

Notice of Meeting and Agenda



Performance, Review and Scrutiny Committee

Venue: T.B.C.,

Date: Tuesday, 16 March 2021

Time: 11:00

Executive Director : Place

Contact:

Clerk Name:	Gordon Aitken
Clerk Telephone:	0131 271 3159
Clerk Email:	gordon.aitken@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

Privacy notice: Please note that this meeting may be recorded. The recording may be publicly available following the meeting. If you would like to know how Midlothian Council collects, uses and shares your personal information, please visit our website: www.midlothian.gov.uk

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minute of Previous Meeting

- | | | |
|------------|--|--------|
| 4.1 | Minute of Meeting of the Performance, Review and Scrutiny Committee of 9 December 2020 | 3 - 10 |
|------------|--|--------|

5 Public Reports

- | | | |
|------------|--|---------|
| 5.1 | Inspection of Midlothian Council Care at Home Service - Report by Joint Director, Health and Social Care | 11 - 26 |
| 5.2 | Inspection of Midlothian Council - Highbank Intermediate Care Facility - Report by Joint Director, Health and Social Care- | 27 - 40 |
| 5.3 | Inspection of Midlothian Council – Newbyres Village Care Home - Report by Director of Health and Social Care | 41 - 54 |
| 5.4 | Midlothian Council Quarter 3 Performance Report 2020_21 - Report by Chief Executive | 55 - 98 |

6 Private Reports

No items for discussion

7 Date of Next Meeting

The next meeting will be held on Tuesday 27 April 2021 at 11.00am.

Minute of Meeting



Performance, Review and Scrutiny Committee

Date	Time	Venue
9 December 2020	11.00am	Virtual Meeting

Present:

Councillor Johnstone (Chair)	
Councillor Alexander	Councillor Cassidy
Councillor Hardie	Councillor Munro
Councillor Parry	Councillor Russell
Councillor Smail	

Also in Attendance:

Grace Vickers	Chief Executive
Kevin Anderson	Executive Director Place
Fiona Robertson	Executive Director Children, Young People and Partnerships
Gary Fairley	Chief Officer Corporate Solutions
Derek Oliver	Chief Officer Place
Joan Tranent	Chief Officer Children's Services
Alison White	Head of Adult Health and Social Care
Gordon Aitken	Democratic Services Officer

1 Apologies

Apologies were received from Councillors Baird, Lay-Douglas, McCall, Wallace and Winchester.

2 Order of Business

The order of Business was as detailed within the Agenda.

3 Declarations of Interest

No declarations of interest were intimated.

4 Minutes of Previous Meetings

- 4.1 The minute of the meeting of 22 September 2020 was submitted and approved as a correct record.

5 Public Reports

Agenda No.	Report Title	Submitted by:
5.1	Third Statutory Biodiversity Report 2017-20	Chief Officer: Place
Outline of report and summary of discussion		
The report sought approval of the Third Statutory Biodiversity Duty Report 2017-20 for publication on the Council's website as well as being forwarded to the Scottish Government. The report advised that Biodiversity was the variety of life including plants, animals, micro-organisms and bacteria interacting with each other and the non-living environment to form living ecosystems, cleanse the air and water, pollinate crops, break down waste, control pests and diseases and regulate natural events. The report highlighted that the Wildlife and Natural Environmental (Scotland) Act 2011 required public bodies to publish a Biodiversity Report every 3 years that set out the actions taken in carrying out its Biodiversity duties. The Biodiversity Report was attached as an appendix. Derek Oliver was heard in amplification of the report after which there was a general discussion on this matter.		
Decision		
(a) To approve the appended report as the Council's Third Statutory Biodiversity Report 2017-20;		
(b) Agree to the publication of the Third Statutory Biodiversity Report on the Council's website as well as providing the Scottish Government with a copy.		
Action		
Chief Officer: Place		

Agenda No	Title	Submitted by:
5.2	Integrated Children's Services Inspection Report	Chief Officer, Children's Services, Partnerships and Communities
Outline and summary of item		
<p>The purpose of the report was to provide feedback from the recent Joint Children's Services for children and young people in need of care and support within Midlothian and the areas for improvement highlighted.</p> <p>Formal feedback in relation to the inspection was received on 6 July 2020 with the following grades awarded;</p> <ul style="list-style-type: none"> • Leadership and Direction – GOOD • Impact on Families – GOOD • Impact on Children and Young People – GOOD • Improvement in the safety, wellbeing and life chances of vulnerable children and young people – GOOD • Evaluation Scale 4 GOOD = Important strengths, with some areas for improvement <p>The inspection identified a number of key strengths and good practice as follow;</p> <ul style="list-style-type: none"> • Leaders had embraced their collective responsibility to protect children, demonstrated through their well embedded, collaborative approach to quality assurance and scrutiny. • Staff recognised risk and took timely and appropriate action to keep children safe, and key processes for assessing and managing risk for children and young people in need of care and protection were well established. • The wellbeing of children in need of care and protection was improving, with most children and young people benefiting from positive and caring relationships with staff and carers. • As a result of operational and strategic effort, partners had achieved significant reduction in the overall number of looked after children and young people and a reduction in out-of-authority placements. • Children and young people had their rights respected and they benefited from opportunities to have their voices heard throughout the well-established Champions Board structure. <p>The priority areas for improvement were identified as;</p> <ul style="list-style-type: none"> • While children and young people in need of care and protection were helped by a range of purposeful interventions, access to the specialist services required to help them recover from trauma, was not always available at the time they needed it. • The partnership recognised that more needed to be done to raise educational attainment and reduce the number of care experienced children and young people excluded from school. 		

- Outcomes and experiences for care experienced young people transitioning into adulthood were variable. The partnership had identified this as a key area for improvement.
- Collaborative leadership of corporate parenting had not yet consistently achieved partner's ambitions for improved and wellbeing across all groups of care experienced children and young people.

In conclusion the Care Inspectorate reported;

- That they were **very** confident that the partnership in Midlothian has the capacity to continue to improve and to address the areas identified for improvement.
- Evidence of strong partnership working at all levels and a confident and competent workforce committed to improving outcomes and experiences for children, young people and families.
- The effective Champions Board structure and continued effort from staff across the partnership to enable children and young people to influence service design and improvement.
- The strength of scrutiny and oversight of child protection practice and the drive for continuous improvement.
- The partnerships record of improvement to date in relation to the impact of services on care experienced children and young people.

Joan Tranent was heard in amplification of the report after which there was a general discussion on this matter.

Decision

The Performance Review and Scrutiny Committee:

(a)Noted the many strengths within the report which evidenced strong partnership working at all levels in addition to the partnership's record of improvement to date in relation to the impact of services on care experienced children and young people;

(b)To congratulate all staff involved within this process across the community planning partnership for their commitment and good work;

(c)To develop an action plan to take forward the priority areas for improvement;

Action

Chief Officer, Children's Services, Partnerships and Communities

Agenda No	Title	Submitted by:
5.3	Performance Report Insight Data February 2020	Chief Officer, Children's Services, Partnerships and Communities
Outline and summary of item		
<p>The purpose of this report was to inform of trends in attainment and achievement of school leavers in Midlothian using the "National Benchmarking Measures" from Insight. Joan Tranent was heard in amplification of the report during which she highlighted that overall, the three National benchmarking measures reported by the Scottish Government Insight tool in the February 2020 update indicated that attainment in Midlothian had improved overall over the five-year period to 2018/19 but that further improvements could still be made, particularly in Literacy and Numeracy at SCQF Level 6, the middle 60% attaining group and in relation to closing the attainment gap for young people with additional support needs and our looked after young people.</p> <p>There followed a general discussion on this matter during which the progress made to date was noted and that an Action Plan would be prepared for those areas requiring further improvement.</p>		
Decision		
To note the progress and areas for improvement in educational attainment in the Senior Phase in Midlothian secondary schools		

Agenda No.	Report Title	Presented by:
5.4	Adult Health and Social Care Performance Report Quarter Two 2020/21	The Joint Director, Health and Social Care
Outline of report and summary of discussion		
<p>The Adult Health and Social Care Performance Report Q2 2020/21 was submitted. The Joint Director, Health and Social Care highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.</p>		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.5	Children's Services, Partnership and Communities Performance Report Quarter Two 2020/21	Executive Director/Chief Officer, Children's Services, Partnerships and Communities
Outline of report and summary of discussion		
The Children's Services, Partnership and Communities Performance Report Quarter Two 2020/21 was submitted. The Executive Director as well as the Chief Officer Children, Young People and Partnerships highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.6	Corporate Solutions - Performance Report Quarter Two 2020/21	Executive Director: Place
Outline of report and summary of discussion		
The Corporate Solutions Performance Report Quarter Two 2020/21 was submitted. The Executive Director: Place highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.7	Education - Performance Report Quarter Two 2020/21	Executive Director: Children's Services, Partnerships and Communities
Outline of report and summary of discussion		
The Education, Performance Report Quarter Two 2020/21 was submitted. The Executive Director: Place highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.8	Place - Performance Report Quarter Two 2020/21	Executive Director: Place
Outline of report and summary of discussion		
The Place, Performance Report Quarter Two 2020/21 was submitted. The Executive Director: Place highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and answered questions raised by Elected Members.		
Decision		
Noted the content of the report.		

Agenda No.	Report Title	Presented by:
5.9	Midlothian Council Report Quarter Two 20/21	Chief Executive
Outline of report and summary of discussion		
The Midlothian Council Report Quarter Two 20/21 was submitted. The Chief Executive was heard in amplification of the report during which she sought approval to the proposal that the Q3 and Q4 reports were jointly submitted to PRS at the appropriate meeting thereby allowing the best use of Officers in the interim period particularly in view of the ongoing Covid-19 situation after which she answered questions raised by Elected Members.		
Decision		
(a)To agree that whilst detailed Performance reports covering Q3 and Q4 were jointly submitted to PRS at the appropriate meeting, a streamlined version of the Q3 Performance reports be submitted to the next appropriate meeting of PRS for consideration; and (b)To otherwise note the content of the report.		

6 Private Reports

No private reports were submitted for discussion.

7 Date of Next Meeting

The next meeting will be held on Tuesday 2 February 2021 at 11.00 am.

The meeting terminated at 12.55 pm

Inspection of Midlothian Council Care at Home service

Report by Morag Barrow, Joint Director, Health and Social Care

1 Purpose of Report – provide information

This report provides an overview of the recent announced Care Inspection report on Midlothian Council care at home service.

2 Background

- 2.1 Midlothian Council Care at Home service was inspected in November 2020 over a period of two weeks by the Care Inspectorate. The recent report was published in December 2020 and will be distributed to all Elected Members of the Cabinet for their information. The inspection covered three key areas of the National Health and Social Care Standards attributed to care at home services. These include:

How good is our leadership?

How well is our care and support planned?

How good is our care and support during the COVID-19 pandemic?

- 2.2 Following the recent inspection a report was published that details the areas of its findings and outlines areas for recommendation and/or requirements. A revised action plan with specific timescales for completion, has been developed to address all areas for improvement. This action plan is regularly updated, to track and monitor improvements.

The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded the three areas as follows:

How good is our leadership, **4 - Good**

How well is our care and support planned, **4 - Good**

How good is our care and support during COVID pandemic, **4 - Good**

The Care Inspectorate noted that there had been significant progress made since the last inspections in August 2018 and May 2019, including the service meeting pre-existing requirements. There was no published report from the May 2019 inspection due to the inspection process and approach being successfully challenged by the Health and Social care partnership.

3 Conclusion

The Care Inspectorate reported in their findings from speaking to clients and speaking to family members:-

People described the staff as kind and caring. While some people had staff consistency and enjoyed establishing meaningful trusting working relationships, others did not experience this. Many people told us they had lots of different carers during the week, and this was unsettling for them. Communication was a key concern voiced by those we spoke with.

The report also states:

“Improvements have been made to the various quality assurance systems since our last inspection. This has enabled the leaders to have a greater overview of the service, including capacity, reviewing people's care and support needs and staff training. This has led to improved outcomes for people.”

There were 5 previous requirements from 2018 and these have all been met. There were 2 previous areas for improvement that have also been met. There are 3 new improvements required from this inspection including

1. *People's care and support plans should be outcome focused, detailing the agreed goals they would like to achieve to support their independence as much as possible.*
2. *People's care and support plans should be reviewed on a more regular basis (six-monthly or as and when required) to ensure the service continues to meet their agreed outcomes.*
3. *People should be made aware of who is coming to care for them on a day to day basis. They should also be clearly communicated and consulted with about their agreed times and any changes to how and when the care is provided to them.*

4.1 Resource

There has been a focus on achieving improved quality in relation to Care Inspectorate requirements, including the appointment of an additional quality assurance officer ensuring effective audit systems are in place and project management support to ensure planning is in place and outcomes delivered on time.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of the report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It will also be on display in the Care at Home base for staff and visitors to access and review progress. There are mitigated risks with the current service around inconsistency of carers due to the continual increase on demand on the service and managing this type of service through a pandemic where staff absence has been higher due to staff being unwell, shielding and self-isolating.

4.3 Policy

Strategy

The Care at Home service has responded to the inspection with a revised action plan responding to the recommendations, with clear timescales and outputs to deliver to the plan. The plan of actions is informed also by the rebalancing care agenda ensuring people can live as well as possible in their own homes in their communities. This includes working together with other key partners such as primary care services, allied health professionals, private and voluntary sector services within health and social care and our acute partners to deliver alternatives to acute care avoiding inappropriate hospital admissions.

Consultation

Copies of the Inspection report will be made available to Elected Members, and staff members, and notified to families/carers and other interested parties when finalised.

Equalities

There are no evident equalities issues.

Sustainability

There is an ongoing review of Care at Home services within Midlothian to establish opportunities to develop “outcome focussed” effective and efficient Care at Home services. This supports the Midlothian Older People strategy 2020 – 2022 which focusses on improving access to services and exploring opportunities to keep people safe and well in their own home and community.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendation

PRS is requested to note the content of the report and progress made;

Report Contact: Anthea Fraser
Anthea.fraser@midlothian.gov.uk

Midlothian Council – Domiciliary Care – Care at Home Support Service

Fairfield House
8 Lothian Road
Dalkeith
EH22 3AA

Telephone: 0131 271 3942

Type of inspection:
Announced

Completed on:
26 November 2020

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides care to adults and older people living in their own homes within Midlothian. The reablement and complex care services are located at Fairfield House, situated close to the town centre in Dalkeith. The Midlothian Enhanced Rapid response and Intervention Team (MERRIT) is based at Bonnyrigg Health Centre.

Staff are divided into six teams with differing roles. The MERRIT care team is part of a multi-disciplinary team. The team deals with emergency and crisis situations on a short-term basis. Carers offer personal care and some domestic assistance. They provide 24-hour response for service users with personal alarms and they are heavily involved with responding to and the prevention of falls. The service aims to prevent hospital or care home admission. This team also assists individuals who are having a trial discharge from hospital.

The service states that it aims:

"To provide a personal care and home support service for individuals and their carers in the individual's own home to enable them to remain at home for as long as they wish to do so.

To prevent admission and re-admission to hospital, and where people are being discharged from hospital to support them to leave hospital with minimum delay.

To support people leaving hospital to return to independence as soon as they are able."

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service told us that on 22nd November 2020 it provided a service to 294 people.

How we inspected this service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. We also evaluated the service against previous areas of improvement highlighted at our inspection.

This inspection was carried out remotely using virtual video calling and telephone conversations with people. Two inspectors assisted with contacting people and their relatives.

What people told us

We spoke with 45 people (including their relatives) to collate their views of the service they received.

People described the staff as kind and caring. While some people had staff consistency and enjoyed establishing meaningful trusting working relationships, others did not experience this. Many people told us they had lots of different carers during the week, and this was unsettling for them. Communication was a key concern voiced by those we spoke with.

Comments from people included the following:

"I enjoy having different carers coming to support me during the week."

"Although I have different carers supporting me and I would prefer a core team of people I know well, I do appreciate the challenges for the management at this time during the COVID-19 pandemic."

"Quite a few different carers came in."

"It would be more reassuring to know who was visiting and when."

"Sometimes the staff change without notice which can be a little unsettling."

"I get no information on which carer is coming, if there are any changes or if they are running late."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 4 - Good

Improvements have been made to the various quality assurance systems since our last inspection. This has enabled the leaders to have a greater overview of the service, including capacity, reviewing people's care and support needs and staff training. This has led to improved outcomes for people.

Several missed visits and medication errors have been made by staff over the past year, largely through human error. This has had a negative impact on some people using the service. Where this occurs, staff are asked to complete reflective accounts and acknowledge the potential impact this could have on people.

The service had a continuous improvement and development plan which encompassed further investment in quality assurance systems to ensure enhanced outcomes for people were achieved. This included a new APP staff could use and leaders would monitor (in real time) any potential missed visits caused through human error. The APP was being rolled out at the time of our inspection. It was hoped that this new quality assurance measure will help to minimise any errors occurring moving forward.

Although various audits and observations of staff practice were undertaken on a regular basis, including that of medication administered to people, the frequency was not as it used to be prior to the COVID-19 pandemic. The service was mindful of this and aimed to make improvements.

Time is now required for these positive changes to be embedded within the service and for improved outcomes for people to be achieved. We will follow this up at our next inspection of the service.

How well is our care and support planned?

4 - Good

People benefited from personal plans that were regularly reviewed, evaluated, and updated involving relevant professionals and took account of good practice and their own individual preferences and wishes.

Where people were not fully able to express their wishes and preferences, individuals who were important to them or have legal authority were involved in shaping and directing the care and support plans.

We found people's personal care plans focused entirely on tasks to be carried out or a deficit-led approach rather than building an enabling approach based on assets or outcomes.

The service strived to ensure people's care plans were kept up to date to reflect any changes to their care and support needs. However, it was not always clear what changes had occurred and to what level of involvement people, their relatives and other appropriate health professionals had in reviewing their plans as this was often not recorded.

The service should make improvements to the care planning and review process with people to be more outcome focused; detailing the agreed goals they would like to achieve to support their independence as much as possible. (See area of improvement 1).

We made a requirement at our last inspection for the frequency of people's reviews to be more regular, on a six-monthly basis or more often as and when required. Although this requirement has not been fully met, we acknowledged the pressures placed upon the service because of the COVID-19 pandemic at this remains an area for improvement. (See area of improvement 2).

Areas for improvement

1. People's care and support plans should be outcome focused, detailing the agreed goals they would like to achieve to support their independence as much as possible.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

2. People's care and support plans should be reviewed on a more regular basis (six-monthly or as and when required) to ensure the service continues to meet their agreed outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me." (2.17)

How good is our care and support during the COVID-19 pandemic?

4 - Good

How good is our care and support during the COVID-19 pandemic?

People were being well cared for and described the staff as being kind, caring and respectful in their interactions with them. Although care and support arrangements may have needed to change for some in response to the COVID-19 pandemic, people still experienced care and support with compassion.

Although disruption to regular patterns of support were inevitable during the pandemic, people felt confident in their care because staff have been trained appropriately.

The service recognised the importance of social connectiveness and help to reduce risk of social isolation by increasing some visits for people or additional contact by staff in the office to check people's general wellbeing.

The service was progressing well with allocating keyworkers to people's care packages to support the continuity of care.

People told us that they did not always know who was coming to support them and found this to be very unsettling. This was of particular concern for those who have dementia and rely on consistency for their wellbeing.

Many people have their visits scheduled within a time frame of three hours, e.g. 7am - 10am. They found this unsettling, unsure what time the staff would arrive. People were not routinely provided with information as to who was coming to visit them, and changes were not always clearly communicated.

It was evident to people that the level of consultation and communication was a key area of improvement for the service. (See area for improvement 1).

Infection prevention and control practices are safe for people experiencing care and staff

People experiencing care benefited from staff who were knowledgeable and promoted good infection control and prevention practices. There was sufficient supply of PPE equipment and staff had been appropriately trained in COVID-19 procedures and infection prevention and control.

The service has not experienced many people who have tested positive for COVID-19. However, speaking with staff they are aware of the escalation procedures in place should someone present with the symptoms and refer on for appropriate testing.

Staff have access to specific training on COVID-19, the correct use of personal protective equipment (PPE) and infection prevention and control. The service has made use of various video links to the NHS and other resources for staff to view.

The service had been pro-active for delivering training for new staff, with a rapid approach. This has ensured staff had the vital relevant training to meet people's needs.

Staff demonstrated confidence in their knowledge. This was further enhanced through various quality assurance systems.

We highlighted with the manager how improvements should be made to ensure the robust practices of safe disposal of used PPE were consistent throughout the service.

Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

Leaders in the service understood the potential challenges presented by COVID-19 and planned for the likely disruption to all aspects of the service. They strived to work in partnership with health and social care partnership staff, GPs, pharmacists and other health professionals to ensure they were able to continue to respond to people's changing needs.

There was a shared, collaborative, and coordinated response to local capacity issues because leaders communicated regularly with health and social care partnerships. Leaders were flexible and willing to share resources and problems co-operatively with others.

Leaders found flexible and alternative ways to support staff learning and development, including induction for new staff along with secure methods for communicating information.

There was a staffing contingency plan to help manage staff absences, holiday cover and unplanned shortages.

The service had completed a remapping exercise as part of their winter planning and COVID-19 preparation and risk management. However, for many people (including staff), they were not clear of the rationale behind this due to the lack of consultation and poor communication.

The service should make improvements to how they communicate with people and involve them in any changes to the way their care and support needs are met. (Area of improvement detailed in Key Question 7.1).

Areas for improvement

1. People should be made aware of who is coming to care for them on a day to day basis. They should also be clearly communicated and consulted with about their agreed times and any changes to how and when the care is provided to them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I know who provides my care and support on a day to day basis and staff are familiar of what they are expected to do. If possible, I can have a say on who provides my care and support." (HSCS 3.11)

"My care and support meets my needs and is right for me." (HSCS 1.19)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must review service users' care plans at least once every six months and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must invite all significant people, including third parties with legal responsibilities, to the review meetings. The provider must do this by 10 September 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 2.17 which states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (1) and (2) - Personal Plans.

This requirement was made on 17 May 2018.

Action taken on previous requirement

Due to the current pandemic and the aim to reduce the footfall into people's homes to support infection control measures, the service was behind in terms of reviewing people's care and support needs. However, the service had explored meaningful ways to achieve this and engage with people over the phone where possible.

The service should record the discussions held and actions agreed with people when reviewing their care and support needs, focusing on their agreed outcomes. We have detailed this more within this inspection report.

Met - within timescales

Requirement 2

The provider must (a) maintain an overview of all areas of service delivery including reviews, staff supervision and observed practice; and (b) implement any identified actions required to ensure service user's health, welfare and safety needs are continuously being met. The provider must do this by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is in order to comply with regulation 3 and 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011, SSI 2011/210; - Principles and Welfare of Users; make proper provision for the health, welfare and safety of service users.

This requirement was made on 17 May 2018.

Action taken on previous requirement

Improvements have been made to various aspects of quality assurance, including the auditing of accidents and incidents and training staff have completed to meet peoples' care and support needs.

The provider had also invested in the development of a new APP for staff to use and for leaders to monitor. Time was required for these positive improvements to be embedded into the service and produce better outcomes for people.

Met - within timescales

Requirement 3

The provider must ensure all incidents involving service users are appropriately acted on, reported, recorded and followed up. The provider must start this immediately and have this fully in place by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is in order to comply with regulation 4 (welfare of users) of the Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 17 May 2018.

Action taken on previous requirement

Incident and accidents were recorded well with appropriate quality assurance audits in place.

Met - within timescales

Requirement 4

The provider must ensure that the service complies with all aspects of the Care Inspectorate Guidance on Notification Reporting. The service must start this immediately and have this in place fully by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

This requirement was made on 17 May 2018.

Action taken on previous requirement

We sampled the quality assurance records in place which monitored the accidents and incidents which took place and how these were actioned upon and reported to the Care Inspectorate where appropriate to do so. Based on the evidence we sampled, we have assessed that the service had met this requirement.

Met - within timescales

Requirement 5

The provider must put systems in place to follow through all concerns or comments and evidence the actions taken and changes made to the care and support as a result. The provider must do this by 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 17 May 2018.

Action taken on previous requirement

Improvements have been made to the recording of any complaints, concerns or comments raised with regards to the quality of the service people receive. A quality assurance tracker was being used to monitor this. We also contacted people to enquire as to whether their comments had been addressed to a positive conclusion.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

It is recommended that the service follows best practice in Safer Recruitment.

This is to ensure care and support is consistent with the Health and Social Care Standard which states 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 17 May 2018.

Action taken since then

Although we were not able to assess the improvement made, we have been assured by the service that all recruitment files are now securely held.

Previous area for improvement 2

It is recommended that the provider regularly checks staff's competence through observed practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and

follow their professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 17 May 2018.

Action taken since then

Although spot checks and observations of practice were undertaken, we assessed the frequency of these could be improved. However, acknowledge the presented challenges with COVID-19 and the need to restrict footfall into people's homes. We have detailed this more within this inspection report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Inspection of Midlothian Council - Highbank Intermediate Care facility

Report by Morag Barrow, Joint Director, Health and Social Care

1 Purpose of Report – provide information

This report provides an overview of the recent announced Care Inspection report on Highbank Intermediate Care Facility inspection.

2 Background

- 2.1 Midlothian Health and Social Care Partnership's intermediate care facility – Highbank was inspected on 10th November 2020 by the Care Inspectorate as a registered care home for people aged over 60. The report was published in December 2020 and is in the process of being distributed to all Elected Members of the Cabinet for their information.

The inspection format was undertaken under the new Care Inspectorate Health and Social Care standards for care homes. Although Highbank is an intermediate care facility, there are no specific standards for intermediate care at this stage.

It covered the following theme:- How good is our care and support during the COVID-19 pandemic?

Highbank provides an intermediate care service to enable people who require intervention/assessment and/or rehabilitation to prevent an avoidable hospital admission and/or to facilitate a speedier hospital discharge where appropriate with the outcome of maximising their independence to maintain their health and wellbeing to return to their own home.

- 2.2 Following the inspection, a report was published that details findings and outlines any areas for improvement and/or requirements for improvement. An action plan, with a specified timescale was developed to address identified areas for improvement. This action plan has been implemented to track and monitor progress, and identify that timescales are being met. There were 2 previous recommendations and 3 previous requirements.

The previous areas for improvement are:-

- *The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, bases on recognised falls prevention frameworks. Staff should be*

provided with training and support they need to understand this and apply it to their practice.

- *People experience care and their relatives/carers, should have planned and meaningful opportunities to share information about their daily routines, preferences and choices for care and support, as part of the admission process.*

The second improvement has been met but there is still some work to be completed regarding falls risk assessment. The care Inspectorate noted:-

“Although there was some support detailed in people's personal plans it did not always follow best practice. To make sure people are at minimal risk of falling further training for staff was needed. We recognised that the planned training has been delayed due to the pandemic, but this area for improvement should be prioritised”.

The three previous requirements have all been met within the required timescales.

2.3.1 The inspection report grades the areas of inspection from 1 (Unsatisfactory), to 6 (Excellent). This inspection report graded the three areas as follows:

- 7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic, **4 - Good**
- 7.2 Infection control practices support a safe environment for people experiencing care and staff, **4 - Good**
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care, **4 - Good**

3 Conclusion

The Care Inspectorate outlined at the beginning that feedback from the residents they spoke to was very positive stating:-

“People told us that they were very happy with the quality of care provided to them and described the staff as kind and caring. One person felt their experience of receiving care was much better than her previous stay, as the staffing levels had increased, and staff had more time to engage with people in a more meaningful manner”.

This demonstrates that residents in Highbank Intermediate care facility do receive a very good service and the remainder of the inspection report also highlights the positive feedback from residents' families along with the positive assessment of the standard of cleanliness and adherence to Covid 19 procedures and protocols.

4.1 Resource

There are no financial and human resource implications associated with this report.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of that report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It is also on display in Highbank for staff and visitors to access and review progress.

4.3 Policy

Strategy

A Care home strategy for Midlothian 2019- 2021 has been compiled that sets a vision to develop, support, provide training, guidance and feedback to all our care homes and intermediate care facilities in Midlothian to achieve the highest standard of care possible. With the increased number of professionals and roles to the Midlothian Care Home support team this has demonstrated already an increase to grades of other previously challenged care homes, a closer partnership working where care homes are being more open and collaborative when faced with specific challenges.

Consultation

Copies of the Inspection report will be made available to Elected Members, and staff members, and notified to families/carers and other interested parties.

Equalities

There are no apparent equalities issues.

Sustainability

The Midlothian Older People strategy 2020-2022 focuses on improving access to services and exploring opportunities to keep people safe and well in their own home and community. This has set a foundation to build the care home strategy on and drive quality and improvement on an ongoing basis.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendation

PRS is requested to note the content of the report and progress made;

Report Contact: Anthea Fraser
Anthea.fraser@midlothian.gov.uk

Highbank Care Home Service

9a Bonnyrigg Road
Eskbank
Dalkeith
EH22 3EY

Telephone: 0131 270 5640

Type of inspection:
Announced

Completed on:
10 November 2020

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2003011087

About the service

Highbank Intermediate Care Home is situated in Eskbank, Dalkeith, and is close to shops and local amenities.

The home is run and managed by Midlothian Council. The home is made up of six wings, each with lounge and dining areas. Highbank currently provides long-term care to two residents and offers rehabilitation services, intermediate care, including assessment and interim stays, and respite stays to other people using the service.

There is an area which has been equipped to provide physiotherapy and rehabilitation programmes.

The provider's aims and objectives for Highbank Intermediate Care Home include the following:

"Our vision is that people will lead longer and healthier lives by getting the right advice, care and support, in the right place, at the right time. We will achieve this by: supporting people to stay healthy and well and making it easy to get health and social care services (Midlothian Health & Social Care Partnership Strategy). Midlothian is committed to developing multidisciplinary intermediate care services to support residents to make measurable improvements in their lives.

There are three main aims of Highbank Intermediate Care:

- Help people avoid going into hospital unnecessarily.
- Help people to be as independent as possible after a stay in hospital.
- Prevent people from having to move into a care home until they really need to.

Midlothian Health & Social Care Partnership is committed to delivering person-centred community-based services that will help people to live healthy, independent lives in the way they want, where they want, and when they want."

What people told us

People told us that they were very happy with the quality of care provided to them and described the staff as kind and caring. One person felt their experience of receiving care was much better than her their previous stay, as the staffing levels had increased, and staff had more time to engage with people in a more meaningful manner.

"I like it here but I am looking forward to going home and being in my own environment with my home comforts."

"I kind of keep myself to myself and watch TV and play puzzles. I am happy with that."

"The food is lovely here."

"I like it here at Highbank. The staff are nice to me, kind and caring."

"I have things to keep me occupied during the day, like watching TV or reading the paper..."

"My daughter visits on a regular basis and she is happy with the quality of care I am receiving."

We also heard from five relatives who complimented the quality of care for people. They felt staff helped people to get involved in doing things that were important to them.

There was good and affective communication; updating them with any procedural changes because of COVID-19. Staff updated them with progress their loved one was making referring to the agreed goals in people's personal plans

Comments from people relatives/friends included the following:

"We have had regular updates by phone and at visits."

"I am extremely happy with the care and attention mum has been receiving while staying at Highbank."

"The staff have been extremely supportive during this time. I was updated promptly with any changes and also updated daily as to my dad's condition when he tested positive for COVID-19. They kept me calm and reassured at this extremely fraught time."

"The staff always kept me informed of any changes in dad. They have done remarkably well during this pandemic. And they should all be very proud of themselves. I always feel confident that my Dad is being taken very good care of when he is there. He is happy to go to Highbank and I am happy to take him there."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	4 - Good
--	----------

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Overall, we evaluated the service to be performing at a good level in meeting people's health and wellbeing needs during the COVID-19 pandemic.

Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice. We observed compassionate and respectful engagement between support staff and people experiencing care.

People benefit from creative and innovative ways to stay connected using technology with easy access to the internet and a telephone. People were routinely and actively supported to make best use of these, reducing the potential impact of visiting restrictions.

People enjoyed a variety of activities, in small groups (with social distancing in place) or one to one. The activities were tailored to their interests and hobbies which were detailed in their personal plans. There was a specific focus on people in isolation for the initial part of their stay, helping to keep them connected with others. The manager had secured additional funding to expand on the hours of the activity staff to further enhance the opportunities to people.

People's personal plans were outcome focused, showing their progress while using the service. Appropriate escalation protocols were in place should someone become unwell. Close working relationships with health professionals meant staff were able to access support quickly if people needed it. To strengthen the assessment of care needs and promote outcomes important to people, support replicated care at home care packages. This meant the transition back home was well planned and easier for people.

People accessed snacks and drinks easily and staff supported those needing help. This promoted healthy diets and hydration for everyone. Records were maintained where required to help assess and monitor people and change support if needed.

At our last inspection we suggested strengthening staff knowledge in relation to falls prevention, following recognised frameworks. Although there was some support detailed in people's personal plans it did not always follow best practice. To make sure people are at minimal risk of falling further training for staff was needed. We recognised that the planned training has been delayed due to the pandemic, but this area for improvement should be prioritised. See area for improvement 1.

7.2 Infection control practices support a safe environment for people experiencing care and staff

There was sufficient PPE and staff used it appropriately helping to keep everyone safe. This was further enhanced through various quality assurance systems that made sure staff followed the most up to date guidance.

The home was clean, and staff had worked hard to keep it that way. Domestic staff had adequate cleaning supplies. On one occasion the staff changing area was untidy, making cross infection more likely, especially because the room was small. We discussed with the manager the importance of keeping this tidy and they agreed to improve this.

There was support if required for people to maintain good hand hygiene, with hand gel stations throughout the home.

All staff were able to recognise and respond to suspected or confirmed cases of COVID-19. This included following local reporting procedures and contacting local Health Protection Teams, helping to promote people's safety.

To protect the health and wellbeing of people and to keep them safe, the provider was following visiting guidance for outdoor visiting in the garden.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Staffing levels had increased since our last inspection to reflect people's increased needs during the pandemic. Changes in the staff rota arrangements and hours meant people benefited from the consistency of staff. There was with regular interactions and engagement from staff and experienced support that promoted people's independence, dignity, privacy and choice.

Staff were supported to keep up to date with current and changing practice. There was access to a range of good practice guidance relating to supporting people during the COVID-19 pandemic. This included Scottish Government and Health Protection Scotland guidance. However, the staff would benefit from recording these meetings more and to capture the discussions held and actions agreed. Collectively this would make sure staff knowledge continued to be shared and updated, helping to ensure continued responsive care for people.

Observations of staff practice were regularly undertaken by supervisors to assess learning and competence. Outcomes from this were discussed through team discussions, reflective accounts or supervision.

A staffing contingency plan helped manage staff absences, holiday cover and unplanned shortages. COVID-19 testing was undertaken following guidelines. All this helped ensure there was enough staff to respond to people's changing needs.

Areas for improvement

1. People experiencing care who are at risk of falling should be cared for in ways that promote their safety and independence. The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. Staff should be provided with training and support they need to understand this and apply it to their practice.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure that Adult Protection concerns are responded to in line with the Local Authority Guidelines.

The provider must ensure that all staff understand their role and responsibility in relation to recognising and reporting Adult protection concerns within the service. In order to achieve this, provider must adhere to the following:

- A) The providers Adult Protection Policy and procedure must be revisited by all staff.
- B) Competency assessment of staff understanding of their role and responsibility in relation to Adult Protection must be carried out
- C) Records of harm and potential harm must be maintained in care plans
- D) Appropriate referral must be made and relevant agencies must be informed

To be completed by: 30th January 2020

This requirement was made on 9 December 2019.

Action taken on previous requirement

Staff were more familiar with the adult support and protection procedure and how to respond and report to any concerns.

Met - within timescales

Requirement 2

In order to ensure people's care and support needs are continuously met as agreed, the service provider must ensure that staff numbers are appropriate for the health, welfare and safety of service users.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "My

needs are met by the right number of people." (HSCS 3.15), 4.16 "I am supported and cared for by people I know so that I experience consistency and continuity." (HSCS 4.16) and in order to comply with Regulation 15 (staffing) of the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011.

Timescales: 31st June 2019

This requirement was made on 20 September 2019.

Action taken on previous requirement

As can be seen from this report, staffing levels had increased since our last inspection.

Met - within timescales

Requirement 3

The service must ensure that the premises are in a good state of repair externally and internally and are decorated and maintained to a standard appropriate for the care service.

This is in order to comply with: The Social care and Social Work Improvement Scotland) (Requirements for Care Services) regulations 2011 (SSI 2011/210), regulation 10 (s2) (b) and (d).

Timescales: An updated action plan with timescales for the start and completion of environmental improvement to be sent to the Care Inspectorate by 1 June 2019.

This requirement was made on 20 September 2019.

Action taken on previous requirement

The management team had taken advantage of utilising time when some rooms and other areas of the home were vacant. They had progressed their upgrading and decorating internally and purchased new soft furnishing.

The provider recognised that the building design and layout no longer fully met people's needs to live independently. This will be addressed as part of the new build being explored.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

) People experience care and their relatives/carers, should have planned and meaningful opportunities to share information about their daily routines, preferences and choices for care and support, as part of the admission process.

This is to ensure care and support is consistent with Health & Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 20 September 2019.

Action taken since then

The management had made improvements to the agreed support plans and risk assessments with people, ensuring they reflect the needs and wishes of people at point of admission to the service. The manager recognises however that the staff should have an information booklet in place, detailing the aims and objectives of the service and how they can meet people's care and support needs. This should be prioritised to ensure people have access to the relevant information to assist them in making an informed choice.

Previous area for improvement 2

People experiencing care should expect to be cared for in line with good practice guidance. The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. Staff should be provided with training and support they need to understand this and apply it to their practice.

This is to ensure care and support is consistent with Health & Social Care standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 20 September 2019.

Action taken since then

As highlighted in our report above, this is an outstanding area for improvement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Inspection of Midlothian Council – Newbyres Village Care Home

Report by Morag Barrow, Director of Health and Social Care

1 Purpose of Report – provide information

This report provides an overview of the recent announced Care Inspection report on Newbyres Village Care Home.

2 Background

- 2.1 Midlothian Health and Social Care Partnership's Newbyres Care Home was inspected on 21st January 2021 by the Care Inspectorate as a registered care home for people aged over 60. The report was published 4th February 2021.

The inspection format was undertaken under the new Care Inspectorate Health and Social Care standards for care homes.

It covered the following theme: -

- How good is our care and support during the COVID-19 pandemic?

Newbyres Care Home provides long term care for 61 residents. The inspection undertaken grades the areas of inspection from 1 (Unsatisfactory), to 6 (Excellent). This inspection report graded the three areas as follows:

- 7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic, **4 - Good**
- 7.2 Infection control practices support a safe environment for people experiencing care and staff, **4 - Good**
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care, **4 - Good**

- 2.2 Following the inspection, a report was published that details findings and outlines any areas for improvement and/or requirements. From the visit undertaken or brought over from previous inspections.

- 2.3 There were no new requirements/improvements however, 3 previous areas for improvement and 1 previous requirement were noted as below.

The previous areas for improvement are:

1. The provider should ensure appropriate opportunities are in place for staff to feel supported in their roles and able to influence further

improvement and development within the service, including reflecting on their own practice.

The care inspectorate comment that following a change in management, a more positive working culture has been developed, This has enabled staff to feel supported and to have clarity over the roles and responsibilities they have in meeting peoples care and support needs.

2. The provider should ensure that resident's needs are fully met by having the right number of people to care for them. This includes the assessment of staffing to undertake duties in addition to direct care. For example: administering medications and updating support plans.

The care inspectorate commented that staffing levels had increased during the course of the pandemic and are reviewed on a regular basis to ensure they fully meets the care and support needs of people.

3. The provider should ensure appropriate falls prevention guidelines, risk assessment and support plans are in place for people, based on recognised falls prevention frameworks. This is to ensure the care and support is consistent with the Health and Social care Standards.

The care inspectorate comment that various risk assessments were in place for people, detailing how to keep them safe from falls as much as possible, assisted with various technology. The service is aware however that they need to enhance the training available to staff. This will be followed up by Care Inspectorate in the next inspections.

3 Conclusion

The Care Inspectorate outlined at the beginning that feedback from the relatives they spoke to was very positive stating: -

"I can't praise the staff highly enough; they do great work in the home"

"The care staff have been marvellous during this pandemic"

"communication and care have been excellent during this whole Covid-19 scare and I have every confidence that everyone is doing all they can and more. Although there are times when we are unable to see our relative the staff have phoned and kept us up to date on their health and wellbeing"

"I do not believe she would be alive today if it wasn't for the care in the home."

Other comments from some relatives highlighted the need to improve communication, examples given around more information on changes to health and care, activities their relative had been involved in and improvement in the technology used for virtual contact.

This demonstrates that residents in Newbyres Village Care Home facility do receive a very good service and the remainder of the

inspection report also highlights the positive assessment of the standard of cleanliness and adherence to Covid 19 procedures and protocols.

4 Resource

There are no financial and human resource implications associated with this report.

5 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of that report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It is also on display in Newbyres Village for staff and visitors to access and review progress.

6 Strategy

A Care home strategy for Midlothian 2019- 2021 has been compiled that sets a vision to develop, support, provide training, guidance, and feedback to all our care homes and intermediate care facilities in Midlothian to achieve the highest standard of care possible. With the increased number of professionals and roles to the Midlothian Care Home support team this has demonstrated already an increase to grades of other previously challenged care homes, a closer partnership working where care homes are being more open and collaborative when faced with specific challenges.

7 Consultation

Copies of the Inspection report will be made available to Elected Members, and staff members, and notified to families/carers and other interested parties.

8 Equalities

There are no apparent equalities issues.

9 Sustainability

The Midlothian Older Peoples strategy 2020-2022 focuses on improving access to services and exploring opportunities to keep people safe and well in their own home and community. This has set a foundation to build the care home strategy on and drive quality and improvement on an ongoing basis.

10 Technology issues

There are no Technology issues arising from this report.

11 Recommendation

PRS is requested to note the content of the report and progress made;

Grace Cowan
Head of Primary Care and Older Peoples Services
grace.cowan@nhslothian.scot.nhs.uk

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656

Type of inspection:
Unannounced

Completed on:
21 January 2021

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2007167115

About the service

Newbyres Care Home is situated in Gorebridge, Midlothian and is close to shops and local amenities.

The home is run and managed by Midlothian Council. The home is made up of five wings named "streets", each with lounge and dining areas. There is also a wing that houses the kitchen and laundry facilities. The five streets are named First, Second, Third, Fourth, Fifth Street and have shared gardens.

Newbyres Care Home provides long-term care and is registered to support 61 people.

A mission statement was in place for the service:

"Health and Social Care working together to develop a professional and flexible workforce who fully understands the core values that make a service unique in delivering the highest standard of care to our residents.

Together, we respect each resident as an individual and feel honoured to work within their home.

We will strive to make their home welcoming, friendly, warm, and safe from harm. Together we will build meaningful relationships and continue to improve and develop the service we provide."

How we undertook this inspection

This inspection was undertaken with an initial unannounced onsite visit, followed by virtual scrutiny using technology to engage with people and staff. We also spoke with 18 relatives on the phone.

We used virtual technology to ensure our contact with people remained safe and followed appropriate guidelines.

What people told us

We spoke with nine of the 59 people experiencing care at the time of our inspection.

People told us that they were very happy with the quality of care provided to them and described the staff as kind and caring.

We also heard from several relatives who complimented the quality of care to people.

Comments from people included the following:

"It is apparent that the staff really do care about the residents and go the extra mile when they can."

"I can't praise the staff highly enough; they do great work in the home."

"It seems to me the staff really show an interest in my father, learn about his interests and treat him as an individual which is really satisfying and gives me great confidence in the service during these challenging times."

"I honestly can't praise them highly enough."

"The care staff have been marvellous during this pandemic."

"No concerns. Really appreciate the work of the carers."

"I know all the carers by name, and they know me."

"I know my wife is in good hands."

"Communication and care have been excellent during this whole COVID-19 scare and have every confidence that everyone is doing all they can and more. Although there are times when we are unable to see our relative the staff have phoned and kept us up to date on their health and wellbeing. "

"I do not believe she would be alive today if it wasn't for the care in the home."

Some relatives we spoke with told us that they felt communication needed to be improved. Examples of this included any changes in the health and care needs of people, what activities people have been involved in and difficulties with technology when trying to see people through virtual technology.

We have commented on this more within this inspection report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	4 - Good
--	----------

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic

Overall, we evaluated the service to be performing at a good level in meeting people's health and wellbeing needs during the COVID-19 pandemic.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. We observed compassionate and respectful engagement between staff and supported people.

The staff supported people to maintain contact with their friends and family as much as possible. This included window visits and using technology to participate in video calls. Essential visits were being accommodated for people who needed them.

The activity staff had a schedule of different activities for people to participate in should they choose to. This included small group activities (maintaining social distancing) or on a one-to-one basis. At times activities were limited due to other demands on staff. Staff were keen to expand activities, however, was conscious that any planning must meet current guidance which can be restrictive at times. Staff would benefit from engaging more with people to identify past interests and hobbies. This would help ensure activities interested people.

Personal plans were reviewed regularly with monthly summaries, reflecting what was important to people. If people became unwell staff knew what to do. Close working relationships with health professionals meant referrals were quickly done if needed.

People's views and preferences were not always sought when planning and delivering care and support. When views were included, they were not reflected in staff practice. Sometimes care and support were delivered around routines and tasks rather than individuals needs and wishes. The manager acknowledged the need to engage more with people to develop meaningful anticipatory care planning, focusing on the key outcomes people would like to achieve and to reflect more on their choices and wishes. (Please see requirement from upheld complaint).

Staff were familiar with COVID-19 procedures, reflecting on current national guidance and best practice. Regular staff briefings were provided, updating them on any changes. Clearer recording of the briefings and team meetings would help remind staff of up-to-date guidance and make sure their practice keeps people safe.

People had regular access to drinks and snacks and were supported if needed to enjoy these. Some improvements could be made in relation to people's preferences and enhanced information for staff to be aware of to meet their nutritional and dietary needs. (Please see area for improvement 1).

Communication could be improved, especially in terms of informing relatives of any changes in their loved one's appearance or what they have been doing on a day-to-day basis. Due to the current restrictions, relatives often welcome additional measures to feel reassured. Developing communication agreements with people; setting out when, how and why communication should be maintained would help improve this, including expectations balanced with what would be achievable. (Please see area for improvement 2).

7.2 Infection control practices support a safe environment for people experiencing care and staff

There was sufficient supply of PPE and staff were wearing PPE correctly, helping to keep people safe.

The home was clean, and staff worked hard to keep it that way. Staff carrying out housekeeping and cleaning were familiar with required environmental and equipment decontamination processes specific to the COVID-19 pandemic. The need to review the hours domestic staff worked would improve infection prevention and control. After 3pm, carers had responsibility for cleaning. Monitoring the high levels of cleanliness when also assisting to people's health and care needs was something the manager agreed to review.

There was equipment available for people to use with support if required to maintain good hand hygiene, with hand gel stations throughout the home. The management had identified that the staff changing areas were not sufficient for the number of staff working in the home and they were making alterations to maximise space.

Staff were able to recognise and respond to people with suspected or confirmed cases of COVID-19 including following local reporting procedures and contacting local Health Protection Teams. This helped to prevent the spread of infection.

To protect the health and wellbeing of people and to keep them safe, in line with national guidance, the provider stopped all but essential visits to the service. However, in line with visiting guidance window visits had commenced in the garden.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Our focus in this inspection area was to establish if staff had the right competence, knowledge, and skills to support people in relation to COVID-19.

Staffing levels had increased since our last inspection and were reviewed on a regular basis depending on the health and wellbeing needs of people. The manager was dependent to a degree on agency staff; however, arrangements had been secured to ensure the agency staff do not work in other care services during the pandemic.

The manager was pro-active in ensuring staff were up to date with relevant training to meet people's care and support needs. Some gaps in key training were being addressed. This included re-fresher training, oral care and use of some specialist health equipment. All this will help staff to improve the care they offer people. We will follow this up at our next inspection. (Area for improvement covered within the requirement detailed below).

We highlighted at our last inspection the need for a culture shift, supported by firm foundations and clarity around roles and responsibilities of staff. The service has undergone a change in management structure with greater accountability incorporated. Staff told us they felt supported and had greater confidence in the management team should they have to raise any issues. As a result, the staff performed better as a team and therefore ongoing improved outcomes for people using the service were being achieved. People spoke about the atmosphere:

"The care staff have really stepped up in terms of meeting my mother's needs".

"Things are turning for the better."

There was a staffing contingency plan to help manage staff absences, and unplanned shortages. Weekly testing of supported people and staff continues.

We had confidence that the management of the service will continue to drive improvement and development through appropriate action plans.

Areas for improvement

1. In order to ensure good outcomes for people experiencing care, the manager should ensure that people's meals and snacks meet their dietary needs and preferences when developing their outcome care planning.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.37: My meals and snacks meet my cultural and dietary needs, beliefs, and preferences.

2. In order to ensure good outcomes for people experiencing care, the manager should develop communication agreements with relatives. This would detail how communication would be established and in what circumstances. Also, to cover levels of expectations balanced with what is realistically achievable for all given restrictions at that time. This should be reviewed as restrictions change.

This is to ensure care and support is consistent with the Health and Social Care Standard 2.18: I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

One requirement is outstanding following a recent complaint received, investigated, and upheld by the Care Inspectorate. This is noted below.

Requirement 1 – (outstanding from recent upheld complaint)

The provider must ensure people receive responsive care and support that meets their assessed needs and preferences.

By the 31 December 2020, the provider must submit a plan to the Care Inspectorate for approval outlining how the following conditions within this requirement will be met.

By the 31 March 2021, the provider must evidence improvement in the assessment, care planning and monitoring of people's health and wellbeing within the service.

In order to achieve this the provider must adhere to the following:

Support planning:

- People and/or their representatives must be consulted and involved in the risk 11 of 13 assessment, subsequent development, implementation, monitoring and reviewing of their support needs and personal plans.
- Personal plans must meet the required standards and recognise best practice models for care and support, including, but not limited to, nutrition, supporting mobility and anticipatory care planning.
- Quality assurance systems and processes must be in place to ensure effective and positive outcomes are achieved for people experiencing care. Staffing:
 - Staff must have the required skills, knowledge and competence to assess, plan, and monitor people's health and wellbeing and take the appropriate action needed when concerns are identified.
 - Robust systems and processes must be in place to ensure that staff have access to ongoing support and guidance and any identified learning and development needs are met.

To be completed by: 31 March 2021

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 9 September 2021.

Action taken on previous requirement

The service has partially met this requirement. An action plan has been submitted to the Care Inspectorate detailing how the service will meet this area for improvement. Work has also begun to develop anticipatory care planning for people.

We have considered the actions taken to date to address this area of improvement when evaluating the overall performance of the service for this inspection.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

The provider should ensure appropriate opportunities are in place for staff to feel supported in their roles and able to influence further improvement and development within the service, including reflecting on their own practice.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 5 December 2019.

Action taken since then

Following a change in management structure, a more positive working culture has been developed. This has enabled staff to feel supported more and to have clarity over the roles and responsibilities they play to meeting people's care and support needs.

Previous area for improvement 2

The provider should ensure that resident's needs are fully met by having the right number of people to care for them. This includes the assessment of staffing to undertake duties in addition to direct care. For example; administering medication and updating support plans.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people." (HSCS 3.15).

This area for improvement was made on 5 December 2019.

Action taken since then

Staffing levels have increased during the course of the pandemic and are reviewed on a regular basis to ensure it fully meets the care and support needs of people.

Previous area for improvement 3

The provider should ensure appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

This area for improvement was made on 5 December 2019.

Action taken since then

Various risk assessments were in place for people, detailing how to keep them safe from falls as much as possible, assisted with various technology. The service is aware however that they need to enhance the training available for staff. We will follow this up at our next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Midlothian Council Report Quarter 3 2020/21

Performance Review and Scrutiny Committee at their meeting on 9 December 2020 agreed to a request from the Chief Executive that Quarter 3 Performance Reporting be slimmed down to accommodate reduced capacity within the performance function as a result of the response to Covid-19. This report seeks to combine an overarching Council and Service update as a result.



Strategic Outcomes

Community Planning partners have previously agreed the following ambitious vision for Midlothian:

“Midlothian – a great place to grow”.

Midlothian Council delivers its priorities through the Community Planning Partnership (CPP) and the Single Midlothian Plan. The Council Change and Transformation programme and individual Service Plans outline how Midlothian Council will deliver its contribution to the Single Midlothian Plan.

The top three priorities for 2019-22 are:

- Reducing inequalities in learning outcomes
- Reducing inequalities in health outcomes
- Reducing inequalities in economic circumstances

The Single Midlothian Plan incorporates five overarching thematic groups which support the achievement of outcomes. This thematic approach is used for quarterly reporting, the themes are as follows:

- **Adult Health and Social Care** - Responding to growing demand for adult social care and health services
- **Community Safety & Justice** - Ensuring Midlothian is a safe place to live, work and grow up in
- **Getting it Right for Every Midlothian Child** - Improving outcomes for children, young people and their families.
- **Improving Opportunities for Midlothian** - Creating opportunities for all and reducing inequalities.
- **Sustainable Growth in Midlothian** - Growing the local economy by supporting business growth and responding to growing demand for housing in a sustainable environment.

The Medium Term Financial Strategy (MTFS) was approved by Council in June 2019. The public consultation visionary exercise supporting development of the MTFS highlighted the following key priorities for what Midlothian should be like in 2040:

- **A sense of belonging** Pride in communities, working in partnership, transparency in decision making and accessibility in service provision.
- **A balanced infrastructure** Manageable housing numbers, vibrant towns, protected green spaces, a clean, carbon neutral environment and improved community transport.
- **Learning and working together** High quality education and training, jobs close to where people live, a main provider of local food production, maximising technological solutions.
- **Intergenerational opportunities** Reimagined older people services, being able to grow old in the one community, with support and good access to health and social care.

In addition to the visioning exercise the following key themes were explored as part of the consultation programme:

- **Theme 1: One Council - Working with You, For You** - is underpinned by a commitment to deliver a one council strategy which reduces silo working within services, increases cross party working at a political level and uses holistic approaches which place individuals and communities at the heart of our work.
- **Theme 2: Preventative and Sustainable** - responds to Communities telling us strongly that they want to live in a clean, carbon neutral environment with protected green spaces and improved environmentally friendly community transport options.
- **Theme 3: Efficient and Modern** - recognises that Midlothian Council needs to adapt to change by doing things differently to get improved results and increasing financial sustainability by addressing inefficiencies.
- **Theme 4: Innovative and Ambitious** - recognises our ambition for Midlothian and to make sure it is a great place to grow, now and in the future.

Best Value

Key actions from the Best Value report are progressing including the progression of the Medium Term Financial Strategy and the ongoing implementation of rigorous financial discipline.

City Deal

The City Region Deal is emerging as a sound basis for regional level working between the six Councils together with key partners in the further/higher education, business, and third sectors. This is particularly relevant at a time when policies, plans and projects are being developed at national level. The expectation is that the intended Regional Growth Framework will ensure that the collectively agreed strategy to address key issues affecting the region in order to drive sustainable inclusive growth is both documented and promoted.

Route Map through and out of the crisis

Midlothian and its communities are facing an unprecedented challenge in how we respond to a global pandemic with far reaching consequences for thousands of people locally. Across Midlothian Council, staff have adapted to working completely differently, delivering more services remotely and trying to maintain business as usual whilst supporting people through the crisis. At the same time, many of our staff were forced to shield and isolate, unable to work, or having to undertake reduced duties. Whilst this experience has been extremely challenging, it has also acted as a catalyst for change. There are things we paused or stopped doing and we've also started doing lots of new things. These are outlined in the Midlothian Route Map through and out of the crisis which was approved by Council in June 2020.

The introduction of Midlothian's Route Map through and out of the crisis seeks to both support recovery and to retain the best elements of the transformation which took place in response to Covid-19. The strategy for recovery, as we continue to respond and emerge from this crisis, is based on the creation of a Wellbeing Economy, designed to achieve wellbeing, inclusion and fairness for our communities and to protect and enhance our environment. The overarching principle is that in delivering services, whether commissioned internally or externally, that we keep our communities, our employees and our environment safe minimising exposure to Covid-19, or any other harmful agent, at the same time as meeting our commitment to being carbon neutral by 2030.

The Route Map builds on our 9 drivers for change which were approved by Council in June 2019 and are shown in table 1 and also identifies priority interventions to support recovery

Holistic Working	Hub and Spoke	Modern	Sustainable	Transformational	Preventative	Asset Based	Continuous Improvement	One Size Fits One
<ul style="list-style-type: none">One Council - joined up - servicesAll through support, minimising transition points	<ul style="list-style-type: none">Local by default supported by 4 locality Place TeamsMinimal services delivered centrally	<ul style="list-style-type: none">Digital by DefaultPlace based front facing servicesHome working for those services able to be delivered at homeDigital, rather than physical, attendance at meetings	<ul style="list-style-type: none">Climate Change commitment to be Carbon neutral by 2030Minimising travel by committing to working as locally as possible	<ul style="list-style-type: none">This strand supports the delivery of the other 8 drivers for change	<ul style="list-style-type: none">Continued investment in early intervention and prevention as a priority	<ul style="list-style-type: none">Local by defaultOnly retaining physical buildings where requiredMaximising opportunities for social housing solutionsEliminate homelessness	<ul style="list-style-type: none">Committed to achieving "better than our previous best"	<ul style="list-style-type: none">Our Citizens come first and are known as individuals and experience services appropriate to best meet their needs

Priority interventions to support recovery:

- Economic Renewal
- Accelerated Capital Programme for Housing and the School Estate
- Education Recovery Plan
- Hub and Spoke Place Service Delivery
- Health and Social Care Transformation
- Digital by default, Remote working and Carbon Neutral by 2030 approaches to the workplace and active travel

Midlothian: Listen and Learn Report

Working in partnership with Nesta, an innovation foundation, we interviewed staff from across the council who shared their experiences during the pandemic and the Midlothian: Listen and Learn Report was created. The report sets out a really ambitious future and is split into the following main themes which all contribute to our commitment to being Carbon Neutral by 2030:

- Valuing community (building on #kindnessmidlothian)
- Remote/flexible working
- Digital first
- Leading new ways of working.
- Education

The Service Plans for 2020-21 were updated in September 2020 to reflect our recovery from Covid. The Plans now reflect Midlothian Council's Route map and the Nesta recommendations. Service performance measures were reviewed and revised as part of this exercise.

Single Midlothian Plan Themes in 2020/2021

Adult, Health and Care - Achievements

Responding to growing demand for adult social care and health services

"People in Midlothian will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time."

The Midlothian Health and Social Care Partnership 2019-22 Strategic Plan outlines a major programme of activity focused on prevention and early intervention; planned support, treatment and recovery; and unplanned treatment and support. We are achieving this by changing the emphasis of our services, placing more importance and a greater proportion of our resources on our key values.

Aligned to Midlothian Council's covid recovery route map the Midlothian Health and Social Care Partnership has put in place a 'Remobilisation Plan'. The plan sets out an ambitious four-phase approach and sets out our recovery priorities.

Integration - Midlothian Health and Social Care Partnership (HSCP) is progressing work to implement the ambitions of the Strategic Plan while managing the impact of the COVID-19 pandemic.

The scale of the pandemic has resulted in Midlothian Council and the Midlothian Community Planning Partnership devoting much of their time and collective resources to responding to the welfare needs of the population. Midlothian Health and Social Care Partnership have established a dedicated COVID Team that reports daily to the Senior Management Team. This team keep staff within the HSCP informed of developments and sources of advice and assistance on such matters as personal protection equipment.

An established Working Group, involving representatives from Volunteer Midlothian, Communities and Life Long Learning Service has created a suite of guidance on volunteering for front-line community responders, and for distance volunteering (e.g. telephone befriending). Midlothian HSCP subsequently made a commitment to volunteering and agreed to recruit a Volunteer Service Manager.

Inequalities - Health and Social Care services remain committed to contributing to reduce health inequalities. Some programmes continue to support people most vulnerable to health and other inequalities whilst others have been delayed as a result of the pandemic.

Learning Disabilities - Implementation of a framework for providing positive behavioural support within Midlothian has been completed and continues to receive support from all stakeholders. The project to review and redesign day services to reduce costs including transport is being progressed as part of the Remobilisation Plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support.

Work continues to progress plans in relation to housing, both short term by making best use of the property available and longer term by ensuring needs as considered as part of the Phase 3 Housing Programme.

Older People - Older Peoples services have seen an increase in referrals across most services as an impact of COVID19. The care home support team are highly committed to work with all partners to maintain high standards of infection control and compliance while providing a homely and stimulating environment for all residents.

Plans for the development of extra care housing complexes across three sites in Midlothian is ongoing with Spring 2022 proposed for completion. A review of Intermediate care and rehab services continues to review and explore improved pathways for individuals ensuring they receive the right care in the right place at the right time. The third sector continue to support individuals and their families in the community and have been creative in identifying other means of support through weekly telephone calls, meals delivery service, newsletters and technology enable care to keep people, connected as an alternative to face to face support that has been suspended due to Covid. This is continually reviewed through the older people's planning group which has been meeting on a 4 weekly basis and attendance has been particularly high.

Carers - Since implementation of the Carers Act in April 2018, there have been considerable changes in funding, service demand, legislative requirements and duties on Local Authorities and Health Boards. Existing carer support contracts have been in place for a number of years, and it was assessed that in light of the significant changes in the unpaid legislative landscape combined with the contract of the main services provider coming to an end (March 2020), that a period of review and consultation leading to recommissioning of services was necessary to best serve carers moving forward. Agreement to this process was sought from and agreed by the Contracts and Commissioning Group; enabling a one year extension to existing contracts (due to end March 2020) to facilitate this process. Due to the impact of the pandemic in early 2020, the timescale for completion of the work required to be adjusted, with timescales revised for new contracts to begin in July 2021. Following the consultation phase we are in the process of reviewing the data and drawing up the service specification of the new contracts. Tender will be opened at the beginning of January 2021 (Q4), with new services starting in July 2021.

Mental Health - The Mental Health Action Plan, developed by the Mental Health Strategic Planning group, reflects the priorities set out in the Midlothian HSCP Strategic Plan. From the end of November all 12 practices had a Primary Care Mental Health Nurse. Evaluation of the impact of primary care nurses is being developed. People can now access the Midlothian Access Point service directly via email and then will be allocated an assessment. A working group is developing the service specifications for commissioned mental health and wellbeing services and supports. The Invitation to Tender will be issued in January 2021.

Adults with Long Term Conditions, Disability and Impairment - In response to the current closure to the public of the Audiology Department due to Covid, volunteers have been recruited to uplift peoples' faulty hearing aids from their homes. Aids are then delivered to MCH for an Audiology technician to repair, and then return the repaired aids back to the individuals.

Community Safety – Achievements

Ensuring Midlothian is a safe place to live, work and grow up in

Challenges continue with the COVID pandemic and much resource has been required in many areas in response such as Environmental Health as the test and protect system begins to identify locations associated with positive cases as well as the changes to the regulatory position and associated guidance. Similarly our Health and Safety team have been supporting the challenges of workplace risk and contingencies. Additional cleaning services have been implemented to carry out touch point cleaning throughout the day and sanitising/fogging of classrooms within schools where positive Covid cases are reported. In support of businesses,

Justice Service - There has been a significant change in the practice of the team and developing and maintaining the close working relationships with community groups has allowed the Justice team to support organisations and communities as they deal with the impact of COVID19..

There is now an established pathway created for people who do Peer Support Training and are interested in volunteering. Further, the Peer Support Development Worker is working in partnership with HMP Edinburgh to develop peer support in the prison for Midlothian men and women.

Substance Misuse - Key services based in Number 11 in Dalkeith continue to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, information/advice and door step deliveries of Opiate Substitute therapy [OST] and other medication to those shielding or self-isolating. Despite Covid restrictions impacting service delivery the Midlothian Substance Misuse service instigated an outreach model to those individuals who were most at risk both current patients in service and also offering support and treatment to those individuals identified through who were not currently in service. This is over and above the patients normally seen through other aspects of service delivery.

Road Services - Improvement works to ensure access for all abilities to our Towns parks and play areas continue to progress. In partnership with volunteers the landscaping team remains focused on developing and maintaining walking and cycling routes, taking opportunities to publicise and promote co-production with communities.

Getting it Right for Every Midlothian Child - Achievements

Improving outcomes for children, young people and their families

Foster Carers and Adopters - Though Covid-19 has had an impact on our ability to recruit in the way we normally would the team are using available technology and have already ran a number of Preparation Groups. Our foster carer input has been excellent during the pandemic and despite a number of anxieties, they continue to accommodate children as well as help and support family contact.

Adoption and Permanence Planning - Despite the impact of Covid19 Midlothian Council continue to run a permanence service.

Residential Care Homes - Our care homes continue to provide residential care for up to 9 young people with one emergency bed. Our residential care staff have proved to be excellent during the pandemic and have gone above and beyond to support our most vulnerable looked after population.

Kinship Care - Midlothian's Kinship Carers continue to be a key resource for children and young people who can no longer remain with their parents. Children's services remain committed to supporting kinship carers both financially and emotionally to ensure that all placements are offered the right support when needed.

Hawthorn Family Learning Centre - As a consequence of the ongoing need for family group and sibling support Hawthorn has now had a permanent variation to provide day care for children from birth to the end of primary school. While some of Hawthorn's normal activities and groups remain on hold due to COVID restrictions nursery placements have resumed. Hawthorn has also started providing 3-5 placements as part of Early Years expansion. Given the new experiences prompted by COVID the final plan for redesign and review was shared in Q3 and a formal review commenced.

Mental Health - In order to ensure that the work MEAP is doing is not duplicated a strategic planning group for children and young people's mental health, has been established as a sub group reporting to the GIRFEMC Board to ensure that all the work undertaken across the community planning partnership is set out in a plan with identified actions to take forward. The strategic planning group has the responsibility of ensuring the plan is taken forward and to bring a progress report to the GIRFEC Board on a 6 monthly basis

Raising Attainment – This is a key improvement area identified as part of the findings from the recent joint children's services inspection. In order to progress this area of work a further sub group has recently been established which will report to the GIRFEMC board. This group will also ensure that all the work undertaken across the community planning partnership is set out in a plan with identified actions to take forward. The strategic planning group shall have the responsibility of ensuring the plan is taken forward and to bring a progress report to the GIRFEC Board on a 6 monthly basis

Education - The Education Plan sets out 5 key priorities aligned to the key strategic priorities set out in the Single Midlothian Plan to reduce inequalities in learning outcomes, health outcomes and economic circumstance:

- Priority 1 Attainment and Achievement
- Priority 2 Included, Involved and Engaged: Wellbeing & Equity
- Priority 3 Self-improving system
- Priority 4 Life-Long Learning and Career Ready Employability
- Priority 5 Finance & Resources

As CfE attainment data was not gathered or reported on at a local or national level due to the impact of the pandemic and the closure of schools the education service has gathered in estimated data and although this cannot be used for accountability and reporting purposes the data will be used to track progress towards future achievement. Schools will be supported and challenged to develop robust tracking and monitoring systems and a minimum data set will support this work. The creation of curriculum frameworks will ensure a consistent focus on progression across the BGE. Due to the pandemic early years teams pedagogues have been placed in settings to develop work across the early level and the continuum of experiences from ELC to P1.

The established ASN Strategic group will analyse data from early level to senior phase to identify where intervention is required to close the gap prior to the senior phase. The GIRFEMC Board has established a multi-agency group to provide robust performance management and quality improvement with key targets including; reducing exclusions; increasing attendance and ensuring joined up support for pupils with additional support requirements, improving referral processes for additional support services and ensuring joint forward planning.

A 3 year plan has been developed and will be taken forward by the Nurturing Authority Strategic Group. The Early Years GIRFEMC subgroup have successfully bid for funding to pilot an innovative tier 1 intervention across the Mayfield area through the NHS Board to continue support to families with nutrition and healthy lifestyles. Almost all eligible 2, 3, 4 year old children will have 1140 hours in place by the end of October. Ongoing support has been provided to schools by the Educational Psychology Service to implement the education health and wellbeing recovery programme and the Midlothian Schools Counselling Service, delivered by MYPAS is now being rolled out across our schools.

During the emergency response period an Education Strategic Group was established to co-ordinate critical childcare and support for our more vulnerable children. The Education Strategic Group is now well placed to take forward our ambition to develop an empowered system with decision-making and improvement being driven by those working closest to our children and young people. The Scottish Government Insight Professional Adviser is assisting the local authority in the delivery of data literacy professional development sessions to improve self-evaluation.

Good progress has been made with the implementation of the Learning Estate Strategy, including the submission of our bid to the Scottish Government for Phase 2 Learning Estate Programme funding. The Glencorse PS statutory consultation is ongoing and following completion of the public consultation process on 13 November, the education service are preparing a report for council.

An ambitious plan to transform the digital learning tools available to young people in Midlothian schools has previously been articulated in report format and delivered as a presentation to the Education Cross Party Group and to stakeholders within Education and has now progressed to ensuring full consultation with Digital Services colleagues and identifying a funding route to support the delivery of this outcome.

Early Years - An ongoing campaign to raise awareness about the opportunity for 2 year old places in ELC ensured that we have an increasing families who take up this offer. There is an increased number of eligible 2s receiving pilot 1140 hour places. In addition to numbers increasing, children also received more funded hours. Multi agency working was key to success in increasing take up. We were also involved with a Pan Lothian working group with health and neighbouring authorities to share ideas that have helped increase take up overall. Almost all settings are providing 1140 hours provision across the council.

Improving Opportunities Midlothian - Achievements

Creating opportunities for all and reducing inequalities

Blended CLL and Employability Learning Offer for Adults and Young People - The team have developed and refined their Covid 19 learning offer to reflect the needs of both young people and adults offering 1;1 outreach, small group work and online learning including foundation apprenticeships, Nat 5 Maths, literacy and numeracy, wellbeing and targeted employability programmes. The PAVE and PAVE 2 programmes have been revised with a new more direct referral route in place to support young people in S4/5, one to one support for vulnerable young people aged 16-19 has been expanded by additional resource transfer from Children and Families.

Contracts have been awarded by the DYW to CLL for adult employability work delivering short courses in customer service and construction, The parental employability support programme funded by Scottish Government has been launched with staff recruited to the 2 posts and initial client referrals. The CLL service has taken over operation of Penicuik Town hall and is developing a user led management committee, similarly a user groups led management committee is being established for the Dalkeith Woodburn Community hub buildings (Aim High /MARC/Grassy Riggs).

Sport and Leisure - COVID19 restrictions are in place to protect the public and staff members, these include staggered activity start and finish times, all sessions are required to be booked and paid in advance online or by phone, limited capacities in each activity and the generic physical distancing, hand sanitising and use of face covering practices that are the norm in most public spaces. Community sport and activity clubs and other external lets have resumed where the current guidance, facility availability and reasonable Covid modifications has allowed. Sport & Leisure Services has supported Midlothian HSCP colleagues in delivering Flu Vaccination clinics and Let's Prevent, the Type 2 diabetes prevention programme by accommodating and integrating those services within Sport & Leisure facilities and programmes. Sport & Leisure Services via its Ageing Well and MAC programmes is directly involved in the Falls Prevention strategy and pathways for those experiencing or at risk of falls.

Sport & Leisure services will continue to develop its digital capabilities including an expanded role out of online booking and advance payment for all activities, online fitness classes and activities as well as deploying digital platforms such as MS Teams for internal and external communication and workforce training and development.

Sustainable Growth - Achievements

Growing the local economy by supporting business growth and responding to growing demand for housing in a sustainable environment

The approved Climate Change Strategy incorporates an Action Plan with a number of initiatives and ongoing programmes which together are helping to reduce our emissions and carbon footprint.

Locality Place Service Delivery - As a consequence of the recent pandemic emergency a Locality approach to service delivery continues to be developed in conjunction with community planning partners for localised support, and the incorporation of enhanced ICT capabilities that will bring opportunities for improved cross service working and efficiencies in the use of resources, localisation of services essential for future service delivery resilience. The rapid and reactive changes forced upon the Council as a result of the COVID pandemic has resulted in greater use of technology and a review of service requirements which in the medium to longer term will see a more rapid move towards improved performance and enhanced outcomes than was envisaged prior to the pandemic. The opportunity to review and redesign services that the pandemic has provided will result in a more strategic review of

operational sites within local communities in order to better meet both service delivery requirements and efficiencies and local community and resilience planning needs over and above pre – pandemic.

All services continue to contribute to environmental responsibilities, providing opportunities for young people through positive destinations work placements, supporting the economic growth of Midlothian and working in partnership with Communities and Voluntary Organisations.

The council will address the demographic growth and the future demands of a growing and ageing population by maximising its use of assets, whilst changing service design and delivery through a Transformational approach, where we become more efficient and at the same time deliver changes to improve the way we work, the services we deliver and the quality of life experienced by local people.

Waste - Waste Services successfully applied for £20,000 of funding from Zero Waste Scotland to implement social distancing measures at the two Recycling Centres which will allow Penicuik Recycling Centre to re-open in quarter 3.

Homelessness and Housing Services - There has been continued progress made towards ending the use of emergency bed and breakfast accommodation for homeless households. This is principally being achieved by expanding the shared accommodation project detailed in the Rapid Rehousing Transition Plan and utilisation of shared accommodation services. This has resulted in an increased number of properties that would normally be let as permanent tenancies being transferred to the temporary accommodation letting stock. This has partly been offset by flipping over temporary occupancy agreements into permanent Scottish Secure Tenancy Agreements at the request of households, reducing the time households spend in temporary accommodation, in accordance with the revised Housing Allocation Policy.

Economic Development - Administered the Newly Self Employed Hardship Fund and Covid Business support packages delivered between April and August 2020, with new packages coming forward for quarter 3.

Additional Areas of Interest

Internal Council actions/activities supporting the delivery of agreed outcomes

Growing Council - Midlothian is projected to have the highest percentage change in population size of all council areas in Scotland. Between 2018 to 2028, the population of Midlothian is projected to increase from 91,340 to 103,945. This is an increase of 13.8%, which is on contrast to a projected increase of 1.8% for Scotland as a whole.

This brings the opportunity to support the Council vision of being 'A Great Place to Grow'. The opportunity to redevelop parts of Midlothian, improve infrastructure with a focus on area targeting, improving economic opportunities, improving education and health outcomes.

This growth creates the opportunity to meet the housing need with 25% of new homes being built in the affordable housing bracket, in addition to the expansion in Council House building. This construction will directly support employment in construction and will see a steady increase in the value of Council Tax received over time.

The approved, Capital Strategy sets out infrastructure required to meet those demographic pressures and includes the financial contributions Midlothian will make to the Edinburgh and South East Scotland City Region Deal.

The extent of the population growth brings with it specific funding challenges and a key element of securing continued financial sustainability will be to secure a fair funding deal for the Council and its community planning partners. Securing a funding settlement from government which recognises and supports growth, growth which is central to the Scottish Economy as a whole.

Medium Term Financial Strategy

The core objective of the MTFS is to secure the Council's financial sustainability during an ongoing period of financial constraint coupled with acute service demand pressures and increasing customer expectations.

The MTFS is not only about balancing the budgets, it provides a means to ensure as far as possible that the limited resources available to the Council are targeted on delivery of improved outcomes, particularly against the key priorities of:-

- Reducing the gap in learning outcomes
- Reducing the gap in health outcomes
- Reducing the gap in economic circumstances

The MTFS is central to ensuring that the resources available to the Council is directed towards the priorities set out in the Single Midlothian Plan.

Challenges and Risks

COVID-19 Pandemic - The impact, threat and uncertainty of the emerging coronavirus pandemic is a significant challenge and will continue to be a challenge during 2020/21 and beyond. Collaboration and effective community and interagency working is fundamental, along with having in place a clear mobilisation and recovery programme to address the significant challenges faced in service delivery, addressing the wider health and care needs of the people of Midlothian, and ensuring workforce resilience and safety.

Capacity and Quality of Care at Home Services - Increasing demand on Care at Home services continues to be a major challenge to deliver the care and support needed. Since adopting a locality based model this has increased capacity and improved the efficiency of the service by 6%. However, the demand for care at home continues to exceed supply and an extensive recruitment programme and recommissioning exercise is underway.

Delays in hospital continue to challenge the partnership ensuring people are discharged timeously. One of the main challenges in facilitating timely discharges is the increasing demand on the Care at Home services and supporting people at home in the community who require increased care and support. Discharge to assess continues to facilitate earlier discharges and works closely with Care at Home services and the Flow Hub to support individuals to return home safely.

Financial Sustainability - Given the divergence from budget as a result of the pandemic the expectation of continuing challenging grant settlements representing a real terms reduction in core funding together with the impact of a rapidly growing population and greater demand for services, the Council will need to maintain a focus on securing a sustainable and deliverable Medium Term Financial Strategy.. Delivery of service redesign and savings is key and this needs to continue to be monitored closely through the Business Transformation Board and Steering Group and through the dedicated CMT Financial Monitoring arrangements. It is important for the Council that the measures in the MTFS are fully developed (where necessary) at pace and also proceed to implementation at pace.

UK Decision to leave the EU - All Council services have been kept abreast of the risks associated with the UK leaving the EU and in particular the risks for a no deal scenario. Services have been directed towards UK Government guidance on how to prepare for a no deal and have been tasked with assessing the potential impact and identifying appropriate risk responses. A Council Cross Service Brexit Working Group is in place and is directing preparation for a potential No Deal exit from the European Union

Digital Strategy and Digital Learning Strategy - Covid pandemic response has changed a large part of Midlothian's Digital foundation and how Council staff and citizens now use Council services as a result of the Covid response. There is still work to be done to ensure the changes that were made at speed to underlying Business applications, technologies and processes are reviewed and consolidated to ensure wider stability and resilience can be maintained

Midlothian Council Corporate Indicator Summary

Manage budget effectively

Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	£214.219m	£206.362m	£225.668m			£225.790m

Manage stress and absence

Indicator	Q3 2019/20	2019/20	Q2 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Corporate Indicator - Sickness Absence Days per Employee (All employees)	7.23	9.7	5.15			

Process invoices efficiently

Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	89.2%	89.6%	93.3%			95.0%

Commitment to valuing complaints




Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Total number of complaints received (quarterly)	1176	5421	1,453			
Number of complaints upheld (quarterly)	906	4247	1,198			
Number of complaints partially upheld (quarterly)	25	202	10			
Number of complaints not upheld (quarterly)	60	430	54			
Percentage of complaints at stage 1 complete within 5 working days	87.53%	87.61%	91.94%			95%
Percentage of complaints at stage 2 complete within 20 working days	81.82%	60.87%	75%			95%
Percentage of complaints escalated and complete within 20 working days	90%	74.07%	87.5%			95%
Number of complaints closed in the year	1104	5280	1,365			
Average time in working days for a full response at stage 1	3.23	3.28	2.23			5
Average time in working days for a full response at stage 2	15.27	20.13	19.5			20
Average time in working days for a full response for escalated complaints	17.1	19.11	15.6			20
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	1	14	1			

The following sections provide a summary update of Service specific Actions and Performance Indicators for Q3 for the following:





1. Adult Health and Social Care
2. Education
3. Children's Services, Partnerships and Communities
4. Place
5. Corporate Solutions

Please note that where updated Q3 information is available for both the action and the performance indicator the first column is shaded green else the data shown is carried forward from Q2 and a full update will be provided at Q4.



1. Adult Health and Social Care Action report

	On Target
	Off Target
	Complete




01. Health Inequalities

Code	Action	Due Date	Icon
AHSC.P.1.1	Support people with long term health conditions through the wellbeing service that has been introduced in all 12 GP practices	31-Mar-2021	
AHSC.P.1.2	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	31-Mar-2021	
P.AHSC.4.1	Deliver welfare rights service to people with health care needs and who are vulnerable or particular risk of inequalities.	31-Mar-2021	
P.AHSC.4.2	Work with Red Cross to support people who are frail to access financial support available to them.	31-Mar-2021	


02. Assessment and Care Management





Code	Action	Due Date	Icon
AHSC.P.2.1	Reduce the waiting times for occupational therapy and social work services	31-Mar-2021	
AHSC.P.2.2	Continue to implement and monitor Self Directed Support	31-Mar-2021	

03. Carers




Code	Action	Due Date	Icon
AHSC.P.3.1	Provide carers with the tools and skills to manage their caring role through the provision of Adult Carer Support Plans and 1 to 1 support.	31-Mar-2021	
AHSC.P.3.2	Support and enable Adult Carers to access breaks from caring, during Covid-19, through the VOCAL Wee Breaks Service.	31-Mar-2021	
AHSC.P.3.3	Support unpaid carers to maximise their income by accessing services and surgeries provided by Penicuik CAB.	31-Mar-2021	

04. Older People




Code	Action	Due Date	Icon
AHSC.P.4.2	Use efrailty data to inform prioritisation of Care at Home waiting list.	31-Mar-2021	

Code	Action	Due Date	Icon
AHSC.P.4.3	Strengthen our hospital at home service by relocating to Midlothian Community Hospital and promoting uptake through GPs and Flow Centre.	31-Mar-2021	
AHSC.P.4.4	Support older people to attend activity groups hosted by Ageing Well each year	31-Mar-2021	
AHSC.P.4.5	Consult with extra care housing tenants re the impact of Covid-19 on their health and wellbeing.	31-Mar-2021	
AHSC.P.4.6	Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge, Dalkeith and Bonnyrigg.	31-Mar-2021	




05. Mental Health

Code	Action	Due Date	Icon
AHSC.P.5.1	Implement Individual Placement Support specialist employment support for people with mental health issues.	31-Mar-2021	
AHSC.P.5.2	Enhance community resources for social prescribing by running a specific stress control classes in community venues.	31-Mar-2021	
AHSC.P.5.3	Expand mental health development in Primary Care	31-Mar-2021	




06. Learning Disability

Code	Action	Due Date	Icon
AHSC.P.6.1	Provide support and opportunities for adults with learning disabilities and autism by expanding day opportunities for young people in Midlothian in partnership with voluntary sector partners.	31-Mar-2021	
AHSC.P.6.2	Support people with Profound and Multiple Learning Disabilities to live in suitable accommodation by putting in place a programme of works for the renovation of Primrose Lodge in Loanhead for three people and the provision of respite for two people.	31-Mar-2021	
AHSC.P.6.3	Support people with complex needs in crisis by training practitioners on positive behavioural support as part of a programme of positive behavioural support in Midlothian.	31-Mar-2021	


07. Substance Misuse

Code	Action	Due Date	Icon
AHSC.P.7.1	Expand the reach of the take-home Naloxone kits to those most at risk of overdose.	31-Mar-2021	
AHSC.P.7.2	Run pilot of an online SMART recovery group for veterans to increase the range of treatment and recovery interventions.	31-Mar-2021	
AHSC.P.7.3	Develop 'rapid access to prescribing and treatment' to help individuals who have dropped out of treatment re-engage.	31-Mar-2021	






08. Justice Service

Code	Action	Due Date	Icon
AHSC.P.8.1	Maximise the range of services offered to people involved in the justice service by working collaboratively to develop and consolidate the No11 Practitioners Allocation Meeting.	31-Mar-2021	
AHSC.P.8.2	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	31-Mar-2021	
AHSC.P.8.3	Develop Trauma Informed holistic services for men on Community Payback Orders not attending accredited programmes such as Caledonian.	31-Mar-2021	




09. Adult Support and Protection

Code	Action	Due Date	Icon
AHSC.P.9.1	Raise awareness of self-neglect and hoarding.	31-Mar-2021	

10. Adults with long term conditions, physical disabilities and sensory impairment

Code	Action	Due Date	Icon
AHSC.P.10.1	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	31-Mar-2021	
AHSC.P.10.2	Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.	31-Mar-2021	
AHSC.P.10.3	Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action.	31-Mar-2021	
AHSC.P.10.4	Contribute to the implementation of the British Sign Language Plan to improve equity of access to services and support for BSL users.	31-Mar-2021	
AHSC.P.10.5	Contribute to both national and local consultations to support an increase in the accessibility and availability of suitable housing.	31-Mar-2021	

11. Digital

Code	Action	Due Date	Icon
AHSC.P.11.1	Pursue and explore options to progress incrementally a data exchange mechanism between the Council and NHS Lothian to improve our use of health and social care data.	31-Mar-2021	
AHSC.P.11.2	Support NHS Lothian to drive channel shift and support services to maintain and adopt 'attend anywhere' video conferencing as part of remobilisation arrangements.	31-Mar-2021	
AHSC.P.11.4	Lead on development of national technology enabled care project exploring frailty system of care.	31-Mar-2021	

Adult Health and Social Care PI Report











	On Target
	Off Target
	Data Only

Key Corporate PIs















Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	£42.574m	£42.593m	£44.973m			£44.973m
Corporate Indicator - Sickness Absence Days per Employee (All employees)	7.31	16.75	9.57			10.53
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	93%	94%	94%			97%
Number of complaints received (quarterly)	11	37	13			
Number of complaints closed in the year	7	32	5			
Number of complaints upheld (quarterly)	0	0	0			
Number of complaints partially upheld (quarterly)	1	5	2			
Number of complaints not upheld (quarterly)	6	27	2			
Average time in working days to respond to complaints at stage 1	35.71	19.86	4			5
Average time in working days to respond to complaints at stage 2	0	0	0			20
Average time in working days for a full response for escalated complaints	0	28.33	19			20
Percentage of complaints at stage 1 complete within 5 working days	0%	13.79%	75%			95%
Percentage of complaints at stage 2 complete within 20 working days	100%	100%	100%			95%
Percentage of complaints escalated and complete within 20 working days	100%	66.67%	100%			95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	0	0	0			

Service PIs

01. Health Inequalities

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.1.1a	Number of people receiving the Wellbeing Service across all 12 GP practices	1,151	418	352			1,000
AHSC.P.1.2a	Number of people who received a health assessment from the Community Health Inequalities Team.	218	31	38			150
AHSC.P.4.2b	Additional benefit income to Midlothian residents identified as frail	New for 2020/21		£200,834.40			£150,000.00
P.AHSC.4.1a	Number of people supported with Cancer	265	SMP PI (Qrtly Reporting w.e.f. 2020/21)	110			250

02. Assessment and Care Management

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.2.1a	Average waiting time for occupational therapy services	12.4 weeks	9.7 weeks	15 weeks			6 weeks
AHSC.P.2.1b	Average waiting time for social work services	14 weeks	9 weeks	7 weeks			6 weeks
AHSC.P.2.2a	Proportion of people choosing SDS option 1	4.6%	6.1%	5.3%			
AHSC.P.2.2b	Proportion of people choosing SDS option 2	3%	2.7%	2%			
AHSC.P.2.2c	Proportion of people choosing SDS option 3	90.3%	88.2%	88.8%			
AHSC.P.2.2d	Proportion of people choosing SDS option 4	2.2%	2.9%	3.9%			
AHSC.P.2.2e	Increase the % of people who feel they are participating more in activities of their choice	93.3%	85.1%	85%			75%









03. Carers

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.3.1a	Number of Carers receiving 1:1 support by VOCAL (accumulative)	1,919	1,342	1,493			
AHSC.P.3.1b	Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (Accumulative)	121	82	23			
AHSC.P.3.1c	Number of carers receiving an adult carer support plan of their care needs by VOCAL (accumulative)	544	411	1,080			
AHSC.P.3.2a	Number of carers accessing short breaks through VOCAL Wee Breaks Service.	New for 2020/21		202			
AHSC.P.3.3a	Additional carer income generated through contact with Penicuik CAB (annual measure).	New for 2020/21		Q2 Update - £227,563.00		N/A until Q3 Updated	



04. Older People

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.4.2a	Monitor the percentage of people with moderate to high frailty waiting for a Care at Home package.	New for 2020/21		50%			
AHSC.P.4.3a	Number of individuals receiving support from the Hospital at Home	393	96	113			
AHSC.P.4.5a	Number of consultation questionnaires/interviews from Sept 2020 to March 2021.	New for 2020/21		1			3
AHSC.P.4.5b	Number of extra care housing tenants consulted.	New for 2020/21		77			67
AHSC.P.4.6a	Planning permission granted for extra care housing at Gorebridge, Dalkeith and Bonnyrigg.	New for 2020/21		0			3
P.AHSC.2.2a	Number of people attending activity groups hosted by Ageing Well from November 2020 end of March 2021.	21,427 (N/A)	SMP PI (Qrtly Reporting w.e.f. 2020/21)	1,833			9,000



05. Mental Health

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.5.1a	Number of people (per annum) in employment or education following intervention.	New for 2020/21		7			13
AHSC.P.5.2a	Number of stress control classes run in community venues.	New for 2020/21		0			1
AHSC.P.5.3a	Number of Midlothian GP Practices with a Primary Care Mental Health Nurse.	New for 2020/21		12			12
AHSC.P.5.3b	Number of individuals accessing the Midlothian Access Point	911	209	160			600



06. Learning Disability

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.6.2a	Primrose Lodge certified as available.	New for 2020/21		0.75			1



07. Substance Misuse

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.7.2a	Online SMART recovery group pilot completed	New for 2020/21		0.75			1





08. Justice Service

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.8.2a	Total number of individuals referred through the Safe and Together approach	7	1	4			4





09. Adult Support and Protection

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.9.1a	Number of self-neglect and hoarding referrals which resulted in an investigation.	New for 2020/21		3			



10. Adults with long term conditions, physical disabilities and sensory impairment

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.10.1a	Number of people assessed by weight management triage.	499	119	86			
AHSC.P.10.3a	Number of training awareness sessions	2	1	0			1




11. Digital

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
AHSC.P.11.1a	Joint Dashboard created to improve our use of health and social care data.	New for 2020/21		1			1
AHSC.P.11.4a	Completion of the Matter of Focus evaluation.	N/A (COVID)		0.75			1





2. Education Action report

	On Target
	Off Target


01. Attainment & Achievement

Code	Action	Due Date	Icon
EDU.P.1.1	Improve attainment within the broad general education stages, by focusing on improvements in planning, tracking and assessment and curriculum design and progression.	31-Mar-2021	
EDU.P.1.2	Improve attainment within the senior phase through maximising opportunities through curriculum planning, consortium arrangements and partnership delivery, including addressing the ASN/LAC Senior Phase gap.	31-Mar-2021	
EDU.P.1.3	Reduce the attainment gap between the most and least deprived children, including care-experienced children.	31-Mar-2021	



02. Included, Involved & Engaged; Wellbeing & Equity

Code	Action	Due Date	Icon
EDU.P.2.1	Develop a Nurturing Authority.	31-Mar-2021	
EDU.P.2.2	Develop and improve the Health and Wellbeing curriculum to support the wellbeing of all children and young people, from Early Level to Senior Phase	31-Mar-2021	
EDU.P.2.3	Support schools and ELC settings to provide high quality EY services, which focus on early intervention and prevention.	31-Mar-2021	
EDU.P.2.4	Support schools to implement a range of mental health and wellbeing strategies for children, young people and staff.	31-Mar-2021	




03. Self-Improving Systems

Code	Action	Due Date	Icon
EDU.P.3.1	Develop a quality improvement framework to support schools to achieve Good or better in inspection QIs through empowering leaders at all levels, leading to an empowered system.	31-Mar-2021	

05. Finance & Resources































Code	Action	Due Date	Icon
EDU.P.5.1	Deliver best value through: reviewing and implementing the Learning Estate strategy, taking cognisance of the ASN learning estate and robust workforce planning.	31-Mar-2021	
EDU.P.5.2	Implement the Education Digital Asset strategy, ensuring that digital learning tools are high quality and support excellence in learning and teaching.	31-Mar-2021	

Education PI Report

	On Target
	Off Target
	Data Only






Key Corporate PIs









Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	£98.993m	£93.249m	£102.109m			£102.499m
Corporate Indicator - Sickness Absence Days per Employee (All employees)	4.76	6.99	3.46			5.00
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	95%	95%	94%			93%
Number of complaints received (quarterly)	16	59	15			
Number of complaints closed in the year	10	58	12			
Number of complaints upheld (quarterly)	1	3	0			
Number of complaints partially upheld (quarterly)	3	14	1			
Number of complaints not upheld (quarterly)	5	39	8			
Average time in working days to respond to complaints at stage 1	4.33	5.21	4.5			5
Average time in working days to respond to complaints at stage 2	16.25	24.12	18			20
Average time in working days for a full response for escalated complaints	0	13	9.5			20
Percentage of complaints at stage 1 complete within 5 working days	66.67%	76.32%	75%			95%
Percentage of complaints at stage 2 complete within 20 working days	100%	52.94%	100%			95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%			95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	0	4	0			

Service PIs







01. Attainment & Achievement



PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
EDU.P.1.1a	Increase the number of children in P1, P4, P7 and S3 achieving the expected CfE levels in Reading, Writing, Listening & Talking and Numeracy.	NEW 2020/21	N/A	N/A			TBA
EDU.P.1.2a	DYW KPI % of young people achieving vocational qualifications at SCQF Level 5 or better	NEW 2020/21	N/A	N/A			TBA
EDU.P.1.3a	Increase the number of children in P1, P4, P7 and S3 in receipt of FME achieving the expected CfE levels in Reading, Writing, Listening & Talking and Numeracy across the BGE.	NEW 2020/21	N/A	N/A			TBA

02. Included, Involved & Engaged; Wellbeing & Equity











PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
EDU.P.2.1a	Pupil survey – SHANARRI indicators	NEW 2020/21	N/A	N/A			TBA
EDU.P.2.2a	Pupil survey – SHANARRI indicators	NEW 2020/21	N/A	N/A			TBA
EDU.P.2.3a	Number of settings achieving Good or above	NEW 2020/21	N/A	FP's 79% LA 94%			
EDU.P.2.4a	Pupil survey – SHANARRI indicators	NEW 2020/21	N/A	N/A			TBA

03. Self-Improving Systems



PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
EDU.P.3.1a	Number of settings achieving Good or above for QI1.3 Leadership of change	NEW 2020/21	N/A	1			
EDU.P.3.1b	Number of settings achieving Good or better for QI2.3 Learning, teaching and assessment	NEW 2020/21	N/A	1			
EDU.P.3.1c	Parental survey Parents / carers have been fully involved in school self-evaluation and the school improvement process this session	NEW 2020/21	N/A	N/A			TBA

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
EDU.P.3.1d	Employee survey I am proud to work for Midlothian Council	NEW 2020/21	N/A	N/A			TBA


05. Finance & Resources

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
EDU.P.5.1a	Improvement in Core facts condition, suitability and sufficiency statistics	NEW 2020/21	N/A	83%			
EDU.P.5.1b	Children and young people with ASN are educated within Midlothian	NEW 2020/21	N/A	0			
EDU.P.5.1c	Teacher: pupil ratio	NEW 2020/21	N/A	N/A			TBA
EDU.P.5.2a	Number of schools meeting or exceed the baseline provision	NEW 2020/21	N/A	+4			TBA
EDU.P.5.2b	Increase in the number of schools in receipt of Digital Schools award	NEW 2020/21	N/A	+1			+3



3. Children's Services, Partnerships and Communities Action report

	On Target
	Off Target



01. Increase the proportion of C & YP who feel safe in their homes, communities, school and online

Code	Action	Due Date	Icon
CSPC.P.1.2	Develop a pathway with alternative models of care for those CEYP who are entitled to aftercare	31-Mar-2021	


02. Increase support for children and young people affected by domestic abuse, parental alcohol or drug misuse

Code	Action	Due Date	Icon
CSPC.P.2.1	Evidence further implementation of the Safe & Together model across children's services	31-Mar-2021	
CSPC.P.2.2	Draft Key principles for child protection case conferences using the Safe & Together Approach	31-Mar-2021	



03. Reduce the number of children and young people living in households affected by Poverty

Code	Action	Due Date	Icon
CSPC.P.3.1	Offer income assessment and support to families impacted by Poverty.	31-Mar-2021	
CSPC.P.3.2	Introduce supper club at HFLC with a focus on budget meals and linking families with budgeting support.	31-Mar-2021	



04. Increase the numbers of children and young people receiving timely and effective support

Code	Action	Due Date	Icon
CSPC.P.4.1	All children (under the age of 5) to be considered for a FGDM when placed on a CSO or CP Register	31-Mar-2021	



05. Increased voice of learners and citizens to influence improvements within Learning and Development in our Community

Code	Action	Due Date	Icon
CSPC.P.5.7	Midlothian Youth Platform continue to increase membership to represent Midlothian young people	31-Mar-2021	
CSPC.P.5.8	Develop Penicuik's Cowan Institute (Town Hall) as a community learning base and community operated centre.	31-Mar-2021	


06. Young people, adults and families are supported to improve their life chances through the development of skills for Learning, Life and Work

Code	Action	Due Date	Icon
CSPC.P.6.2	Continue to increase number of Modern Apprentices supported by CLL	31-Mar-2021	
CSPC.P.6.3	Continue to increase number of Foundation Apprenticeships supported by CLL	30-Jun-2021	



07. Partnership working increases the number of young people securing and sustaining positive destinations and developing their careers

Code	Action	Due Date	Icon
CSPC.P.7.2	Develop a flexible response to ensure a positive and sustained destination is achieved	30-Jun-2021	
CSPC.P.7.3	Deliver the programme for alternative vocational education (PAVE)	30-Jun-2021	


08. Services are more responsive to the needs of Equalities groups

Code	Action	Due Date	Icon
CSPC.P.8.1	Support learning and development opportunities in the community for people from underrepresented groups	31-Mar-2021	








09. Sustain resources for activity in the current funding climate

Code	Action	Due Date	Icon
CSPC.P.9.1	Support the Third Sector and communities to access funding	31-Mar-2021	
CSPC.P.9.2	Develop new learning activities to respond to the challenges of community empowerment , community cohesion, peer support and new planning legislation	31-Mar-2021	

10. There is a reduction in the number of people living in Poverty in Midlothian

Code	Action	Due Date	Icon
CSPC.P.10.1	Deliver the actions in the child poverty plan to meet the requirements of the Child Poverty Act	31-Mar-2021	

11. Life-Long Learning & Career-Ready Employability

Code	Action	Due Date	Icon
CSPC.P.11.1	FE, HE increase –Continue to increase number of Foundation Apprenticeships supported by CLL, working in partnership with schools and Edinburgh College.	30-Jun-2021	
CSPC.P.11.2	Continue to increase the number of Modern Apprenticeships supported by CLL	31-Mar-2021	
CSPC.P.11.3	CLL will continue to operate the school work experience programme working with schools and employers	30-Jun-2021	
CSPC.P.11.4	CLL will offer places to vulnerable young people and adults under the Scottish Government funded 'No one left behind' programme	31-Mar-2021	
CSPC.P.11.5	CLL will deliver the merged PAVE/PAVE2 programme supporting care experienced and other vulnerable young people in transition from schools to post school living.	30-Jun-2021	
CSPC.P.11.6	CLL will continue to support the Champions group of care experienced young people and the Kids in Charge carers group	31-Mar-2021	
CSPC.P.11.7	STEM CLL will continue to support STEM activities including, Midlothian Science Zone Graduate apprenticeship, teacher STEM work experience placements, STEM ambassadors and P7 inspiration programme	31-Mar-2021	

Children's Services, Partnerships and Communities PI Report







	On Target
	Off Target
	Data Only

Key Corporate PIs

Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	£15.423m	£15.139m	£19.527m			£19.651m
Corporate Indicator - Sickness Absence Days per Employee (All employees)	6.49	11.02	5.15			9.00
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	98%	98%	98%			95%
Number of complaints received (quarterly)	9	43	7			
Number of complaints closed in the year	8	42	6			
Number of complaints upheld (quarterly)	2	10	1			
Number of complaints partially upheld (quarterly)	3	11	0			
Number of complaints not upheld (quarterly)	3	19	5			
Average time in working days to respond to complaints at stage 1	2	5	3			5
Average time in working days to respond to complaints at stage 2	10.33	18.69	21			20
Average time in working days for a full response for escalated complaints	16.5	20.89	16.33			20
Percentage of complaints at stage 1 complete within 5 working days	100%	71.43%	100%			95%
Percentage of complaints at stage 2 complete within 20 working days	100%	75%	50%			95%
Percentage of complaints escalated and complete within 20 working days	100%	78.95%	100%			95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	0	5	1			

Service PIs

01. Increase the proportion of C & YP who feel safe in their homes, communities, school and online

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.1.2a	Implementation of National House Project and identify 8 young people who are working towards independent living via this resource	New 2020/21	N/A	TBA			
CSPC.P.1.2b	Increase the number of CEYP who report they feel safe once they leave care	New 2020/21	N/A	N/A - Not measured for Quarters			




02. Increase support for children and young people affected by domestic abuse, parental alcohol or drug misuse

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.2.1a	Increase the number of staff who have undertaken safe & together training	New 2020/21	N/A	N/A - Not measured for Quarters			
CSPC.P.2.1b	Measure number of staff attending S&T consultation sessions	New 2020/21	N/A	N/A - Not measured for Quarters			
CSPC.P.2.1c	No of referrals to Family First	New 2020/21	N/A	Onhold - Covid			
CSPC.P.2.1d	Increase number of referral to Developing Dads Group	New 2020/21	N/A	Onhold - Covid			
CSPC.P.2.2a	Measure the percentage of families who report they feel safer utilising the safe & together approach	New 2020/21	N/A	N/A - Not measured for Quarters			



03. Reduce the number of children and young people living in households affected by Poverty

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.3.1a	Offer an income assessment to all parents/carers at LAAC/LAC/CP conference/reviews	New 2020/21	N/A	100%			
CSPC.P.3.1b	Offer income assessments to families at HFLC	New 2020/21	N/A	TBA			



04. Increase the numbers of children and young people receiving timely and effective support

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.4.1a	What percentage of FGDM conferences were offered	New 2020/21	N/A	100%			100%
CSPC.P.4.1b	What percentage of children de-registered had a FGDM	New 2020/21	N/A	100%			100%
CSPC.P.4.1c	What percentage of children placed on a CSO at home had FGDM	New 2020/21	N/A	N/A			


05. Increased voice of learners and citizens to influence improvements within Learning and Development in our Community



PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.5.7a	MYP membership increases	New 2020/21	N/A	N/A			
CSPC.P.5.8a	Completion of transfer to CLL, user group established, capital works completed	New 2020/21	N/A				

06. Young people, adults and families are supported to improve their life chances through the development of skills for Learning, Life and Work




PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.6.2a	Numbers of MA' positive completions delivered by CLL	New 2020/21	N/A	111			
CSPC.P.6.3a	Numbers of FA' positive completions delivered by CLL	New 2020/21	N/A	N/A			

07. Partnership working increases the number of young people securing and sustaining positive destinations and developing their careers



PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.7.2a	Number of 16-19 year olds who's participation status in the labour market/learning activity is unknown	New 2020/21	N/A	78			

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.7.3a	The number of young people participating in merged PAVE/PAVE 2 programme	New 2020/21	N/A	56			
CSPC.P.7.3b	The % of PAVE/PAVE2 participants who gain 5 awards at Nat 3 level	New 2020/21	N/A	N/A			








08. Services are more responsive to the needs of Equalities groups

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.8.1a	The number of participants from ethnic minorities participating in CLL Programmes	New 2020/21	N/A	N/A - Covid			
CSPC.P.8.1b	The number of participants from areas of deprivation taking part in CLL programmes	New 2020/21	N/A	N/A - Covid			
CSPC.P.8.1d	Dedicated equalities week in universal and targeted youth work services	New 2020/21	N/A	N/A - Covid			
CSPC.P.8.1e	Provide youth work support to all Champions group, Kids in Charge group and Care experienced annual event	New 2020/21	N/A	2			2




09. Sustain resources for activity in the current funding climate

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.9.1a	The number of external (non-council) grants/funding applied for supported by CLL	New 2020/21	N/A	8			8
CSPC.P.9.2a	Instances of bespoke 1-1 support to community and voluntary groups on funding, capital projects, governance, income generation, and organisational development.	New 2020/21	N/A	N/A - Covid			


11. Life-Long Learning & Career-Ready Employability

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CSPC.P.11.1a	Number of FA starts	New 2020/21	N/A	116			
CSPC.P.11.2a	Number of MA's competing to a positive outcome	New 2020/21	N/A	24			
CSPC.P.11.3a	Number of placements	New 2020/21	N/A	0			
CSPC.P.11.4a	Number of places	New 2020/21	N/A	16			
CSPC.P.11.5a	Awards gained by PAVE participants 40 young people participating in new merged programme over the academic year	New 2020/21	N/A	56			40
CSPC.P.11.6a	2 groups of young care experienced and young carers supported	New 2020/21	N/A	2			2
CSPC.P.11.7a	Number of STEM (Science technology engineering and maths) learning activities delivered by CLL	New 2020/21	N/A	0			



4. Place Action report

	On Target
	Off Target
	Complete


01. Reduce Health inequalities

Code	Action	Due Date	Icon
PLACE.P.1.1	Provide quality nutritional school meals	31-Mar-2021	



03. Deliver further affordable housing

Code	Action	Due Date	Icon
PLACE.P.3.1	Complete Phase 2 and progress Phases 3 and 4 of HRA social housing and new build programme	31-Mar-2021	
PLACE.P.3.2	Designate housing for particular needs with existing and new build stock	31-Mar-2021	


04. Increase provision of accommodation for homeless households

Code	Action	Due Date	Icon
PLACE.P.4.1	Stop using Bed and Breakfast accommodation by end of 2020	31-Mar-2021	


05. Housing: Engage with house builders on insulation, energy efficiency and biodiversity mitigations

Code	Action	Due Date	Icon
PLACE.P.5.1	Complete survey and report into EESH compliance of Midlothian social housing.	31-Mar-2021	
PLACE.P.5.2	Undertake programme of work to upgrade Council Houses to maintain the Scottish Housing Quality Standard.	31-Mar-2021	




08. Economic development: Integrate Midlothian with the regional economy and promote the region internationally

Code	Action	Due Date	Icon
PLACE.SMP.8.1	Deliver on the objectives set out in the Strategy for Growth 2020-25	31-Mar-2021	































10. Economic Development: Increase economic participation

Code	Action	Due Date	Icon
PLACE.P.10.1	Continue to promote and implement the business support provisions	31-Mar-2021	

Place PI Report

	On Target
	Off Target
	Data Only

Key Corporate PIs

Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	Not available*	Not available*	£31.043m			£30.254m
Corporate Indicator - Sickness Absence Days per Employee (All employees)	Not available*	Not available*	6.39			
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	Not available*	Not available*	90%			90%
Number of complaints received (quarterly)	Not available*	Not available*	1,408			
Number of complaints closed in the year	Not available*	Not available*	1,333			
Number of complaints upheld (quarterly)	Not available*	Not available*	1,197			
Number of complaints partially upheld (quarterly)	Not available*	Not available*	7			
Number of complaints not upheld (quarterly)	Not available*	Not available*	30			
Average time in working days to respond to complaints at stage 1	Not available*	Not available*	2.21			5
Average time in working days to respond to complaints at stage 2	Not available*	Not available*	0			20
Average time in working days for a full response for escalated complaints	Not available*	Not available*	19			20
Percentage of complaints at stage 1 complete within 5 working days	Not available*	Not available*	92.11%			95%
Percentage of complaints at stage 2 complete within 20 working days	Not available*	Not available*	100%			95%
Percentage of complaints escalated and complete within 20 working days	Not available*	Not available*	50%			95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	Not available*	Not available*	0			

**Revised Directorate and Service restructure introduced for performance reporting in 2020/21. New Place Service consolidated multiple services so previous years comparison not appropriate.*

Service PIs

01. Reduce Health inequalities

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE 1.1a	Number of school meals provided in primary Schools (quarterly)	New 2020/21*		0			
PLACE 1.1b	Number of school meals provided in Secondary Schools (quarterly)	New 2020/21*		0			
PLACE 1.1c	Number of Free school meals provided (Primary 1-3) (quarterly)	New 2020/21*		77,015			

*Previously monitored percentage uptake



03. Deliver further affordable housing

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
P.SG.CHS.2.1a	Number of social housing completions	78	78	59			100
PLACE.P.3.2b	Percentage of housing units provided for particular needs with existing and new build stock.	2	0	13			10







04. Increase provision of accommodation for homeless households

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
BS.PLACE.P.4.2a	Re-let time permanent properties (calendar days)	54 days	55 days	32 days			45 days
PLACE.P.4.2b	Re-let time temporary accommodation properties	51	51	24			35


05. Housing: Engage with house builders on insulation, energy efficiency and biodiversity mitigations

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21 (C/F Q2 Data – full update due Q4)			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.5.2a	Percentage of the Council's housing stock meeting the 'Free from serious disrepair' Scottish Housing Quality Standard criteria	98.9%	100%	98.9% (Q2)		Await Q3 Update	100%
PLACE.P.5.2c	Percentage of the Council's housing stock meeting the 'Healthy, safe & secure' Scottish Housing Quality Standard criteria	99.6%	100%	99.6% (Q2)		Await Q3 Update	100%





10. Economic Development: Increase economic participation

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.10.2a	Local target for building warrant assessment at 10 days rather than nationally adopted target of 20 days (applications with Economic Development or People living with disabilities circumstances)	Not available	100%	100%			80%
PLACE.SMP.10.1a	Number of new Business Start Ups assisted (cumulative)	Not available	92	141			
PLACE.SMP.10.1c	Number of inward investment / indigenous investment enquiries received for sites/premises in Midlothian area.	Not available	276	46			



12. Environment: Increase active travel

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.12.1a	Percentage of car journeys to school (annual measure)	New 2020/21		18%		No short trend as no info for Q2	0







13. Environment: Implement the local biodiversity plan

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.13.1a	Number of volunteer hours in countryside sites	9,714	7,946	1,224			9,000
PLACE.P.13.2a	Number of parks for which quality plans have been implemented (cumulative)	6	6	6			6





















14. Accelerate growth through infrastructure upgrades

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.14.2f	% of the footpath network resurfaced (cumulative)	0.47%	0.41%	0.2%			0.56%









15. Environment: Implement climate change strategy




PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.15.1a	Total savings in street lighting carbon emissions (cumulative)	1206 Tonnes	841 Tonnes	723 Tonnes			
PLACE.P.15.1b	Number of lighting columns replaced (cumulative)	959	863	664			700
PLACE.P.15.4a	Reduce expenditure on Travel costs (staff)	£440,250	£340,225	£135,051 (Q2)			£370,000
PLACE.P.15.5a	Achieve 5% reduction in transport costs (cumulative)	£5,268,264	£3,519,395	£1,572,279 (Q2)			£5,398,850

16. Improve health and wellbeing for people living and working in Midlothian and safeguard our communities



PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.16.4a	Percentage of consumer complaints completed within 14 days.	Not available	93.2%	86.4%			90%
PLACE.P.16.10	Number of businesses where engagement required (Health Protection Team requests/COVID-19)	New 2020/21		4			
PLACE.P.16.13a	Number of out of control dog investigations conducted	New 2020/21		25			
PLACE.P.16.13b	Percentage of dog control investigations requiring statutory enforcement action (DCN)	New 2020/21		16			
PLACE.P.16.14a	Proportion of fly tipping incidents removed within 5 working days (quarterly)	100%	90%	100%			100%
PLACE.P.16.15a	Percentage of all Public Health Service requests responded to	New 2020/21		64%			
PLACE.P.16.15b	Percentage of all Public health service requests responded to within the required timescale	New 2020/21		52%			
PLACE.P.16.2a	Number of intelligence logs made	Not available	183	39			200
PLACE.P.16.3a	Number of primary inspections conducted.	Not available	87	47			100
PLACE.P.16.5a	Percentage of tobacco retailers visited annually.	Not available	12.7%	16.8%			10%

17. Develop and implement a programme of continuous improvement and efficiency to develop additional capacity




PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE 17.1a	Total hours used for cleaning in primary schools (quarterly)	New 2020/21		19,210			
PLACE 17.1b	Total hours used for cleaning in secondary schools (quarterly)	New 2020/21		11,097.6			
PLACE 17.1c	Total hours used for Janitorial services in schools (quarterly)	New 2020/21		9,727.4			
PLACE.P.17.2a	Number of property reviews implemented (cumulative)	25	25	0			25

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
PLACE.P.17.4a	Income identified for the Council by sourcing third party opportunities through land & countryside working on hard and soft landscaping	£301,662	£187,000	£101,000			£500,000
PLACE.P.17.8a	Measure satisfaction relating to key areas in Building standards including those on delivery, timeliness, information, access and the quality of customer service	Not available	91.6%	95.6%			90%
PLACE.P.17.9a	Determine 80% of planning applications within target (2 months for a local application and 4 months for a major application).	Not available	81%	74%			80%




18. Local Government Benchmarking Framework

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
HSN5	Corporate Indicator - Percentage of council houses that are energy efficient (LGBF)	100.0%	100.0%	100.0% (Q2)			100.0%



5. Corporate Solutions Action report

	On Target
	Off Target
	Complete




01. Through the Customer Service Strategy deliver 'customer service excellence' to our communities. Provide choice to the customer in the way services are accessed/provided by adopting digital and automated processes to provide a seamless customer journey

Code	Action	Due Date	Icon
CORPS.P.1.1	Refresh and develop the Customer Services Strategy	31-Mar-2021	
CORPS.P.1.2	Achieve the milestones in the Online Payments and Services Platform Implementation plan (OPAS)	31-Mar-2021	
CORPS.P.1.4	Support financially vulnerable households in mitigating Welfare Reform impact, award Scottish Welfare Fund monies in line with criteria set for crisis grants and community care grants to meet the needs of vulnerable claimants.	31-Mar-2021	





02. Through the Digital Strategy deliver innovative business performance in Corporate Solutions strategies and plans

Code	Action	Due Date	Icon
CORPS.P.2.1	Refresh the Digital Strategy	31-Mar-2021	
CORPS.P.2.2	Achievement of the milestones in the Digital Strategy	31-Mar-2021	



03. Maintain and strengthen Financial Sustainability

Code	Action	Due Date	Icon
CORPS.P.3.1	Support continued development and delivery of the Medium Term Financial Strategy, which will enable sustainable financial planning.	31-Mar-2021	
CORPS.P.3.2	Completion of the unaudited Statutory Accounts for 2019/20 to ensure that we maintain strong financial management and stewardship and address the actions set out in previous external audit reports	31-Mar-2021	
CORPS.P.3.3	Deliver quarterly financial reports and commentary to Council	31-Mar-2021	

04. Through the workforce Strategy and associated plans, promote a culture of collaboration, co-operation, partnership, innovation and empowerment to support the re-imagining of future service delivery

Code	Action	Due Date	Icon
CORPS.P.4.1	Deliver the Wellness@Midlothian agenda to support our employees to look after their mental and physical health through and out the COVID 19 crisis	31-Mar-2021	
CORPS.P.4.2	Deliver actions set out in the Workforce Strategy	31-Mar-2021	
CORPS.P.4.3	Delivery of LGW & Teachers Payrolls ensuring compliance with relevant, statutory and legislative provisions.	31-Mar-2021	
CORPS.P.4.4	Address recommendations set out in the NESTA report in order to maintain and develop positive changes to working practices as a result of COVID 19	31-Mar-2021	

05. Ensure the Council can access the right goods and services, at the right time and right price

Code	Action	Due Date	Icon
CORPS.P.5.1	Refresh the Procurement Strategy and fundamentally review and reshape the Procurement Service	31-Mar-2021	
CORPS.P.5.2	Deliver actions from the Procurement Strategy (2018-2023)	31-Mar-2021	

Corporate Solutions PI Report



	On Target
	Off Target
	Data Only





Key Corporate PIs

Indicator	Q3 2019/20	2019/20	Q3 2020/21			Annual Target 2020/21
	Value	Value	Value	Status	Short Trend	
Performance against revenue budget	Not available*	Not available*	£20.593m			£20.892m
Corporate Indicator - Sickness Absence Days per Employee (All employees)	Not available*	Not available*	4.20			
Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	Not available*	Not available*	93%			95%
Number of complaints partially upheld (quarterly)	Not available*	Not available*	0			
Number of complaints not upheld (quarterly)	Not available*	Not available*	9			
Number of complaints received (quarterly)	Not available*	Not available*	10			
Number of complaints closed in the year	Not available*	Not available*	9			
Number of complaints upheld (quarterly)	Not available*	Not available*	0			
Average time in working days to respond to complaints at stage 1	Not available*	Not available*	2.56			5
Average time in working days to respond to complaints at stage 2	Not available*	Not available*	0			20
Average time in working days for a full response for escalated complaints	Not available*	Not available*	0			20
Percentage of complaints at stage 1 complete within 5 working days	Not available*	Not available*	88.89%			95%
Percentage of complaints at stage 2 complete within 20 working days	Not available*	Not available*	100%			95%
Percentage of complaints escalated and complete within 20 working days	Not available*	Not available*	100%			95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	Not available*	Not available*	0			





**Revised Directorate and Service restructure introduced for performance reporting in 2020/21. New Corporate Solutions Service consolidated multiple services so previous years comparison not appropriate.*

Service PIs











01. Through the Customer Service Strategy deliver 'customer service excellence' to our communities. Provide choice to the customer in the way services are accessed/provided by adopting digital and automated processes to provide a seamless customer journey

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CORPS.P.1.3a	Number of virtual library visits	436,001	48,127	65,451			
CORPS.P.1.4a	Total amount granted from Scottish Welfare Fund for crisis grants and community care grants	1,177,939	341,136	402,901			

03. Maintain and strengthen Financial Sustainability

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CORPS.P.3.4a	In-year recovery of overpayments - % of all HB overpayments identified during the financial year	108%	111%	107%			80%
CORPS.P.3.4b	All recovery overpayments - as a % of all HB overpayment debt	17%	15%	10%			30%

06. Local Government Benchmarking Framework

PI Code	PI	2019/20	Q3 2019/20	Q3 2020/21			Annual Target 2020/21
		Value	Value	Value	Status	Short Trend	
CORP3b	Corporate Indicator - The Percentage of council employees in top 5% of earners that are women (LGBF)	51.0%	48.9%	53.0%			50.0%
CORP3c	Corporate Indicator - The gender pay gap between average hourly rate of pay for male and female - all council employees (LGBF)	3.06%	3.32%	2.47%			
CORP6a	Corporate Indicator - Teachers Sickness Absence Days (LGBF)	5.80 days	4.00 days	2.51 days			
CORP6b	Corporate Indicator - Local Government Employees (except teachers) sickness absence days (LGBF)	11.19 days	8.50 days	6.20 days			
CORP7	Corporate Indicator - Percentage of income due from council tax received by the end of the year % (LGBF)	95.1%	Not measured for Quarters	N/A			94.2%
CORP8	Corporate Indicator - Percentage of invoices sampled and paid within 30 days (LGBF)	89.6%	89.2%	93.3%			95.0%

