



Clinical and Care Governance Committee

Thursday, 24 February 2022

To be held remotely in various locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Clinical and Care Governance Committee, To be held remotely in various locations**, on **Thursday, 24 February 2022 at 13:00** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of Meeting of 28 October 2021** 5 - 8
4. **Action Log from meeting of 28 October 2021** 9 - 10
5. **CCG Group Escalation Quarter 3** 11 - 20
6. **Complaints Report Quarter 3** 21 - 34
7. **Operation Iris Derogations** 35 - 54
8. **Care Home Support and Oversight Arrangements** 55 - 58
9. **Moray Mental Health Service Ward 4 Ligature Status** 59 - 66
10. **Unmet Need in Health and Social Care Moray** 67 - 80
11. **Progress Update for Clinical and Care Governance** 81 - 88
- Developments**
12. **Strategic Risk Register** 89 - 116
13. **Items for Escalation to MIJB**

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Derick Murray (Chair)

Councillor Frank Brown (Vice-Chair)

Mr Ivan Augustus (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

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



MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 October 2021

To be Held Remotely in Various Locations,

PRESENT

Mr Ivan Augustus, Simon Bokor-Ingram, Councillor Frank Brown, Ms Jane Mackie, Jeanette Netherwood, Mr Neil Strachan

APOLOGIES

Mr Sean Coady, Ms Karen Donaldson, Jane Ewen, Dr Ann Hodges, Ms Pauline Merchant, Dr Malcolm Metcalfe, Mrs Val Thatcher, Samantha Thomas

IN ATTENDANCE

Also in attendance at the above meeting were the Chief Executive, Moray Council Derick Murray and Alex Pirrie, NHS Grampian, Eugenia Lucas and Danielle Todd, Home Care Team and Tracey Sutherland, Committee Services Officer as clerk to the meeting.

1. Chair of the Meeting

The meeting was chaired by Councillor Frank Brown, Moray Council.

2. Welcome and Apologies

The Vice Chair welcomed everyone to the meeting.

The Committee joined the Vice Chair in thanking Professor Fluck for his work on the IJB and CCG Committee.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 27 May 2021

The minute of the meeting of 27 May 2021 was submitted and approved.

5. Action Log from meeting of 27 May 2021

The Action Log of the meeting of 27 May 2021 was discussed and updated accordingly at the meeting. See separate document.

6. Social Care Provision in Moray

A report by the Chief Social Work Officer informed the Committee of the situation and to agree mitigating actions in relation to current concerns around social care provision.

The Vice Chair welcomed Eugenia Lucas and Danielle Todd to the meeting. Both work in the Home Care Team and gave the Committee a flavour of what it is like to work within the team and the impact Covid-19 has had on working practices and the pressures faced by staff on the front line.

The Committee joined the Vice Chair in thanking both for their contribution and also their insight into the current home care situation.

The Chief Social Work Officer acknowledged that the skills of Home Carers are not sufficiently recognised and the staff are the foundation of the social care system. She further added that consideration is being given to the principals of Self Directed Support and applying them to the re-design of the home care system.

Following consideration the Committee agreed to the mitigations as indicated in section 4 of the report with the exception of 4.1 where the Committee agreed to escalate the decision on adopting a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity with regards to Social Care Provision in Moray to the IJB.

The Committee also noted that any financial implications would be noted in the report to the IJB.

7. Clinical and Care Governance Group Escalation Report

A report by the Chief Officer informed the Clinical and Care Governance Committee of progress and exceptions reported to the Clinical and Care Governance Group during Quarter 2 of 2020/21 (1 July up to 30 September 2021).

Following consideration the Committee agreed to note the contents of the report.

8. Out Of Hours Mental Health Service Provision for 16 to 18 Year Olds

A report by the Service Manager, Child and Adolescent Mental Health Service (CAMHS) updated the Committee on progress towards addressing the current gap in out of hours mental health service provision for young people aged 16 - 18 years in Moray, the current risk mitigation plan and longer term plans.

9. Strategic Risk Register - September 2021

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

Following consideration the Committee agreed to:

- i) note the updated Strategic Risk Register included in Appendix 1;
- ii) note the Strategic Risk Register will be further aligned with the transformation and redesign plans as they evolve; and
- iii) receive this update on a regular basis.

10. Items for Escalation to MIJB

The Committee agreed to escalate the decision on adopting a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity with regards to Social Care Provision in Moray to the IJB.



MEETING OF MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE

**THURSDAY 28 OCTOBER 2021
ACTION LOG**

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FEBRUARY 2022
1.	Review of Clinical and Care Governance – Output from Workshop	Further progress update will be provided to Clinical and Care Governance Committee in August 2021.	Feb 2022	Jeanette Netherwood	On agenda
2.	Items for Escalation to MIJB	<p>It was agreed that the following items should be escalated to MIJB:</p> <ul style="list-style-type: none"> • Adult Support and Protection Improvement Plan – identified areas of practice to be improved • High Risk around Out of Hours Mental Health Assessment for 16/17 year olds – at time of escalation hope to have immediate risk mitigation in place • Pressures in Mental Health Officer service 	June 2021	Chair of CCG Committee	<p>Discussion at Committee</p> <p>Reported to MIJB Nov 2021 Update Report to CCG Committee May 2022</p> <p>Report to 25/11/21 meeting of IJB</p>
3.	Items for Escalation to MIJB from CCG on 28/10/21	The Committee agreed to escalate the decision on adopting a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity	November 2021	Chief Social Work Officer	Report submitted to MIJB in November 2021

		with regards to Social Care Provision in Moray to the IJB.			
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REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 3, 2021/22

BY: CHIEF NURSE AND CHIEF SOCIAL WORK OFFICER/HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. To inform the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 3 of 2021/22 (1 October up to 31 December).

2. RECOMMENDATION

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

3. BACKGROUND

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

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

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Audit, Guidelines, Reviews and Reports

- 4.1 Relevant Audits, Guidelines Reviews and Reports are tabled and discussed. These include local and national information that is relevant to HSCM, for example, recommendations from Health Improvement Scotland (HIS) reports from other areas which require to be discussed and assurance given that services in Moray are aware of these and have process in place to meet/mitigate these recommendations. Overview from quarter 3 2021/22 is listed below:
- CRM Minutes
 - Children and Families Service Update
 - Moray GP/ Primary Care Contracts Team update
 - Adverse Events
 - Optometry update
 - Adult support and Protection
 - Pharmacotherapy 3 Minute Brief
 - Complaints
 - HIS update – Acute Hospital Inspections -
 - The Mental Welfare Commission (MWC) December 2021 – 4 published reports
 - Health visiting and School Nursing Service
 - Healthcare Improvement Scotland (HIS), Covid-19 focused Inspections, Combined Care of Older People/Safety & Cleanliness Inspections - October 2021 – 2 published inspection report
 - The Mental Welfare Commission (MWC) October 2021 – 6 published reports
 - Death Certification Review Service - Annual Report 2020 -2021
 - Healthcare Improvement Scotland Scrutiny Activity 2021/22
 - Moray HSCP Mental Health and Integrated Drug and Alcohol service (Inpatient, Community & specialist Services) Suicide Assessment and management Protocol
 - HSCM Mental Health Service Admission, Transfer and Discharge Policy
 - Mental Welfare Commission for Scotland - Report on announced visit to Ward 4 Dr Gray's Hospital. Date of visit 26 May, 2021
 - Annual Report on Complaints 2020 -2021

Areas of achievement / Good Practice

- 4.2 SDS Standards staff from Moray advised they met colleagues in City and Shire in relation to incorporating SDS standards to Social Work supervision to ensure we are adhering to standards and applying across the board and they align with Feeley report and 3 conversations model.

- 4.3 The LD Team Clinical Psychologist & Occupational Therapist attended virtual poster presentations at two events; The NHS Scotland Event 2021 in June, also the International Association for the Scientific Study of Intellectual and Developmental Disabilities Conference (IASSIDD) in July 2021 in Amsterdam. Both presentations were positively received; feedback and networking opportunities are being followed up. The poster title is; - Building the Right Homes for Adults with Learning Disability & Autism and the poster sets out the process of developing environmental needs specifications for three specific LD groupings; people with significant challenging behaviour; people with little challenging behaviour; people who need support with gatekeeping and keeping themselves safe.
- 4.4 Pharmacotherapy: Positive situation aiming for GPs to be released from pharmacy work. Pharmacotherapy input increased with staff operating at high level in practices completing technical and prescribing work. Successful recruitment.
Positive Clinical Outcomes: Clinical outcomes- GP practices have greatly increased access to pharmacotherapy cover. Benefit to patient safety - timely access to appropriate medication for patient. Increase in polypharmacy complex medication reviews and pharmacists prescribing within clinics. Pharmacy technicians supporting care homes with medicines issues and homely and palliative medication supply.

Clinical Risk Management (CRM)

- 4.5 The Clinical Risk Management (CRM) group meet every 2 weeks to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 and Level 2 investigations, Complaints, Duty of Candour and Risks.
- 4.6 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. An action log is produced following each meeting and is administered and monitored. Individual services can be invited to attend to offer further scrutiny and assurance.
- 4.7 There is a separate report on HSCM Quarter 3 complaints is provided.

Adverse Events

Adverse Events by Category and Level of Review Reported on Datix (Quarter 3, 2021/22)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - significant adverse event analysis and review	Total
Abusive, violent, disruptive or self-harming behaviour	93	0	0	93
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	15	0	1	16
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	125	3	0	128
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	0	1
Consent, Confidentiality or Communication	5	0	0	5
Diagnosis, failed or delayed	1	0	0	1
Financial loss	1	0	0	1
Fire	9	0	0	9
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	12	0	0	12
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	5	0	0	5
Medical device/equipment	3	0	0	3
Medication	37	0	0	37
Occupational Disease	1	0	0	1
Other - please specify in description	33	0	0	33
Patient Information (Records, Documents, Test Results, Scans)	4	0	0	4
Security (no longer contains fire)	4	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	1	0	0	1
Total	350	3	1	354

4.8 Adverse Events by Harm Reported on Datix (Quarter 3, 2021/22)

All Adverse Events Q3 21/11 n = 383	2020/21 Quarter 2	2020/21 Quarter 3	2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2
Occurrence with no injury, harm or ill-health	170	222	193	239	271
Occurrence resulting in injury, harm or ill-health	73	72	80	61	87
Near Miss (occurrence prevented)	35	34	34	37	25
Property damage or loss	2	0	0	0	0
Death	0	0	0	0	1
Total	280	328	307	337	383

Occurrence resulting in injury, harm or ill-health Q3 21/22 n =87	Negligible	Minor	Moderate	Major	Extreme	TOTAL
Staff n = 21	2	19	0	0	0	0
Patient n = 59	8	48	2	0	1	59
Visitor/ Member of Public n = 2	0	2	0	0		2
Provision of Service n = 5	2	3	0	0	0	5
	12	72	2	0	1	87

Occurrence resulting in No injury, harm or ill-health Q3 21/22 n = 271	Negligible	TOTAL
Staff	16	16
Patient	224	224
Property/ Equipment	9	9
Provision of Service	16	16
Discharge	1	1
Visitor/ Member of Public	2	2
Breach of Information /IT Security	2	2
Further consideration of circumstances required	1	1
		271

4.9 Adverse Events by Severity Reported on Datix (Quarter 3, 2021/22)

N = 383		2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3
Negligible	No injury or illness, negligible/no disruption to service / no financial loss	262	234	281	308
Minor	Minor injury or illness, short term disruption to service, minor financial loss	58	66	48	72
Moderate	Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	7	6	8	2
Major	Major Injury, sustained loss of services, major financial loss	1	1	0	0
Extreme	Death or major permanent incapacity, permanent loss of service, service financial loss.	0	0	0	1
Total		328	307	337	383

All adverse events have the appropriate level of investigation implemented.
Outcomes and learning from extreme events will be subject of a confidential report to the committee following due process.

4.10 Findings and Lessons Learned from incidents, complaints and reviews

- Communication improvement were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received.
- In light of feedback received, staff will take into consideration patient demographic information, the nature of the patient's illness, physical and mental wellbeing, which might require the patient to be accompanied by a friend or a member of their family when attending for OOH appointments. As part of the patient telephone triage, staff will discuss and agree if the patient is to be accompanied, and if this is the case, the clinician will inform security colleagues.
- Learning was also identified with the aim of improving practice, professionalism and promoting positive patient care plan and experience.
- Certain drugs are not readily available in local chemists and consideration should be given to a different choice of medication prescription to avoid delay in treatment, especially at weekends.
- All Health Visiting staff have access to evidenced based research on GORD (Gastro Oesophageal Reflux Disease) and CMPA (Cow's Milk Protein Allergy), and further training for staff to refresh knowledge and skills will be actioned.
- Outcome of the level 1 investigation has concluded that there is a lack of an appropriate Standard Operating Procedure (SOP) in place by the organisation in relation to venepuncture procedure for patients who are house bound. A SOP has been developed and implemented for community nurses undertaking venepuncture in a patient's home in adult services.
- Following a Level 1 review it has been recommended that the use of Anti-pyretic medication should be considered when assessing a patient with reports of high temperature, and the impact current medications may have on heart rate.
- All staff are encouraged to utilise the available access to electronic systems to supplement available information.

4.11 A level 1 review consists of a full review team who have been commissioned to carry out a significant event analysis and review, reporting findings and learning via the division/ service governance structures.

4.12 There are currently **2** Level 1 review in progress (at the time of reporting).

4.13 There were **3** Level 1 reviews completed in the last quarter.

HSCM Risk Register

4.14 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There have been no new risks identified as "High" during this reporting period.

4.15 Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical and Care Governance Group. The risk register has been reviewed with leads given guidance and support to update. There are 4 "Very High" risks

currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

- 4.16 Four events were considered for Duty of Candour (DoC) during Quarter 3. Of these 3 have completed the investigation process and did not meet the DoC threshold. The remaining event is currently being investigated.

Items for escalation to the Clinical and Care Governance Committee

- 4.17 Adult Support and Protection (ASP) – multi-disciplinary joint inspection of adult protection activity in Grampian is expected in the last quarter of 2021/22. Preparatory work is ongoing.
- 4.18 Staffing challenges and constraints are evident across Health Visiting (HV), Allied health Profession (AHP) and Social Care (SC), i.e. workforce age profile, planned retirements and vacancies.
- 4.19 There is a risk that core services cannot be fully delivered, including the Lead Professional Role and the Universal Health Visiting Pathway within the Health Visiting service; High demand within the Speech and Language Therapy Team (SALT), Occupational Therapy (OT) and Physiotherapy (PT) teams with a backlog for assessment, diagnosis and treatment; and unmet need within social care.
- 4.20 This may lead to a reduction in the early identification of need and risk with an increase in unmet need, increased delay in the delivery of early intervention and prevention and early intervention programmes, and waiting times increasing. The result could be poorer long term outcomes for individuals.
- 4.21 There is risk of a negative Impact on practitioners including: capacity and capability to delivered quality assured, safe and effective services; reduced response to recruitment drives. This increases the risk of public and workforce confidence being compromised, an increase in complaints, staff absence and staff vacancies.
- 4.22 It is envisaged that close working with our community planning partners is required to support a wider recruitment drive to attract and encourage people to work in Moray.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

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

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

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

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

(e) Staffing Implications

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

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Consultations

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

- Chief Officer, HSCM
- Head of Services, HSCM
- Chief Nurse, HSCM
- Corporate Manager, HSCM and
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

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

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

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: COMPLAINTS REPORT FOR QUARTER 3, 2021/2022

BY: CHIEF NURSE MORAY

1. REASON FOR REPORT

- 1.1. To inform the Committee of complaints reported and closed during Quarter 3 (1 October – 31 December 2021).

2. RECOMMENDATION

2.1. It is recommended that the Committee:

- i) **considers and notes the totals, lessons learned, response times and action taken for complaints submitted and completed within the last quarter; and**
- ii) **agree whether any further information is required in future reports.**

3. BACKGROUND

- 3.1. Within Health and Social Care Moray (HSCM), complaints received by NHS Grampian and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.
- 3.2. At the meeting on 27 February 2020 (para 7 of the minute refers), it was agreed that a combined report from NHS and Council complaints systems be submitted to future meetings of the Committee. At the Committee meeting on 27 August 2020 (para 14 of the minute refers) it was requested that the procedures be explained to demonstrate the similarities and differences, if any. As combined reporting is in the early stages, processes will be developed to support equity in reporting and analysis.
- 3.3. NHS and Local Authority Complaint Handling Procedure/Policy requires all staff to deal with feedback and complaints in a person/client-centred way. The procedure has been developed working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of

the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

- 3.4. The complaints process followed by both NHS Grampian and Moray Council have the same target response timescales, with initial acknowledgement within 3 working days and a final response within 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.
- 3.5. The decision as to whether the complaint is upheld or not will be made the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome then they may contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.
- 3.6. The first Health and Social Care Moray (HSCM) Annual Complaints Report (2020/21) was published at the end of September 2021 and can be found on the HSCM website <https://hscmoray.co.uk/complaints.html>

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The CCG Committee will be presented with quarterly complaints performance information using the draft mandatory Key Performance Indicators, identified by SPSO, that are required as a minimum for inclusion in an Annual Complaints Report. These are:

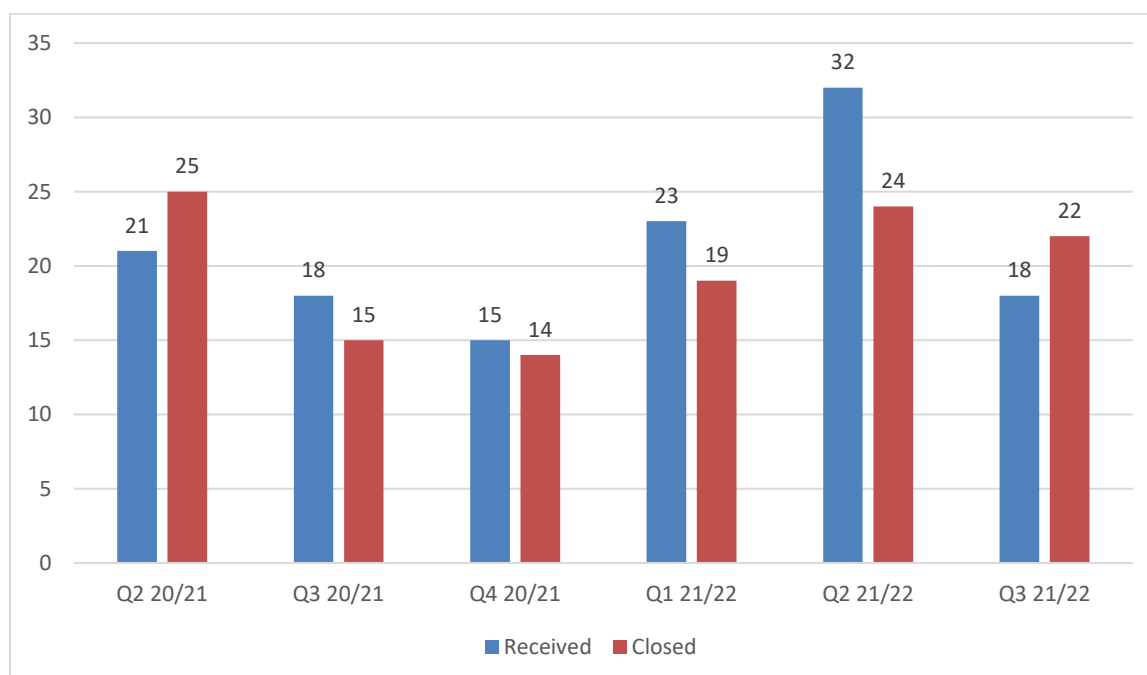
Indicator One	Learning from complaints <i>A statement outlining changes or improvements to services or procedures as a result of consideration of complaints</i>
Indicator Two	The total number of complaints received <i>The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.</i>
Indicator Three	The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days <i>The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full</i>
Indicator Four	The average time in working days for a full response to complaints at each stage <i>The average time in working days to respond at stage 1, stage 2 and after escalation</i>
Indicator Five	The outcome of complaints at each stage

	<i>The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation</i>
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- 4.2. Information about complaints referred to the Ombudsman are also included along with any complaints made against the Moray Integration Joint Board.
- 4.3. Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.
- 4.4. As reporting develops, analysis of trends and outcomes of complaints will be incorporated in more detail.
- 4.5. Overall, a total of 18 complaints were received during Quarter 3.

	Total Received in Quarter 3	Total Closed in Quarter 3
Local Authority	3	2
NHS	15	20
	18	22

- 4.6. The table below sets out HSCM complaints received and closed by Quarter:



- 4.7. HSCM Complaints performance data for Quarter 3 is attached at **Appendix 1**.

5. SUMMARY OF IMPLICATIONS

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

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

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(b) Policy and Legal

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

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

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

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

(e) Staffing Implications

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

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

Not required as there are no changes to policy.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Consultations

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

- Sean Coady, Head of Service, HSCM
- Jane Mackie, Head of Service / Chief Social Work Officer
- Jeanette Netherwood, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

- 6.1. This report provides a summary of HSCM complaints received and closed during Quarter 3 (1 October – 31 December 2021). The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.**

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

Ref:

Complaints Data (by closed complaints)

Quarter 3 (01/10/21 – 31/12/2021)

Indicator 1 - Learning from complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback, with a view to reducing the number of complaints in future. The tables 1, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1

Complaints Information Extracted from Datix – Action Taken/Outcome of complaints **closed** during Quarter 3, 2021/22

	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Total
Access - Improvements made to service access	1	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	6	5	0	11
Conduct issues addressed	1	0	0	1
Education/training of staff	3	1	0	4
No action required	1	0	9	10
Share lessons with staff/patient/public	1	1	0	2
Waiting - Review of waiting times	0	1	0	1
Total	13	8	9	30*

**Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

Complaints Information Extracted from Lagan:

Two complaints were **closed** during Quarter 3, 2021/22. One was a complaint against process/procedure and the other was a complaint against staff, in both cases the complaints were Not Upheld. Decision note recorded against the complaints is as follows:

- a copy of the major adaptation policy was provided and explanation given as to why Council made the decisions they have
- Daughter's wishes were different to that of service user. Meeting was held and a way forward agreed

Table 2

Complaints Information Extracted from Datix – Action Taken by Service (complaints **closed** during Quarter 3, 2021/22)

	Community Hospital Nursing	Community Nursing	General Ophthalmic Services	GMED	Mental Health - Adult Mental Health	Total
Access - Improvements made to service access	0	0	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	0	3	1	7	1	12
Conduct issues addressed	0	1	0	0	0	1
Education/training of staff	0	2	0	2	0	4
No action required	1	2	0	4	2	9
Share lessons with staff/patient/public	0	0	0	2	0	2
Waiting - Review of waiting times	0	0	0	1	0	1
Total	1	8	1	17	3	30*

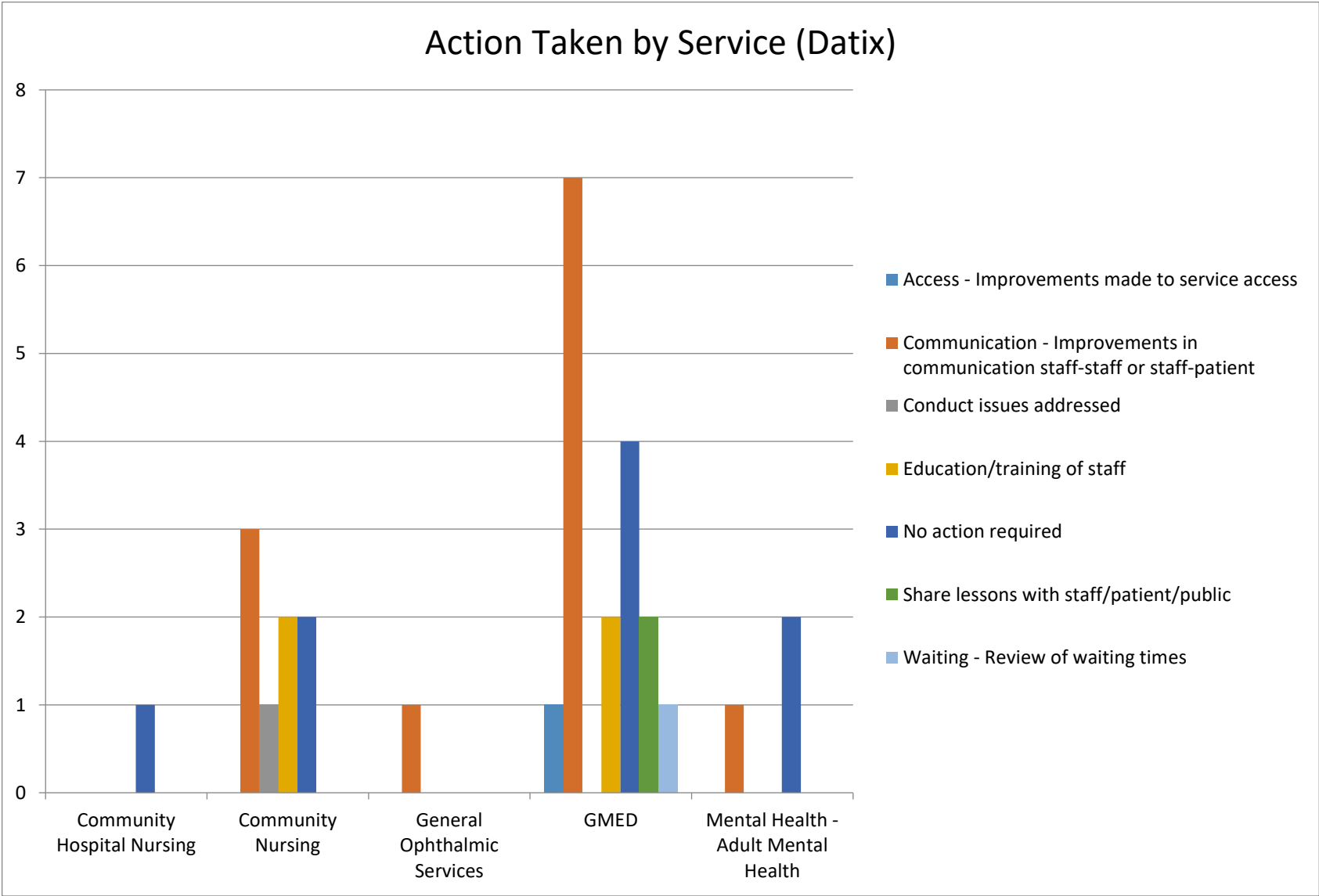
**Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

Actions and Lessons Learned

- Communication improvements were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received. All members of staff have been reminded of the importance of clear and concise communication.
- Training was identified in 1 case. This had led to staff being redirected to and undertaking relevant training and updates. Information was shared with the whole staff group with guidance being shared on how to access training programmes. This was especially pertinent to staff who are moving between health board areas.
- On one occasion staff conduct issues were raised and addressed. Identified staff were required to undertake additional training and carry out reflective practice. Additional supervision was implemented to support development.
- Improved communication with patient regarding reasons for implementing a particular referral pathway.
- Reception staff reminded they are the first point of contact and that effective communication in a polite and respectful manner is required.
- Training was identified in 2 cases. This has led to staff being directed to and undertaking relevant training and updates. Information was shared with the whole staff group with guidance being shared on how to access training programmes
- GMED Service Managers undertook a review of process of investigating complaints, in light of complaint response not meeting timescales.

Graph 1

Complaints Information Extracted from Datix of complaints **closed** during Quarter 3, 2021/22



Indicator 2 – The total number of complaints received

The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.

Table 3 – total number of complaints received in Quarter 3, 2021/22

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	3 closed at Early Resolution Stage	3 closed within 20 working days 4 closed over 20 working days (23-34 days) 5 currently under investigation	15
Moray Council - Lagan	2 Frontline	1 Investigation	3
Total	5	13	18

Table 4 – Allocation of complaints received in Quarter 3, 2021/22

NHS Service - Datix	
AHP	1
Community Nursing	1
GMED	8
Mental Health – Adult Mental Health	5
Total	15

Table 5 – Allocation of complaints received in Quarter 3, 2021/22

MC Service - Lagan	
Moray East	1
Care at Home	1
Head of Service	1
Total	3

Indicator 3 - The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days

The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full

There were **20 Complaints closed** on the NHS system Datix during Quarter 3, 2021/22 – breakdown as follows:

Early Resolution – 1 (met response timescale)

Investigation – 18 (4 met response timescale)

Ombudsman – 1

There were **2 Complaints closed** on the MC system Lagan during Quarter 3, 2021/22 – breakdown as follows:

Frontline – 2

Table 5 – number and percentage of complaints at each stage closed within timescales (based on complaints closed during Quarter 3, 2021/22)

	Early Resolution with timescale	Investigation within timescale
NHS - Datix	1 out of 1 (100%)	4 out of 19 (21%)
Moray Council - Lagan	0 out of 2 (0 %)	0

Whilst HSCM aim to respond to complaints within 20 working days this is not always achievable. Reasons for delay in response include: cross service complaints where coordinating responses from all parties and relevant staff being on annual leave have led to a delay. It is noted that in 3 cases the final response was uploaded to the Feedback team within the 20 day timeframe (6 - 9 days prior to deadline). The delay in closing the complaint was incurred whilst waiting for the response to be sent to the complainant.

Indicator 4 - The average time in working days for a full response to complaints at each stage

Table 6 – average time in working days to respond (based on complaints closed during Quarter 3, 2021/22)

	Frontline	Investigative
NHS - Datix	3 Working Days	80 Working Days *
Moray Council - Lagan	21 Working Days	No closed complaints at this stage during Quarter 3

*One complaint was referred to the Ombudsman and 4 other complaints were very complex which has negatively impacted the average time in working days to respond.

If these 5 complaints are considered separately the average time in working days to respond to the remaining 14 closed complaints is – **32.5 working days**

More information around two of these complaints received by GMED is detailed below:

In one case delays in closing the complaint were linked to staff annual and sick leave. The Clinical Risk Management (CRM) group was made aware of this regularly. Following this, a review of process of investigating complaints about care delivered by Advanced Nurse Practitioners has taken place. (Lesson identified for Service Leads as noted above).

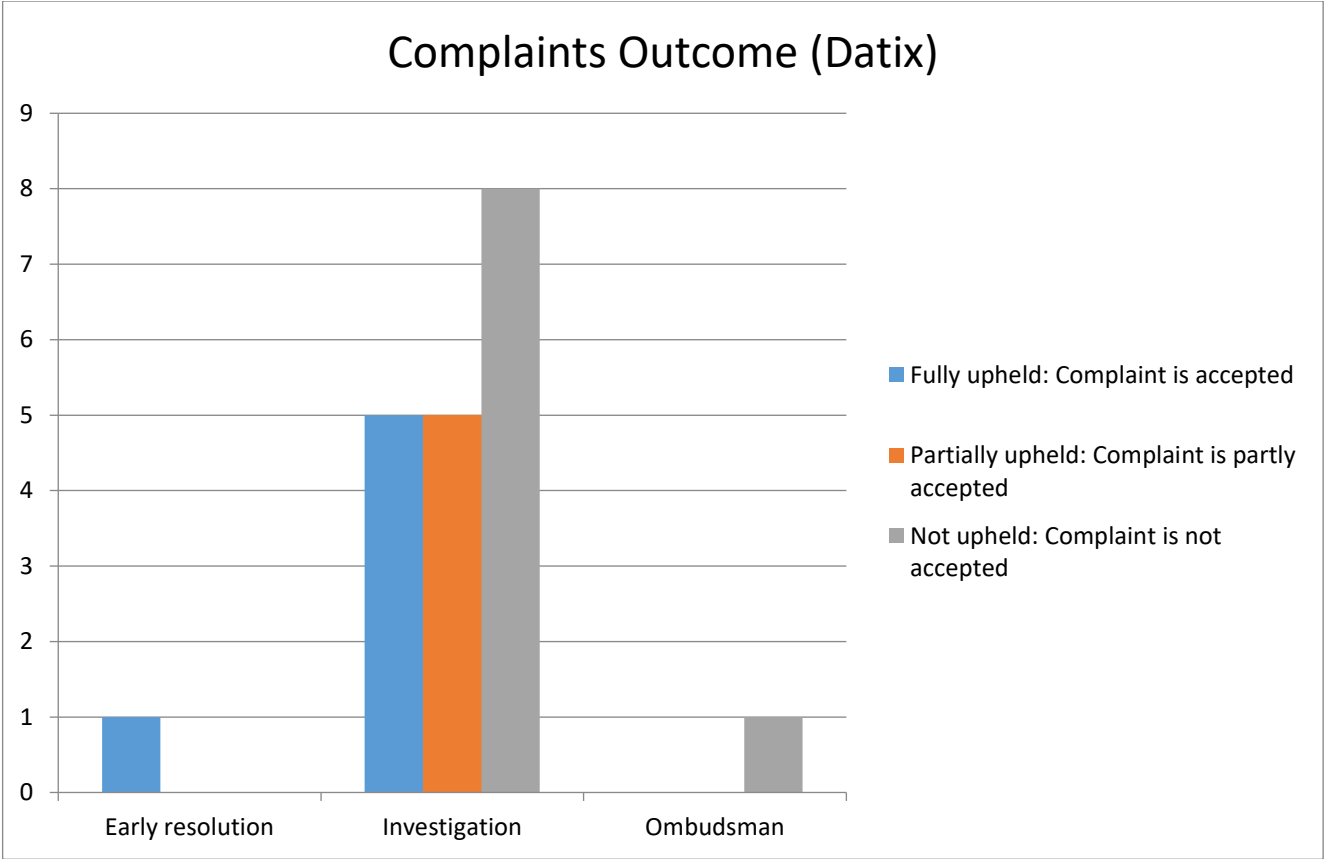
In another case there was a very difficult complaint that should have been resolved via a meeting with the patient (lesson identified for Service Leads). Initially the delay was caused by the fact the GMED Management Team was down to one team member - recruitment and training process was completed around mid- May and this is when the response was uploaded (19/05 - that's a 30 day delay from the original deadline of 15/04). Following submission of a draft response, the letter had been changed multiple times by 4 different Nursing Leads, Feedback and the Service before finally being approved by the service on 22/07 and signed off by the Nursing Lead on 5/08. The CRM group was updated on progress at the fortnightly meetings.

GMED team fully recognise the importance of resolving complaints within indicated timescales. Following discussion at CMR the team will also focus on improving early resolution rates.

Indicator 5 - The outcome of complaints at each stage

The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation

Graph 2 below shows the amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix from the 20 closed complaints during Quarter 3, 2021/22. 30% of complaints closed during Quarter 3 were upheld, 25% were partially upheld and 45% were not upheld.



Complaints Information Extracted from Lagan:

Two complaints closed during Quarter 3, 2021/22 were Not Upheld.

**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE
GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022**

SUBJECT: OPERATION IRIS DEROGATIONS

BY: CHIEF NURSE, MORAY

1. REASON FOR REPORT

- 1.1 To inform the Committee of the Derogations and Actions across Moray in relation to Operation Iris.

2. RECOMMENDATION

- 2.1 It is recommended that the Committee considers and notes the content of this report.

3. BACKGROUND

- 3.1 NHS Grampian has a plan for the delivery of health and social care over the winter period of 2021/22 described as Operation Iris, agreed at the December 2021 Board meeting.
- 3.2 Bed modelling data for the Omicron variant of COVID-19 indicates that the NHS Grampian system, under the Operation Iris plan, may be overwhelmed in late January / early February 2022. This does not take account of the potential impact of preventative measures. However, workforce Omicron incidence modelling suggests that staff COVID related absence will increase significantly in mid-January.
- 3.3 The OMICRON PLAN in conjunction with Operation Iris describes the NHS Grampian escalation approach if demand is greater than capacity. Operation Iris describes a system under considerable pressure and it is anticipated that the system will continue to face this pressure, for several months, after the rise in COVID-19 cases caused by the Delta and Omicron variants has passed.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Strategic objectives of Operation Iris are:
1. Keep staff safe & help them maximise wellbeing
 2. Responding to demand on the health and care system
 3. Protecting critical services and reducing harm
 4. Reshaping our relationship with communities

5. Creating a sustainable future

- 4.2 The anticipated demand being placed on the health and social care system far exceeds anything that we have experienced in the pandemic to date. The OMICRON PLAN will require staff to work in more extreme circumstances, increased support from partners through the Local Resilience Partnership (LRP) and additional support from friends, family and volunteers.
- 4.3 A consequence of this will, we expect, be levels of care which are lower than we would normally expect to deliver. Many staff have raised concerns about the level of care which they will be able to provide during the extreme position described in this plan (high staff absence, high patient demand).
- 4.4 In order to respond to the demands made on the system, protect critical services and keep staff safe a number of mitigations and derogations were agreed at NHS Grampian board level.

Transition to Winter Respiratory Pathways

- 4.5 Key changes as we move from the COVID-19 to Winter (2021/22), Respiratory in Health and Care Settings Infection Prevention and Control (IPC) Addendum are:
- Removal of the 3 distinct COVID-19 care pathways (high/red, medium/amber and low/green) to respiratory and non-respiratory pathways
 - A return to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM)
 - An algorithm to support placement of service users within health and care settings
 - Respiratory screening questions to include COVID-19 AND other respiratory pathogens
 - Ongoing Rapid testing for COVID-19 AND to now include other respiratory pathogens in some settings
 - Physical distancing of **2m must remain** for
 - all inpatient areas (respiratory AND non-respiratory pathway),
 - the respiratory pathway across all health and social care settings
 - outpatient departments (OPDs) which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units, recovery areas, day surgery
 - for staff across all health and care settings when Type IIR Fluid Resistant Surgical Masks (FRSMs) are removed
 - Extended use of Type IIR Fluid Resistant Surgical Masks (FRSMs) by all patients and visitors to health and social care facilities
 - Isolation rules for health and social care staff who are contacts of Covid-19 positive cases are different to those in the general public allowing for staff to return to their workplace to ensure critical service function and delivery – derogation against isolation rules.
 - Bedspaces previously closed for Nosocomial reasons can be utilised following risk assessment of the clinical area – derogation against bedspacing.

- Agreement was sought and reached that Moray health and social care staff be supported to have extended use of eye protection whilst carrying out clinical direct care in order to afford additional staff protection in relation to Personal Protective Equipment (PPE) recommendations – derogation against PPE.

Summary of Derogations

- 4.6 Turner and Stephen Community Hospitals remain at their reduced bed base for prevention of nosocomial spread or pathogens. Seafield Hospital bed base increased to 24 from 20 on the back of Ward 7 Dr Gray's Hospital (DGH) closure for refurbishment.
- 4.7 Both Turner and Stephen Community Hospitals have on two occasions been required to open bedspaces currently closed for Nosocomial reasons in order to facilitate patient placement and to alleviate the pressures on Dr Gray's Hospital bed base.
- 4.8 Both Turner and Stephen Community Hospitals have had recent Covid-19 outbreaks amongst staff and patients. This was not causitavely linked to additional beds being open and the Incident Management Team (IMT) for both outbreaks detailed multiple interfacing reasons for transmission.
- 4.9 Ward 7 DGH remains closed for refurbishment with an expected handover date at the end of March 2022.
- 4.10 Wards 5 and 6 DGH will continue to operate at 30 beds whilst Ward 7 is closed. This accounts for 6 bed spaces per ward utilised under derogation from the nosocomial closure.
- 4.11 There have been no Covid-19 outbreaks on either ward area whilst increased to 30 beds. We have had identified Covid-19 postiive patients and contacts of those but this has not translated into an outbreak by definition. During this time partial closure of the ward has been in place accounting for loss of 1-3 beds from the system.
- 4.12 In order to facilitate Orthopaedic joint replacement surgery – 2 bed spaces on Ward 6 have been made available.
- 4.13 Day Case Unit has temporarily re-located to vacant space on Ward 3 to allow for 15 inpatient bed spaces to be created, giving surge capacity for current activity levels, all 15 beds are currently open and occupied.
- 4.14 Nurse staffing ratios DGH – current ratio achieved 1:8 or 1:10 day shift and 1:10 or 1:15 night shift, we are unable to consistently achieve 1:6 day shift and 1:8 nightshift despite use of agency and bank staff. Nurse staffing ratios Community Hospital – ratio of 1:8 dayshift and 1:8 or 1:10 night shift achieved. In order to support nursing care all areas are supported with a priorities of care document (**Appendix 1**)
- 4.15 Community Nursing teams have also faced staffing challenges and also work to a priorities of care document jointly agreed by the Chief/Lead Nurses for Moray, Aberdeen City and Aberdeenshire. (**Appendix 2**)

- 4.16 All staff across Moray in line with NHS Grampian advice are encouraged to take a Lateral Flow Test daily and follow the staff isolation advice.

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”

Derogations and actions to mitigate have ensured we can continue to deliver services across Moray.

(b) Policy and Legal

There are no policy or legal changes

(c) Financial implications

Financial implications arising as a direct result of this report – increased use of Agency and Bank Staff.

(d) Risk Implications and Mitigation

The work that is being undertaken reduces the likelihood of negative impacts to the system. All service areas following patient placement guidance and utilising respiratory questions

(e) Staffing Implications

There are no staff implications arising as a direct result of this report.

(f) Property

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

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this report.

(i) Consultations

Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer, Sam Thomas, Chief Nurse and Sean Coady Head of Service and their comments have been incorporated in the content of this report.

6. CONCLUSION

6.1 This report provides an overview of the derogations in place across Moray during Operation Iris and continued system pressures.

6.2 These derogations are active in line with the following strategic objectives of Operation Iris :

- 1. Keep staff safe & help them maximise wellbeing**
- 2. Responding to demand on the health and care system**
- 3. Protecting critical services and reducing harm**

Author of Report: Sam Thomas, Chief Nurse Moray
Background Papers:
Ref:

Adult in-patients Wards: January 2021

This guide applies during the exceptional circumstances during the COVID-19 pandemic and should NOT be used in any other context. This guidance will be reviewed in line with NHS Grampian's Operation Snowdrop timescales.

NHSG would like to acknowledge your enormous effort and professionalism throughout this second wave of the Covid-19 pandemic. It is widely recognised that this is an unprecedented and highly challenging time and you will be very aware of the Covid-19 situation and the further restrictions put in place to reduce the spread of the virus. The challenges we are facing in this second wave are very different to the first wave in that we are aiming to maintain urgent and critical activity so that we minimise any increase in the health debt. We appreciate that you are concerned and are faced with issues that require you to make significant adjustments to your current routine and practice in order to care for your patients.

This priorities of care guidance has been developed as we recognise these issues which are often exacerbated by staff shortages. Your senior nurses are working hard to mitigate the risk of staff shortages which means that you may end up working in unfamiliar circumstances or surroundings or in clinical areas outside of your usual practice for patients' benefit. As nurses, we know that as clinical activity has increased during this pandemic, the normal nurse to patient ratio has been affected and for other professions e.g. AHPs, this may be seen in the reduced level of interventional intensity; a modified prioritisation level, or some patients not receiving AHP intervention at all. This may become an increasing challenge and may require temporary changes to practice. This may be stressful, and it is recognised that you will have concerns about both the professional practicalities and implications of working in such circumstances.

There is no doubt that as NMAHP professionals, we always endeavour to provide the best possible care at all times, even in these difficult times, we continue to strive for this. However, the increasing daily demands, the reducing workforce, and the stretching of staff to patient ratios will make this difficult to achieve at all times.

This guidance provides prioritisation of essential care needs and has been developed to support you in your decision making. It should be noted that all reductions in care delivery will be temporary based on the individual issues at the time and your professional judgement.

Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021

APPENDIX 1

	Expected Standard	Actions	Escalations
Staff wellbeing	<p>Enquire about staff well-being at the start and end of shifts All unpaid breaks are achieved Time out when required Ensure staff are allocated a break time</p> <p>Ensure adequate fluid intake</p> <p>Ensure working area promotes physical distancing.</p>	<p>Ensure unpaid breaks are given Consider Psychology hub, VBRP, ensure Staff Health and Wellbeing Flashcards are available</p> <p>Physically distanced Hydration Stations identified in ward areas Appropriate signage in all areas Appropriate PPE available.</p>	<p>Consider discussion with Resilience to bring to team</p> <p>Senior Charge Nurse/Nurse Manager to escalate concerns re staff wellbeing</p>
<p>Communication - Staff Nursing and MDT</p> <p>Relevant wider communications</p>	<p>Shift Safety Briefs</p> <p>NIC attends ward round or pre and post ward round Huddle to ensure timely communication to team and relatives/carers.</p> <p>Circulation and sharing of daily Covid Brief</p> <p>Share relevant communication from control rooms</p>	<p>Undertake Safety Brief at every shift change Use of a pre and post ward round huddle</p> <p>Updates/Huddle to be provided to NIC at the end of ward round unless urgent changes required</p> <p>Robust record keeping regarding treatment plans and changes.</p>	<p>Escalation of concerns to Nurse Manager at safety huddle</p> <p>Nurse Manager to escalate any issues in relation to compliance with agreed ratios.</p> <p>Senior Charge Nurse/Nurse Manager to escalate concerns re delivery of care and staff wellbeing.</p> <p>Escalation to Acute Bronze control room</p>
Communication - Family and Relatives	<p>Identify lead contact – relative/1st contact/NoK/PoA are contacted Ensure agreement re frequency of information sharing.</p>	<p>Allocated staff to provide update to relatives</p> <p>Provide access to virtual resources to ensure visiting can occur. Follow essential visitor Scottish guidelines.</p>	<p>Escalate to Nurse Manager if further resources required to facilitate virtual visiting.</p>

Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021

APPENDIX 1

	Expected Standard	Actions	Escalations
	Recognition of essential visitor support for well-being and therapeutic engagement		
Ward/Unit safety checks	All checks completed <ul style="list-style-type: none"> • Shift safety brief • Resus equipment • Fire checks • Appropriate PPE available • HEI compliance 	Nurse in Charge (NIC) allocates equipment safety checks to designated member of team who completes and confirms. Individual RN's to check O2 administration for their allocated patient group (including masks) Consider if NIC has the capacity to complete checks or to support prior to escalation	Escalate to Nurse Manager to support if able and escalation to CN is required Deployment of clinical staff from other areas Utilisation of non-ward based staff – CNS/ANP/NP Escalation to Acute Bronze control room
Patient vital signs	Prioritisation of vital signs monitoring in line with NEWS 2 scoring	Priority to be given to new patients and patients requiring hourly observations or more Follow local escalation plan Allocation of patients to be reviewed to ensure priority is given to higher NEWS Minimum of 12 hourly obs Consider who is available to undertake observations and escalate appropriately.	If vital signs cannot be completed immediate escalation to Nurse Manager Deployment of clinical staff from other areas Utilisation of non-ward based staff Nurse Manager to support if able and escalation to CN if required Escalation to Acute Bronze control room

**Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021**

APPENDIX 1

	Expected Standard	Actions	Escalations
Timely medication administration	Medication administration (including IV fluids) to be prioritised to meet timeframes and patient prescriptions	<p>Medication administration to be allocated with group of patients</p> <p>Workload to be prioritised around medication administration times</p> <p>Identification of time critical medications during handover and allocation to RN for administration</p> <p>Review and optimisation of individual patient prescriptions including consideration of administration routes</p>	<p>Escalation to Nurse Manager if delays with medication administration cannot be resolved at a local level including time critical medications</p> <p>Nurse Manager to support if able and escalation to CN if required</p> <p>Redeployment of clinical staff from other areas including non-ward based teams</p> <p>IF following escalation medications are still outstanding escalation to ARI control room</p>
<p>Patient care priorities as follows</p> <p>PAAR completed on admission alongside ASSSKINGME</p> <p>Record all care in continuous care record.</p> <p>Risk assessment for Falls, PU, Nutrition and cognition</p>	<p>Nurse in Charge to complete patient allocations</p> <p>ASSSKINGME recorded every 24hrs</p> <p>Care delivered as per clinical condition</p> <p>Care needs to be planned throughout the shift i.e. not all at the same time. Hygiene needs can be moved to the afternoon or night shift</p> <p>Regular review and feedback to the team to be planned and carried out via safety huddles</p>	<p>Patients requiring all assistance with hygiene needs to be prioritised</p> <p>Encourage/enable patients to self-care where possible</p> <p>Deliver priorities of care as per ASSSKINGME best practice statement.</p> <p>MDT validation of clinical acuity and essential care needs.</p> <p>Handover to identify what tasks are outstanding and to be handed over to the next shift</p> <p>Escalation of care delivery gaps</p>	<p>Escalation of concerns to Nurse Manager</p> <p>Nurse Manager to support and escalation to CN if required</p> <p>Review staff concern's re care delivery</p> <p>Redeployment of staff to achieve priorities of care including non-ward based teams</p> <p>Escalation to Acute Bronze control room</p>

Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021

APPENDIX 1

	Expected Standard	Actions	Escalations
Review and feedback on progress.	Ensure patient documentation reflects decision making of priorities and task for handover		
Nutrition	Drinks and snacks (meals) should be encouraged and offered frequently, and recorded at the time or minimum 2 hourly Fluids available at bedside	Patients requiring assistance with eating and drinking prioritised at meal times Encourage patients to eat and drink and self-care where possible Deliver priorities of care as per best practice statement Consider use of essential visitor to help and support with eating and drinking, for example prompting and encouragement, equipment.	Escalation of concerns to Nurse Manager Nurse Manager to support and escalation to CN if required Review staff concern's re care delivery Redeployment of staff to achieve priorities of care including non-ward based teams Escalation to Acute Bronze control room
Governance	Any adverse events discussed at shift handover and if appropriate add to safety brief. Undertake Datix completion as required, all staff statements to be taken at time of event and uploaded to Datix Care assurance section 1 x 5 month Hand Hygiene audit	Escalate to shift NIC Monitor progress and learning from Datix Timely completion of Datix reporting and investigation and level 2 investigations Any immediate actions identified from Datix that suggest a level 2 is required are undertaken promptly. Datix to be reviewed within 10 days. Datix once sent for final approval reviewed within 35 days	Escalate to Nurse Manager and CN if required

Priorities of Care Guidance adapted for COVID Pandemic
Adult in-patients Wards: January 2021

APPENDIX 1

	Expected Standard	Actions	Escalations
		Level 2 to be undertaken within 90 days for a period of 3 months (April 2021)	

Taken From National Clinical Guidance for Adult Nursing and AHP Community Health Staff during COVID-19 Update

Prioritisation of Care in the Community – District Nursing Services

Workforce

It is important to ensure that key aspects of service delivery continue to operate appropriately; however, it is reasonable to expect that staff will be required to work flexibly and modifications made to working practices that may include redeployment into different roles. In doing so, it is essential that local risk assessments are utilised underpinning local decision-making and that service adaptations necessary are for the shortest period of time possible.

Strategic Framework Levels Key	
	Level 4 Very high or rapidly increasing incidence, and widespread community transmission which may pose a threat to the NHS to cope
	Levels 2 and 3 Increased incidence of the virus, with multiple clusters and increased community transmission
	Levels 0 and 1 Low incidence of the virus with isolated clusters, and low community transmission

Prioritisation Key	
	Stop
	Adapt based on professional judgement
	Continue normal service provision
	Start COVID-19 specific measures

#	Service	Location	Plan during pandemic	Details
Stop – it is important to ensure systems are in place to ensure early identification, monitoring and escalation of any deterioration of a patient's conditions				
1.	Stop all non-essential face-to-face visits.		The decision-making skills of the district nurse in assessing what is essential and requires a face-to-face consultation. Where possible supporting self-management and the use of telehealth.	<p>Decisions re: essential care should be undertaken by the district nurse as part of caseload management. Consider appropriate delegation.</p> <p><i>Aberdeen City agreement to stop: routine continence reviews, ear irrigation, routine annual chronic disease reviews, routine Doppler reviews, ECGs</i></p> <p><i>Priority given to end of life care, essential medication administration & interventions that will prevent deterioration that could lead to hospital admissions, subject to adaptation where appropriate (see below)</i></p>
Adapt based on professional judgement – it is important to ensure systems are in place to ensure early identification, monitoring and escalation of any deterioration in a patient's condition.				
1.	Routine visits		<p>Clinically prioritise urgent care needs and ensure dynamic caseload management to free nursing capacity for more complex care needs.</p> <p>Defer visits where clinically appropriate to do so where a patient is self-isolating because they have suspected COVID-19 or they are living with someone who has confirmed or suspected COVID-19. Encourage self-management where appropriate and the use of telemedicine (Near Me or alternative) where appropriate to do so.</p>	<p>Consider appropriate distribution of work and which professional is best placed to undertake this work. For example AHPs, a HCSW, a carer (paid / unpaid). Ensure systems in place to monitor care that has been deployed across the MDT, or deferred.</p> <p>Actively coach patients / carers to self-care and self-administer where appropriate to do so. Consider how the wider MDT can provide professional-to-professional</p>

				<p>support (<i>eg injected medications, wound care, bowel care, catheter care</i>)</p> <p>Provide support to care home teams and their residents regarding infection prevention and control (IPC), education and training and clinical care.</p> <p>Approaches should include the use of technology where appropriate to including access to NHS Near Me technology.</p> <p>Co-ordinate care to reduce duplication and footfall.</p>
2.	Ongoing holistic assessment of needs of patients on case load and other referrals to service to ensure high levels of person centred care		Holistic assessments should include assessment of full needs of the patient, e.g. food fluid and nutrition, continence and bowel care, frailty score, supports at home, skin integrity, long term condition management and Dalhousie vulnerability score.	<p>Consider Dietetic, Occupational Therapy or Social Work input if required using Near Me or other technology. Care should be prioritised as appropriate according to professional judgement. Early referral to DN to help timely assessment to reduce risk of deterioration.</p> <p>Ensure all patients have up to date anticipatory care plans and clear plans re choices around end of life care where appropriate.</p>
3.	Non-complex wound care		Support patient self-management of non-complex wounds. These plans should be person centred and individual. Education and training of carers in the management of non-complex wounds.	Ensure systems are in place for ongoing assessment and evaluation by the community nursing team. This could include the use of medical photography and remote technology.
4.	Lymphoedema Management		Continue to support where bandaging is required; promote self-management where appropriate.	

			Reduce number of bandaging changes on an individual risk assessment basis.	
5.	Routine Intramuscular (IM) and Subcutaneous injections – including insulin and non - molecular weight heparin injections		Prioritise what must continue and consider alternative options for administration including oral that could be adapted. Vitamin B12 - if cannot be switched to oral, then consider ceasing administration of Vitamin B12 until post pandemic. If patients report neurological symptoms to GP / team, then consider administration.	Where appropriate to do so consider self-administration and support required to progress this, should the patient wish this to be the case.
6.	Medication Prompts		Utilise appropriate staff to administer medications where necessary, using the HCSW (Healthcare Support Worker) Framework for Administration of Medications and Medicines Administration Resources Carers and HCSWs (8 th December 2021).	Where appropriate to do so use technology or delegate to family / friends or carers
7.	Support Care at Home Services		Where packages of care are unable to be filled, deploy appropriate staff, including HCSWs, to provide fundamental care and support to keep people safe and well at home, preventing admission and promoting early supported discharge from hospital.	
Continue normal service provision – It is important that systems are in place to ensure early identification, monitoring and escalation of deterioration in a patient's condition				
1.	All essential visits – based on holistic person centred planning as above		Continue but clinically prioritise urgent needs and ensure dynamic caseload management. Reduce regular review work through appropriate risk assessment. All patients with long-term conditions who feel they would benefit from an Anticipatory Care Plan (ACP) should have this discussed and	Identify caseload workload to ensure that appropriate deployment of staff with the right skills and knowledge to enable care to be provided safely.

			<p>agreed with them and their families where appropriate.</p> <p>In addition discussion and recording on the Electronic Key Information Summary (eKIS) of the ACP along with personal care choices on the level and place of care should their condition deteriorate. Where appropriate DNACPR (Do not attempt cardiopulmonary resuscitation) should be completed and reviewed.</p>	<p><i>Essential visits include phlebotomy for patients on DMARDs, DOACs & Warfarin, as well as with acute clinical presentation; Doppler & continence assessment where there is clinical evidence that not doing so would compromise skin integrity</i></p>
2.	Monitor rising risk of deferred work		Monitor rising risk of deferred work if disruption continues.	<p>Telehealth and telecare should be used to monitor all deferred appointments.</p> <p>Patients should have a single point of contact if they have had a deterioration in their conditions so an assessment can be undertaken prior to a face-to-face visit. Care should where appropriate should be co-ordinated with other community specialists</p>
3.	Palliative and end of life care		<p>Continue to support those in last days of life or high complexity palliative care at home or in a residential setting – syringe drivers and symptom management and any other identified clinical need. Respond to increased needs for palliative care for people with complex co-morbidity. Ensure sufficient numbers of registrants are competent to confirm death in the community. Plan for increased need for end of life care within the community.</p>	<p>Co-ordinate care with other community specialist palliative care nurses and other speciality nurses whom the patient may know where possible to reduce contact and maximise continuity. Ensure end of life 'just in case' medication and syringe driver availability to meet demand.</p> <p>Ensure access to sufficient equipment including 'medication pumps',</p>

			Support for end of life care must be considered on 24/7 basis.	subcutaneous fluids and oxygen if required. Increases in demand should be factored into NHS Board and Health & Social Care Partnership (H&SCP) resilience plans.
4.	Early supported discharge from hospital		Prioritise early supported discharge from acute hospitals who will have ongoing nursing care needs.	Work with AHP teams and HCSW/social care workers to support early discharge from hospital. Work with third and independent sectors.
5.	Planned care		Ensure use of ACP to help with holistic assessment and planning of care needs. Planned care should be informed by professional judgment following a holistic assessment of need.	
5.	Urgent Care and 24/7 cover		Prioritise Rapid Response teams response to rapidly deteriorating patients to support more urgent care, maximising the skills and knowledge of the district nursing teams in the community where appropriate to do so. Plan for increased demand including deployment of staff with the right skills and competencies to meet the changing needs of patients in the community including care homes. Support for urgent care should be considered 24/7 to meet demand and ensure people and communities receive the right level of compassionate care to meet the needs of the individual and their families / carers.	Work with primary, Scottish Ambulance Services, palliative and secondary care teams to support more urgent care in the community where possible, maximising the skills of the community nursing team in clinical assessment and prescribing where appropriate to do so. Increased demand should be factored into NHS Board and H&SCP resilience plans
6.	Complex Wound Management		Complex wound care should continue.	Care when necessary to do so should be co-ordinated with other specialists.

			Wound care where there are immediate concerns regarding the patient's condition e.g. infected wounds, heavily exuding wounds and compression bandaging that has been in situ for more than 7 days.	
7.	Diabetic Foot Care		Needs continued.	Maximising shared care between podiatry and other specialist professionals.
8.	Urgent Catheter Care / Bowel Care		Needs continued - should be reviewed on a patient-by-patient basis, with some blended self-management where appropriate.	Maximise shared care between other specialist professionals.
9.	Roll out of COVID -19 vaccination		Support the delivery of the COVID-19 vaccination roll out in particular to people who are house bound. Utilise skill mix as appropriate, including HCSWs, the new COVID-19 HCSW Job Description, the National Protocols and Education Frameworks for HCSW administration of the COVID-19 vaccination.	



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: CARE HOME SUPPORT AND OVERSIGHT ARRANGEMENTS

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To provide the Committee with an update on care home support and oversight arrangements.

2. RECOMMENDATION

- 2.1. **It is recommended that the Committee note the content of this report.**

3. BACKGROUND

- 3.1 On 17 May 2020 the Scottish Government sent a letter to all Integration Joint Boards to require that each establish oversight arrangements for their local care homes. The initial wave of COVID-19 had resulted in, in some areas, widespread infection in care homes. The resulting illness amongst the very frail caused concern. Moray was fortunate that the initial incidence of COVID-19 was relatively low and care homes in Moray experienced comparatively little infection.

- 3.2 The letter of 17 May 2020 mandated:

Professional Roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with

the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close relationships will be maintained between this group and the Care Inspectorate relationship manager.

- 3.3 In Moray the care home oversight group has met consistently since May 2020. The group's purpose was to establish and share knowledge and information in respect of care home functioning.
- 3.4 Oversight arrangements in Moray evolved to include support to care at home providers in 2021. The tripartite support of Nursing, Social Work and Public Health was expanded to include on a regular basis, the Care Inspectorate and later Allied Health Professional (AHP) Lead.
- 3.5 Assurance visits have been made by both Social Work and Nurse assurance staff who visit care homes on a regular basis to troubleshoot any difficulties, pick up on any infection control issues and to provide support to managers.
- 3.6 All care home residents were reviewed by social work during 2021, utilising a mixture of face to face visits and digital connection.
- 3.7 Information from both assurance visits and reviews shows that care home residents in Moray were, and continue to be, well supported by care home staff, but that isolation from relatives was of concern to both residents and their families.
- 3.8 Assurance continues to be provided in relation to the infection prevention and control measures within all care homes, and this is supported in the following ways:
 - Ensuring there is an adequate supply of PPE for staff to use and that it is used correctly.
 - Ensuring that correct testing is conducted for staff and residents in accordance with relevant guidance.
 - Reviewing TURAS information.
 - Ensuring that relevant social distancing measures are in place.
 - Advising on cohorting of staff and residents where necessary and if the home can accommodate these arrangements.

- Seek assurance from the care home team that all recommendations have been put into place.
- 3.9 There has been regular and consistent support to Care Homes from the Senior Commissioning Officer allocated to their contract. This has included telephone contact that has varied from weekly through to daily depending on the Care Home needs and the impact of the pandemic and also the staffing crisis.
- 3.10 Weekly Care Home Managers meetings continue to take place which encourages peer support between the managers as well as support from the Assurance Nurse, Consultant Social Work Practitioner and the Senior Commissioning Officer. At a recent review of this meeting it was requested by a majority of those present that the meetings continue on a weekly basis because of the support they provided.
- 3.11 A summary of the current position of Care Homes in Moray is:
- As of 16/02/22 there is only one Care Home on RED covid status, preventing any admissions. However this is due to be reviewed on 17/02/22 and it is anticipated it will return to GREEN status as there have been no further cases.
 - As of 15/02/22 there are 41 vacant beds across Moray, of which 20 can be admitted to. Of the remaining 21 vacant beds, 15 have offers made against them, 2 are in the RED status home and the final 4 are requiring deep clean, emptied or awaiting furnishings/fittings.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Oversight arrangements have been in place in Moray since May 2020. As the COVID-19 pandemic has evolved, and guidance has been amended, the oversight group has evolved to support care homes and care at home providers in line with the changed guidance.
- 4.2. It is important that Oversight groups continue to evolve and to work in close partnership with care homes, care at home providers and the Care Inspectorate. The pandemic has helped forge new and strengthened relationships between care homes and Health and Social Care staff. It is important that this continues so that residents and staff in care homes have the full support of Moray's Health and Social Care resources.

5. SUMMARY OF IMPLICATIONS

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

This is in line with the above and supports the return to delivering against these plans by forming part of the ongoing recovery phase of the Covid-19 pandemic.

(b) Policy and Legal

The processes and actions within this report are in line with Scottish Government and Health Protection Scotland guidance and requirements

(c) Financial implications

There are no financial implications as a direct result of this report.

(d) Risk Implications and Mitigation

Currently any risk implications are mitigated via the support and direction of Health Protection Scotland, Scottish Government, and locally via the Multidisciplinary Care Homes Oversight Group.

(e) Staffing Implications

There are no staffing implication as a direct result of this report.

(f) Property

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

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility: Sam Thomas, Chief Nurse; Marie Noble, Consultant Practitioner; Pauline Knox, Senior Commissioning Officer; Fiona Stevenson, Care Home Assurance Nurse; Maggie Taylor, Care Home Lead Nurse.

6. CONCLUSION

6.1. Committee are asked to note the continuing oversight and support arrangements being provided to care homes and care at home providers in Moray.

Author of Report: Jane Mackie, CSWO/Head of Service

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: MORAY MENTAL HEALTH SERVICE: WARD 4 LIGATURE STATUS

BY: INTEGRATION SERVICE MANAGER, MENTAL HEALTH AND DRUG AND ALCOHOL RECOVERY SERVICES

1. REASON FOR REPORT

- 1.1. To inform the Committee about the status and risk of ligatures at Ward 4, Dr Gray's Hospital.
- 1.2. To update the Committee about Option Appraisal of solutions to be considered for Ward 4 ligature compliance.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee notes:

- i) the Optional Appraisal outlined at Section 4 of this report; and
- ii) the risks and conclusion associated with the Option Appraisal

3. BACKGROUND

Health and Safety Executive (HSE) Notice of Contravention

- 3.1 Work requires to be undertaken at Ward 4, Dr Gray's Hospital in response to the HSE Contravention Notice Letter and HSE Improvement Notice to NHS Grampian, in relation to Adult In Patient Admission Wards dated 12 June 2017:

"You have failed to ensure that the risks to the safety of patients who have been assessed as being at risk of self-harm or suicide have been reduced to as low a level as is reasonable practicable in that you have failed to remove or adequately control environmental ligature risks within both the private and communal areas of the wards.

To comply with this Notice you should:

*1. Carry out an assessment of the ligature points present within your wards in order to identify their location **and***

EITHER

2. Remove all potential ligature points from the private and communal areas of the wards

OR

3. Where it is not reasonably practicable to remove all potential ligature points, implement control measures, consistent with the findings of your risk assessment, which are effective in reducing the risk of self-harm or suicide to as low as reasonably practicable.

The measures that you take should be consistent with the General Principles of Prevention as outlined in Regulation 4 of the Management of health and Safety at Work Regulations 1999”.

Impact

- 3.2 NHS Grampian has set up a process to address the HSE Improvement Notice, via a NHS Grampian Ligature Programme Board, to oversee and ensure their acute mental health wards are ligature free. Royal Cornhill Hospital has had all 7 inpatient wards modified to be ligature free. This work concluded in October 2021.
- 3.3 Ward 4 at Dr Grays requires to be assessed in relation to the Improvement Notice and action taken to comply with the notice in relation to 1, and 2 or 3 as outlined above. This is based on the premise that NHS Grampian could not comply with the Improvement Notice if all in patient acute mental health wards were not of the same ligature compliance standard.
- 3.4 At the outset of the work of the NHS Grampian Ligature Programme Board, Ward 4 at Dr Gray’s Hospital was identified as the highest risk adult acute in-patient environment and an options appraisal was undertaken to establish a decant option for the work to be carried out at Ward 4. A decant option could not be established and one of the key issues was that Ward 4 could not be moved to a less ligature compliant setting than what it was already operating within.
- 3.5 Ward 4 has had some ligature reduction work undertaken as part of *Notice of Contravention* improvement work. This has resulted in new flooring and beds, and modifications to wardrobes, door handles, curtain rails, soap and towel dispensers.
- 3.6 However, significant ligature points remain within the fabric of Ward 4 – particularly in bathrooms with shower and tap fittings and some door fittings – and most significant of these ligature points are the suspended ceilings throughout the ward areas.

- 3.7 A further option appraisal has now been undertaken and the original options revisited, learning from the ligature work completed at Royal Cornhill Hospital and other Boards of NHS Scotland.

4. OPTION APPRAISAL

- 4.1 At the NHS Grampian Ligature Programme Board in January 2022 it was decided that Ward 4 will require a service decant in order to complete the ligature compliance work.
- 4.2 Each ward at Royal Cornhill Hospital has taken between 1 year and 18 months to complete – mainly due to noise and access to installations (electricity, water) shared jointly on the RCH site and the proximity other wards.
- 4.3 From this knowledge, impact assessment has been undertaken on the Dr Grays site and it was established that a full service decant will be required to complete the ligature compliance work at Ward 4.

- 4.4 The following options are considered:

1. Relocate Ward 4 to Muirton Ward, Buckie
2. Consider alternative NHS Grampian premises, including a decant to a ligature compliant ward at Royal Cornhill Hospital in Aberdeen.
3. Consider a decant to New Craigs Hospital In Inverness
4. Consider a decant to alternative Moray Council Premises
5. A New Build
6. Carry out ligature reasonably practicable works at Ward 4 to bring it up to a standard that reduces the risk of suicide or self-harm
7. Reduce reliance on inpatient beds at Ward 4, Dr Gray's Hospital
8. Do nothing

- 4.5 The option appraisal considered to date are summarised below:

1. Relocate Ward 4 to Muirton Ward, Buckie

- This has been considered. Ruled out previously on the grounds that the unit will be isolated and other risk controls cannot be managed safely. Ruled out by Police Scotland on capacity grounds (remote response and missing patients etc.). Lack of response from other supports (emergency and security) currently available on the Dr Grays site.

2. Consider alternative NHS Grampian premises, including decant to a ligature compliant ward at Royal Cornhill Hospital in Aberdeen

- Several discussions have been held with NHS Grampian Asset Management. To date no alternative NHS Grampian premises have been identified for Ward 4 decant.
- There is a ligature compliant ward available from October 2021, however this has been designated for RCH use due to high bed occupancy on the RCH site.
- A further option appraisal of the Dr Grays site has been undertaken. No wards or departments on the Dr Grays site have been identified as a decant option. Space is at a premium on the Dr Grays site and

Ward 7 is currently relocated due to ongoing water system improvements.

- Positive considerations and reconfiguration of the Dr Grays site were assessed with Dr Grays General Manager and leadership team - but none of these are practical. Significant ligature compliance work would be required prior to a decant of Ward 4 to another setting on the Dr Grays site.

3. Consider at decant to New Craigs Hospital In Inverness

- This is currently being discussed with NHS Highland. Discussions are at the initial stages and a meeting is being set up to discuss this more formally.

4. Consider a decant to alternative Moray Council Premises

- None have been identified. For in-patient mental health, the Mental Health Act requires that detention has to be undertaken in a care setting *designated as a hospital*.

5. A New Build

- Has been considered as part of the Dr Grays site plan around 2019/20. This will be a much longer term consideration with no absolute agreement as yet – previously ruled out on the grounds of cost. (£10m).

6. Carry out ligature reasonably practicable works at Ward 4 to bring it up to a standard that reduces or eliminates ligature risk.

- It was already anticipated that the ligature compliance work could be undertaken on a room by room basis, building on the experience of undertaking Green Notice of Contravention Work. That this would need to be costed including the simultaneous replacement of Ward 4 windows.
- This work was in the middle of being planned and a design team appointed when the NHS Grampian Ligature Programme Board ruled this out as an option at their meeting in January 2022.

7. Reduce reliance on inpatient beds at Ward 4, Dr Gray's Hospital.

- Current bed occupancy: Ward 4 has reduced its inpatient bed footprint from 24 to 18 beds through development of community infrastructure and commissioning of Tier 2 support in the form of in reach to people at home to support them and in reach to Ward 4, also evidenced in reduced length of stay. Ward 4 bed occupancy illustrates high turnover and high bed occupancy. In addition, at times there is requirement for Ward 4 to admit overspill from Royal Cornhill Hospital in Aberdeen and New Craigs Hospital in Inverness. Ward 4 at times has to surge to 19 or 20 beds in order to provide acute inpatient beds locally, across the North of Scotland and across Scotland as a whole, which are at an all time high pressure on occupancy.
- Redesign to no inpatient beds in Moray: It would not be possible to move to no adult acute inpatient beds in Moray – there would need to be an environment to stabilise people or for people to wait if they were to be decanted to another facility; or for place of safety in line with the mental health act. This would require ligature compliance. This option would also require patient, carer, public engagement and engagement

with people with lived and living experience of mental illness and in patient care needs.

- Reduce the Moray inpatient beds further: A further reduction in inpatient adult acute inpatient beds at Ward 4 could be planned with the development of more specialist crisis outreach teams in Moray – however this would need to be developed and at the moment there are workforce shortages and recruitment challenges that would prevent this work being undertaken and or successful; in addition ligature compliance work would still require to be undertaken to address the issues outlined in bullet point above.

8. Do nothing

- This is not an option. There is a legal requirement for NHS Grampian to respond to the HSE Improvement Notice.

Risks

- 4.6 Workforce Risks: Moray mental health service currently has a number of vacancies in nursing, medical, OT and psychological therapy. These posts are proving difficult to fill in a challenging labour market. In line with a service decant a full workforce deployment plan will be required – any decant option will require to be resourced with workforce due to significant workforce and recruitment challenges at Royal Cornhill Hospital and New Craigs Hospital. Human Resources and Staff side / Partnership personnel will need to be opted in to any discussions at the outset.
- 4.7 Finance Risks: Funding will need to be identified by NHS Grampian in order to fund the ligature compliance at Ward 4, the service decant option and staffing costs; and any initial works required to improve ligature compliance for any service base to be retained in Moray for stabilisation, wait, or place of safety during the ligature works being undertaken.
- 4.8 Property Risks: as discussed in the Options Appraisal outlined at Section 4 above.

5. SUMMARY OF IMPLICATIONS

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

- Growing, diverse and sustainable economy: improving mental health of the population;
- Building a better future for our children and young people in Moray: service development for mental health and wellbeing and support for family wellbeing;
- Empowering and connecting communities: mental health planning and delivery as part of locality planning;
- Changing our relationship with alcohol.

(b) Policy and Legal

- Good Mental Health for All in Moray Strategy (2016-2026).
- NHS Scotland Mental Health Strategy 2017-2027).
- Scottish Government Mental Health Transition and Recovery Plan (2020).

- Recovery Orientated Systems of Care (ROSC)
- Draft Moray Alcohol and Drugs Partnership ADP self-assessment against COSLA Recommendations linked to the Partnership Delivery Framework for Alcohol and Drug Partnerships and Scottish Government Priorities. Due between October and December 2021. A template from the Scottish Government is pending.
- Rights, respect and recovery: alcohol and drug treatment strategy. 2018
- Medically Assisted Treatment (MAT) Standards 2021
- Transforming Nursing, Midwifery and Health Professionals' (NMaHP) roles: pushing the boundaries to meet the health and social care needs in Scotland, 2017
- A range of underpinning Mental Welfare for Scotland reports, guidance and legislation.

(c) Financial implications

As outlined at 4.7 of this report.

(d) Risk Implications and Mitigation

As outlined fully at Section 4 of this report. This risk is recorded on DATIX ID 2865 categorised as High Risk.

(e) Staffing Implications

As outlined at Section 4 of this report.

(f) Property

As outlined at Section 4 of this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because this is a progress report. Integrated mental health service and drug and alcohol recovery services continue to deliver and there are plans in place to mitigate against identified risks.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Consultations

Moray Mental Health Leadership Team

Making Recovery Real Moray Group (includes peers and 3rd Sector Organisations)

NHS Grampian Ligature Programme Board

NHS Grampian Mental Health and Learning Disability Transformation Board, on behalf of Chief Officers.

6. CONCLUSION

- 6.1.** The Clinical Care and Governance Committee is asked to note the options outlined at Section 4. These will be put forward to the NHS Grampian Ligature Programme Board at the end of February. Future updates will be provided to the Committee in due course regarding the progress and outcome of these option discussions.

Author of Report: Pamela Cremin, Integrated Service Manager
Background Papers:
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: UNMET NEED IN HEALTH AND SOCIAL CARE MORAY

BY: HEAD OF SERVICE/CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Committee of the current position on unmet need within Health and Social Care Moray (HSCM).

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and notes:

- i) the current situation within Health & Social Care Moray and the mitigation actions that have been introduced**
- ii) the considerable additional pressures placed upon Health & Social Care Moray staff over the winter months**
- iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff, and**
- iv) that future reports on progress of the adoption of the three conversations model across HSCM services will be submitted to this committee**

3. BACKGROUND

- 3.1. Almost two years have elapsed since the initial national lockdown to control the spread of COVID-19 and to alleviate the pressure on the healthcare system. However, the pandemic is still placing a significant burden on health and social care staff. More patients, particularly the elderly and frail, are facing delays before they can leave hospital to receive appropriate care elsewhere, be that back at home, at a community hospital or residential care. The surges in cases has continued in regular waves since March 2020, with the Omicron variant causing the highest number of daily cases recorded since the start of the

pandemic (Figure 1). Although the exceptionally high number of cases recorded in January has not led to a corresponding increase in hospital admissions (Figure 2), the pressure on hospitals has been unrelenting since the late summer of 2020. There was a brief respite last summer, but there has been little chance for health and social care staff to recuperate and recharge their batteries. Note that data for hospital admissions due to COVID-19 is only published for Scotland as a whole and is not publicly available for individual health boards or local authorities.

Figure 1: Positive PCR cases in Moray 1 Feb 21 – 2 Feb 22 (Public Health Scotland COVID-19 data)

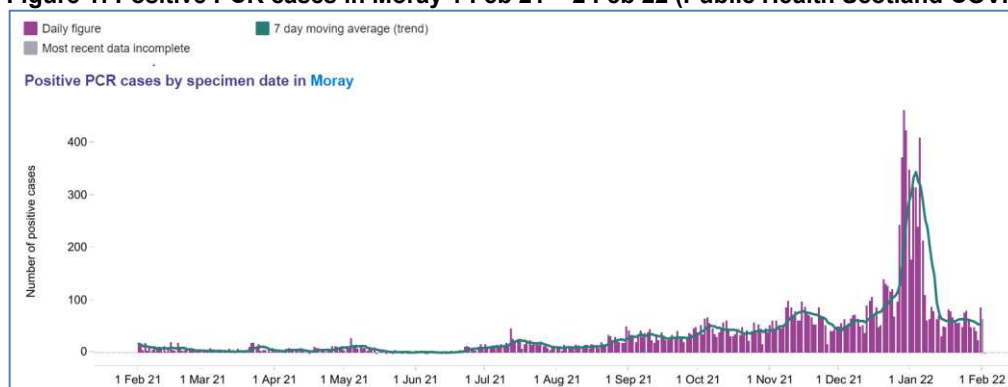
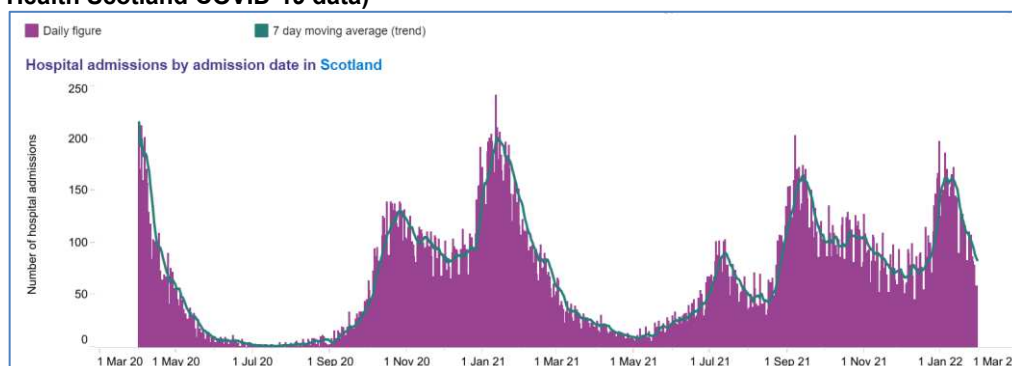


Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 20 – 2 Feb 22 (Public Health Scotland COVID-19 data)



- 3.2. A study published in November 2021¹ found that COVID-19 stress was a significant independent predictor of a decline in the mental wellbeing of health and social staff in Scotland. Nationally there has been higher than usual staff absence rates amongst both council and NHS employed staff over this winter period (Figure 3). Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray has risen to 10%.

¹ Cogan, N., Kennedy, C., Beck, Z., McInnes, L., MacIntyre, G., Morton, L., Kolacz, J., & Tanner, G. (2021). ENACT project: understanding the risk and protective factors for the mental wellbeing of health and social care workers in Scotland: adapting to the challenges and lessons learned. Poster session presented at NHS Research Scotland Mental Health Annual Scientific Meeting 2021, Online, United Kingdom.

Figure 3: NHS Scotland Covid-19 staff absences since April 2020 (Scottish Government) and Scottish Council staff absences since May 2020 (SOLACE)

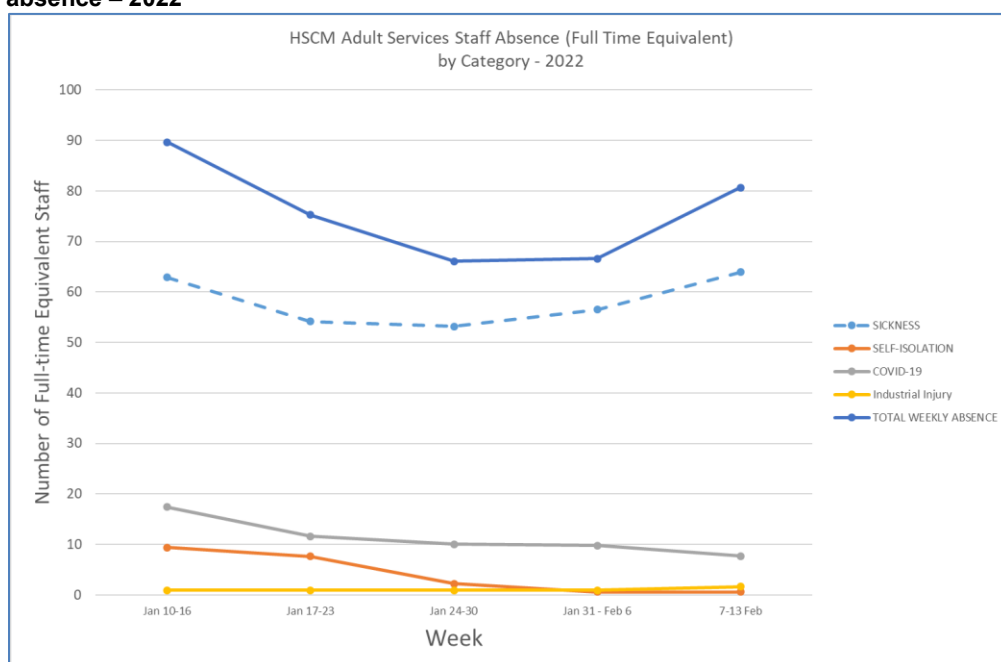


3.3 Data is now being recorded and monitored for HSCM staff employed by Moray Council in Adult Services, identifying the numbers who are:

- absent due to COVID-19,
- absent for reasons other than COVID-19,
- or isolating to meet the latest Scottish Government guidelines.

3.4 This data will be useful for monitoring trends when it is fully developed. An initial analysis suggests that daily absences during January and February 2022 were mainly due to non-COVID-19 related illnesses, with an average of 58 full-time equivalent (FTEs) absent; approximately 11 FTEs were absent due to COVID-19; and 4 FTEs were self-isolating, although this figure has reduced rapidly to just 0.61 of an FTE in the past 2 weeks (Figure 4). Note that for the week 6 – 13 February 2022 non-COVID-19 related absences rose again. This may be due to seasonal illnesses returning as people start to socialise once more, or may be due to staff beginning to feel the impact of the workload they have faced in recent months.

Figure 4: Health and Social Care Moray Adult Services staff absences (FTE) by category of absence – 2022



- 3.5 Work is currently underway to calculate the proportion of staff that are not available to work for each service and team. The percentages will be reported once they are available.
- 3.6 The services consistently recording the highest absences are Care at Home and Woodview, with 22 and 15 FTE absent in the most recent week. Other services such as Day Services and START have had around 10 FTEs absent each day during January.
- 3.7 Although not related to staff absences additional demands were placed on the social care teams during the various storms that affected Moray over the winter period (Arwen, Barra, Malik and Corrie) resulting in the loss of power for many and access roads being blocked by fallen trees. The health and social care teams played a vital role in contacting and supporting the isolated and vulnerable members of the community who were affected by these storms.
- 3.8 Note that due to the number of staff who were absent over the Christmas period there were no new care packages put in place. This prevented the backlog of cases from being reduced in the short-term. The team are slowly and steadily beginning to pick up new packages in each of the areas, but the storms mentioned previously created pressure for all teams. New staff are being recruited and trained; however, these are not all new to the care sector and they are coming from other care organisations within Moray.
- 3.9 There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers (**see Appendix 1**). The latest trends for each measure are summarised below:

Number of people waiting for a social care assessment

- 3.10 The number of people waiting for a social care assessment overall has been static at around 150 for the past 4 months. Cases classified as URGENT are static (29), albeit well above the numbers waiting in September last year (8). Cases classified as HIGH are half what they were in August and since mid-December there have been between 34 and 39 people in this category each week waiting for an assessment.

Number of people assessed and waiting for a package of care

- 3.11 In the first four weeks of January there have been between 159 and 164 people each week who have received a social care assessment but have yet to be provided with a package of care. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static, but are more than one and a half times larger than last August.

Number of people in receipt of a care package and waiting for a statutory social care review

- 3.12 For the past 8 weeks the number of people who are receiving a care package but who are waiting for a statutory social care review has remained fairly constant at between 290 and 300. This number is a reduction on last summer when there were almost 340 people waiting for a review some weeks.

Number of hours of care yet to be provided for individuals in hospital

- 3.13 The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to 314 hours in February.

Number of hours of care yet to be provided for individuals in the community

- 3.14 Similarly, there has been an increase for people in the community over the same period from 266 hours to over 700 hours.

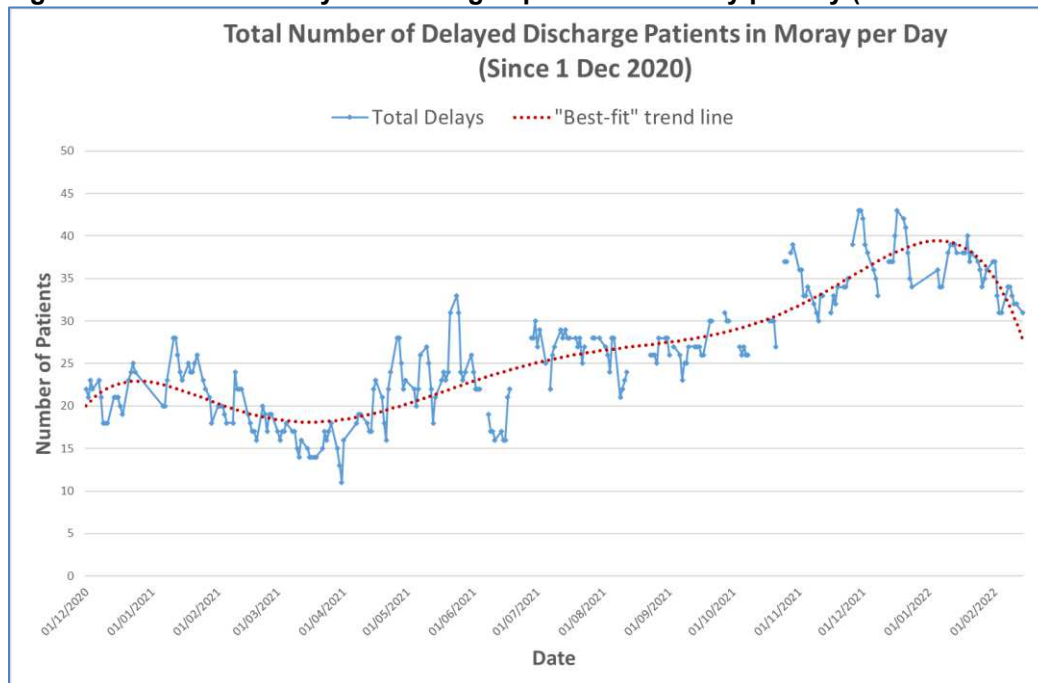
Number of hours of care assessed as needed and not provided for those in receipt of a care package

- 3.15 There are usually over 300 hours of unmet need in this category each week, and the most recent figure is 385 hours. However, for 4 weeks in September this figure was below 250 hours.
- 3.16 The status of care homes and care at home services, both internal and external are monitored regularly each week by the Care Homes Oversight Group. A RAG (Red/Amber/Green) rating is used to identify the ability to accept clients or deliver services. For the most recent data (7 February 2022) 11 out of the 14 care homes in Moray were assessed as Green, and 3 as Red and unable to accept patients. This demonstrates a marked improvement from 18 January 2022 when there were only 4 care homes rated Green, 4 rated Amber and 6 at Red.
- 3.17 There were 24 Care at Home external providers rated Green on 7 February 2022, 4 at Amber and 9 at Red with either a member of staff or a client with a positive confirmation for COVID-19. Again, this represented an improvement on the situation as reported on 18 January 2022, with 17 external providers rated Green, 5 at Amber and the remaining 13 at Red. Care at Home Day Services had one location at Red on 18 January due to positive test results for a member of staff and a client, but all locations are now green. The Care @ Home team remain Red but due to non-COVID-19 illnesses, whereas in January there were 6 positive cases reported and 2 people were self-isolating. START is now Green, whereas in January there was a member of staff who tested positive that put the team at Red.
- 3.18 Overall, the situation is showing improvements compared to just a few weeks ago, but the service is still some way from full capacity.
- 3.19 The unusually high levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital. The impact of all of the above factors is illustrated by the rising numbers of delayed discharges being reported since April 2021, which are now well above historic levels (Figure 5). However, there is an indication that the peak for this winter may have been reached as the situation is starting to improve and numbers are reducing. The situation is being monitored closely by front-line staff and operational managers, but there is still a long way to go to reach the target of 10 people per day, and any further pressure on the system could quickly reverse the gains.

3.20 Other factors preventing timely discharges include Occupational Therapy. The team have identified that the system is at capacity and although the waiting list is reducing the number of critical referrals is increasing. Similarly, the Hospital Discharge Team referral numbers are static, and low. This is considered to be due to a number of factors:

- lower throughput (due to non-availability of suitable options) leading to lower numbers of patients ready to be discharged,
- delayed discharge patients impeding the flow of referrals,
- a concern that some patients may be bypassing the hub and going straight to the access team.

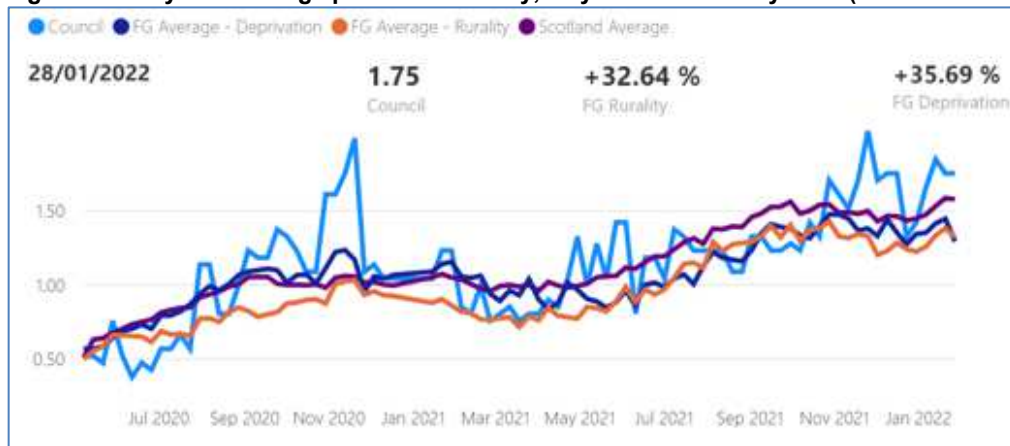
Figure 5: Number of delayed discharged patients in Moray per day (1 Dec 2020 to present)



3.21 For delayed discharges the sustained high figures we are seeing now are unprecedented. Public Health Scotland (PHS) data show that the delays do fluctuate throughout the year, but at a lower level than we are now experiencing. The PHS data also indicate that there has been an increase in adults with incapacity that typically take longer to be discharged.

3.22 In Moray the average number of people experiencing delays in being discharged from hospital at the end of January was 37, below the national average of 54. Since Moray has a higher proportion of residents aged 65 years and older compared to the Scottish average, it is not unexpected that the rate per 1,000 of the population in this age group in Moray is above the Scottish average with 1.75 cases per 1,000 people (Figure 6).

Figure 6: Delayed discharge patients each day, May 2020 to January 2022 (SOLACE data)



4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Unmet needs have a human context. The numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggest that the situation has stabilised, albeit at a higher level than before, and there are signs that some of the pressures on staff absences may start to ease.
- 4.2. Prior to the Omicron spike, in November 2021 Dr Gray's Hospital emergency department had noted that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. This has placed additional pressure on Dr Gray's staff as patients require longer stays and additional interventions and diagnostics. Similarly, the Homecare team have identified that the hours of care required by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. So we have the perfect storm of fewer staff being available requiring to provide more care for a frailer population. Mitigation measures have been put in place and these are described in the following sections.
- 4.3. Amongst the measures to enable people to leave hospital as soon as possible was the creation of the Discharge 2 Assess team (D2A). Results so far have been encouraging with around 90% of the group of patients seen in the third quarter of last year reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team. It is too soon to identify the impact of this intervention and the data will be monitored weekly to see if the numbers reduce.
- 4.4. In addition, one of the Community Care team managers is now working 2 days per week making calls using the "3-conversation model" to identify the needs of the patients who have yet to receive a social care assessment. The manager is talking to patients awaiting assessment in the 'Urgent' and 'High' categories first and it is anticipated the impact of this intervention will be felt in the near future.

- 4.5. A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray's hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce people having to wait in hospital any longer than necessary once they are ready to be discharged.
- 4.6. Moray Council responded to the need to provide short-term support to the health and social care team by asking for volunteers to redeploy temporarily. Twelve volunteers from within Moray Council were identified for possible re-deployment: 4 for administration roles; 2 for care only roles (1 for all care tasks; 1 for meal preparation and medication tasks, weekends only); and 6 for Care and Administration roles (1 for light personal care, meal preparation and medication tasks, the other 5 for meal preparation and medication tasks).
- 4.7. In response to the challenges with recruitment for care at home services, staff resources have been identified to form a recruitment cell working closely with Moray Council Human Resources team. There is an open advert with interviews being held weekly and necessary training schedules being aligned to streamline the process as much as possible.
- 4.8. Utilising the three conversation approach we aim to reduce bureaucracy and increase our responsiveness to people who approach us for support. It follows the approach embedded within the SDS standards so that peoples' strengths and personal assets are considered before any statutory service. Additionally, rather than focus on service description there is time taken to consider each unique solution. This work is being supported by Sam Newman, a director with Partners for Change. A steering group has been established to develop this approach for Moray with 6 initial innovation hubs being identified. The work outlined in 4.4 is an early adoption of the principles of this approach. Reports on progress will be submitted to future meetings of this committee.

5. SUMMARY OF IMPLICATIONS

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

This report highlights the pressures on delivering the Corporate Plan 2024 priority of "Adults and older people". In particular the aim of ensuring that people are supported at home or in a homely setting as far as possible through a homefirst approach and multi-professional teams at a local level.

The LOIP priority "Improving wellbeing of our population" recognises that "health and wellbeing make a significant contribution to life experiences and can be adversely affected by many factors, including mental...health." This report identifies additional pressures that HSCM staff are now facing and that will need to be addressed if the LOIP priority is to be met.

“Theme 2: Home First” of the Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029” notes that older people very quickly lose their independence through loss of confidence and often reduced mobility when admitted to hospital. The current situation is causing people to be delayed in hospital and is likely to prevent some residents from functioning as they did prior to admission.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report, although the cost of providing care packages may rise due to patients presenting with higher morbidity than previously.

(d) Risk Implications and Mitigation

The risks to the service from the pandemic, and the winter period, have been realised. The mitigation measures are discussed in the report. There is a risk of harm to individuals who are not receiving support that has been identified they require and also for those awaiting to be assessed.

(e) Staffing Implications

Staffing levels, availability of staff and their health and wellbeing are core factors at the heart of this report. Support for staff dealing with the additional workload and filling in for sick and isolating colleagues will be required in the coming months.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there will be no impact, as a result of the report, on people with protected characteristics. However, it should be noted that Public Health Scotland have identified that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health, including mental wellbeing and depression. Although no data are available it is likely that the additional time spent in hospital waiting for suitable care packages to be put in place will have a greater impact on Moray residents from deprived areas.

(h) Climate Change and Biodiversity Impacts

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

(i) Consultations

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Equal Opportunities Officer, Principal Climate Change Officer, Corporate Manager (HSCM) and Head of Community Care.

6. CONCLUSION

- 6.1. Unmet need levels in Moray are significantly higher than pre-pandemic levels, both for the number of people affected and the hours of care required to be provided. Demand will remain high for some time to come, but the mitigation actions that have been put in place, and the relaxation of the self-isolation guidelines are starting to show an improvement for people waiting for care packages in the community, at home or in residential homes. The recovery is fragile and could easily be reversed by a future peak in COVID-19 cases.**
- 6.2. The dedication of the Health and Social Care staff and their commitment to support their clients has been exceptional throughout the pandemic. There are many anecdotal examples of staff undertaking additional duties to ensure basic care continues to be provided. There is a concern about the longer-term impacts on staff and how they will find the time to recover and recuperate.**

Author of Report: Carl Bennett, Senior Performance Officer Health and Social Care Moray

Background Papers:

Ref:

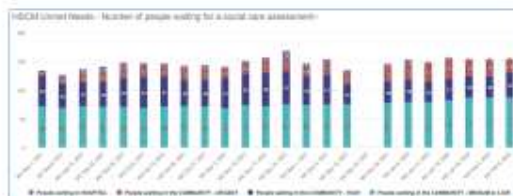
Care Homes Oversight Group Weekly Unmet Needs Report - Week ending: 13 February 2022

HSCM - Weekly Unmet Need Report – Week Ending 13 February 2022

PI Code	PI Description	Last 12 weeks												Trend Chart
		WC 24- Nov- 2021	WC 03- Dec- 2021	WC 08- Dec- 2021	WC 13- Dec- 2021	WC 22- Dec- 2021	WC 29- Dec- 2021	WC 05- Jan- 2022	WC 12- Jan- 2022	WC 19- Jan- 2022	WC 26- Jan- 2022	WC 02- Feb- 2022	WC 09- Feb- 2022	
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
HSCM UN-01	Number of people waiting for a social care assessment	169	147	155	136	N/A	146	154	149	156	154	154	155	
HSCM UN-01a	Number of people waiting for a social care assessment in hospital	14	6	7	6	N/A	7	12	0	0	0	0	0	
HSCM UN-01b	Number of people waiting for a social care assessment in the Community - Urgent	22	18	21	20	N/A	23	23	33	36	29	29	24	
HSCM UN-01c	Number of people waiting for a social care assessment in the Community - High	57	49	51	34	N/A	38	39	36	37	36	36	43	
HSCM UN-01d	Number of people waiting for a social care assessment in the Community - Medium or Low	76	76	76	76	N/A	78	80	80	82	87	87	88	
HSCM UN-02	Number of people assessed and waiting for a package of care	140	139	143	143	N/A	152	159	161	160	163	164	161	
HSCM UN-02a	Number of people assessed and waiting for a package of care in hospital	18	18	23	18	N/A	19	25	26	24	26	25	26	
HSCM UN-02b	Number of people assessed and waiting for a package of care in the Community	122	121	120	125	N/A	132	134	135	136	137	139	135	
HSCM UN-03	Number of people in receipt of a care package and waiting for a statutory social care review	315	307	277	279	N/A	293	300	292	290	293	299	297	
HSCM UN-04	Number of hours of care yet to be provided for individuals in hospital	346	367	419	410	N/A	308	266	363	328	355	314	377	
HSCM UN-05	Number of hours of care yet to be provided for individuals in the community	604	611	616	661	N/A	723	746	728	778	721	704	631	
HSCM UN-06	Number of hours of care assessed as needed and not provided for those in receipt of a care package	344	326	345	341	N/A	329	319	354	344	314	385	387	

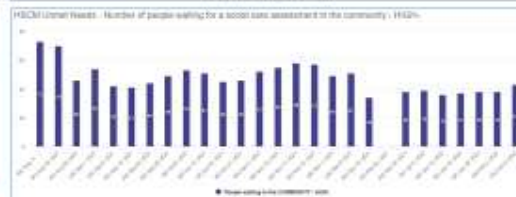
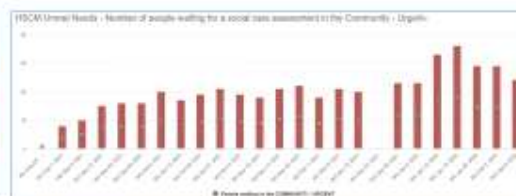
Trends

Number of people waiting for a social care assessment



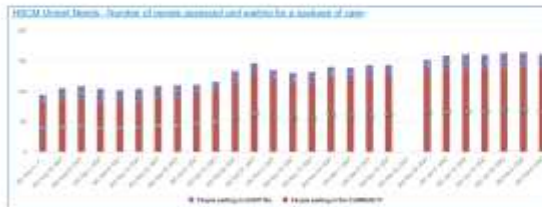
The trend in the overall number of people waiting rose at the end of December and has remained static at around 155 people
 Note, that **URGENT** cases have reduced this week, and trend is decreasing, while **HIGH** cases have increased

Waiting in the community: URGENT or HIGH



Trends

Number of people assessed and waiting for a package of care



Numbers both in hospital and in the community remain static, but at a higher level than previously

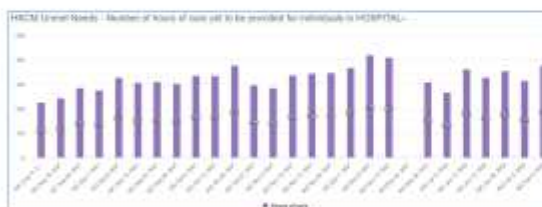
Number of people in receipt of a care package and waiting for a statutory social care review



Numbers waiting for review has been between 290 and 300 since the Christmas period

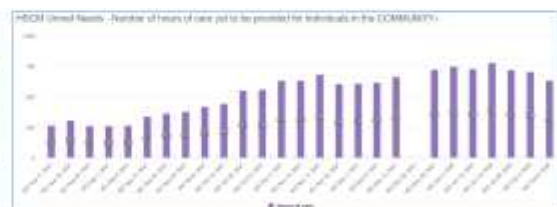
Trends

Number of hours of care yet to be provided for individuals in hospital



Trend for unmet need for those in hospital appears to have levelled off, with weekly fluctuations above but creeping back up toward 400 hours

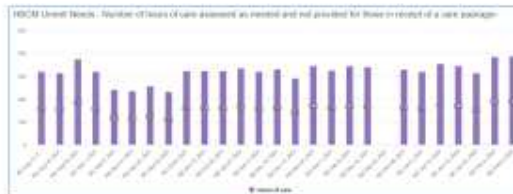
Number of hours of care yet to be provided for individuals in the community



Showing a clear and sustained downwards trend. Remains considerably higher than in August.

Trends

Number of hours of care assessed as needed and not provided for those in receipt of a care package



Remains at last week's level. The highest number of hours that have been recorded since August.

Overall

- Improving Measures:
 - Hours of care yet to be provided for individuals in the community – **631 hours**
 - Urgent cases waiting for a social care assessment – **24**
- Static Measures:
 - People waiting for a social care assessment (combined low, medium, high & urgent) – **155**
 - People in receipt of a care package and waiting for a statutory social care review – **297**
 - People assessed and waiting for a care package – **161**
 - Hours of care assessed as needed and not provided for those in receipt of a care package – **387 hours**
- Worsening Measures:
 - High priority cases waiting for a social care assessment - **43**
 - Hours of care yet to be provided for individuals in hospital - **377 hours**



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE 24 FEBRUARY 2022

SUBJECT: PROGRESS UPDATE ON CLINICAL AND CARE GOVERNANCE DEVELOPMENTS

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To provide an update to the Clinical and Care Governance Committee of the developments in relation to governance arrangements and assurance framework following the workshop in January 2020.

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and:-

- i) notes the governance arrangements during the continuing response to Covid-19;**
- ii) notes the update on progress with output from the Clinical and Care Governance Workshop held in January 2020 outlined in APPENDIX 1; and**
- iii) agrees to the scheduling of a follow up workshop in April/May 2022**

3. BACKGROUND

- 3.1. The national Clinical and Care Governance Framework 2013 provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.
- 3.2. To fulfil this requirement there is a need for Moray Integration Joint Board (MIJB) and Health and Social Care Moray (HSCM) to ensure that they provide assurance that effective arrangements are in place to ensure there is:-
- Relevant Health and Social Care professionals held accountable for standards of care provided.
 - Effective engagement with communities and partners and improved health and wellbeing outcomes are being met.

- Effective scrutiny of the quality of service performance to inform improvement priorities.
 - Clear learning and improvements generated from effective systems.
 - Support for staff if concerns are raised relating to safe service delivery.
 - Clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance.
- 3.3. A Clinical and Care Governance workshop was held in Elgin on 8 January 2020, the output reported to this committee on 27 February 2020 (para 9 of the minute refers) and a progress update on the finalised action plan provided on 25 February 2021 (para 7 of the minute refers.) Two of the five key themes of areas for improvement identified by the workshop were to:
- Declutter and simplify the existing reporting mechanisms and provide clarity for accountability and responsibility
 - Seek clarification from NHS Grampian, Moray Council and professional leads of their assurance requirements.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Lockdown February 2021 to date

- 4.1. The clinical and care governance group, clinical risk management and practice governance groups of HSCM have continued during the period, albeit at times, at a less frequency during peaks of Covid due to the demands being placed on all services across the system. They have now all been reinstated to their normal frequencies.
- 4.2. The response group has continued to meet weekly (Tuesday) and when necessary increased the frequency including a Friday due to the pressures on delayed discharges, care homes infections and staffing issues across a variety of services caused by Covid infections or track and trace. This meeting is being stood down following agreement by attendees on 15 February 2022. If the situation escalates it will be stood up again.
- 4.3. During this period the Care Home Oversight Group has, at times of pressure, met daily and has facilitated governance of the care homes, managing the infection control, response and provision of support. This meeting has also been the conduit for planning and co-ordinating the implementation of the lateral flow devices across all services of Health and Social Care Moray for all staff that have contact with people they provide care to. It has also had oversight and provided support to internal care at home services and services provided by external providers with regard to queries and issues arising as a direct result of Covid-19. Currently this meeting is taking place three times and given the reducing pressures it will move to meeting weekly next week.

Clinical and Care Governance Workshop – progress update

- 4.4. Evidence of progress on implementation of the draft action plan, agreed by Clinical and Care Governance Committee in February 2020, was submitted to Moray Integration Joint Board in September 2020. This related to the review and documentation of the governance framework surrounding clinical and care governance.

- 4.5. The action plan, attached at **APPENDIX 1** to this report, was submitted to the clinical and care governance group on 4 February 2021 for consideration and comment. Progress has been updated but some areas have not been progressed whilst staff resources were allocated to frontline service delivery.
- 4.6. The items in the plan were considered to be the areas of key focus however following discussion with the Clinical and Care Governance Leads and Chair of this committee, it is now considered the appropriate time for a follow up workshop to be held. This would enable consideration of the experiences of the last two years, identification of any residual impacts or changes to governance for services and systems that need to be incorporated, and to review the priorities, amending where necessary, to ensure that the plan is fit for purpose. It is intended that Clinical and Care Governance Committee members, Clinical and Care Governance Group members and others with specific roles be invited to attend.
- 4.7. Following the workshop the plan would be updated, submitted for approval to this committee and the implementation of the plan will be overseen by the clinical and care governance group with updates to be provided to this committee on a six monthly basis.

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”

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpins the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for HSCM and partners, provides a clear understanding of the contributions and responsibilities of each person and how these are integrated.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

The work that is being undertaken to improve the links between stakeholders and clarify the governance framework will further strengthen provision of assurance and reduce the likelihood of negative impacts to the system.

(e) Staffing Implications

There are no staff implications arising as a direct result of this report.

(f) Property

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

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this report.

(i) Consultations

Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer, Sam Thomas, Chief Nurse and Sean Coady Head of Service and their comments have been incorporated in the content of this report.

6. CONCLUSION

6.1 This report provides an overview of the return to normal business for clinical and care governance following the Covid-19 pandemic. It also outlines the plan for development of governance arrangements following widespread impacts of Covid-19.

Author of Report: Jeanette Netherwood, Corporate Manager

Background Papers: with author

Ref:

Clinical Care and Governance Development

Aim: - To design and implement a streamlined assurance framework, that embeds clinical and care risk management, improvement and assurance across our integrated system and provides safe, effective and person centred care.

This action plan was determined through the translation of ideas generated at the workshop on 8 January 2020.

This action plan and subsequent progress will be reported to Clinical and Care Committee.

To fully progress these actions will require involvement with a wide variety of stakeholders from Health and Social Care Moray staff, NHS Grampian and Aberdeenshire and City HSCP, Professional Leads and Clinical Care Governance Committee.

	Required Action	Progress	Update	Lead	Timescale
A	Analysis of current arrangements				
1	Examine meeting structures around clinical and care governance including purpose, attendance, links, frequency and opportunities or issues	<p>Phase 1 completed</p> <p>Phase 2 In progress</p> <p>Phase 3 In progress</p>	<p>Progressed and reported to MIJB 29/9/20</p> <p>Public Protection aspects and links to NHS Grampian Clinical Risk Management Group to be incorporated in HSCM Governance framework – in progress</p> <p>Children and Families governance arrangements to be reviewed within the proposal for Integration with MIJB. This timeline requires to be extended as the timeline for the request for approval to proceed with integration has extended.</p>	<p>JN</p> <p>JM/TG</p>	<p>March 2021 will be completed by March 2022</p> <p>By March 2022</p> <p>August 2022</p>

2	Self-assessment against current standards identified by professional leads, including communication mechanism of performance information	Not yet started	Development of communication mechanism for performance been suspended due to Covid.	Professional Leads/ JN/PMalloy	June – Sept 2021 August 2022
3	Review current use of DATIX and carry out an option appraisal for development opportunities	underway	This work started but had to be suspended due to Covid. To be taken forward following the ASP inspection when staff resource will be released.	JN/PM	Sept – Dec 2021 May to July 2022
4	Seek any identified good practice in other Boards	ongoing	Ongoing through Clinical and Care Governance Group members and networks	All	
B	Planning the future model				
1	Consider the output of the analysis	completed	Report submitted to CCG in February 2020		
	Identify opportunities to connect to the language used in PAIR (Performance, Assurance, Information and Risk)	completed	discussed at Clinical and Care Governance Group 4/4/21	All	Jan – Mar 2021
2	Design a revised governance structure including :- <u>Phase 1:-</u> Roles - accountability, responsibility, Communication - meeting structures, reports <u>Phase 2:-</u> Performance – measures and dashboards, <u>Phase 3:-</u> Culture - staff appraisals	In progress	Design reported to MIJB 29/9/20. Phase 1 completed Phase 2 – indicators / measures have been identified but work required to collate into an appropriate dashboard Phase 3 Workforce planning to be undertaken and appraisals will be an integral part of this	Clinical leads / CSWO/ JN/ P Merchant	May – July 2021 March – July 2021 Dec 2022

			exercise. This has been delayed due to Covid		
3	Consult on the revised governance structure	completed	Phase 1 completed - high level governance structure Phase 2 – review and consult on process for information flow between groups and Clinical and Care Governance Group.	J Netherwood J Netherwood/ P Merchant	Dec 2020 March 2021
4	Identify training requirements	ongoing	Will be identified via employee appraisals, workforce planning	Clinical Leads, CSWO, managers	
C	Implement the model				
1	Build a culture of engaged and motivated staff:-				
	Ensure all staff are informed of the new model and their individual and team roles	Suspended due to Covid		Clinical Leads, CSWO, managers	
	Ensure all staff are trained to the required standards	ongoing	Staff training in essential skills has been ongoing. There will be some training to catch up on following Covid	Clinical Leads, CSWO, managers	
	Embed regular appraisal and performance management in teams	Suspended due to Covid		Clinical Leads, CSWO, managers	
	Develop reflective practice and shared learning opportunities within teams and across the system	Suspended due to Covid	Identify opportunities and facilitate discussions and training opportunities	P Merchant	
D	Review the model				

	Follow up workshop to review progress, any areas requiring further attention and any development opportunities	Suspended due to Covid	Will be scheduled once teams are out of lockdown and operating “business as usual “		Proposal April /May 2022
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DRAFT



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: STRATEGIC RISK REGISTER – JANUARY 2022

BY: CHIEF OFFICER

1. REASON FOR REPORT

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

2. RECOMMENDATION

- 2.1 It is recommended that the Clinical and Care Governance Committee (CCG) agree to:

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

3. BACKGROUND

- 3.1 The strategic risk register is reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework, to identify, assess and prioritise risks related to the delivery of services in relation to delegated functions, particularly any which are likely to affect the delivery of the Strategic Plan.
- 3.2 The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report at **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks. This report is presented to Audit Performance and Risk committee for their oversight and comment.
- 3.3 Risk scores are weighted, based on assessment according to their likelihood and corresponding impact, as per Section 5 of the MIJB Risk Policy.

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Risk Management Framework review was completed and outcome was approved by the Board on 25 June 2020 (para 9 of the minute refers). The approved Risk Appetite Statements have been included in **APPENDIX 1**.
- 4.2 Work overseen by North East Partnership on Home First programme continues to progress, in line with our Strategic Plan objectives. Hospital without Walls and Hospital at Home themes are being developed and will be progressed through the Home First programme. These workstreams are required to progress a new approach to delivering person-focussed clinical services to people, for the benefit of individuals through a person centred approach and to maximise best use of available staff resources which continue to be stretched.
- 4.3 As anticipated the numbers of Covid-19 cases in the community continued to increase during December and January due to uncontrolled community transmission and there was a subsequent impact in staff absences and staff requiring to self-isolate. The rates of other respiratory infections are rising and it is anticipated that these will peak during the months of January and February 2022. This impact has been felt across all services and is of particular concern in areas where there is a limitation on options for cover for staff, such as in specialist residential care e.g. Woodview as an example. Contingency plans are in place but there continues to be significant pressure on safe staffing levels in this area. Managers continue to reiterate the necessity for correct use of PPE, ventilation, hand hygiene and lateral flow testing for all staff.
- 4.4 There continues to be a significant impact on progression of development work as there continue to be increases in demand for services across our system. Scottish Government and NHS Grampian issued communications to try to discourage people from attending Emergency Departments at hospitals unless life threatening and redirecting them to other service that can provide appropriate advice and assistance. There continues to be a significant demand for social work assessments from the community and there are high levels of unmet need for care provision in the community. Managers are working with teams daily to try to meet the greatest needs through a variety of means but there are still those who are not receiving a service. There continues to be requests for Occupational Therapy services that are not being met. These increases in demands for service are being faced by staffing resource that is reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment.
- 4.5 The continued safe delivery of services is a priority and as such a considerable amount of management time is being directed to support oversight of operational risks to ensure they are managed and prioritised across the whole system. This is being managed on a daily basis across Grampian through Operation Iris, developed by NHSG Chief Executive Team for the whole health and social care system. Work is currently underway to develop the approach for recovery.

- 4.6 There continues to be significant financial risk in the system. As we transition from the additional supports provided as part of the Covid response. We are monitoring the position closely and assessing the impact on both short and longer term. Additional funding has been made available by Scottish Government to support the increased pressures in the system, including those presented by the winter period. The senior management team have, and continue to, assess where the funds should be applied for greatest benefit and approvals will be sought as appropriate.
- 4.7 Recruitment and selection to staff vacancies continues to prove challenging across several services. These challenges remain as previously reported regarding lack of appropriate applications for some posts and also the time taken to for the recruitment process in employing organisations to be followed. There have been significant efforts and collaborative working to streamline processes and align timescales for care at home appointments with the establishment of a recruitment cell through reallocation of staff resource. This has facilitated a rolling advert, weekly interviews and alignment of training schedules to make the process as efficient as possible and releasing management time to focus on service delivery. In addition there has been an efficient and effective recruitment process for the Discharge to Assess posts which again will assist to relieve specific pressures in the system. There remain some staff redeployments and acting up arrangements in place, such as for some of the vaccination team members, and there will be a period of time before services and staff return to “business as normal” or alternative arrangements are put in place. Staff wellbeing continues to be a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is readily available, where it is required.
- 4.8 The adoption of the outcome based commissioning approach and collaborative working with Allied as the partner for care at home are fundamental changes in the approach for social care services and as such forms a core element of supporting the strategic aims for Home First and supports choice and control for service users. The timing of this change was determined by the requirement for the new contract, which commenced 1 November 2021. It is recognised by all involved that it will be challenging to deliver in the context of the continued impact of the pandemic.
- 4.9 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) Climate Change and Biodiversity Impacts

There are no impacts arising from this report.

(i) Consultations

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

6. CONCLUSION

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

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

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

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 14 FEBRUARY 2022

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RISK SUMMARY

1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.
2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB.
3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.
4. Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
5. Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
6. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
7. Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.
8. Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.
9. Requirements for support services are not prioritised by NHS Grampian and Moray Council.

RISK RATING	LOW	MEDIUM	HIGH	VERY HIGH
RISK MOVEMENT	DECREASE	NO CHANGE	INCREASE	

The process for managing risk is documented out with the MIJB Risk Policy.

1		
Description of Risk: <i>Regulatory</i>	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes.	
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	MEDIUM
Risk Movement:	Increase/ decrease/ no change	NO CHANGE
Rationale for Risk Rating:	<p>The strategic plan "Partners in Care" 2019 to 2029 was developed and launched in December 2019. Membership of IJB committees has been relatively stable and the majority of members have attended several cycles of meetings. An amendment to the Scheme to increase membership by one from each of the partner organisations is being considered by the Scottish Government following approval by Moray Council and NHS Grampian Board.</p> <p>During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August 2020. In addition weekly meetings of Chair/Vice Chair and Chief Officer are continuing.</p> <p>Progress is being made with the development of the cross system focus on "Home First" and these actions will be incorporated into the Transformation plan that underpins "Partners in Care"</p>	
Rationale for Risk Appetite:	<p>The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>	
Controls:	<ul style="list-style-type: none"> • Integration Scheme. • Strategic Plan ""Partners in Care" 2019 to 2029 • Governance arrangements formally documented and approved by MIJB January 2021. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports. • Standing orders have been reissued to all members 	

Mitigating Actions:	<p>Induction sessions are held for new IJB members.</p> <p>IJB member briefings are held regularly.</p> <p>Conduct and Standards training held for IJB Members in December 2020 with updates provided by Legal Services as appropriate.</p> <p>SMT regular meetings and directing managers and teams to focus on priorities.</p> <p>Regular development sessions held with IJB and System Leadership Group</p> <p>Strategic Plan and locality management structure is in place and wider system re-design and transformation governance structures are being developed for implementation. The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been done through collaborative working with partner organisations and the third sector.</p>
Assurances:	<ul style="list-style-type: none"> • Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	<p>The Covid 19 Response has caused a delay in producing the Transformation Plans which in turn has impacted on communication and engagement with staff and partners in respect of the intended outcomes. Work has been undertaken and will further progress over the next quarter to address this gap.</p>
Current performance:	<p>Scheme of administration is reported when any changes are required. An initial meeting was held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services.</p> <p>Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Performance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019</p> <p>Appointment of Standards Officer agreed by IJB September 2020.</p> <p>Members Handbook has been updated and circulated to all members in June 2021.</p> <p>Governance Framework was approved by IJB 28 January 2021</p> <p>A request to amend the Scheme to increase voting members from 3 to 4 from each partner was submitted to Scottish Government in May 2021, a response was received requiring some other amendments to the previously agreed scheme, which are being addressed and it will then be necessary to submit to Moray Council and NHS Grampian Board for agreement before it can be resubmitted to Scottish Government.</p>
Comments:	<p>Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the</p>

	<p>changes Covid is causing on ways of working and will recommend a revised way forward. The Strategic Planning and Performance Lead is now taking this forward.</p> <p>The Scheme of Integration requires to be amended to incorporate the agreed increase in membership. The public consultation completed on 5 March 2021 and Moray Council Legal services are progressing with Scottish Government for ratification.</p>
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2	
Description of Risk: <i>Financial</i>	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.
Lead:	Chief Officer/Chief Financial Officer
Risk Rating:	Low/ medium/ high/ very high VERY HIGH
Risk Movement:	Increase/ decrease/ no change NO CHANGE
Rationale for Risk Rating:	<p>Whilst the 2019/20 and 2020/21 settlement saw additional investment for health and social care that was passed through to the MIJB, there remains a significant pressure as much of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning. In addition, many uncertainties have arisen through the Covid response and continue as we continue to remobilise. The full impact is not yet quantifiable.</p> <p>Demand on services is greater than before and the IJB has no remaining general reserves. There is however earmarked reserves of £4.7m that will be used to support the Covid response and Primary Care Improvement Plan</p> <p>The unaudited annual accounts were presented to the IJB meeting of 24 June 2021 and show a surplus of £6.3m This in the main is derived from late allocation as payment in advance from Scottish Government in relation to Covid spend in 2021/22. The available general reserve of £1.5m has been utilised in balancing the revenue budget for 2021/22 as approved by the IJB in March 2021. Audited Accounts were presented to the IJB on 25 November 2021 for approval prior to publishing.</p>
Rationale for Risk Appetite:	<p>The Board recognises the financial constraints all partners are working within. While we are cautious and open about accepting financial risks this will be done:</p> <ul style="list-style-type: none"> • Where a clear business case or rationale exists for exposing ourselves to the financial risk • Where we can protect the long term sustainability of health & social care in Moray <p>Covid-19 continues to place additional risk on the MIJB finances as we continue through the pandemic and remobilise</p>
Controls:	<p>Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation.</p> <p>The CFO and Senior Management Team continue to work together to address further savings which will be presented to the Board for approval during the 2021/22 financial year. A revised Financial Framework will be developed during the year to support the emerging situation with the intention of presenting this to the IJB for approval in March 2022 alongside the budget for 2022/23. For this to happen, there is a need for the other IJB supporting plans to be considered.</p>

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Mitigating Actions:	<p>Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required whilst dealing with the pressures that are emerging as a result of the pandemic.</p> <p>Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.</p> <p>The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations have continued throughout the pandemic phase.</p> <p>Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB.</p> <p>The focus for the remainder 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation in addition to identifying further efficiencies and seeking IJB approval. In November 2021, Scottish Government announced new funding to support IJB's through the winter period and beyond. Officer are currently analysing opportunities for the most appropriate use of the funding that will have the most significant impact on the Moray population.</p>
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	For the 2021/22 financial year, an overspend will be reported at the end of the first quarter. This will be reported to the IJB on 25 November 2021. In the previous year, reliance has been place on Covid – 19 funding to support under-delivery of savings will has been drawn-down to create a general reserve. The CFO is working the recently announced funding to align appropriately, to the additional capacity being put into the system around care at home.
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.

3	
Description of Risk:	Inability to recruit and retain qualified and experienced staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of Covid and the actions that will arise from the recommendations from the Independent Review of Adult Social Care 2021.

Human Resources (People):		
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	HIGH
Risk Movement:	Increase/ decrease/ no change	NO CHANGE
Rationale for Risk Rating:	<p>There continues to be issues with recruitment to some front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. Allied Health Professions and Social Work are two particular areas experiencing difficulties with obtaining people with the appropriate skills and training. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter.</p> <p>The roll out of the Covid vaccine placed a significant strain on the Partnerships resources across frontline and support functions and this has resulted in delays for the progress of projects relating to the achievement of strategic objectives.</p> <p>The Care Homes in Moray have continued to do well to maintain their staffing levels throughout the pandemic and whilst the difficulty with recruitment and retention of staff to caring roles is still being experienced there has not been a direct impact on HSCM teams for additional support from contractors. Neither has Covid 19 cause significant disruption to staffing as a result of positive cases or notification of Test, Trace and Isolate.</p> <p>There have been some achievements in the recent appointment to the Geriatrician post, and recruitment to agreed models for orthopaedics, anaesthetics, general surgery and the emergency department in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system.</p> <p>The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored.</p> <p>The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Committee Officer support has now been reinstated for APR and CCG committees effective from August 2021.</p>	
Rationale for Risk Appetite:	<p>Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case.</p> <p>The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision.</p>	

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

Assurances:	Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework. The HSCM Response Group has been in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them.
Gaps in assurance:	Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed.
Current performance:	<p>The full IMatter surveys did not take place during 2020 however an IMatter pulse survey was undertaken in September 2020 to get a snap shot of what staff are feeling. Results were published 20 November 2020 and although there was a lower response rate of the 36% the “working within the organisation satisfaction” score was 6.91 compared with 6.94 in 2019. The Imatter survey results for 2021 have just been received and managers are in the process of reviewing the results and developing action plans.</p> <p>Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans.</p> <p>There continues to be a need for more streamlining in recruitment processes as the delay in approval to recruit to having a member of staff available is in excess of 8 weeks.</p> <p>There is also a lack of suitable applicants for various posts which is impacting on ability to appoint for some roles.</p>
Comments:	<p>Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past.</p> <p>For some professions there is a potential risk that staff move from one position to a new position within HSCM will just move the vacancy to elsewhere in the system, so Senior Management Team are aware of this risk and taking it into account in considerations for vacancies.</p>

4	
Description of Risk: <i>Reputation:</i>	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.

Lead:	Chief Officer
Risk Rating:	low/medium/high/very high MEDIUM
Risk Movement:	increase/decrease/no change INCREASING
Rationale for Risk Rating:	<p>Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity.</p> <p>Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.</p> <p>The Third Sector rep stood down from MIJB and the substitute was only able to commit to attending until August 2021. Efforts are underway to recruit a replacement for this role and for other forums.</p> <p>Recent engagement with individuals representing their communities or third sector organisations in a variety of forums is highlighting that problems with their capacity to fulfil our needs so more co-ordination and clearer focus is required to ensure that the communication, engagement and outcomes are meeting identified needs.</p>
Rationale for Risk Appetite:	<p>The Board is cautious but open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time.</p> <p>We will seek to protect relationships in the long term and will not set out to antagonise stakeholders deliberately. For example, we must not be seen to exclude or prevent participation in the design of services where there is an appetite to do this.</p> <p>We must be mindful that repairing relationships is easier when there is already a well of goodwill to draw on, and that further damage to an already damaged relationship will not be conducive to good long term outcomes.</p> <p>Traditional methods of engagement are not possible at present as social distancing rules apply however alternative mechanisms for engaging with stakeholders are being used along with social media</p>
Controls:	<p>Governance Framework approved by IJB January 2021</p> <p>Communication and Engagement Strategy approved November 2019</p> <p>Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit.</p> <p>Annual Performance Report for 2019/20 was published in August 2020</p> <p>Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team.</p>

	Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website. Participation of stakeholders in Home First project meetings.
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. Annual Performance Report for 2019/20 published in August 2020. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled. SMT have considered the existing arrangements for engagement with stakeholders and work is being undertaken to align our framework with the Scottish Government "Planning with people guidance" and ensure that mechanisms are in place across services to evidence and evaluate their impact.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board.
Gaps in assurance:	Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement are not all available. More use is being made of social media and Microsoft teams and other options and methods for engagement with staff are being used via NHSG such as videos on YouTube and one question surveys.
Current performance:	Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2019/20 published August 2020. Audited Accounts for 2019/20 were publicised by deadline 30 September 2020 Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.
Comments:	A communication cell was established as part of the Local Resilience Partnership response with representation from Councils, HSCP and NHSG. This was led by Aberdeen City Council and was an example of the collaborative working that took place. This forum provides assurance that messages to all stakeholders are consistent. It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.

	There has been representation from the Home first project at the Wellbeing forum to facilitate sharing of information and seeking views.
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5		
Description of Risk: <i>Environmental:</i>	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	HIGH
Risk Movement:	increase/decrease/no change	NO CHANGE
Rationale for Risk Rating:	<p>Due to the response requirements for Covid 19 progress has been made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions.</p> <p>HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list has been recently reviewed to take into account remobilised services and the winter/surge action plan has been further defined and implemented</p> <p>Whilst the rates of Covid infection in Moray at the moment are relatively low the situation could change. Risk identification, assessment and initial response plans have been developed for potential impacts across the whole system.</p> <p>With effect from March 2021 MIJB is defined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparedness that is being taken forward in partnership with NHSG and Moray Council emergency planners.</p>	
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and the Category 1 status applied in March 2021, and work with partner organisations to meet these obligations	
Controls:	<p>Winter Preparedness Plan is being updated and will be tested alongside NHSG plans for winter with participation from officers in cross system table top exercises. Further work is being undertaken to identify learning from recent incidents to strengthen plans.</p> <p>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.</p> <p>NHS Grampian Resilience Standards Action Plan approved (3 year).</p>	

	Business Continuity Plans in place for most services although overdue a review in some areas. Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during incidents such as Gas outages in Keith (January and February 2021) and Covid response – debriefs carried out and learning identified.
Mitigating Actions:	<p>Information from the updated BIA/BCP has informed elements of the Winter Preparedness Plan</p> <p>A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.</p> <p>NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM.</p> <p>NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing</p> <p>Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.</p> <p>HSCM continues to monitor the local situation regarding Covid-19 and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. There is work underway with partners within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look at Surge flows and establish a mechanism that will provide easy identification of “hot spots” across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach. This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian would aid communication and understanding.</p>
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
Gaps in assurance:	<p><u>The recent experience of Storms and associated power outages proved challenging for all category 1 responders across Grampian however our staff responded extremely well. The debriefs have identified lessons learnt for Grampian Local Resilience Partnership and more locally for the response co-ordination within Moray. Action plans are in the process of being developed in collaboration with Moray Council's emergency planning officer to address the issues identified. The main issues related to developing wider awareness of roles and responsibilities, and improving general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. It has also highlighted the need for a more robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being progressed through an organisational change steering group.</u></p>

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	<p>Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled once we are out of response phase.</p> <p>Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group.</p> <p>Pandemic flu plans will require to be updated with the learning from <u>Covid 19</u></p> <p>The debrief reports following the gas outages from a Moray perspective and the Grampian Local Resilience Partnership (LRP), highlighted some issues for clarification in relation to the Care for People agenda. To address the local issues meetings have been taking place with Moray Council and HSCM representation to progress the Care for People plan and associated response structures. Steps to re-establish the Care for People group are in progress. The intention is to hold a table top exercise with managers from HSCM and Moray Council to test the invocation arrangements to ensure common understanding of roles and responsibilities.</p>
Current performance:	<p>The Senior Management Team participated in Strategic Leadership in a Crisis training in 2020 and a programme of further training for the wider management team is scheduled.</p> <p>Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply.</p> <p>Annual report on progress against NHS resilience standards was reviewed by APR committee on 25 March 2021.</p> <p>Report on the implications of the designation as a Category 1 responder was presented to MIJB 25 November 2021</p>
Comments:	<p>Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.</p>

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6		
Description of Risk: <i>Regulatory</i>	Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	MEDIUM
Risk Movement:	increase/decrease/no change	INCREASING
Rationale for Risk Rating:	Considered medium risk due to the impact of Covid-19 and resultant efforts required to remobilise services and/or the increase in workloads stretching a workforce that has been under sustained pressure for a considerable time.	
Rationale for Risk Appetite:	<p>The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply, or are contradictory.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>	
Controls:	<p>Clinical and Care Governance (CCG) Committee established and future reporting requirements identified</p> <p>High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework.</p> <p>Complaints and compliments procedures in place and monitored.</p> <p>Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner.</p> <p>Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.</p> <p>Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate, albeit there has been a reduction in some areas of external inspection reporting during the Covid period due to social distancing restrictions</p> <p>Care Home Oversight Group was meeting daily but now three times a week to oversee and manage risks in care homes. Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.</p>	
Mitigating Actions:	<p>This risk is discussed regularly by the three North East Chief Officers.</p> <p>Additional resource has been allocated to support the analysis of information for presentation to CCG committee</p>	

	Process for sign off and monitoring actions arising from Internal and External audits has been agreed
Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues. .
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report. The level is marked as an increasing risk on the basis that services are under pressure with the issues with staffing capacity and the need to focus on delivery of critical functions which may mean external inspection are not the priority at this moment in time.
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

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

	<p>The level of delayed discharges has been around 30 over the last month reflecting the sustained pressure in the system as a result of Covid -19 impact and the lack of availability of care in the community. There are sustained focussed and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to realise reductions and maintain them.</p>
Rationale for Risk Appetite:	<p>The Board is cautious but open about risks that could affect outcomes that are priorities for people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met.</p> <p>This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.</p>
Controls:	<p>Performance Management reporting framework.</p> <p>2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed.</p> <p>Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities.</p> <p>Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes.</p> <p>Chief Officer and SMT managing workload pressures as part of budget process.</p> <p>A daily dashboard of key indicators has been developed for HSCM and is circulated to service managers to ensure shared understanding of the pressures in the system. Work is progressing on development of G-OPES (Grampian Operating Pressures and Escalation System) led by NHSG but being developed locally to identify the triggers and resultant actions required in services to respond to pressure points.</p>
Mitigating Actions:	<p>Service managers monitor performance regularly with their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.</p> <p>Key operational performance data is being circulated daily to all managers in the Daily dashboard to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed.</p> <p>Performance information is presented to the Performance sub group of Practice Governance Group to inform Social Care managers of the trends in service demands so that resources can be allocated appropriately.</p>
Assurances:	<p>Audit, Performance and Risk Committee oversight.</p> <p>Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team.</p>

	HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services.
Gaps in assurance:	Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. Progress will be reported to future Board meetings.
Current performance:	Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support managers interpret the impact of Covid19 on their services, now and going forward. There are likely to be changes to ways of working and this may also have impact on the performance information required.
Comments:	Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers. The delayed discharge group has produced an action plan for implementation and progress is being made. Practice Governance have been reviewing their operational performance requirements. The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis. Progress in this area has been hampered due to the increased demand for urgent or critical services requiring staff resource to be prioritised to frontline service delivery. There has been a vacancy in the performance staff since July however the new Senior Performance Officer commenced on 22 November 2021 which will provide much needed capacity to develop the identified need for information.

8		
Description of Risk: <i>Transformation</i>	Inability to progress with delivery of Strategic Objectives and Transformation projects.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	HIGH
Risk Movement:	increase/decrease/no change	NO CHANGE
Rationale for Risk Rating:	There are many issues that will impact on the ability to progress to deliver Strategic Objectives.	

	<p>The Strategic Planning & Commissioning group is to be refreshed and re-launched and key work is being progressed. There was an initial meeting held on 22 September 2021 to consider terms of reference and the proposed structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements. The appointment of the Strategic Planning and Performance Lead provides additional capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally.</p> <p>The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. Work has progressed risk assessments are completed and assessments have been or are in the process of being reviewed to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid however it is anticipated that a hybrid service will be offered which will facilitate tailoring of services to meet specific individual outcomes where this is appropriate. The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over. It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives. There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress.</p> <p>There is concern that due to the workloads and challenges over the last year that teams are weary and/or do not have capacity at this moment in time, to progress with delivery of development plans at this moment in time. In addition the pandemic is still present in the community so services are still responding to the impacts it has for the population of Moray. Managers are working with teams to establish "readiness" and their capacity and sense of wellbeing and the collated output will inform plans going forward.</p> <p>One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system. Work was undertaken by NHS GRAMPIAN and partners to address the needs for ICT kit and information during the response to Covid and it is hoped that this progress can be built on</p>
Rationale for Risk Appetite:	<p>The Board has a high appetite for risks associated with delivery of transformational redesign. The following should be considered when accepting these risks:</p> <ul style="list-style-type: none"> • We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite • Service users are consulted and informed of changes in an open & transparent way • We will monitor the outcome and change course if necessary
Controls:	<p>Home First strategic theme is being progressed across the whole system and a local Home First Group is meeting fortnightly. The Home First Transformation Board has also been established for Grampian – the output of these meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed.</p>

	It is recognised that there will be significant changes taking place in Social Work practice with the implementation of the Self Directed Support standards and the move to outcomes based services, so governance arrangements are being set up to facilitate the same type of oversight and communication that is in place for the Home First programme.
Mitigating Actions:	<p>Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly at the moment</p> <p>Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid. These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.</p>
Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.
Gaps in assurance:	<p>Transformation/implementation planning is in development and will inform outcomes and performance reporting on the delivery of the strategic plan.</p> <p>Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.</p> <p>Meetings have not been taking place due to Covid.</p>
Current performance:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.

9		
Description of Risk: <i>Infrastructure</i>	Requirements for support services are not prioritised by NHS Grampian and Moray Council.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	HIGH
Risk Movement:	increase/decrease/no change	NO CHANGE
Rationale for Risk Rating:	<p>Changes to processes and necessary stakeholder buy-in still bedding in.</p> <p>Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. The output was anticipated in October 2019 however due to changes with roles and responsibilities within the Council however the paper has been out for consultation. The changes required to places of work as a result of Covid19 continue to restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their development of policy regarding workspace and availability of facilities going forward as highlighted in the Premises Strategy report to MIJB in May 2021. NHSG have advised that staff should aim to work from home until December 2021 although an update will be provided in August 2021.</p> <p>ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required.</p> <p>The impact of Covid has resulted in a change in ICT strategy for Moray Council. Staff requiring mobile technology have now been provided with it and many staff are working from home. This is a necessity where the number of desks available in offices has been reduced due to implementation of social distancing guidance.</p> <p>There is still an issue with availability of kit for NHS employed staff which has been escalated</p>	
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.	
Controls:	<p>Chief Officer has regular meetings with partners</p> <p>Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through an automated process) to confirm they have read these every 6 months</p> <p>PSN accreditation secured by Moray Council</p>	

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

	Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised against all other services in the partner organisations. The challenges and impact on the ability to adopt efficient working processes for HSCM staff and managers whilst have to use networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing, matters is very significant.
Comments:	<p>Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels</p> <p>There remains issues with access to ICT equipment for staff with orders over 6 months old outstanding with both NHSG and Moray Council. This impacts on services effectiveness. The matter <u>has been</u> escalated by senior managers with colleagues in the partner organisations.</p>

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