INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.055
Lead Officer	Fiona Mitchelhill
Report Author Details	Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	No
Terms of Reference	5

1. Purpose of the Report

1.1 Purpose of the Report

The purpose of the report is to provide the Integration Joint Board with an update from the Chief Officer.

2. Recommendations

2.1 It is recommended that the Integration Joint Board:

(a) Notes the detail contained within the report; and
(b) Instructs the Chief Officer to report the outcomes of the eMAR project to the IJB in May 2025.

3. Strategic Plan Context

The Chief Officer's report highlights areas relevant to the overall delivery of the Strategic Plan.

4. Summary of Key Information

<u>Local Updates</u>

<u>Performance Improvement Workstreams</u>

4.1 eMAR (electronic Medication Administration Record)

eMAR is an electronic version of the paper MAR system used for administering medication in care settings. eMAR systems provide a range of improvement over paper-based MAR systems. They improve medication stock management, allowing the levels of medication to be checked quickly and easily, be updated in real time and staff can be alerted when medication is running low. Built in safety features also reduce the likelihood of medication errors.

An in-house learning disability service has been identified to test the eMAR pilot. People in receipt of care with complex needs and care home residents generally have greater health needs and are reliant on higher levels of prescribing than the general population. The ordering and administration of medication is therefore a significant aspect of the responsibilities held by care providers and of the quality of care they provide. Those providing this care deal with the management of large amounts of medication and the systems they use to undertake these responsibilities directly impact on efficiency and safety.

This pilot project will set up eMAR in the Back Hilton in-house Learning Disability service and pay the Year 1 costs to implement this, with a requirement that the service identify funding to continue the provision of eMAR beyond year 1. This ongoing funding has been identified and approved.

4.2 Improving the Neurorehabilitation Pathway

In October 2023, the Integration Joint Board approved a phased programme of improvement following a strategic review of the neurorehabilitation pathway. Implementation was delayed to allow the senior leadership team to consider options for delivering savings in the 2024/25 budget setting process, however, it was agreed to commence phase one.

Implementation of phase one is well underway, overseen by a programme group and supporting 'task and finish' groups looking at pathways, recruitment and evaluation. Due to money being reinvested in the recruitment of a community Home Link team, to ensure people can be taken home sooner to complete their rehabilitation, there will be no financial saving from this phase.

The list below highlights the key milestones, including a robust evaluation period, before recommendations regarding phase 2 are delivered to the IJB in Autumn 2025.

Timeline: Neurorehabilitation Phase 1
October '24: Recruitment will be completed
October '24 to January '25: Induction period for new staff
January '25 to June '25: Evaluation period
June '25 to September '25: Data analysis, valuation and report production
September '25 to October '25: IJB(s) Decision on Phase 2 implementation.

4.3 Staff Wellbeing

A variety of initiatives are ongoing to enhance the well-being of our staff. These initiatives include collaboration with NHSG to provide remote 'spaces for listening' sessions with trained personnel and volunteers. Additionally, complimentary therapies have resumed this month following a brief hiatus over the summer.

The autumn/winter flu vaccination campaign began earlier this month, offering all health & social care staff the opportunity to receive a flu and/or Covid vaccination. This effort aims to safeguard their health and minimise instances of sickness-related absences.

NHS Grampian submit quarterly sickness absence data comparing NHSG and ACHSCP sickness absence rates (separate data is provided via ACC and will routinely be included in future CO Reports).

As the below graphs show, absence rates rise towards June 2024. The cause of this likely to have multiple factors but will include flu/Covid circulation in the time period measured.

We hope to have NHSG sickness absence data provided on a monthly basis and more data on service areas.
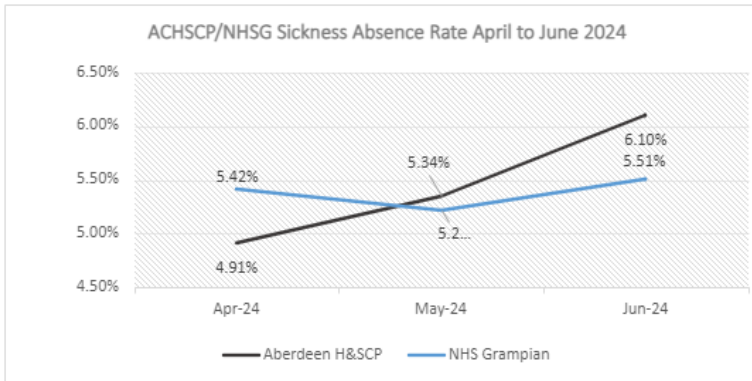
INTEGRATION JOINT BOARD

ACHSCP/NHSG Sickness Absence Stats for the Period of Jan 2024 - Mar 2024
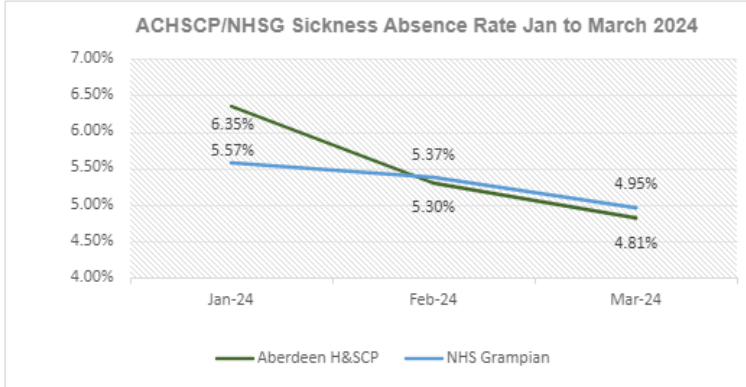
ACHSCP/NHSG Sickness Absence Stats for the Period of Apr 2024 - Jun 2024

NHSG has had a lower sickness absence record than the rest of NHS Scotland in each of the last 3 financial years. There are significant saving opportunities that could be achieved if sickness absence was reduced, for example: less additional hours/over time/bank/agency costs of covering absences.

The partnership sickness absence rate for July 2024 has fallen to 5.8% from 6.1% (as shown in above graphs). However, traditionally, the second half of the financial year will have higher sickness absence rates than the first half, this is primarily due to winter colds and flu etc, with this in mind, reducing sickness absence rates between now and the end of March 2025 will be very challenging.

INTEGRATION JOINT BOARD

Areas Requiring Performance Improvement

4.4   Care Inspectorate Reports

We have recently received poor care inspectorate reports from two care homes in the city. Ruthrieston Care Home which is a residential home for older adults and Tigh a'Chomainn (TAC) which is a service for adults with learning disabilities. Ruthrieston had a care inspection on 2 June 2024 and was graded as 2 overall (Weak) and Tigh a'Chomainn on 8 August 2024 with an overall grade of 1 (unsatisfactory). Colleagues from the City's Collaborative Care Home Support Team, learning disability team and contracts team continue to work in partnership with all care home providers to help them develop their services and their staff teams through support and training opportunities. The team also carry out monthly visits to all services to work with care homes on specific topics to ensure that good practice is embedded.

A workshop has been held with the team to identify areas of improvement to support homes.

Regional Updates
Due to the focus on Discharge without Delay, there are no regional updates for this Chief Officer's report.

National Updates
A substantive report has been submitted in respect of the National Care Service (HSCP.24.060).

5.   Implications for IJB

There are no direct legal implications arising from the recommendations set out in the report.

5.1   Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations of this report.

5.2   Financial

There are no direct financial implications arising from the recommendations of this report.

5.3 Workforce

There are no direct workforce implications arising from the recommendations of this report.'

5.4 Legal

There are no direct legal implications arising from the recommendations of this report

5.5 Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.6 Information Governance

There are no direct information governance implications arising from the recommendations of this report

5.7 Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

5.8 Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

5.9 Other

There are no other direct implications arising from the recommendations of this report.

6. Management of Risk

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary

6.1   Identified risks(s)

There are no identified risks related to this report.

6.2   Equalities, Fairer Scotland and Health Inequality

No IIA's required

6.3   Financial

There are no direct financial implications arising from the recommendations of this report.

6.4   Workforce

There are no direct workforce implications arising from the recommendations of this report.

6.5   Legal

There are no direct legal implications arising from the recommendations of this report.

6.6   Information Governance

There are no direct information governance implications arising from the recommendations of this report.

6.7   Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.