cases people are on more restricted diets than may be necessary. • Increasing levels of challenging behaviour when communication needs are not being met. • Increase in vulnerability for those with a mild LD and undiagnosed communication difficulties. • The MDT do not have an in house SLT to support and guide the care given to those with an LD. • The very high risk cases are being managed to the detriment of services to those in the Shire. We can only sustain this as long as there is no change to the number of SLTs in the Shire.	

Current position	Key challenges	Next steps	By When	Risks	Comments
First Contact Practitioners Posts					
2.5 wte	Recruiting appropriately experienced individuals to do this role	We have tried offering a Band 6 to 7 run through. Advert out again	asap	Not reaching full capacity for the FCP service	This is funded by the PCIP, unsure what will happen with this.
Physio - Band 7 and 6 Senior roles					
There have been historic vacancies. IP 0.5 Band 6 Community. 0.5 WTE Band 6 Paeds 0.4 WTE Band 7	Recruiting appropriately experienced individuals to do this role	Analysing the budget, service re-design	underway	Patients unseen, lack of staffing, staff burn out.	Keeping track of vacancies especially when part time hours requires additional record keeping and reconciliation with budget.
Hospital Discharge Team					
Discharge co-ordinator post 1WTE (0.2 WTE remaining)	New temporary post to assist with capacity over winter period. Funding until March 2021. Was out to advert twice but only one suitable applicant. They have been appointed for 3 days a week in addition to their existing hours.	Working with HR to enable this person to start work in December. The post has been agreed to run for 6 mths from Dec 2020 and funding streams to support this have been identified.			The fact that confirmation of funding is so late in the year, and the recruitment process is so long it is unlikely we shall ever receive the full benefit possible. HR and managers have had to do a lot of extra work to expedite this post to be partially filled.

Current position	Key challenges	Next steps	By When	Risks	Comments
GP					
Into Moray and across Grampian	Rolling advert in place for recruitment of GP	Continue the rolling advert	ongoing	If we are not able to recruit GPs and maintain sustainable practices there will be impacts to service delivery especially in rural areas.	There is a national shortage of GPs. If we were unable to recruit and provide a sustainable service it would be taken over into the management of the health board. Currently this has not happened in Moray.
GMED					
GP – unable to recruit salaried GPs into the Out Of Hours Service	Rolling advert in the bulletin for 12 months in 2019. No interest at all	With the Winter Surge Plan, there will be no recruitment for salaried GPs until position is clear/reviewed	3 - 6months	Reliance on bank staff to cover shifts	
ANPs	Current complement short by 1WTE due to leaver Difficult to recruit as lengthy training programme	Moving to recruitment process to fill the gap Filling the gaps created using bank staff	2-6months	Position difficult to sustain as some staff leave following a completion of Masters and extensive training – independent practice rates more attractive than OOH rates for B7	
Dispatchers B2 B3	Difficult to recruit as shift patterns fall on weekends days/ nights B3 – 0.5 WTE B2 – 0.92 WTE	Moving to recruitment process to fill gaps	1-2 months	Reliance on bank staff to cover shifts	

Current position	Key challenges	Next steps	By When	Risks	Comments
GMED Drivers	Difficult to recruit as shifts patterns fall on weekends days/ nights 10.56WTE vacant	Recruitment on hold due to winter surge plan, position to be reviewed	3 - 6months	Reliance on bank staff to cover shifts	
Care at Home staff					
Care assistants	The low rate of pay in comparison to other professions. Carers often work on their own and require to travel. The pool of people interested in providing caring support in Moray is limited, with external providers, NHS and HSCM recruiting from the same "pot".	A rolling programme for recruitment is in place and active. Targeted approach for specific areas (Keith & Speyside, Buckie, Forres) Recruit on Moray wide basis		If we do not recruit sufficient staff to meet the rotas there is a risk that people will not receive all the care that they are assessed as requiring. Business Continuity arrangements would be invoked at an early stage.	Recruitment has been satisfactory during Covid. The process of providing PVG has caused problems during Covid because of delays out with our control which has caused some issues which are being managed. Demand will always exceed supply
Complex needs – Woodview / Barlink					
Care assistants	People can work with less complex needs people and get paid the same rate of pay. Always looking for a lot of staff when we go out with a package (ie 9 staff for 1 package)	Recruitment is tailored round specific needs of the clients.	ongoing	If people working with this particular client group are not trained and experienced there is an increased danger of harm to themselves and the people they are working with.	Recruitment for these posts is usually drawn from experienced carers in other fields that require additional training. This potentially impacts on the staffing levels in other services in HsCM.

Current position	Key challenges	Next steps	By When	Risks	Comments
Senior Management Team					
Strategic Planning and Performance Officer (1WTE)	Post has been advertised twice. First time did not progress to interview Second time progressed though recruitment but not able to appoint.	Options are being considered	Asap	Due to the workloads of existing members of SMT and complexity of the landscape in this area, a lack of capacity to provide the strategic leadership and manage the competing priorities in respect to infrastructure may result in delays or missing opportunities within partner agencies plans of work.	
Children and Families services					
Social Workers – 4 WTE	Been through recruitment process – was not able to appoint to any of the posts.	Advertise again	Asap	Increased workload for those currently in post, challenges for prioritisation of needs. staff are already feeling fatigued due to the additional pressures of Covid so there is an increased risk of staff becoming unable to cope.	

Prepared by: Jeanette Netherwood   Designation: Corporate Manager   Date: 16/11/20