# Notice of Meeting and Agenda
# Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

| Date | Time | Venue |
|---|---|---|
| Friday, 12 March 2021 | 10:00 | Remotely by MS Teams , |

KENNETH GRAHAM
Clerk

## Membership

Councillor Lisa-Marie Hughes: Councillor Jennifer Adam-McGregor; Margaret Kerr: Dorothy McErlean: Alan McNiven: Diane Young

Margaret Kerr (Chair): Councillor Lisa-Marie Hughes (Vice Chair)

## Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 0141 618 7111. To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

## Recording

https://youtu.be/ovuYtVq6ads

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

## 10 Proposed Dates of Meetings of the Integration Joint Board Audit, Risk and Scrutiny Committee 2021/22 123 - 124

Report by Clerk.

## 11 Date of Next Meeting

Note that the next meeting of this Committee will be held at 10.00 am on 18 June 2021.

# Minute of Meeting
# Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

| Date | Time | Venue |
|---|---|---|
| Friday, 13 November 2020 | 09:30 | Remotely by MS teams, |

## Present

Councillor Lisa-Marie Hughes and Councillor Jennifer Adam-McGregor (both Renfrewshire Council); Margaret Kerr and Dorothy McErlean (both Greater Glasgow & Clyde Health Board); and Alan McNiven (third sector representative).

## Chair

Margaret Kerr, Chair, presided.

## In Attendance

Ken Graham, Head of Corporate Governance (Clerk), Andrea McMahon, Chief Internal Auditor and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); David Leese, Chief Officer, Sarah Lavers, Chief Finance Officer, Amanda Kilburn, Finance Business Partner, Carron O'Byrne, Head of Health and Social Care (Paisley), Kevin Hampsey, Change and Improvement Officer, Diane Young, Operations Nurse Manager and James Higgins, Project Officer (all Renfrewshire Health and Social Care Partnership); and John Cornett, Audit Director and Adam Haahr, Audit Manager (both Audit Scotland).

## Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the Committee would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

## Declarations of Interest

There were no declarations of interest intimated prior to the commencement of the meeting.

## 1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee held on 11 September 2020 was submitted.

**DECIDED:** That the Minute be approved.

## 2 Rolling Action Log

The rolling action log for the IJB Audit, Risk and Scrutiny Committee was submitted.

The Chair referred to the revised Annual Internal Audit Plan 2020/21 approved at the meeting of this Committee held on 11 September 2020. The Chief Internal Auditor advised that this audit review had been allocated to an auditor and the terms of reference had been written. The Chief Finance Officer advised that an auditor had engaged with the HSCP finance team.

**DECIDED:** That the updates to the rolling action log be noted.

## 3 Annual Audit Report on IJB Accounts 2019/20

Under reference to item 5 of the Minute of the meeting of the IJB held on 26 June 2020, the Chief Finance Officer submitted a report outlining Audit Scotland's findings from the audit of the IJB's financial statements for 2019/20. A copy of the report by Audit Scotland were appended.

The report advised that, in terms of the Local Authority Accounts (Scotland) Regulations 2014, IJBs must meet to consider the annual accounts and aim to approve those accounts for signature no later than 30 September immediately following the financial year to which they relate. Due to the ongoing Coronavirus pandemic, additional flexibility in terms of the approval process was provided under the Coronavirus (Scotland) Act 2020, which enabled the IJB to set their own timetable for approval of the audited accounts.

However, Scottish Ministers indicated, in Finance Circular 10/2020, that they considered audited accounts should be published, and therefore approved by the IJB, no later than 30 November 2020. In order to comply with these requirements, the audited financial statements would be presented to the IJB at a meeting scheduled to be held on 20 November 2020.

The Audit Director made reference to the covering letter, the independent auditor's report and the letter of representation. He provided an overview of Audit Scotland's proposed 2019/20 Annual Audit Report and advised that the audit opinions on the IJB's accounts were unqualified and that the accounts presented a true and fair view of the financial position of the IJB. In relation to the letter of representation, he advised that this contained nothing of particular concern and that all matters were standard representation items.

The Audit Director thanked the Chief Finance Officer and her team, for their help and support throughout the process and advised members that the quality of the working papers provided during the audit process were of a very high standard.

On behalf of the Committee, the Chair also thanked the HSCP finance team and the team from Audit Scotland for the work undertaken as part of the audit process and noted that the quality of the work provided was of a very high standard.

The Chair then proposed that members approve the letter of representation and note the reports from Audit Scotland. This was agreed.

**DECIDED:**

(a) That the letter of representation be approved; and

(b) That the Audit Scotland reports be noted.

## 4 IJB Audited Annual Accounts 2019/20

Under reference to item 5 of the Minute of the meeting of the IJB held on 26 June 2020, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2019/20, a copy of which was appended to the report.

The report intimated that the audited annual accounts to 31 March 2020, which had been prepared in line with proper accounting practice and statute, had been submitted to the appointed auditor. The audited financial statements would be presented to the IJB at a meeting scheduled to be held on 20 November 2020.

It was noted that, during the course of the audit, a number of presentational adjustments had been identified and had been updated in the audited annual accounts. There were no unadjusted misstatements which, due to materiality, had not been reflected in the annual accounts.

The Chief Finance Officer thanked her team for the high standard of work carried out in difficult circumstances this year and advised that a report on the financial outlook would be submitted to the IJB meeting next week which addressed recommendation 1 in Audit Scotland's report.

The Chief Officer thanked the Chief Finance Officer, Amanda Kilburn, the finance team and Audit Scotland for the complex work undertaken during the audit process. He also thanked all staff involved in the presentation of the accounts.

It was proposed that consideration be given to the production of a summary document capturing the performance highlights and key messages from the audited accounts for wider publication. This was agreed.

**DECIDED:**

(a) That the IJB Audit, Risk and Scrutiny Committee recommend to the IJB that the audited annual accounts 2019/20 be approved for signature; and

(b) That consideration be given to the production of a summary document capturing the performance highlights and key messages from the audited accounts for wider publication.

## 5 IJB Strategic Risk Register

Under reference to item 4 of the Minute of the meeting of this Committee held on 11 September 2020, the Chief Officer submitted a report providing an update on the status of the IJB Strategic Risk Register as at November 2020, a copy of which was appended to the report.

The report intimated that the status of the Strategic Risk Register was regularly reported to the HSCP SMT and updated as required. Scrutiny of the register would be undertaken by the Audit, Risk and Scrutiny Committee and information relating to key partnership risks would be provided to the IJB for awareness.

There were six live risks on the register with four items having a risk level of high and two with a risk level of moderate. It was noted that there had been no risks recommended for closure since the last review by the Committee in June 2020.

It was proposed that a risk matrix which defined the level of risk be included in the register and that the register be submitted to all meetings of the Committee to allow consideration of the strategic direction and long-term implications and also the shape of the IJB in the medium-term. This was agreed.

**DECIDED:**

(a) That, following review of the content of the report, the IJB Strategic Risk Register be approved; and

(b) That a matrix be included in the IJB Strategic Risk Register and that it be submitted to all meetings of this Committee to allow consideration of the strategic direction and long-term implications and also the shape of the IJB in the medium-term.

## 6 HSCP Internal Care at Home Services Inspection (Update)

Under reference to item 10 of the Minute of the meeting of this Committee held on 19 June 2020, the Chief Officer submitted a report providing an update in relation to the Care Inspectorate inspection of HSCP internally operated Care at Home Services undertaken in October 2019.

The report intimated that Renfrewshire's Care at Home Services were inspected on 31 October 2019 against three quality themes: quality of care and support; quality of staffing; and quality of management and leadership. The service was graded as '4 good, important strengths for improvement' for quality of care and support and quality of staffing, and '3 adequate, strengths just outweigh weakness' for quality of management and leadership.

The report detailed the recommendation made in relation to quality of care and support and the one requirement in relation to quality of management and leadership and the action taken in relation to each.

Care at Home services were currently undertaking development sessions to identify and implement improvements to support the service in managing challenges around increasing demand, recruitment and retention whilst also addressing the recommendation and requirement in the Care Inspectorate report.

The measures put in place from this work would be closely monitored and kept under review with a detailed action plan, a copy of which was appended to the report.

The Chief Officer advised that a further update report would be submitted to the meeting of this Committee scheduled to be held on 18 June 2021.

**DECIDED:**

(a) That the performance of the HSCP internal Care at Home services, with services graded as 'adequate' for quality of management and leadership and 'good' for quality of care and support and quality of staffing be noted;

(b) That the actions taken towards the requirement and recommendation set out in the Care Inspectorate report of 31 October 2019 be noted; and

(c) That it be noted that a further update report be submitted to the meeting of this Committee scheduled to be held on 18 June 2021.

## 7 Date of Next Meeting

**DECIDED:** That it be noted that the next meeting of this Committee would be held at 10.00 am on 12 March 2021.

## Valedictory

The Chair intimated that this would be David Leese's last meeting of the IJB Audit, Risk and Scrutiny Committee. She thanked David for welcoming her to the committee and for his support and contribution to the work of the committee.

David thanked the Committee for providing scrutiny and direction and endorsed the work of the Committee going forward.

## IJB Audit, Risk and Scrutiny Committee Rolling Action Log – 12 March 2021

| Date of Committee | Report | Action to be taken | Officer responsible | Due date | Status |
|---|---|---|---|---|---|
| 11/09/20 | Review of Renfrewshire IJB's Existing Risk Management Framework | Submit update reports to future meetings | Interim Chief Officer | 12 March 2021 | Report submitted to this meeting for implementation on 1 April 2021. Action now completed. |
| 13/11/20 | IJB Audited Annual Accounts 2019/20 | Consider the production of a summary document capturing the performance highlights and key messages from the audited accounts for wider publication | Chief Finance Officer | 12 March 2021 | Summary document issued to IJB members and uploaded to website. Action now completed. |
| | IJB Strategic Risk Register | Include matrix in register and submit to all meetings of this Committee to allow consideration of the strategic direction and long-term implications and also the shape of the IJB in the medium-term | Interim Chief Officer | 12 March 2021 | Matrix included in report being considered at this meeting. Action now completed. |
| | HSCP Internal Care at Home Services Inspection (Update | Submit further update report | Interim Chief Officer | 18 June 2021 | Report will be submitted to meeting on 18 June 2021 |

**To:** **Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee**

**On:** **12 March 2021**

**Report by:** **Chief Internal Auditor**

**Heading:** **Internal Audit Plan 2020/21 - Progress**

## 1. Summary

1.1 In September 2020, the Audit, Risk and Scrutiny Committee approved a revised Internal Audit Plan for 2020/2021 as detailed at Appendix 1 of this report.

1.2 The plan sets out a resource requirement of 35 days, including assurance work, reviewing the adequacy and compliance with the Local Code of Corporate Governance, time for follow up of previous recommendations, ad-hoc advice and planning and reporting.

1.3 This report provides an update on the progress of the internal audit plan for 2020/2021.

## 2. Recommendations

2.1 That the Audit, Risk and Scrutiny Committee notes the progress against the Internal Audit Plan for 2020/21.

## 3. Background

3.1 The audit fieldwork for the assurance engagement to review supplier sustainability payments is nearing completion and the draft report will be issued to management before the end of March 2021.

3.2 The agreed annual review of the adequacy and compliance with the Local Code of Corporate Governance have yet to commence. It is planned that the review will commence during March 2021.

3.3 Time for planning and reporting has been used for annual reporting on the 2019/2020 annual audit plan, developing the 2021/22 Internal Audit Plan and reporting on audit engagements completed by partner organisations during 2020/21.

3.4 The annual follow up exercise has been complete. Three recommendations were followed up and all have been implemented.

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**Implications of the Report**

**1. Financial** - none.

**2. HR & Organisational Development** - none.

**3. Community Planning** - none.

**4. Legal** - none.

**5. Property/Assets** - none.

**6. Information Technology** - none.

7. **Equality & Human Rights –** none

**8. Health & Safety** - none.

**9. Procurement** - none.

**10. Risk** - The subject matter of this report is the risk based Audit Plan for 2020 – 2021.

**11. Privacy Impact** - none.

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**List of Background Papers** – none.

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**Author:** Andrea McMahon, Chief Internal Auditor

## Revised Annual Audit Plan – 2020/21 Renfrewshire Integrated Joint Board

| Audit Category | Engagement Title | No. of days | Detailed work |
|---|---|---|---|
| Assurance | Financial Management – Provider Sustainability Payments | 20 | • The purpose of the audit is to review the arrangements in place for agreeing and paying additional costs to contracted providers arising from Covid 19 mobilisation plans. |
| Governance | Local Code of Corporate Governance | 5 | • Annual review of the adequacy and compliance with the Local Code of Corporate Governance to inform the governance statement. |
| Planning & Reporting | Annual Plan, Annual Report and Audit Committee reporting & Training | 7 | • The Chief Internal Auditor is required to prepare an annual plan and annual report for the Audit Committee, summarising the work undertaken by Internal Audit during the year and using this to form an opinion on the adequacy of the control environment of the IJB. |
| Contingency | Ad-hoc advice and Consultancy | 3 | • Time for advice and consultancy on relevant priorities and risks or change related projects. |

**To:** **Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee**

**On:** **12 March 2021**

**Report by:** **Chief Internal Auditor**

**Heading:** **Summary of Internal Audit Activity in Partner Organisations**

## 1. Summary

1.1 The Renfrewshire Health and Social Care Integration Joint Board directs both Renfrewshire Council and NHS Greater Glasgow and Clyde to deliver services that enable the Renfrewshire Integration Joint Board to deliver on its strategic plan.

1.2 Both Renfrewshire Council and NHS Greater Glasgow and Clyde have Internal Audit functions that conduct audits across each organisation and report the findings of these to the respective audit committees.

1.3 Members of the Integration Joint Board have an interest in the outcomes of audits at both Renfrewshire Council and NHS Greater Glasgow and Clyde that have an impact upon the Integration Joint Board's ability to deliver the strategic plan or support corporate functions.

1.4 This report provides a summary to the Renfrewshire Integration Joint Board's Audit, Risk and Scrutiny Committee of the Internal Audit activity undertaken within these partner organisations.

## 2. Recommendations

2.1 That the Integration Joint Board Audit, Risk and Scrutiny Committee are asked to note the content of the report.

## 3. Renfrewshire Council Internal Audit Activity

3.1 The following Internal Audit reports have been issued to the Renfrewshire Council, which are relevant to the Integration Joint Board from 1 June 2020 to 31 December 2020

| Audit Engagement | Assurance Level (note 1) | Number and Priority of Recommendations (note 2) | | | |
|---|---|---|---|---|---|
| | | Critical | Important | Good Practice | Service Improvement |
| Payroll | Reasonable | 0 | 2 | 3 | 0 |
| Disclosure Checks | Reasonable | 0 | 2 | 5 | 0 |

*Note 1 – For each audit engagement one of four assurance ratings is expressed:*
*Substantial Assurance – The control environment is satisfactory*
*Reasonable Assurance – Weaknesses have been identified, which are not critical to the overall operation of the area reviewed*
*Limited Assurance – Weaknesses have been identified, which impact on the overall operation of the area reviewed*
*No Assurance – Significant weaknesses have been identified, which critically impact on the operation of the area reviewed*

*Note 2 – Each audit recommendation is assigned a priority rating:*
*Critical Recommendation - Addresses a significant risk, impacting on the area under review*
*Important Recommendation – Implementation will raise the level of assurance provided by the control system to acceptable levels*
*Good Practice Recommendation – Implementation will contribute to the general effectiveness of control*
*Service Improvement – Implementation will improve the efficiency / housekeeping of the area under review*

### 3.1.1 **Payroll**

The objectives of the review were to ensure that, temporary changes to employee hours are actioned and recorded accurately and only for the period required, responsibility payments are actioned on receipt of properly authorised documentation and only paid for qualifying periods, employees moving posts internally are actioned timeously, with hierarchies being updated correctly and secondments and temporary upgrades are recorded accurately and only for the period required.

The audit identified that temporary changes to employee hours and temporary upgrades are generally actioned correctly. However, some employees with temporary changes of hours were not paid timeously and there was a lack of evidence of signed contracts for some secondments. Recommendations were made, which when implemented, will improve the controls in place for payroll.

Communications were sent to all line managers, along with the new Salary Adjustment Policy, reminding them of their responsibilities to submit any payroll changes timeously. In addition, it has been reiterated to all Services that early engagement should be made with HR prior to any secondment being agreed.

### 3.1.2 **Disclosure Checks**

The objective of the audit were to ensure that, policy and procedures were in place which comply with the requirements of the PVG scheme, arrangements were in place to undertake the required PVG checks on new employees (and volunteers) undertaking regulated work and processes were in place to ensure that employees (and volunteers) who required PVG checks have been checked.

It was identified that arrangements were in place to undertake required PVG checks for employees, including those who transferred to regulated work. However, we identified that there was no evidence to show that records for keeping track of disclosure checks requested for employees and volunteers have been reviewed at regular intervals and that all employees disclosure checks undertaken have been recorded on Business World. Recommendations were made to make the controls over disclosure checking more robust.

Management advised that there was a period of time where the relevant staff could not access Business World to record the disclosure checks information. This has now been

rectified and the required details have been retrospectively input into Business World. Employee Service management are also in the process of amending their procedures in order that a follow up check is undertaken to ensure confirmation is received that a disclosure check has been undertaken by Disclosure Scotland.

## 4. NHS Greater Glasgow and Clyde Internal Audit Activity

4.1 The following Internal Audit reports have been issued to the NHS Greater Glasgow and Clyde Audit and Risk Committee from 1 April 2020 to 31 December 2020, which are relevant to the Integration Joint Board. A summary has been provided for those reports, with recommendations graded from limited risk exposure to very high risk exposure and improvements graded from effective to major improvement required. The internal audit service is provided by Azets.

| Audit Review | Audit Rating (note 1) | Risk Exposure and Number of Recommendations (note 2) | | | |
|---|---|---|---|---|---|
| | | Very High | High | Moderate | Limited |
| Digital Strategy | Minor Improvements Required | 0 | 0 | 7 | 0 |

*Note 1 – For each audit review one of four ratings is used to express the overall opinion on the control frameworks reviewed during each audit:*
*Immediate major improvement required – Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.*
*Substantial improvement required - Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.*
*Minor improvement required - A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.*
*Effective - Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.*

*Note 2 – Each audit recommendation is assigned a risk exposure rating:*
*Very high risk exposure - major concerns requiring immediate senior management attention.*
*High risk exposure - absence / failure of key controls.*
*Moderate risk exposure - controls not working effectively and efficiently.*
*Limited risk exposure - controls are working effectively but could be strengthened.*

### 4.1.1 Digital Strategy

In early 2018, the national Digital Health & Social Care Strategy was published. This sets out the ambition to deliver health and social care services in an increasingly integrated manner. A fundamental element of this is to enable greater digital service provision as part of the patient journey. NHSGGC produced its own response to the Digital Health & Social Care Strategy in 2018 which is aligned to the Board's corporate strategy and delivery plan. An audit of the Board's digital health and social care strategy was undertaken in mid-2018. At that stage, the organisation had recently approved the strategy. That audit did not identify any significant issues although it did identify that there was a need to develop a delivery plan and a high-level financial plan to support the implementation of the strategy. This review sought assurance that the Board has effective processes for the implementation of the digital health and social care strategy as well as for its ongoing update.

The review found that NHS Greater Glasgow and Clyde has adequate processes in place for the implementation of the digital strategy. However, the audit noted a number of instances where the design of these processes should be enhanced to improve the oversight that the eHealth Programme and Strategy Boards have of individual programmes. In particular, the Delivery Plan should be updated to include upcoming major milestones within individual programmes and set out the current status of progress towards achieving these. Reporting of programme progress by Programme Managers

could also be enhanced to ensure consistency of reporting of risks, issues, dependencies, and benefits.

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**Implications of the Report**

1. **Financial** - none.

2. **HR & Organisational Development** - none.

3. **Community Planning** - none.

4. **Legal** - none.

5. **Property/Assets** - none.

6. **Information Technology** - none.

7. **Equality & Human Rights** - none

8. **Health & Safety** - none.

9. **Procurement** - none.

10. **Risk** - The subject matter of this report is the matters arising from the risk based Audit Plan's for Renfrewshire Council and NHSGGC in which the IJB would have an interest.

11. **Privacy Impact** - none.

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**List of Background Papers** – none.

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**Author:** Andrea McMahon, Chief Internal Auditor

**To:** **Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee**

**On:** **12 March 2021**

**Report by:** **Chief Internal Auditor**

**Heading:** **Annual Internal Audit Plan 2021/22**

## 1. Summary

1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2021/22 has been developed and is detailed at Appendix 1 of this report.

1.2 The plan sets out a resource requirement of 35 days, including assurance work, time for follow up of previous recommendations, ad-hoc advice and planning and reporting.

1.3 The allocation of internal audit resources is sufficient to allow emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement.

1.4 The plan may be subject to amendment during the course of the year due to the emergence of issues of greater priority, or other unforeseen circumstances. We will report changes to the Audit, Risk and Scrutiny Committee.

## 2. Recommendations

2.1 That the Audit, Risk and Scrutiny Committee approves the Internal Audit Plan for 2021/22.

2.2 That the Audit, Risk and Scrutiny Committee notes that the Internal Audit Plan will be shared with the Local Authority and the Health Board.

## 3. Background

3.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

3.2 The Integrated Resources Advisory Group (IRAG) guidance recommends that the Chief Internal Auditor should develop a risk based internal audit plan for the IJB. The IRAG guidance clarifies that the operational delivery of services within the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.

3.3 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2021/22 has been developed and is detailed at Appendix 1 of this report.

3.4 In drafting the internal audit plan, consideration has been taken of:

- Consultations with members of the health and social care partnership senior management team;
- The risk register for the Renfrewshire Integration Joint Board;
- External audit's plans and annual report to members;
- Cumulative audit knowledge and experience and the outcome of previous audit engagements.

3.5 The audit universe was reviewed during 2020/21 to reflect the maturity of the organisation. Appendix 2 provides details of the revised audit universe and the anticipated coverage over 2021/22 to 2025/26. It is intended that each engagement topic is covered once in the 5 year period.

3.6 In order to ensure proper coverage, avoid duplication of effort and co-ordinate activities the Chief Internal Auditor is expected to share information with the Local Authority and Health Board. The Chief Internal Auditor meets regularly with the Health Board Auditor's to discuss areas of common interest.

3.7 In line with the requirements of the Public Sector Internal Audit Standards, the Chief Internal Auditor will report to the Chief Officer and the Integration Joint Board Audit, Risk and Scrutiny Committee on the annual audit plan, delivery of the plan and recommendations made. The Chief Internal Auditor will also provide an annual internal audit report including the audit opinion.

3.8 For the purposes of reporting the annual opinion, reliance will be placed on the work of the NHSGGC auditors and other external providers of assurance and consulting services, including work undertaken by Renfrewshire Council's Internal Audit Service, in relation to reviews of operational activities within adult social care services.

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**Implications of the Report**

1. **Financial** - none.

2. **HR & Organisational Development** - none.

3. **Community Planning** - none.

**4.** **Legal** - none.

**5.** **Property/Assets** - none.

**6.** **Information Technology** - none.

7. **Equality & Human Rights –** none

**8.** **Health & Safety** - none.

**9.** **Procurement** - none.

**10.** **Risk** - The subject matter of this report is the risk based Audit Plan for 2021 – 2022.

**11.** **Privacy Impact** - none.

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**List of Background Papers** – none.

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**Author:** Andrea McMahon, Chief Internal Auditor

# Annual Audit Plan – 2021/22 Renfrewshire Integrated Joint Board

| Audit Category | Engagement Title | No. of days | Detailed work |
|---|---|---|---|
| Assurance | Financial Management – Budget Monitoring | 20 | • The purpose of the audit is to review the arrangements in place for monitoring and reporting on the delegated financial resources. |
| Governance | Local Code of Corporate Governance | 5 | • Annual review of the adequacy and compliance with the Local Code of Corporate Governance to inform the governance statement. |
| Planning & Reporting | Annual Plan, Annual Report and Audit Committee reporting & Training | 7 | • The Chief Internal Auditor is required to prepare an annual plan and annual report for the Audit Committee, summarising the work undertaken by Internal Audit during the year and using this to form an opinion on the adequacy of the control environment of the IJB. |
| Contingency | Ad-hoc advice and Consultancy | 3 | • Time for advice and consultancy on relevant priorities and risks or change related projects. |

## Audit Universe Planned Coverage – 2021/22 – 2025/26 Renfrewshire Integrated Joint Board

| Engagement Topic | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|---|---|---|---|---|---|
| Governance | | | | ✓ | |
| Strategic Planning | | ✓ | | | |
| Performance Management | | | ✓ | | |
| Financial Management | ✓ | | | | |
| Risk Management | | ✓ | | | |
| Information Governance | | | | | ✓ |
| Integration of Services / Directions | | | | ✓ | |

In additions, compliance with the Local Code of Corporate Governance and follow up of audit recommendations is undertaken annually.

**To:** **Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**

**On:** **12 March 2021**

**Report by:** **Chief Finance Officer**

**Heading:** **Update on the 2020/21 Audit of Renfrewshire Integration Joint Board**

## 1. Summary

1.1 An update on the 2020/21 audit of Renfrewshire Integration Joint Board is submitted for Members' information. This letter has been provided to members to provide them with an update on progress and highlight key audit matters. It also includes the next steps regarding how the Annual Audit Plan will be shared with members once it is available.

## 2. Recommendation

The IJB Audit, Risk and Scrutiny Committee is asked to:

- Note the Audit Scotland 2020/21 update attached at Appendix 1.

## 3. Background

3.1 Audit Scotland's responsibilities, as independent auditor, are established by The Public Bodies (Joint Working) (Scotland) Act 2014, The Local Government (Scotland) Act 1973 and the Code of Audit Practice, and, guided by the auditing profession's ethical guidance.

3.2 Under the Local Government (Scotland) Act 1973, the Accounts Commission is responsible for appointing the external auditors of local government bodies including councils, joint boards and bodies falling within section 106 of the Act. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards (IJBs) should be treated as if they were bodies falling within section 106 of the 1973 Act. In 2016 the Accounts Commission appointed Audit Scotland as the external auditor for Renfrewshire Integration Joint Board for the five year period from 2016 to 2021.

3.3 As members are fully aware Covid-19 has resulted in significant disruption for public bodies and to auditors of the public sector.

3.4 Due to this, the Auditor General for Scotland and the Accounts Commission for Scotland announced on 10 June 2020, an intention to extend the current audit appointments by one year in the first instance. The Accounts Commission has confirmed the one year extension. This extension would be through to the audit of

the 2021/22 year, this means that John Cornett of Audit Scotland will remain the auditor for Renfrewshire IJB throughout this period.

3.5 The current Code of Audit Practice, which was due to be renewed later this year, will apply to the extended appointments.

## 4. Audit Fee

4.1 The proposed audit fee for the 2020/21 audit is £27,330 (2019/20: £26,560). This fee is consistent with the fees for all Integration Joint Boards. In determining the audit fee, Audit Scotland take account of the risk exposure of RIJB, the planned management assurances in place and the level of reliance they plan to take from the work of internal audit.

4.2 Audit Scotland's fee assumes receipt of the unaudited financial statements by 30 June 2020 and covers the cost of planning, delivery, reporting and the auditor's attendance at committees.

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**Implications of the Report**

1. **Financial –** The financial implications are detailed in section 3 of this report.
2. **HR & Organisational Development –** none
3. **Community Planning –** none
4. **Legal –** An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
5. **Property/Assets –** none
6. **Information Technology –** none
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the IJB's website.
8. **Health & Safety –** none
9. **Procurement –** none
10. **Risk –** none
11. **Privacy Impact** – none.

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**List of Background Papers – None**

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AUDIT SCOTLAND

## Renfrewshire Integration Joint Board: Audit, Risk and Scrutiny Committee

## 12 March 2021

### Update on the 2020/21 audit of Renfrewshire Integration Joint Board

**1.** The purpose of this letter is to provide members with an update on the 2020/21 audit of Renfrewshire Integration Joint Board (RIJB). Covid-19 had a significant impact on the way our audits were carried out in 2019/20 and extensions to statutory deadlines resulted in audit work being completed later than usual, with elements of our 2019/20 audits not being fully completed until early 2021. This, along with the tighter Covid-19 suppression measures announced earlier in the year, has impacted on the planning work on our 2020/21 audits.

**2.** Our planning work on the 2020/21 audit of RIJB is progressing well. However, we are not in a position to present our Annual Audit Plan at the March meeting of the Audit, Risk and Scrutiny Committee (ARSC). We have included this letter to update members on progress and highlight key audit matters. We are having discussions with management and the Chair of the ARSC about how our Annual Audit Plan will be shared with members once it is available.

### Risks

**3.** Our preliminary planning work has identified the following significant risks that require specific audit considerations.

- **Risk of material misstatement due to management override of controls:** International Standard on Auditing 240 (ISA 240) require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls to change the position disclosed in the financial statements.

- **Wider dimensions risk around financial sustainability:** RIJB is facing a number of financial pressures including pay inflation, increases in prescribing costs and increasing service demand. Covid-19 has also had a significant financial impact which is expected to continue into the coming years. The Financial Outlook 2021/22 paper presented at the November 2020 board meeting highlighted a funding gap of £47 million to £69 million between 2021/22 and 2025/26 if no additional funding is received or no mitigating actions are taken.

**4.** ISA 240 presumes a risk of fraud in revenue recognition which is extended to expenditure by Practice Note 10. There is a risk that income or expenditure may be fraudulently misstated resulting in a material misstatement in the financial statements. We do not consider these to be significant risks for RIJB as there are limited opportunities to manipulate the way income or expenditure are recognised in the financial statements and have therefore rebutted these risks.

**5.** Our Annual Audit Plan will include any further risks identified from our planning work and outline our response to all identified risks.

### Audit Fee

**6.** The proposed audit fee for the 2020/21 audit is £27,330 (2019/20: £26,560). In determining the audit fee, we have taken account of the risk exposure of RIJB, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit.

### Materiality

**7.** We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report. The materiality levels for RIJB are set out Exhibit 1.

## Exhibit 1
### Materiality values

| Materiality | Amount |
|---|---|
| **Planning materiality –** This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1.25 per cent of gross expenditure for the year ended 31 March 2020 based on the 2019/20 audited annual accounts. | £3.9 million |
| **Performance materiality –** This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 75 per cent of planning materiality. | £2.9 million |
| **Reporting threshold (i.e. clearly trivial) –** We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at five per cent of planning materiality. | £0.2 million |

Source: Audit Scotland

**Audit Timetable**

**8.** As outlined in paragraph 1, Covid-19 has had a significant impact on the timings of our 2020/21 audit. We are working towards issuing the independent auditor's report and Annual Audit Report by the statutory deadline of 31 October 2021. However, we acknowledge this may not be achievable due to the ongoing pressures and uncertainties caused by Covid-19. We will maintain a pragmatic and flexible approach to the audit and will continue to have discussions with management and the Chair of the ARSC around the progress of our work and any changes that may be required to target dates outlined in Exhibit 2.

## Exhibit 1
### Audit outputs

| Audit Output | Target date | Audit, Risk and Scrutiny Committee date |
|---|---|---|
| Annual Audit Plan | 30 April 2021 | *N/A* |
| Independent Auditor's Report | 31 October 2021 | *TBC* |
| Annual Audit Report | 31 October 2021 | *TBC* |

Source: Audit Scotland

**Independence and Objectivity**

**9.** Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual "fit and proper" declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

**10.** The engagement lead (i.e. appointed auditor) for RIJB is John Cornett, Audit Director. Auditing and ethical standards require the engagement lead to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Renfrewshire Integration Joint Board.

John Cornett FCPFA
Audit Director

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**To:** **Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**

**On:** **12 March 2021**

**Report by:** **Interim Chief Officer**

**Heading:** **Revised IJB Risk Management Framework**

## 1. Summary

1.1. This report provides an update to the IJB on the completion of the review of the IJB's Risk Management Framework, which was last approved in November 2017. A proposal to undertake this review, reflecting the changes which have been necessitated by COVID-19, was approved by the Audit, Risk and Scrutiny Committee at its meeting on 11 September 2020.

1.2. The review has considered the impact of the COVID-19 pandemic on the IJB's risk management arrangements and ability to tolerate and effectively manage a higher degree of risk over a prolonged period of time. A review of risk management approaches adopted by IJBs across Scotland has also been undertaken to inform the further development of Renfrewshire IJB's Risk Management Framework.

## 2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the updates made to the IJB's Risk Management Framework (section 4);
- Note the identified actions which will support dissemination and applications of the Risk Management Framework across IJB activities (section 5); and
- Approve the updated version of the Risk Management Framework (Appendix 1), and associated actions, for implementation from 1 April 2021.

## 3. Background

3.1. The IJB's existing risk management framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This framework forms a key strand of the IJB's overall governance mechanisms. In particular, the framework sets out the approach to:

- Identifying, assessing and managing emerging risks;

- Defining risks as strategic or operational (including several sub-categories of risk included within these definitions);
- Accountabilities for risk management, covering governance, roles and responsibilities including those of the IJB, the Chief Officer and Chief Finance Officer, the HSCP's Senior Management Team, and individual risk owners where these differ from those listed;
- The approach to be adopted for resourcing the implementation of risk control measures;
- The provision of training, learning and development associated with risk management policies and procedures; and
- Risk monitoring and performance reporting to the IJB.

3.2. The HSCP has continued to bring regular updates to the IJB Audit Committee (now the Audit, Risk and Scrutiny Committee) on strategic and operational risks which have arisen in the course of delivering the services within the IJB's remit.

3.3. However, given the impact of COVID-19 on all aspects of the IJB's responsibilities, and the additional risk management arrangements which have been implemented within the HSCP, NHS Greater Glasgow and Clyde and Renfrewshire Council, the Audit, Risk and Scrutiny Committee agreed that a review of the existing Risk Management Framework should be undertaken to consider (i) the IJB's risk tolerance; (ii) the governance arrangements in place for managing risk; (iii) the current approach and format for reporting risks to the Committee; and (iv) lessons learned from the pandemic for risk management.

3.4. This review has now been carried out, and the key changes made are described in section 4 of this report.

## 4. Revised Risk Management Framework: Key Changes

4.1. The IJB's draft revised Risk Management Framework is provided as an appendix to this report. This updated framework reflects the outcomes of a review of risk management practice across other HSCPs, and consideration of the necessary governance arrangements to ensure a consistent and robust yet flexible approach to managing risk within the complex environment the IJB operates within.

4.2. In summary, the key changes which have been made to the Risk Management Framework are:

4.2.1. The **IJB's risk tolerance** has been reviewed to reflect the experience of managing additional very high and complex risks through COVID-19. Consequently, it has been updated to enable further flexibility in risk management so that the number of very high risks that the IJB may wish to manage at any one time may change to reflect the IJB's ongoing assessment of risk, recognising that some risks may be predominantly outwith the IJB's control and will need to be tolerated rather than fully controlled.

4.2.2. The framework also reflects the **need in exceptional circumstances (such as COVID-19) to flex the approach to risk management**, considering

whether the IJB's risk tolerance may further increase. The implementation of additional risk management processes in such circumstances has also been incorporated to reflect the potential for additional risk reporting and integration with additional governance within the IJB's partner organisations.

4.2.3. The relevant **risk management governance structures** have been updated and clarified to reflect the range of roles and responsibilities within risk management, and the importance of managing risk jointly with the IJB's partner organisations within an increasingly complex landscape.

4.2.4. The **risk register template** has been updated to reflect good practice in other HSCPs. These changes include (i) separating out the context and risk statement more clearly; (ii) adding in additional previous and current risk scores and related movement; and (iii) specifying the risk management approach in line with the risk management strategy (terminate / treat / transfer / accept). The register also now includes a summary page which will list all risks and their current evaluation and RAG (Red, Amber, Green) rating.

4.2.5. The **document structure and terminology** have been updated to improve the flow of the risk management policy and strategy and to streamline elements of the document by removing duplicated content.

4.2.6. The **responsibility for supporting the Chief Officer and Chief Finance Officer** in discharging their risk management duties has been updated to the Head of Strategic Planning and Health Improvement, reflecting recent changes in the Senior Management structure within the HSCP.

4.3. The IJB is currently operating in a highly complex and uncertain external environment. As the COVID pandemic eases, focus will move towards recovery and renewal activity, which could impact on the IJB's approach to risk management and supporting risk tolerance. The framework has therefore been developed to enable flexibility to respond to changes within the IJB's operating environment and will also be reviewed regularly to ensure it remains robust and effective.

## 5. Updates to the IJB Risk Register

5.1. An updated risk register will be brought to the IJB Audit, Risk and Scrutiny Committee in June 2021, reflecting agreed changes to the structure and presentation of the register. In advance of doing so, the Senior Management Team have reviewed the existing risks and have agreed the following changes to be reflected in the updated risk register:

- The risk descriptions for existing financial sustainability risks will be updated to more accurately reflect the extent of planning and financial management processes in place. The likelihood and impact of these risks will remain the same.

- The existing risk relating to the impact of Brexit will be updated to reflect the current position now that a trade deal has been reached between the UK and European Union.

- The COVID-19 emergency arrangements risk will be amended to reflect the COVID-19 position reflecting both the mitigating governance and operational delivery actions which are in place. Other risks will also be updated to reflect, where appropriate, the impact of COVID-19.

- An additional risk will be added in relation to potential for the recommendations of the independent review of Adult Social Care to require significant diversion of resources to their implementation.

- A strategic workforce risk will also be added to reflect the impact of prolonged vacancies on the IJB's ability to deliver core services and to meet the objectives set out within the Strategic Plan.

**6. Implementing the updated framework**

6.1. This report seeks approval from the Audit, Risk and Scrutiny Committee for the updated Risk Management Framework, with the objective of implementation across services within the IJB's remit on 1 April 2021.

6.2. In support of this implementation, the updated framework will be circulated via the Senior Management Team to service managers within the HSCP's Leadership Network for implementation within their teams.

6.3. Recognising the strategic nature of the document, further guidance will also be developed for staff, setting out their roles and responsibilities in supporting the management of risk across the organisation and to provide clear guidance on how individuals and teams can raise risks through service management arrangements.

6.4. The communication of this policy, and any related updates, will also be including in the partnership's Communication and Engagement Strategy, which is currently under development.

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**Implications of the Report**

1. **Financial –** No implications from this report.
2. **HR & Organisational Development** – Further guidance will be developed for staff to support them in understanding their respective roles in risk management.
3. **Community Planning** – No implications from this report.
4. **Legal –** Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets –** No implications from this report.
6. **Information Technology –** No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety –** No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk –** This paper and attachments provide an update to the IJB's Risk Management Framework. This refines the IJB's approach to risk manage and updates the supporting governance in place to ensure consistent application of the framework.
11. **Privacy Impact** – No implications from this report.

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**List of Background Papers –** None

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Renfrewshire Health & Social Care Partnership

# Renfrewshire Integration Joint Board

# Renfrewshire Health and Social Care Partnership

## Risk Management Policy and Strategy

## Version 3: March 2021

**CONTENTS**

# Policy – the risk management approach

**The IJB vision for risk management**

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

1.1 The Integration Joint Board (IJB), through the following risk management strategy and policy, has established a Risk Management Framework, (which covers risk policy, procedures, process, systems, risk management roles and responsibilities). This framework seeks to deliver the IJB vision for risk management, set out above.

1.2 Renfrewshire IJB is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance, and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.3 In doing so, the IJB aims to provide safe and effective care and treatment for patients and clients. This includes the provision of a safe environment for everyone working within the Health and Social Care Partnership and others who interact with the services delivered under the direction of the IJB.

1.4 The services provided under the IJB's direction through Renfrewshire HSCP are delivered in a highly complex governance environment. This includes the necessity for the HSCP to embed and contribute to the risk governance arrangements set out by NHS Greater Glasgow and Clyde (NHS GGC) and Renfrewshire Council, as partner organisations, in addition to the IJB's own approach. Each partner organisation has its own, separate, risk governance approaches and differing levels of risk tolerance. Consequently, it is essential that these linkages and dependencies are robustly managed and that the IJB's risk framework appropriately blends aspects of these arrangements as it is appropriate to do so.

1.5 Recognising this complexity, the IJB believes that appropriate and proactive application of good risk management is essential in enabling the early identification, management and monitoring of risks which impact on the way in which integrated services are delivered and funded. In doing so, risk management will help to prevent or help to mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

1.6 Taking this into consideration, the key benefits of effective risk management can include:

- Appropriate, defensible, timeous and best value decisions are made.
- Risk 'aware' not 'risk averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks to reach a particular goal or reward.
- More robust planning processes based on consideration of known and potential threats and opportunities.
- Enhanced achievement of objectives and targets (through the reduction in the likelihood of risks becoming and issues and their resultant impact).
- Higher levels of morale and productivity (by addressing those risks which impede effective service delivery and impact on staff experience)
- Better use and prioritisation of resources.

- Higher levels or user experience and satisfaction with a consequent reduction in adverse incidents, claims and/or litigation (through the mitigation of events which could impact on the quality of service provision).
- The maintenance and strengthening of a positive reputation for the IJB.
- Strategic and operational risks are managed at the appropriate level within the IJB as part of a coherent approach to overseeing all strands of risk management activity (including operational, project-based and strategic risks).
- The effective management of risk-related dependencies and linkages with the IJB's partner organisations, NHS GGC and Renfrewshire Council.

1.6. The IJB purposely seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes. This approach considers how risks will be responded to, enabling flexibility dependent on the nature of the risk to (i) **avoid or terminate** a risk by changing strategies or plans; (ii) **treat** the risk by taking action to reduce it; (iii) **transfer** the risk to a partner or third party; or (iv) **accept** the risk.

1.7. Risks are assessed on the basis if the likelihood that they will occur, and the expected scale of impact they would have should they materialise. This assessment is shown in the diagram below.

| **Likelihood** | **Consequent Impact** | | | | |
|---|---|---|---|---|---|
| | **1** | **2** | **3** | **4** | **5** |
| **5** | *5* | *10* | *15* | *20* | *25* |
| **4** | *4* | *8* | *12* | *16* | *20* |
| **3** | *3* | *6* | *9* | *12* | *15* |
| **2** | *2* | *4* | *6* | *8* | *10* |
| **1** | *1* | *2* | *3* | *4* | *5* |

1.8. In normal circumstances, the IJB's tolerance for risk is as follows:

- Any low risk is acceptable without any further action to prevent or mitigate the risk
- Any moderate risk is tolerable, and any control measures implemented or introduced to mitigate the must be cost effective
- Any high risk may be tolerable, providing the IJB is assured of the adequacy and effectiveness regarding the control measures in place to mitigate the risk. Any further control measures implemented must be cost effective in relation to the high risk

- Any very high risk is deemed unacceptable and measures should be taken to avoid/terminate, transfer or mitigate a very high risk to a more tolerable position.

1.9. A combination of factors may converge to produce a very high risk for which the IJB may have limited control (such as demographic change and financial pressures). Recognising this scenario and taking on board the inherent risk experienced in some service areas, the IJB recognises that it has the capacity to deal with some very high risks. The number of very high risks that the IJB wishes to tolerate may change over time, either increasing or reducing. This will depend on the IJB's ongoing assessment of identified risks.

1.10. However, experience throughout the COVID pandemic has shown that in exceptional circumstances or periods of crisis it is necessary to flex the above approach for risk management and for the IJB to increase its risk tolerance to manage a range of very high risks over a period of time. Any such requirements will be supported by the implementation of additional risk management processes to increase the regularity and nature of reporting received by the IJB. These additional processes will reflect and link with any further governance implemented by the IJB's partner organisations.

1.11. In addition to the management of risk set out above, the IJB also promotes the pursuit of opportunities that will benefit delivery of the Strategic Plan and associated Financial Plans. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients, staff and the IJB.

1.12. The responsibility for monitoring risk management arrangements for the IJB are within the remit of the IJB Audit, Risk and Scrutiny Committee. The Committee will receive assurance reports not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB. As part of these monitoring arrangements, updates on identified risks and mitigating actions will be brought to the Committee and the full IJB on an agreed basis. This approach is set out in the Risk Management Strategy below.

1.13. The IJB, through the following risk management strategy, has established a Risk Management Framework (which covers risk policy, procedure, systems, risk management roles and responsibilities). This framework seeks to provide a robust approach for managing the complex risk environment in which the IJB operates (as set out above).

1.14. At the time of developing this updated framework, March 2021, the COVID-19 pandemic continues to impact on communities and services across Scotland and globally. The IJB will seek to move into recovery from and renewal after the pandemic at an appropriate point. Therefore, this framework is also intended to provide flexibility, and the approach to managing risk will be reviewed regularly to ensure that it supports agreed recovery and renewal activity.

# Risk Management Strategy

## 1. Introduction

1.1. The primary objectives of this updated strategy will be to:

- Continue to promote awareness of risk and define responsibility for managing risk within the IJB.
- Maintain communication and sharing of risk information through all areas of the IJB.
- Ensure measures continue to be taken to reduce the IJB's exposure to risk.
- Ensure mechanisms are in place for participation and engagement in partner organisations risk governance structure and the effective joint management of risk where this is appropriate.
- Continue to ensure standards and principles for the efficient management of risk, including regular monitoring, reporting and review are in place and continually developed as necessary to ensure good practice.
- Enable a proactive and flexible approach to managing risk, depending on prevailing circumstances and reflecting the need to manage risks emerging from a range of sources, including but not limited to project activity, operational service delivery and through joint activity with partners.

1.2. This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3. This document represents the risk management framework to be implemented across the IJB and contributes to the IJB's wider governance arrangements.

## 2. Realising the risk management vision and measuring its success

2.1. The vision for risk management is set out above in the Risk Management Policy. In working towards this vision, the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

2.2. The measures of success for this vision will be:

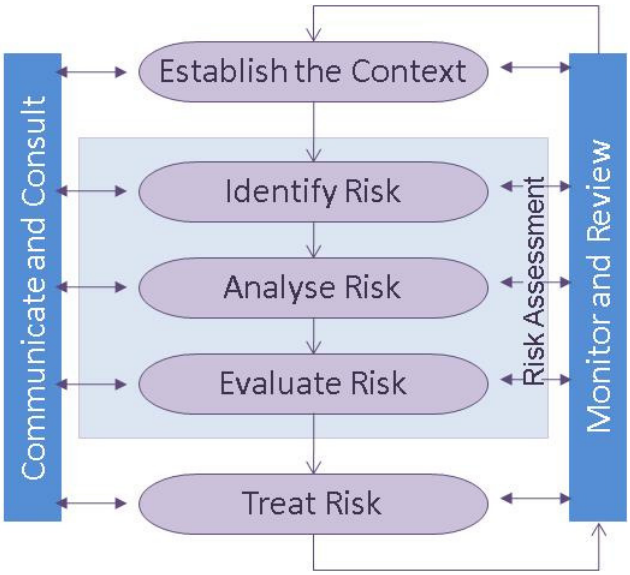
- Good financial outcomes for the IJB
- Successful delivery of the objectives within the strategic plan
- Positive feedback arising from external scrutiny processes
- Fewer unexpected or unanticipated problems
- Fewer incidents, accidents or complaints
- Fewer claims or less litigation

## 3. The risk management process

3.1. Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst also proactively identifying and managing adverse effects. It is proactive in understanding risk and uncertainty; it learns and builds upon

existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

3.2. The IJB embeds risk management practice through consistent application of the risk management process shown in the diagram below, across all areas of service delivery and business activities. This process aligns with industry standards.




## 4. Applying the risk management process effectively across IJB activities

4.1. The application of the IJB's risk management processes is based on standard procedures, implemented across all areas of activity under the direction of the IJB to achieve consistent and effective implementation of good risk management. Full application of the process will ensure that risk management information is used to guide major decisions where possible in the same way that cost benefit analysis is used.

4.2. The standard procedures are as follows:

4.2.1. Risks are identified using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration. This will be supported through the implementation of mechanisms for managing risks which arise through different avenues (for example through change projects or through operational delivery). These mechanisms are set out in Section 5, Risk Leadership and Accountability.

4.2.2. Risks are categorised under agreed and consistent headings:

- **IJB / Strategic Risks:** these are risks which represent the potential for the IJB to achieve (opportunity) or fail to achieve (threat) either financial sustainability or its desired outcomes and objectives as set out within the Strategic Plan. The nature of these risks will typically require strategic leadership in the development and application of activities and controls to manage the risk. This includes risks such as those that may arise from Political, Economic, Social, Technological, Legislative and Environmental factors. At the time of writing, such risks include:

  - Financial sustainability.

- The impact of the COVID-19 pandemic.
- The UK's Exit from the European Union.
- The impact of current and future legislation, such as that which could arise from the independent review of Adult Social Care.

- **Operational** / **Partnership Risks:** these are risks which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities. The HSCP, along with partner bodies, will retain responsibility for managing operational risks as these are more 'front-line' in nature and controls and actions in response will typically be led by local managers and team leaders. However, where operational risks impact across multiple service areas or require more strategic leadership, then these can be proposed through risk governance processes to be escalated to the IJB risk register. This includes risks that may arise from or impact on:
  - Clinical Care and Treatment and Social Care and Treatment.
  - Patient and service user experience.
  - Employee Health, Safety & Well-being.
  - Workforce planning.
  - Business Continuity.
  - Supply Chain.
  - Information Management, Security and Governance and Asset Management.
  - Property and Accommodation.
  - Project-based change activity.

4.2.3. Risks have clear and appropriate ownership in place. Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development and implementation of any new risk controls required. These individuals will be responsible for developing necessary mitigation plans and for reporting on the progress made in managing specific risks.

4.2.4. Risks are managed through consistent application of a standard risk matrix (referenced in 1.7 in the Risk Policy). This matrix will be used to analyse risks in terms of likelihood of occurrence and potential impact at the point they are identified and at regular future intervals, considering the effectiveness of risk control measures in place. All risks will be assessed consistently using a scoring system of 1 to 5, enabling risks to be assessed as low, moderate, high, or very high.

4.2.5. Risk responses are proportionate to the assessed level of risk. This means that risks may be terminated; transferred to another partner or third party (examples of this typically include holding relevant insurance, or transferring responsibility to an external provider through existing or additional contractual arrangments or other

agreements); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (i) worthwhile pursuing and (ii) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.

4.2.6. Risk registers are maintained as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting. An updated IJB risk register template is provided in Appendix 1.

4.2.7. IJB / strategic risks and key operational risks are reported to the IJB on a six-monthly basis (at the beginning of the financial year and a mid-year update).

4.2.8. Clear procedures are in place for movement of risk between IJB / strategic and operational / partnership risk registers, facilitated by the Senior Management Team.

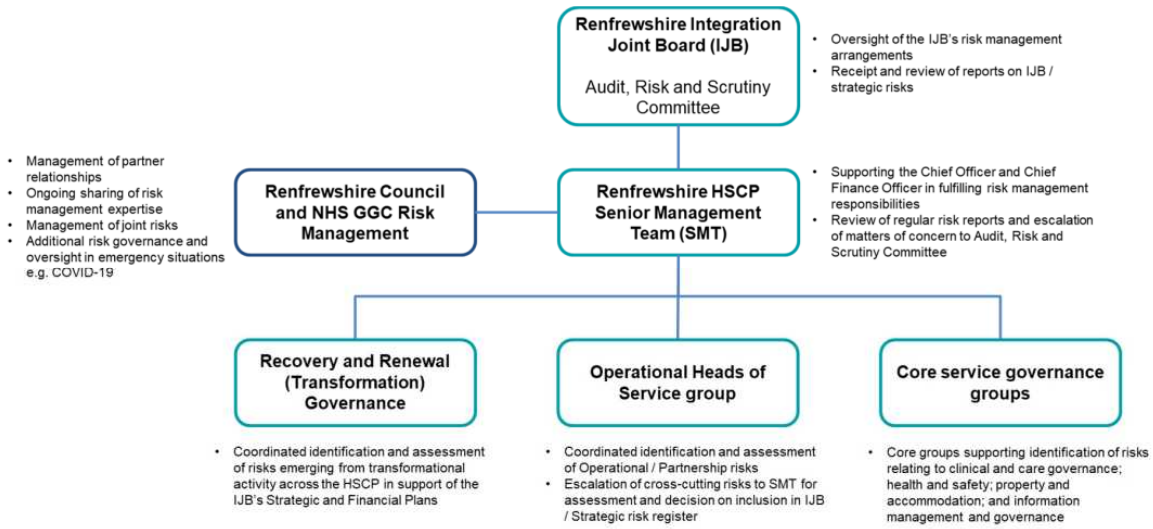
4.2.9. Clear procedures are in place for the participation and involvement of officers, where appropriate, in the risk planning and governance structures in place within NHS Greater Glasgow and Clyde and Renfrewshire Council.

4.2.10. Risk information is routinely reported within and across teams and a commitment to a 'lessons learned' culture is maintained, ensuring organisational learning from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

4.2.11. In the event of exceptional circumstances which may increase the range and number of very high risks observed, due to a factor or several factors outwith the IJB's control (such as the COVID-19 pandemic), additional procedures will be put in place to ensure that the IJB has effective oversight of emerging risks. These additional procedures will be agreed between the Chief Officer, IJB Chair, Vice Chair and Chair of the Audit Risk and Scrutiny Committee and will determine the content and frequency of additional risk reporting as is deemed necessary as part of an effective response to the circumstances arising.

## 5. Risk Leadership and accountability

5.1. Robust governance structures will be maintained to ensure the identification, management and oversight of IJB / strategic risks and Partnership / operational risks. This governance structure will incorporate the ongoing development of relationships with Renfrewshire Council and NHS Greater Glasgow and Clyde risk management colleagues. The current governance structure is set out in the diagram below:




5.2. Specific roles and responsibilities within the risk management governance structure set out above are detailed in the following table:

| Stakeholder(s) | Roles and Responsibilities |
|---|---|
| Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee | On behalf of the Integration Joint Board, the Audit, Risk and Scrutiny Committee is responsible for:<br>• Oversight of the IJB's risk management arrangements.<br>• Receipt and review of reports on IJB / strategic risks and any key operational / partnership risks that require to be brought to their attention.<br>• Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities, policies and other relevant activities.<br>• Agreeing, with the IJB Chair and Vice Chair, any necessary changes to risk management arrangements in exceptional circumstances. |
| Chief Officer | The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risk that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or upon the reputation of the IJB. |
| Chief Finance Officer (CFO) | The Chief Finance Officer (CFO) will be responsible for promoting arrangements to identify and management key business and financial risks, risk mitigation and insurance.<br>The CFO will also be responsible for financial decisions relating to the IJB's risk management arrangements. |
| Senior Management Team | The Head of Strategic Planning and Health Improvement is responsible for: |

| | |
|---|---|
| | • Working with the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities.<br>• Arranging professional risk management support, guidance and training from partner bodies.<br>• Supporting the Senior Management Team's receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Audit, Risk and Scrutiny Committee.<br>• Ensuring that the standard procedures set out in section four of this strategy are actively promoted across the services areas within the remit of the IJB. |
| Operational Heads of Service | In support of the above role of the Senior Management Team and the Head of Strategic Planning and Health Improvement, Operational Heads of Service are responsible for:<br><br>• The identification of emerging partnership / operational risks and ongoing assessment and mitigation of these in line with assigned risk ownership.<br>• Regular review of partnership / operational risks through the Operational Heads of Service group and core service governance groups, and provision of regular reports to the wider Senior Management team via agreed arrangements for reporting with the Head of Strategic Planning and Health Improvement.<br>• Identification and escalation of partnership / operational risks to the wider Senior Management Team for consideration and inclusion within the IJB / strategic risk register as appropriate. |
| Recovery and Renewal (Transformation) Governance | The steering group(s) overseeing transformation activity are responsible for:<br><br>• Ensuring risks identified at a project and programme level are consistently identified and monitored.<br>• Enabling the identification of dependencies and overlap of risks between ongoing projects.<br>• Providing overall risk management oversight and ensuring emerging strategic risks from transformational activity are escalated to the Audit, Risk and Scrutiny Committee. |
| Core service governance groups | Core groups are in place to ensure the safe and effective delivery of services within the remit of the IJB. They have responsibility for ensuring relevant risks are identified, managed and escalated as appropriate across the following areas:<br><br>• Clinical and Care Governance<br>• Health and Safety<br>• Property and Accommodation<br>• Information Management and Governance<br><br>These groups liaise with the IJB's partner organisations on an ongoing basis to ensure the appropriate application of relevant |

| | |
|---|---|
| | NHS Greater Glasgow and Clyde and Renfrewshire Council policies. |
| Individual Risk Owners | It is the responsibility of each risk owner to ensure that:<br><br>• Risks assigned to the them are analysed in keeping with the agreed risk matrix.<br>• Data on which risk evaluations are based are robust and reliable so far as possible.<br>• Risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise.<br>• Risk is reviewed not only in terms of likelihood and impact of occurrence but takes account of any changes in context that may affect the risk.<br>• Controls that are in place to manage the risk are proportionate to the context and level of risk.<br>• Wider risks are regularly reviewed to ensure linkages are identified and managed from an early stage. |
| All persons working under the direction of the IJB | Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement and maintain safe working practices within their service areas. This approach requires everyone to understand:<br><br>• The risks that relate to their roles and activities.<br>• How their actions relate to their own safety and that of their patients, service users, clients and the public.<br>• Their accountability for particular risks and how they can manage them.<br>• The importance of flagging up incidents and/or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements.<br>• That good risk management is a key part of the IJB's culture. |
| Partner Bodies | It is the responsibility of relevant specialists from the partner bodies (such as internal audit, clinical and non-clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.<br><br>There is a joint responsibility on the IJB, Renfrewshire Council and NHS Greater Glasgow and Clyde to ensure partnership working as part of risk management. This includes engagement with the relevant risk officers and participation within current and future risk governance structures: |

| | |
|---|---|
| | • For Renfrewshire Council, this will be the Council's identified Risk Manager and the Corporate Risk Management Group.<br>• For NHS Greater Glasgow and Clyde, this will be through Civil Contingencies governance structures. |
| Senior Information Risk Owner | Responsibility for this specific role will remain with the individual partner bodies. |

## 6. Risk management resourcing and capability

6.1. Much of the work on developing and leading the ongoing implementation of the risk management framework for the IJB will be resourced through the governance arrangements set out in 5.1 above.

6.2. Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Finance Officer.

6.3. Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.

6.4. To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

6.5. Training is an important element of this and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required.

6.6. Notwithstanding the above, wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, recognising that the majority of risk-related courses/ training can be delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

## 7. Monitoring activity and performance

7.1. The IJB operates in a dynamic and challenging environment. This has been reinforced by the COVID-19 pandemic and its resultant impact on service delivery models across health and social care. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. This system also needs to be flexible to enable a robust and effective response to exceptional circumstances.

7.2. Oversight of risk management activity will be undertaken through regular review of the IJB's risk profile at Senior Management Team level. Monitoring of the risk profile will be undertaken on a quarterly basis unless additional risk management measures have been implemented to increase this frequency within certain circumstances.

7.3. It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of identified risks, highlighting and IJB risks that might impact on the partner organisation.

7.4. Measuring, managing and monitoring risk management performance is also key to the effective delivery of objectives. This will include regular monitoring of (i) the number of risks which materialise (become issues); (ii) the number of risks closed; and (iii) the actual severity of the risks against previous assessments.

7.5. Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance of the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring performance indicators can provide assurance that key financial risks are under control.

7.6. Performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

7.7. The IJB's risk management arrangements will be reviewed on a regular basis as part of a 'Plan, Do, Study, Act' review cycle to ensure the IJB's risk management priorities and activities are robust. This will inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

## 8. Communicating risk management

8.1. Effective communication of risk management information is essential to developing a consistent and effective approach to risk management.

8.2. Copies of this policy and strategy will be widely circulated via the Senior Management Team to service managers and will form the basis of any risk management training arranged by the IJB.

8.3. Implementation of this policy and strategy will be supported by the development of additional guidance for staff within the HSCP, setting out their roles and responsibilities in supporting the management of risk across the organisation, and providing clear guidance on how they can raise risks through their service management arrangements.

8.4. The communication of this policy and strategy will be included within existing and future iterations of the partnership's Communication and Engagement Strategy.

8.5. The Policy and Strategy (version 3.0) will be submitted to the Integration Joint Board Audit, Risk and Scrutiny Committee for approval at its meeting of 12 March 2021.

8.6. This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

# Appendix 1

# Renfrewshire Integration Joint Board

# Risk Register

## Introduction and Background

This document has been prepared to support Renfrewshire Integration Joint Board (IJB), and members of the IJB's Audit, Risk and Scrutiny Committee, in the application of the IJB's Risk Management Policy and Strategy. It sets out those Strategic Risks currently identified which have the potential to prevent the IJB from achieving its desired outcomes and objectives, and the mitigating actions put in place to manage these risks. **Further information on the IJB's approach can be found in Renfrewshire IJB's Risk Management Policy and Strategy.**

### Approach to assessing risks

All risks identified are assessed considering (i) the likelihood of the risk materialising; and (ii) the consequent impact of said risk should it materialise. To reflect the range of eventualities this assessment provides a score of between 1 and 5 for each of these criteria (where 1 is least likely and low impact, and 5 is very likely and very high impact). This enables each risk to be provided an overall score where the likelihood and impact ratings are multiplied together, and a RAG (Red, Amber, Green rating applied) as per the matrix below. Risk scores guide the IJB's response to particular risks identified.

| Likelihood | Consequent Impact | | | | |
|---|---|---|---|---|---|
| | **1** | **2** | **3** | **4** | **5** |
| **5** | *5* | *10* | *15* | *20* | *25* |
| **4** | *4* | *8* | *12* | *16* | *20* |
| **3** | *3* | *6* | *9* | *12* | *15* |
| **2** | *2* | *4* | *6* | *8* | *10* |
| **1** | *1* | *2* | *3* | *4* | *5* |

**Renfrewshire IJB**

**Current Risk Summary**

| Risk Ref | Risk Type | Summary Description | Current Risk Score and RAG Rating | Movement |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

# Renfrewshire IJB Risk Register

## 01. e.g. Financial Sustainability

| Risk Code and Title | Risk Statement | Owned by | Current Risk Control Measures | Previous Likelihood Score | Previous Impact score | Previous Evaluation |
|---|---|---|---|---|---|---|
| | | | | 04 | 04 | 16 |
| **Context** | | | | **Current Likelihood** | **Current Impact** | **Current Evaluation** |
| | | | | 02 | 04 | 08 |
| | | | | **Movement** | | |
| | | | | Increase / Decrease / No change | | |
| | | | | **Risk Management Approach** | | |
| | | | | Terminate / Treat / Transfer / Accept | | |

| Action codes | New Actions | Assigned to | Date | Status |
|---|---|---|---|---|
| | | | | |
| | | | | |

| Action codes | Existing actions | Update | Assigned to | Date | Status |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|---|
| **To:** | **Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee** |
| **On:** | **12 March 2021** |
| **Report by:** | **Interim Chief Officer** |
| **Subject:** | **Inspection of Hunterhill Care Home by the Care Inspectorate** |

## 1. Summary

1.1 Social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups.

1.2 The Coronavirus (Scotland) (No. 2) Act and subsequent guidance, places a duty on the Care Inspectorate to robustly assess care home arrangements to respond to the COVID-19 pandemic. As a result, from June 2020, inspections have centred on infection prevention and control, personal protective equipment and staffing in care settings. These are known as Key Question 7 Inspections and focus on 'How good is our care and support during the COVID-19 pandemic?'.

1.3 This report summarises the findings from the Key Question 7 Inspection conducted at Hunterhill Care Home on 10th December 2020 and the subsequent follow-up visits on 21st January 2021 and 24TH February 2021.

## 2. Recommendations

The Integration Joint Board Audit, Risk and Scrutiny Committee is asked to note:

- The content of this report; and
- The content of Appendix 1, which details the requirements, actions and timescales that are necessary to comply with the findings of the Inspection.

## 3. Background and Context

3.1 Protecting and safeguarding care home residents and staff continues to be a key priority for the HSCP and as a result our clinical and care governance arrangements have been strengthened significantly including: daily Huddle meetings; weekly Multi-Disciplinary Team meetings; regular contact calls to care homes; routine staff and resident testing; undertaking supportive assurance visits and supporting care homes following inspections.

3.2 The Care Inspectorate are the official body responsible for inspecting standards of care in Scotland. They regulate and inspect care services to ensure they meet the appropriate standards.

3.3 The Coronavirus (Scotland) (No. 2) Act and subsequent guidance, places a duty on the Care Inspectorate to robustly assess care home arrangements to respond to the COVID-19 pandemic. As a result, from June 2020 Inspections have centred on infection prevention and control, personal protective equipment and staffing in care settings, these are known as Key Question 7 Inspections which focus on 'How good is our care and support during the COVID-19 pandemic?'. The Key Question is supported by the following three associated quality indicators:

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

3.4 As part of these Inspections, Key Question 7 together with the three quality indicators are evaluated against a six-point scale:

- 6 Excellent - Outstanding or sector leading
- 5 Very Good - Major strengths
- 4 Good - Important strengths, with some areas for improvement
- 3 Adequate - Strengths just outweigh weaknesses
- 2 Weak - Important weaknesses and priority action required
- 1 Unsatisfactory - Major weaknesses and urgent remedial action required

3.5 On conclusion of an Inspection, the Care Inspectorate will publish a report which details: feedback from families/carers; their observations throughout the Inspection including strengths and areas for improvement; any requirements, recommendations, or enforcement;

and an evaluation. In addition, the Care Inspectorate will also consider any areas for improvement identified in previous inspections to the care home.

## 4. Inspection of Hunterhill Care Home

4.1 On 10th December 2020, the Care Inspectorate concluded a Key Question 7 Inspection at Hunterhill Care Home, this was supplemented by a follow-up inspection on 21st January 2021. Following these inspections, 5 requirements were placed on Hunterhill Care Home with the Care Inspectorate grading Hunterhill at 3, Adequate.

4.2 On 24th February 2021 the Care Inspectorate undertook a follow up inspection of Hunterhill Care Home. Following inspection requirements being met by Hunterhill Care Home, the Care Inspectorate have graded Hunterhill at 4, Good.

4.3 The following sections provide a summary of the findings from the Inspections and monitoring visit.

4.4 The Inspectors spoke to eight family members and reported very positive feedback with one family member stating that they have always found their loved one's care to be “first-rate".

4.5 Following observations, the Care Inspectorate placed five requirements on the HSCP, these recommendations together with the relevant updates from the monitoring visit are as follows:

**Requirement 1:** By 18 January 2021 you must ensure that the nutrition and hydration needs of residents at risk of malnutrition or dehydration are identified, are being regularly assessed and adequately met.

**Follow up Inspection 21st January**: It was acknowledged that several improvements have been made and a responsive system to monitor and manage the nutrition and hydration needs of residents had been introduced. This requirement has now been met.

**Requirement 2:** By 18 January 2021 you must ensure that information about the use, administration, and effect of “as required” and routine medication, is clear, evaluative, and regularly reviewed. This will help ensure that people receive support that is right for them.

**Follow up Inspection 24th February**: It was acknowledged that several improvements have been made to the information and recording systems for “as required” medication, supporting staff to

make decisions about its use and also evaluate its effectiveness. This requirement has now been met.

**Requirement 3**: By 22 February 2021 you must ensure that care and support provided reflects each person's current and future needs, choices and wishes. To do this you must ensure each resident has a robust, accurate, person-centred care plan which reflects their assessed needs.

**Follow up Inspection 24th February**: It was acknowledged that care plans were inclusive of personal preferences and contained relevant person-centred information. This requirement has now been met.

**Requirement 4**: By 18 January 2021, the provider must develop and implement a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. The service should do this in line with the National Infection Prevention and Control Manual.

**Follow up Inspection 24th February**: It was acknowledged that the care home had effectively implemented a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. It was highlighted that this process was successfully being used by staff. This requirement has now been met.

**Requirement 5:** By 22 February 2021, the provider must ensure that service users experience a service which is well led and managed. The provider must:

- Put in place and implement robust and transparent quality assurance processes, including action planning, in order to provide clear and consistent information to all staff. This should include but not be limited to, team meetings, supervisions and observed practice.

- Formally assess and evaluate the quality of training for staff and include input from staff on their individual development needs.

**Follow up Inspection 24th February**: It was acknowledged that a number of team meetings had taken place since previous inspection, and that this was inclusive of action planning whilst supporting provision of clear and consistent information to all staff. A new supervision tool has been created and was in place to support the

planning and monitoring of supervision. This requirement has now been met.

4.6 As part of the Inspection, the Care Inspectorate also considered the four areas for improvement identified in the last inspection of the care home which took place on 6th February 2020. These areas for improvement together with the update from the most recent inspection are as follows:

**Area for Improvement 1** - The management team should draw up aims and objectives for the respite unit to ensure staff and resources are in place. This will ensure that staff are prepared for admissions and each placement is a success.

**Area for Improvement 2** - Meaningful activity should be available for each resident and respond to their needs, wishes and choices. Staff, at times, need to be less task orientated and spend more meaningful time engaging with residents.

**Update from Key Question 7 Inspection**: The Care Inspectorate noted that at the time of the inspection they were unable to assess these areas for improvement due to Covid-19 pandemic and as a result these will remain as areas for improvement for the care home.

**Area for Improvement 3**: Each resident should have a robust, accurate person-centred care plan which reflects their assessed needs. This should include a plan for such areas as stress and distress and living with dementia if appropriate.

**Update from Key Question 7 Inspection 24th February**: This area for improvement has been met through Requirement 2.

**Area for Improvement 4** - Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the ongoing care needs of each resident. The care plans for those living with dementia and stress and distress should be robust and the rationale for administering medication, for example to assist with distress, should be clear.

**Update from Key Question 7 Inspection 24th February**: This area for improvement has been met through Requirement 2.

4.7 Care Home services are committed to the strategic vision where “Renfrewshire is a caring place where people are treated as

individuals and supported to live well". Care Home services acknowledged the requirements and areas for improvement raised in the Care Inspectorate report and took action to address these. A detailed improvement plan has been developed to closely monitor the progress against the actions to ensure that the requirements and areas for improvement continue to be fully met, please refer to Appendix A.

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**Implications of the Report**

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning –** None
4. **Legal** – None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** - None
8. **Health & Safety** - None
9. **Procurement** – None
10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
11. **Privacy Impact** - None

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**List of Background Papers**

(a) Inspection of Care Home Services by the Care Inspectorate – 19th June 2020

(b) The Inspection reports for Hunterhill Care Home are available to download from the Care Inspectorate website[1].

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[1] https://www.careinspectorate.com/index.php/care-services?detail=CS2006121927

**Appendix 1**

# HUNTERHILL CARE HOME
## Action Plan: December 2020 - February 2021

| REQUIREMENT: | | TO BE MET: |
|---|---|---|
| **The service must ensure that the nutrition and hydration need of residents at risk of malnutrition or dehydration are identified, are being regularly assessed and adequately met.** | | **18 January 2021**<br><br>**MET:**<br><br>**21 January 2021** |

**ACTION TO BE TAKEN:**

- The Malnutrition Universal Screen Tool will be used to determine score for every resident, determining action required to meet nutritional needs, and specific needs such as altered textures, adapted cutlery, etc.
- Resident's hydration needs will be reflected in their care plan, noting if a dietician has set a daily fluid intake goal, and if there are requirements such as thickened fluids, preferences, drinking aids, etc.
- Recording systems will be in place for all residents with hydration and nutrition goals, reviewed weekly through audits to determine any further actions required, further informing the care plan.
- Staff will be trained to identify residents at risk of malnutrition and dehydration, and when referral is required to dietician and/or speech and language therapist. Risks include physical and mental factors impacting on resident's intake, as well as environmental factors such as residents isolating in their bedroom.
- Directions from healthcare professionals will be clearly recorded in the care plan, including nutrition and hydration goals, and support required to achieve goals.
- There will be management oversight through weekly audit of residents weights, reviewing actions taken where risks are identified, confirming nutrition and hydration charts are reviewed to determine action required, ensuring healthcare professionals are consulted in every instance where risk is identified, actions are reflected in care plans and that steps are being taken toward achieving resident individual goals.

**IMPROVEMENT ACTION COMPLETED:**

- MUST tool and Nutritional screening tool introduced to all resident's care plans, with staff briefings to support understanding of key actions required to use these.
- Residents nutrition and hydration needs are reflected in their care plans, which are being audited using the care plan audit tool.
- Weight monitoring charts introduced with traffic light system to give clear indication and direction when action is required and the pathway to be followed.
- Nutrition and hydration charts in place for residents, when monitoring is required due to residents being unwell, isolating, or other agreed reason. Advanced Nurse Practitioner to be consulted when concerns arise.
- Management audits in place for weekly and monthly review of nutrition and hydration.
- Staff briefings completed with Nutrition and Hydration Champions for each unit.
- Staff training arranged for Champions with Dietician service.

| REQUIREMENT: | TO BE MET: |
|---|---|
| **The service must ensure that information about the use, administration, and effect of "as required" and routine medication, for example to assist with distress, is clear, evaluative, and regularly reviewed. This will help ensure that people receive support that is right for them.** | **18 January 2021**<br><br>**Extended to**<br><br>**22 February 2021** |

**ACTION TO BE TAKEN:**

- There will be a protocol in place for every resident who is prescribed "as required" medication ensuring accurate information is recorded about its purpose, function and efficacy following administration.
- Each resident care plan will reference the routine and as required medications, with information about the purpose and function of each, noting views of the resident and/or their representative about the impact of each medication prescribed.
- All as required medication will be reviewed at least every 3 months, with a record of consultation with the prescriber and any direction provided. Any changes will be reflected in the care plan, and communication with resident and/or their representative will be recorded.
- Staff will undertake training to ensure accurate recording is completed in relation to all medication, including the reasons for considering and the appropriate use of the protocols.
- Management oversight audits will be undertaken weekly to review use of all as required medication to determine appropriate use, and correlation to the care plan.
- Staff will be supported to use the Abbey Pain Scale for residents who cannot express pain, and the Numerical Pain Assessment Tool for residents who can communicate their needs. The use of pain scales will be recorded in resident care plans, providing direction appropriate to the individual circumstances.

**IMPROVEMENT ACTION COMPLETED:**

- As required medication (PRN) protocol in place which is extensive and robust in content, capturing the purpose and function of medication as determined by the prescriber, as well as the expected efficacy and actual efficacy following administration.
- Training ongoing to support staff in their understanding of the protocol application, and how to achieve positive outcomes for residents when considering use of as required medication.
- Abbey Pain Scale is in use to identify pain in residents living with dementia who cannot verbalise. The tool offers staff a better understanding of where residents are experiencing pain whilst minimising distress or anxiety.
- Numerical Pain Scale is in use to determine action required when residents can express feelings of pain, and the level of their pain.
- Training ongoing for support staff in ensuring appropriate/consistent use of pain scales.
- The use of pain scales is being recorded in resident care plans, providing direction appropriate to the individual circumstances.
- Tracking record established for all as required medication, identifying review dates for every protocol, and any overdue actions.

| REQUIREMENT: | | TO BE MET: |
|---|---|---|
| **The service must develop and implement a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. The service should do this in line with the National Infection Prevention and Control Manual.** | | **18 January 2021**<br><br>**Extended to**<br><br>**22 February 2021** |

**ACTION TO BE TAKEN:**

- Monthly meetings with Soft FM (facilities) will be planned, providing opportunity to improve communication and assurance of compliance across the service.
- Robust cleaning schedules will be implemented, ensuring all areas of the care home are cleaned in accordance with the infection prevention and control requirements, including increased frequency of touch point cleaning. Schedules will be checked daily by the management team and audited weekly by the care home manager and Soft FM management.
- Staff will undertake refresher training in relation to the safe use of correct cleaning materials.
- Staff will receive up to date infection control training and further opportunities will be sourced to provide ongoing and relevant information and guidance.
- Staff will continue to have daily spot checks in relation to infection prevention and control with records maintained and management oversight of action taken as required.
- Weekly management audit tool will be introduced covering infection control, quality assurance and operational matters. Action points will be identified and suitable, appropriate timescales to rectify will be agreed and monitored.
- A home wide “de-clutter” will be undertaken to remove any items within the home and units that are not able to be easily wiped down. This will help to ensure no hard surfaces are left unclean and to ensure the best practice and safety of all residents and staff.

**IMPROVEMENT ACTION COMPLETED:**

- Initial meetings with Soft FM management, with monthly scheduled meetings.
- Robust cleaning schedules implemented including increased frequency of touch point areas.
- Records of cleaning completed collated centrally and reviewed daily by senior social care worker.
- Training scheduled for refreshers on safe use of chlorinated cleaning products.
- Agreement with Soft FM management about monthly audit of all cleaning and training records.
- Training programme in development for additional infection control training using e-learning system.
- Management weekly audit includes review of cleaning schedules and spots checks.
- Daily infection prevention and control checks continuing, with oversight by seniors and manager.
- De-clutter exercise has been completed with improved access to all areas for comprehensive cleaning.
- Decontamination of all equipment completed, with replacement fittings ordered as required.

| REQUIREMENT: | | TO BE MET: |
|---|---|---|
| **The service must ensure that care and support provided reflects each person's current and future needs choices and wishes. To do this you must ensure each resident has a robust, accurate, person centred care plan which reflects their assessed needs.** | | **22 FEBRUARY 2021** |

**ACTION TO BE TAKEN:**

- The service will introduce robust care plan audits to ensure that residents care needs are being met. This will include clear information about resident choice, wishes and preferences. This will allow for care plans to be more person centred and reflective of their needs.
- Support and guidance will be given to staff to enable them to write informative care plans that reflect the residents needs during the Covid pandemic. This will include reactions to isolation, staff using PPE and stressed/distressed behaviour.
- Activities for residents will be focused on and this will be evidenced throughout the care plan. This will inform the development of activities meaningful to individual residents.
- Resident communication with family will be evidenced within the care plan. Residents will be able to use make video call and phone calls facilitated by staff, to maintain contact with their family and friends.
- Reviews of resident care will be more robust and reflective of their current needs. This will reflect what has gone well and what could be better over a monthly period, informing actions required for future plans.
- Individual COVID-19 risk assessments will be put in place for each resident, which are person centred and reflective of how best to support each resident during the pandemic, including visiting arrangements and any communication areas to be supported.
- The service will introduce clear and concise plans and information to support those residents who are living with dementia who experience stress and distress, to ensure the service is meeting their care needs and their own personal choice.

**IMPROVEMENT ACTION COMPLETED:**

- New care planning templates introduced with focus on personalisation of plans which guide support staff towards achieving positive outcomes for each resident.
- Review templates introduced to consider monthly achievements, and outcomes for each resident, along with actions required for forthcoming period.
- Robust care plan audit introduced to ensure clear information captured about resident choice, wishes, preferences, and actions required to support individuals.
- Staff continue being supported to understand importance of person-centred practice and risk assessment in responding to resident need during the covid pandemic including supporting residents in isolation and responding effectively to stressed/distressed behaviours.
- Emphasis being placed on meaningful activity for residents specific to their interests and aspirations, reflective in individual care plans.
- Information is contained in individual care plans about supporting communication with family and friends through use of video calls, telephone calls, and most appropriate visiting arrangements. Records are maintained about effectiveness of communication and best practices.
- The dementia excellence framework continues to be used with refreshed practices to support residents who are living with dementia, particularly around the changes impacting on residents and staff because of the Covid pandemic.

| REQUIREMENT: | | TO BE MET: |
|---|---|---|
| **The service must ensure that service users experience a service which is well led and managed.** | | **22 FEBRUARY 2021** |

**ACTION TO BE TAKEN:**

- There will be transparent quality assurance processes introduced, including action planning, to provide clear and consistent information to all staff. This will include but not be limited to, team meetings, supervisions and observed practices.
- An evaluation of staff training will be undertaken, including input from staff about their individual development needs in meeting the wider needs of the service. Staff will update their own individual development plans, with oversight from the management team.
- Regular staff meetings will be reintroduced, and a calendar created and distributed to staff to raise awareness. These meetings will be documented, and information shared across the service.
- Communication folders will be put into each unit. This folder will contain useful information relating to updates on COVID guidance, manager updates and key information for staff, and a senior member of staff will be tasked with updating this. Management staff will ensure the effective use of the communication diaries in the unit.
- Manager will hold regular supervision with the senior team to encourage, monitor and support seniors in the service to undertake meaningful supervision with care staff in order to provide clear and consistent information.

**IMPROVEMENT ACTION COMPLETED:**

- Weekly meetings are undertaken with the senior team within the care home addressing actions required, considering improved areas of practice, elements around staffing and logistics, as well as areas for development.
- Calendar and agenda of meetings established with: Senior Care Teams, Care Staff, Soft FM team. These will be noted and stored for future reference and action points
- Improved and concise supervision tracker with action points and achievable dates
- Key information folders have been placed into each unit, containing updated information required by staff to undertake their roles in line with current guidance, risk assessments and procedures.
- Communication diary introduced for effective sharing of information between staff in every unit.
- Improved communication methods developed to relay information to whole staff group easily.
- Weekly managers' report introduced to determine good practices, as well as areas for further development.
- Observed practices are being completed daily to ensure proficiency in infection prevention and control, dining experiences and meaningful activity for residents.

| | |
|---|---|
| **To:** | **Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee** |
| **On:** | **12 March 2021** |
| **Report by:** | **Interim Chief Officer** |
| **Subject:** | **Audit Scotland Report 'NHS in Scotland 2020: Lessons to be learned from pandemic response'** |

## 1. Summary

1.1 On 17 February 2021, Audit Scotland published the report "NHS in Scotland 2020: Lessons to be learned from pandemic response". The report considers the Scottish Government and NHS response to the significant and unprecedented challenges of the COVID-19 pandemic and highlights: the impact on health; pandemic preparedness; NHS remobilisation and NHS finances and performance.

1.2 The report concludes that the "Scottish Government acted quickly to prevent the NHS from being overwhelmed by COVID-19, but it could have been better prepared to respond to the pandemic". A summary of the findings is provided in the sections below.

1.3 The report recognises that staff across the NHS and Scottish Government took early action during the first wave in 2020, including increasing intensive care capacity and pausing non-urgent treatment. Service innovation was also highlighted and in particular the swift upscaling of video consultations.

1.4 However, there is now a substantial backlog of patients, with NHS boards prioritising those in most urgent need. Audit Scotland suggests that the backlog will be hard for NHS boards to deal with alongside the financial and operational challenges they already face.

1.5 The Scottish Government based its initial response to COVID-19 on the 2011 UK flu pandemic preparedness strategy. Scotland took part in three pandemic preparedness exercises in the years before the coronavirus outbreak. However not all the actions identified in these exercises were fully implemented. These included measures to ensure access to enough PPE and to quickly address social care capacity, both of which became significant issues during the first wave of COVID-19.

1.6 At the time of writing the report, COVID-19 had caused or contributed to the deaths of around 9,000 people in Scotland. People from the most deprived areas, of South Asian origin, or of Caribbean or Black ethnicity are among those who have suffered disproportionately from the pandemic. Deaths from other causes were also higher than average at the start of the pandemic.

## 2. Recommendations

The Integration Joint Board Audit, Risk and Scrutiny Committee is asked to:

- Note the content of this report, attached in Appendix 1.

## 3. Background and Context

3.1 Audit Scotland publish an annual report on how the NHS in Scotland is performing. The overall aim of the audit is to answer the question: How well is the NHS in Scotland performing and is it equipped to deal with the challenges ahead? The focus for the NHS in Scotland 2020 report is the lessons to be learned from pandemic response.

3.2 The key messages from the report are:

- The challenges presented by COVID-19 are significant and unprecedented. Staff across the NHS and Scottish Government have worked hard, in challenging circumstances, to respond quickly to the pandemic. NHS frontline staff have put themselves at risk to meet the demands presented by COVID-19, reflecting their extraordinary commitment to public service. The NHS implemented several actions during the first wave of COVID-19 that prevented it from becoming overwhelmed, such as increasing intensive care capacity and stopping non-urgent planned care. The Scottish Government's Test and Protect strategy is crucial to suppressing the virus and will continue to be until COVID-19 vaccinations are fully rolled out.

- Some people have been more adversely affected by COVID-19 than others. For instance, those from the most deprived areas are twice as likely to die from COVID-19 than those in the least deprived areas. COVID-19 has so far caused or contributed to the deaths of almost 9,000 people across Scotland, and deaths from other causes were also higher than average at the start of the pandemic. The NHS workforce has been under considerable pressure during the pandemic, with high levels of work-related stress reported.

- The Scottish Government could have been better prepared to respond to the COVID-19 pandemic. It based its initial response on the 2011 UK Influenza Pandemic Preparedness Strategy but did not fully implement improvements identified during subsequent pandemic preparedness exercises. It also did not include an influenza pandemic as a standalone risk in its corporate or health and social care directorate risk registers, despite assessing it as high risk.

- COVID-19 has exacerbated the existing financial and operational challenges in the NHS and is predicted to cost £1.67 billion in 2020/21. Most NHS boards achieved their savings targets in 2019/20, but four NHS boards needed additional financial support from the Scottish Government to break even. Responding to the pandemic has resulted in significant additional expenditure across health and social care and there is uncertainty about the longer-term financial position.

- Remobilising the full range of NHS services is challenging and maintaining innovation and learning from the pandemic will be essential. COVID-19 has led to a substantial backlog of patients waiting for treatment. NHS boards are prioritising those in most urgent need; those who are of lower clinical priority will have to wait longer. NHS leaders need to work collaboratively, in partnership across public services, to deal with the ongoing challenges caused by COVID-19 and to remobilise services.

3.3 Audit Scotland have made a series of recommendations specifically for the Scottish Government:

- Ensure that NHS National Services Scotland returns to procuring personal protective equipment (PPE) through a competitive tender process as soon as practicable, considering options that reduce the environmental impact where possible, while demonstrating good value for money and robust quality assurance.

- Update and publish national pandemic guidance for health and social care as a priority. The scope of this guidance should not be limited to covering only an influenza pandemic and it should include lessons learned from the COVID-19 pandemic and the previous pandemic preparedness exercises.

- Ensure that the work undertaken as part of the re-mobilise, recover, re-design programme of work has clear priorities that align with the remobilisation framework. Work should be

monitored and reported to ensure sufficient progress is being made.

- Work with its partners to update the integrated workforce plan. This should consider how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term.

- Ensure that all NHS leaders, particularly those newly appointed, have the support they need to balance the ongoing challenges presented by COVID-19 with the need to remobilise health and social care services.

3.4 In addition, there are also joint recommendations for the Scottish Government and NHS boards:

- Monitor and report on the effectiveness of the measures introduced to support the health and wellbeing of staff, to assess whether sufficient progress is being made.

- Take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic and monitor the long-term impact of this on health outcomes.

- Publish data on performance against the clinical prioritisation categories to enable transparency about how NHS boards are managing their waiting lists.

3.5. With regards to the recommendations made by Audit Scotland on remobilisation planning, NHS Greater Glasgow and Clyde is currently working with partners to develop its third remobilisation plan to cover the period from April 2021 to March 2022. This plan will build on previous remobilisation activity and plans and will reflect national policies and guidelines. It will also need to be developed in the context of ongoing uncertainty about the impact of COVID over the planning period.

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**Implications of the Report**

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning –** None
4. **Legal** – None
5. **Property/Assets** – None

6. **Information Technology** – None
7. **Equality & Human Rights** - None
8. **Health & Safety** - None
9. **Procurement** – None
10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
11. **Privacy Impact** – None

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**List of Background Papers** - None

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**Author:** Yvonne Farquhar, Service Planning and Policy Development Manager, Chief Executive's Service, Renfrewshire Council

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/ 0141 618 7621)

# NHS in Scotland 2020

AUDITOR GENERAL

**Prepared by Audit Scotland**
February 2021

# Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

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- NHS bodies
- further education colleges
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Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

# Contents




**Audit team**

The core audit team consisted of Leigh Johnston, Fiona Watson, Eva Thomas-Tudo and John Kirkwood, with support from other colleagues and under the direction of Angela Canning.


**Links**

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# Summary

## Key messages

- The challenges presented by Covid-19 are significant and unprecedented. Staff across the NHS and Scottish Government have worked hard, in challenging circumstances, to respond quickly to the pandemic. NHS frontline staff have put themselves at risk to meet the demands presented by Covid-19, reflecting their extraordinary commitment to public service. The NHS implemented several actions during the first wave of Covid-19 that prevented it from becoming overwhelmed, such as increasing intensive care capacity and stopping non-urgent planned care. The Scottish Government's Test and Protect strategy is crucial to suppressing the virus and will continue to be until Covid-19 vaccinations are fully rolled out.

- Some people have been more adversely affected by Covid-19 than others. For instance, those from the most deprived areas are twice as likely to die from Covid-19 than those in the least deprived areas. Covid-19 has so far caused or contributed to the deaths of almost 9,000 people across Scotland, and deaths from other causes were also higher than average at the start of the pandemic. The NHS workforce has been under considerable pressure during the pandemic, with high levels of work-related stress reported.

- The Scottish Government could have been better prepared to respond to the Covid-19 pandemic. It based its initial response on the 2011 UK Influenza Pandemic Preparedness Strategy but did not fully implement improvements identified during subsequent pandemic preparedness exercises. It also did not include an influenza pandemic as a standalone risk in its corporate or health and social care directorate risk registers, despite assessing it as high risk.

- Remobilising the full range of NHS services is challenging and maintaining innovation and learning from the pandemic will be essential. Covid-19 has led to a substantial backlog of patients waiting for treatment. NHS boards are prioritising those in most urgent need; those who are of lower clinical priority will have to wait longer. NHS leaders need to work collaboratively, in partnership across public services, to deal with the ongoing challenges caused by Covid-19 and to remobilise services.

- Covid-19 has exacerbated the existing financial and operational challenges in the NHS and is predicted to cost £1.67 billion in 2020/21. Most NHS boards achieved their savings targets in 2019/20, but four NHS boards needed additional financial support from the Scottish Government to break even. Responding to the pandemic has resulted in significant additional expenditure across health and social care and there is uncertainty about the longer-term financial position.

## Recommendations

The Scottish Government should:

- ensure that NHS National Services Scotland returns to procuring personal protective equipment (PPE) through a competitive tender process as soon as practicable, considering options that reduce the environmental impact where possible, while demonstrating good value for money and robust quality assurance (paragraph 17, page 12)

- update and publish national pandemic guidance for health and social care as a priority. The scope of this guidance should not be limited to covering only an influenza pandemic and it should include lessons learned from the Covid-19 pandemic and the previous pandemic preparedness exercises (paragraph 46, page 21)

- ensure that the work undertaken as part of the re-mobilise, recover, re-design programme of work has clear priorities that align with the remobilisation framework. Work should be monitored and reported to ensure sufficient progress is being made (paragraph 56, page 25)

- work with its partners to update the integrated workforce plan. This should consider how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term (paragraph 57, page 25)

- ensure that all NHS leaders, particularly those newly appointed, have the support they need to balance the ongoing challenges presented by Covid-19 with the need to remobilise health and social care services (paragraph 60, page 26).

The Scottish Government and NHS boards should:

- monitor and report on the effectiveness of the measures introduced to support the health and wellbeing of staff, to assess whether sufficient progress is being made (paragraph 23, page 14)

- take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic and monitor the long-term impact of this on health outcomes (paragraph 27, page 16) (paragraph 49, page 22)

- publish data on performance against the clinical prioritisation categories to enable transparency about how NHS boards are managing their waiting lists (paragraph 48, page 22).

# Introduction

**1.** The Covid-19 pandemic has created a unique and challenging set of circumstances for the NHS in Scotland. This report outlines the response to the pandemic by the NHS in Scotland and presents an overview of its financial and operational performance for 2019/20 (Appendix 1, page 37).

**2.** The Scottish Government and NHS in Scotland's response to Covid-19 continues to develop as the pandemic progresses. Policy and guidance are being updated frequently and our findings reflect the situation at January 2021, using information available prior to publication. We plan to consider the longer-term impact of Covid-19 in our *NHS in Scotland 2021* report.

**3.** We would like to acknowledge the support and assistance provided by the Scottish Government and NHS boards that has enabled us to prepare this report.

# The response to Covid-19

## The challenges presented by Covid-19 are significant and unprecedented

### The Scottish Government and NHS in Scotland responded quickly to the rapidly developing pandemic

**4.** The response to the Covid-19 pandemic by the Scottish Government and NHS Scotland began soon after the emergence of the outbreak in China, before any cases had been confirmed in Scotland. In January 2020, the Scottish Government started to implement its emergency response plans. This included attending the UK Government's COBRA meetings and activating the Scottish Government Resilience Room (SGoRR). The SGoRR is the main point of contact between the UK Government and Scotland's resilience partnerships in the event that UK-level action is initiated.[1] The four nations of the UK coordinated their initial response to the pandemic, publishing a joint Covid-19 action plan on 3 March 2020.[2] This action plan is based on the 2011 UK Influenza Pandemic Preparedness Strategy.[3] Military liaison officers were deployed to NHS boards to assist with logistics and planning.

**5.** The Scottish Government established a Covid-19 directorate, with a workforce of staff redeployed from other departments across the government. There was good oversight and regular communication across the NHS and Integration Authorities (IAs) from the Scottish Government.[4] NHS boards revised their governance arrangements during the pandemic. Some reduced in size or suspended subcommittees, while maintaining close contact with the Scottish Government and their local partners.

### The NHS implemented a number of actions that prevented it from becoming overwhelmed

**6.** The Scottish Government had difficult decisions to make about how to prevent the NHS from becoming overwhelmed during the first wave of the Covid-19 pandemic. There are longer-term risks associated with some of these decisions, but the Scottish Government needed to prioritise creating additional capacity for Covid-19 patients. From March 2020, the Scottish Government instructed NHS boards to implement several key actions at pace, that enabled them to treat Covid-19 patients while maintaining vital emergency, maternity and urgent care. For instance:

- All non-urgent surgery, treatment and appointments were suspended, and national screening programmes for some types of cancer were paused. This enabled existing facilities and equipment to be repurposed and staff to be retrained and redeployed to support the response to Covid-19.

- The number of intensive care beds was increased from 173 to 585.[5] This meant that the NHS had sufficient intensive care capacity throughout the first wave of the pandemic. The number of patients in intensive care beds

(including non-Covid-19 patients) exceeded the original capacity between 31 March and 24 April, peaking at 250 on 9 April. The number of Covid-19 patients in intensive care beds peaked at 221 on 12 April.

- A rapid discharge strategy was introduced with the aim of reducing delayed discharges from hospital. This resulted in a reduction of 64 per cent, from 1,612 on 4 March to 580 on 27 April. The impact of this strategy on outbreaks of Covid-19 in care homes is discussed in paragraph 29, page 17.

- NHS workforce capacity was increased, which enhanced NHS resilience. During the first wave of Covid-19, 4,880 nursing students were deployed, registration dates for 575 junior doctors were brought forward and recently retired NHS staff were invited to return to work. An accelerated recruitment portal was also launched, which received 16,000 expressions of interest.

- Digital improvements were rolled out across the NHS including software to facilitate working from home, and the use of virtual appointments such as Near Me increased.[6] Video consultations increased from about 300 per week in March 2020 to more than 18,000 per week in November 2020. By December, more than 600,000 video consultations had taken place.

- The NHS Louisa Jordan, a temporary hospital at the Scottish Event Campus in Glasgow, was established. It was set up in under three weeks and was operational by 20 April, with an initial capacity of 300 beds, and the ability to expand to 1,036 beds if needed – including 90 intensive care unit (ICU) beds. The hospital has not yet been needed to treat Covid-19 patients. It has been used for outpatient appointments and for diagnostic services such as X-ray and ultrasound. By January 2021, the facilities had also been used to train more than 5,000 healthcare staff and students and vaccinate nearly 10,000 NHS staff.[7] The hospital remains on standby to receive Covid-19 patients if needed.

- Covid-19 community hubs and assessment centres were established. These hubs assess patients presenting with Covid-19 symptoms in the community, relieving pressure on GP surgeries. Between March 2020 and January 2021, over 250,000 consultations for advice or assessment were conducted through these hubs and centres.[8]

**7.** Cases of Covid-19 in Scotland decreased significantly over summer 2020 but started to increase again throughout autumn and winter.[9] The NHS already faces more demand and pressure over winter months and increasing cases of Covid-19 exacerbated these existing challenges. The Scottish Government published its *Winter Preparedness Plan* in October 2020, which outlined several strategies during the second wave to prevent the NHS from becoming overwhelmed. Strategies included the ability to expand ICU capacity again if needed, while maintaining access to essential healthcare services, including mental health support. Some of the strategies for suppressing Covid-19 during the second wave differed from the response during the first wave.[10] For instance:

- An extensive vaccination programme has been implemented. Three Covid-19 vaccines have been approved by the UK Medicines and Healthcare Products Regulatory Agency. The Scottish Government committed that by 5 February 2021, care home staff and residents, frontline health workers and people aged over 80 years in the community will have received their first dose. By 1 February 2021, more than 500,000 people had received

their first vaccination. The Scottish Government also increased eligibility criteria for the flu vaccine, to help prevent additional pressure being placed on the NHS.

- The Test and Protect programme is being expanded to help suppress the virus. The Scottish Government increased testing capacity, widened eligibility criteria, and improved contact tracing processes to quickly isolate potential cases.

- New clinical triage arrangements for urgent care have been introduced through NHS 24. This aims to optimise access to care by offering virtual appointments or a face-to-face appointment, if required, at the nearest Accident and Emergency (A&E). This aims to reduce demand on healthcare services under pressure and avoid unnecessary travel and waiting in crowded areas.

## The Test and Protect strategy is crucial to suppressing the virus and will remain so until Covid-19 vaccinations are fully rolled out

**8.** Testing, tracing and isolating all cases of Covid-19, and quarantining their contacts is essential to control transmission of the virus.[11] The Scottish Government published its Test and Protect strategy on 4 May 2020. The strategy aims to control the spread of Covid-19 by identifying local outbreaks in the community and tracing contacts to prevent further transmission. The Scottish Government set up a new directorate to lead the strategy and launched the Test and Protect programme on 28 May.

**9.** The Scottish Government recognised that having enough capacity to test all possible cases of Covid-19 would be essential for the Test and Protect strategy to be effective. The Scottish Government planned to increase testing capacity in Scotland to 65,000 per day by December 2020. This target was achieved, with a maximum capacity for more than 68,000 tests per day created by the end of December. By the end of January 2021, Scotland had a maximum capacity for more than 77,000 tests per day. The majority of testing capacity was provided by the UK Government testing programme (64 per cent) and the remainder by NHS Scotland laboratories (36 per cent).

**10.** The number of tests carried out has not yet increased in line with this additional capacity. In October 2020, the Scottish Government estimated that demand for tests based on eligible groups at the time would be about 54,000 per day by winter. In January 2021, an average of just over 21,000 tests were carried out per day (Exhibit 1, page 10). The Scottish Government intends to use the additional capacity to expand eligibility for testing to certain people without symptoms. This includes expanding asymptomatic community testing, and introducing routine testing for:

- workplaces providing essential services where the risk of transmission is high, such as food processing and distribution, and emergency service control rooms

- additional health and care staff such as GPs, pharmacists and community nurses

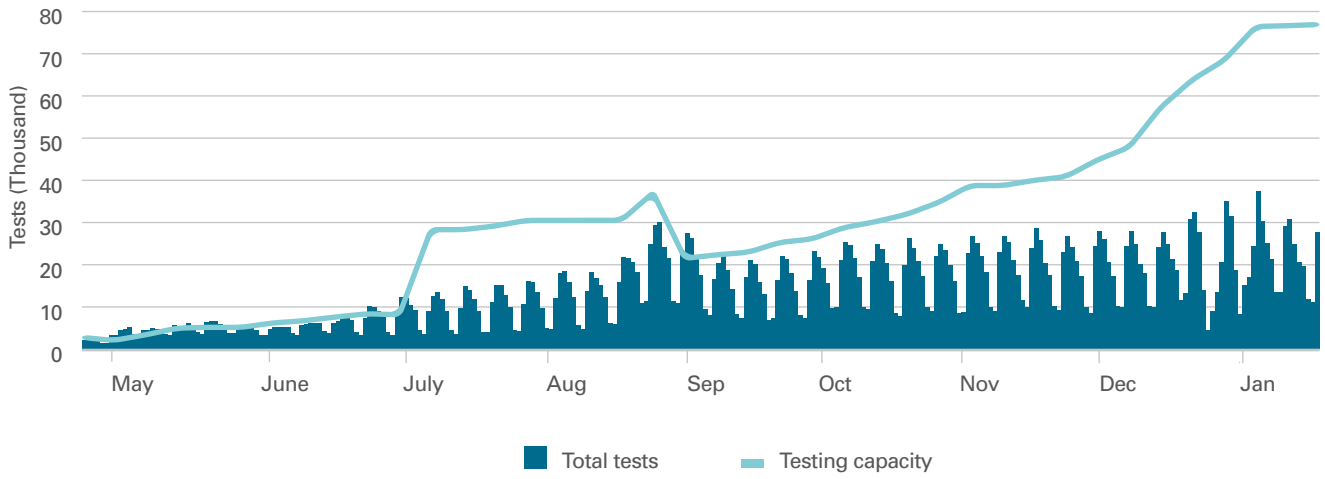
- close contacts of confirmed cases

- supporting the return to schools.

## Exhibit 1

**Covid-19 testing capacity and total tests carried out from April 2020 to January 2021**

The Scottish Government achieved its target to have capacity for 65,000 tests per day by the end of December 2020. The number of tests carried out has not yet increased in line with the additional capacity.




Notes:
1. In June 2020, Public Health Scotland and the Scottish Government began reporting total capacity as 'NHS Scotland capacity plus full capacity of the Glasgow Lighthouse lab'.
2. In August 2020, total capacity was calculated as NHS Scotland capacity plus a population share of the total UK lighthouse lab network.
3. Capacity data from 21 April to 11 October 2020 was reported by Public Health Scotland. Capacity data from 12 October was reported by NHS NSS and NHS England. Scotland's share of UK Government testing capacity is included from 30 June.

Source: Scottish Government and Public Health Scotland

### Between November 2020 and January 2021, enough contacts of people testing positive with Covid-19 have been traced for the system to work effectively

**11.** Contact tracing is an essential part of the Test and Protect strategy. This is carried out by health protection teams within territorial NHS boards and by the National Contact Tracing Centre (NCTC) managed by NHS National Services Scotland (NHS NSS). The Scottish Government also launched the Protect Scotland app in September 2020, which alerts users if they have been in contact with another app user who has tested positive for the virus. It complements existing contact tracing processes and has more than 1.8 million users.

**12.** The Scottish Government asked NHS boards to make 2,000 staff from within existing resources available for contact tracing activity ahead of the launch of Test and Protect in May 2020. This was achieved, with 2,002 staff being made available for deployment across NHS boards and the NCTC if required. As prevalence of the virus decreased and NHS services started to resume over summer 2020, some staff returned to their substantive positions. This meant that contact tracing capacity was reduced, with 717 staff being available on 26 August 2020. As cases started to rise again, more staff were rostered to keep up with demand. At 23 December 2020, 2,707 staff had been fully trained in contact tracing.

**13.** The Scientific Advisory Group for Emergencies (SAGE) agreed that at least 80 per cent of contacts need to be reached for the system to be effective. It also found that contacts that were not isolated within 48-72 hours led to significantly increased spread of the virus.[12] In Scotland, enough cases have had their contacts

traced for the system to work well (95 per cent between 26 October and 24 January). On average, over the same timeframe 84 per cent of contacts of positive cases were traced within 72 hours.[13] The Test and Protect strategy will remain central to suppressing Covid-19 until the Covid-19 vaccinations are fully rolled out.

### Demand for PPE has been unprecedented with shortages early in the pandemic, but the situation has since improved

**14.** There has been huge global demand for personal protective equipment (PPE) since the start of the pandemic.[14] The Scottish Government had a pandemic PPE stockpile in place, as part of a UK-wide approach, but the PPE requirements during the Covid-19 pandemic were unprecedented. For example, in early February 2020, NHS NSS shipped 96,911 items of PPE weekly, however by 6 April this figure was 24,496,200 weekly. Therefore, the pandemic PPE stockpile was not enough to fully meet the demands of the NHS. For example:

- Some NHS boards reported shortages of certain items of PPE early in the pandemic. NHS boards set up PPE groups to monitor and manage PPE availability. Local supply chains were disrupted during the pandemic, so the National Distribution Centre supplied the majority of PPE.[15] In some instances, however, NHS boards had to procure some items directly.

- In a survey of Scottish members carried out in late April 2020, the British Medical Association (BMA) reported that some doctors did not have access to correct and sufficient PPE. This was highlighted as the most concerning issue for 16 per cent of respondents.[16] Those working in higher-risk areas reported shortages of a number of items of PPE, including full-face visors (29 per cent) and long-sleeved disposable gowns (16 per cent).

- The Royal College of Nursing (RCN) surveyed its members in Scotland in April 2020.[17] It found that, of those respondents working in high-risk environments, 25 per cent had not had their mask fit tested and 47 per cent were asked to reuse single-use equipment.

### NHS National Services Scotland has played a vital role in securing and distributing Scotland's PPE supply throughout the pandemic

**15.** Initial difficulties in supplying and distributing sufficient PPE across the NHS in Scotland have since been resolved and supply is now meeting demand. The central coordination by NHS NSS has been vital in supplying the health and social care sector with PPE throughout the pandemic. Its remit was extended to include distributing PPE directly to General Medical Services, such as GP surgeries and community pharmacies, and social care settings, including private providers. From April 2020, NHS NSS established 48 regional hubs, where PPE has been stored and distributed to social care providers and unpaid carers. Councils and IAs manage the hubs. Between 1 March 2020 and 27 January 2021, NHS NSS had distributed more than 800 million items of PPE to health and social care services throughout Scotland.[18]

**16.** Because of the unprecedented need for PPE and how quickly it was required, NHS NSS procured PPE under emergency regulations, rather than through a competitive tender process as normal. The cost of PPE increased globally because of increased demand. In March 2020, the World Health Organization called on industry and governments to increase PPE manufacturing by 40 per cent to meet demand. In response, NHS NSS worked with a multi-agency team, including Scottish Enterprise and the Scottish Government, to establish new

supply chains with a number of Scotland-based companies. Agreements included providing 40,000 non-sterile gowns per week and a contract to supply high-protection, medical-grade face masks and visors until summer 2021.[19]

**17.** In October 2020, the Scottish Government published its PPE action plan, which outlined its plans for maintaining sufficient supply of PPE to health and social care over the winter.[20] The action plan sets out the intention to significantly increase the amount of PPE that is manufactured in Scotland. The Scottish Government aims for over 90 per cent of Scotland's demand for PPE (excluding gloves) to be supplied from Scottish manufacturers by March 2021. This would support its aim to develop a robust and resilient supply chain of many critical items of PPE for any potential future outbreak. The Scottish Government should ensure that NHS NSS returns to procuring PPE through a competitive tender process as soon as practicable. It should consider options that are more environmentally friendly, such as reusable gowns, where possible, while demonstrating value for money and robust quality assurance. We will cover PPE arrangements during the pandemic in more detail in our forthcoming work on this topic.

**18.** The Scottish Government has been providing PPE across health and social care, free of charge during the pandemic. It has committed to continue this support until the end of June 2021. It is not clear what support, if any, will be available beyond this date for those who were previously responsible for their own PPE supplies.

## The NHS workforce has been under considerable pressure during the pandemic

**19.** We have highlighted in previous reports that the NHS workforce has been under pressure for several years.[21] It has been increasingly difficult to recruit enough people with the necessary skills and using temporary staff has become commonplace (Exhibit 2, page 13). During the pandemic, staff across the Scottish Government and NHS in Scotland worked hard to maintain essential services. Some staff have been redeployed and retrained, and new staff have been appointed, to support the response to the pandemic. It is too soon to tell what impact this additional recruitment during the pandemic will have on the NHS workforce in the longer term.

## Exhibit 2

NHS workforce update

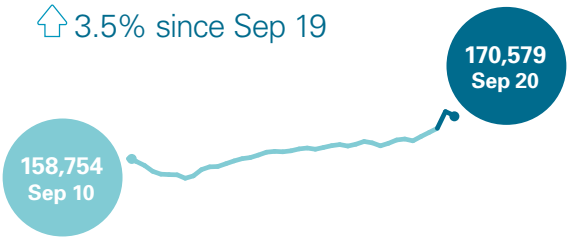
The number of people working for the NHS continues to increase, but the NHS continues to struggle to recruit people with the necessary skills. It is too soon to tell what the longer-term impact of the Covid-19 pandemic will be on these trends.

### Headcount

**September 2020**

**170,579**

3.5% since Sep 19

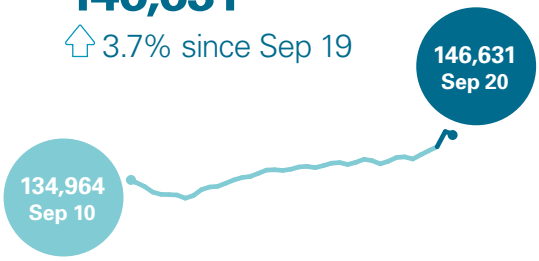



### Full-time equivalent

**September 2020**

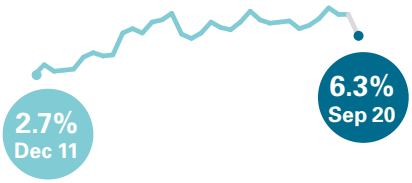
**146,631**

3.7% since Sep 19




### Vacancy rates (September 2020)

#### Consultant

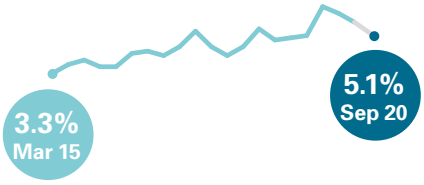



**55%**

vacancies open for at least six months

from 52% in Sep 19

#### Nursing and midwifery

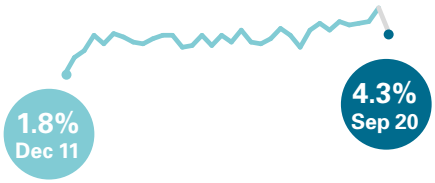



**29%**

vacancies open for at least three months

from 28% in Sep 19

#### Allied health professional




**32%**

vacancies open for at least three months

from 33% in Sep 19

### Temporary staffing costs (2019/20) in real terms

#### Medical locum

**£102.9m**

2018/19 - **£99.9m**

2015/16 - **£106.6m**

#### Nursing agency

Data not available for 2019/20

2018/19 - **£26.7m**

2015/16 - **£25.5m**

#### Nursing bank

**£180m**

2018/19 - **£165m**

2015/16 - **£145.9m**

### Sickness absence

**5.3%**

down from 5.4% in 2018/19

### Staff turnover

**6.4%**

no change from 2018/19

Source: NHS Education for Scotland, December 2020 and Scottish Government Consolidated Accounts

**20.** To better understand the experiences of staff working in health and social care during the pandemic, the Scottish Government and unions have conducted a series of surveys:

- BMA Scotland surveyed Scottish doctors in April 2020.[22] The survey showed nearly 40 per cent of 1,171 respondents reported problems with depression, anxiety, stress, burnout, emotional distress or other mental health conditions relating to their work. This had worsened for 25 per cent of respondents during the pandemic.

- The RCN conducted a UK-wide survey in May 2020.[23] It received almost 42,000 responses and reported that nurses feel undervalued and under pressure. Thirty-five per cent of respondents were considering leaving the profession (more than 14,000). Of the 3,800 respondents in Scotland, 77 per cent reported an increase in stress levels and 90 per cent were concerned about the wellbeing of those in the nursing profession. In addition, 34 per cent reported that staffing levels had worsened during the pandemic, with the same percentage reporting that they were working longer hours.

- The Scottish Government conducted a short survey for all NHS, community health and social care staff in September 2020.[24] This replaced the annual iMatter staff experience survey and received 83,656 responses, a response rate of 43 per cent. It found that 41 per cent of respondents were worried about the threat of a second wave of Covid-19. Thirty-five per cent were worried about catching Covid-19 themselves and passing it on to colleagues, friends and family.

**21.** The Scottish Government worked to improve the support available for the health and social care workforce during the pandemic. It established a workforce senior leadership group, bringing together partners, staff and regulators from across health and social care, to respond to issues quickly. The group has met frequently throughout the pandemic and provides strategic guidance and oversight on areas such as staff wellbeing, Covid-19-related absences and guidance for staff needing to shield.

**22.** Demand for the Scottish Government's National Wellbeing Hub website has been high. By December 2020, there had been over 50,000 visits to the website.[25] It was developed by NHS Greater Glasgow and Clyde's Anchor Service and NHS Lothian's Rivers Centre and was launched in May 2020. It gives staff, carers, volunteers and their families access to a range of resources to help them look after their physical and mental health. A helpline and a wellbeing champions network were also launched. In addition, practical staff support was put in place including assistance with accommodation and transport, and the creation of rest areas within NHS hospitals for staff to use.

**23.** The Scottish Government and NHS boards should monitor and report publicly on the effectiveness of the measures introduced to improve staff health and wellbeing, to assess whether sufficient progress is being made.

# Health impact of Covid-19

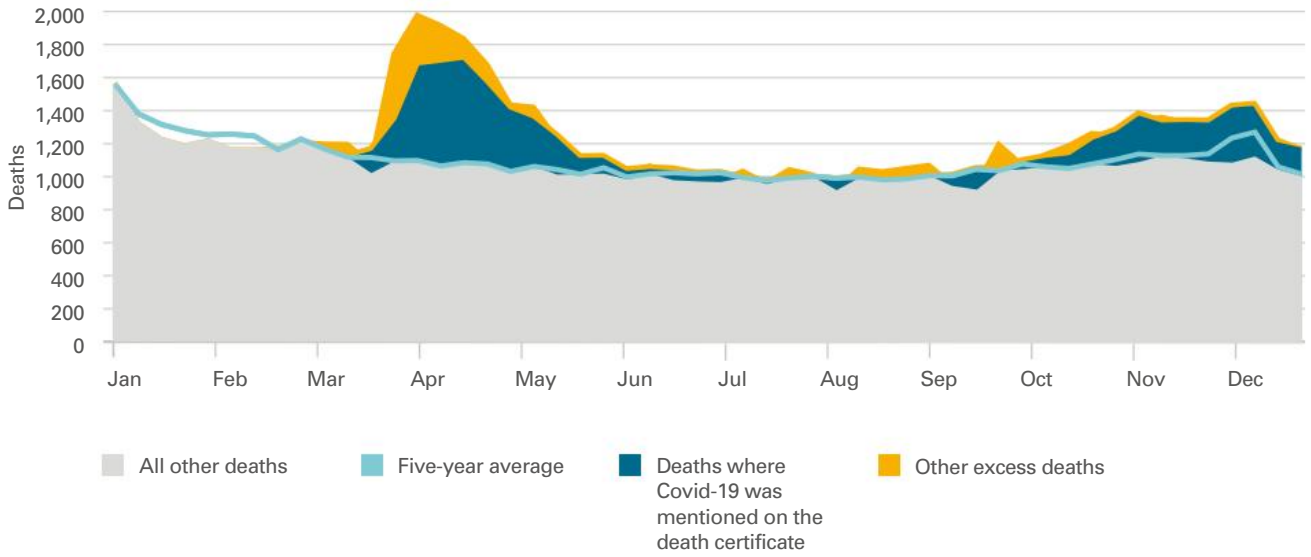
### Covid-19 is causing a substantial number of deaths

**24.** In April and May 2020, deaths from all causes were considerably higher than the five-year average (Exhibit 3). Most of this increase can be attributed to Covid-19-related deaths. By February 2021, there had been almost 9,000 deaths in Scotland where Covid-19 was mentioned on the death certificate. Between 30 March 2020 and 17 May 2020 however, the number of deaths where Covid-19 was not mentioned on the death certificate was also considerably higher than the five-year average. For example, deaths attributed to heart disease, stroke, cancer and dementia increased significantly in the week beginning 30 March 2020.[26]

## Exhibit 3

### Excess deaths January to December 2020

Deaths in April and May 2020 were considerably higher than the five-year average and increased again from September.




Source: National Records of Scotland

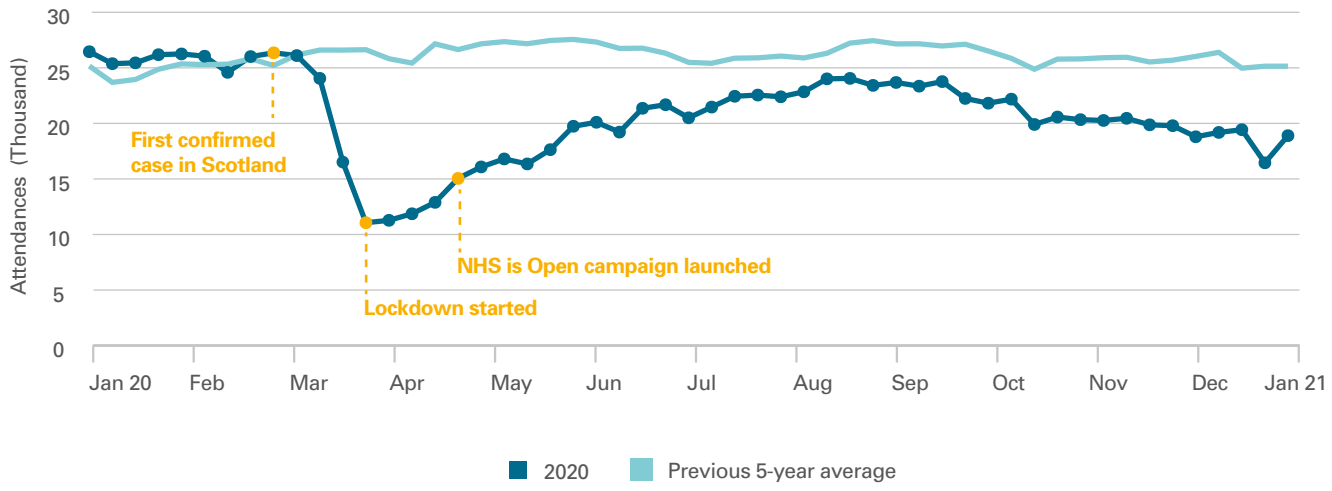
**25.** During the first few months of the pandemic, the number of people attending A&E fell dramatically (Exhibit 4, page 16). In April 2020, a survey found that up to 45 per cent of people said they would avoid going to GPs or hospitals for

immediate non-Covid-19-related health concerns.[27] The Scottish Government and senior medical officials were concerned that people with symptoms requiring urgent attention, such as those associated with strokes and heart attacks, were not seeking help. There were also concerns that pauses in national screening programmes would cause delayed or missed diagnosis among people with serious medical conditions such as cancer.

## Exhibit 4

### A&E attendances in Scotland from January 2020 to January 2021

A&E attendances fell sharply during March. Attendances increased steadily between April and September but decreased again throughout winter 2020.




Source: Public Health Scotland

**26.** The BMA surveyed 1,351 doctors in Scotland in April 2020, as part of regular monitoring of the impact of Covid-19.[28] It found that 55 per cent of respondents felt that prioritising patients with Covid-19 was having a detrimental impact on care for people with other healthcare needs.

**27.** The Scottish Government set up the NHS is Open campaign to encourage people with urgent symptoms to continue to seek help. There were regular reminders that hospitals were open and urgent care was still available. A&E attendances increased between April and August 2020 but started to decrease again from September as Covid-19 cases started to rise. The percentage of people who said they would avoid going to GPs or hospitals decreased from 45 per cent in April to 27 per cent in October.[29] There were significantly fewer referrals for outpatient appointments and mental health services between April and June 2020. The longer-term impact of delayed or missed diagnoses or treatment is yet to be determined. The Scottish Government and NHS boards should monitor this and take action to mitigate any adverse impacts as a result.

### Some people have been more adversely affected by the pandemic than others

**28.** Issues emerged across social care during the pandemic that need to be addressed. By July 2020, 65 per cent of all adult care homes reported having at

least one suspected case of Covid-19. By January 2021, 39 per cent of all Covid-19-related deaths were in care homes, 55 per cent were in acute hospitals and six per cent were at home or non-institutional settings.[30]

**29.** Public Health Scotland (PHS) reviewed hospital discharges to care homes between 1 March and 31 May 2020 because of the significant number of Covid-19 cases and deaths in care homes.[31] PHS found that hospital discharge was associated with an increased risk of an outbreak of Covid-19 when considered in isolation. However, the risk of an outbreak was much more strongly associated with the size of care homes. Of the care homes with more than 90 places, 90 per cent had an outbreak, compared to less than four per cent of care homes with fewer than 20 places. After accounting for this and other care home characteristics, PHS considered that the risk associated with hospital discharges decreased and was not statistically significant. Public Health Wales conducted similar analysis and had similar findings. PHS highlighted that there were significant issues with the availability of data about care home residents and made recommendations for improvement.

**30.** The Scottish Government acknowledged there was a lack of oversight of the care home sector and stepped in to provide an enhanced system of assurance during the pandemic. In April 2020, the Scottish Government announced that NHS directors of public health in NHS territorial boards would provide oversight and clinical support to care homes across Scotland. The Care Inspectorate had stopped on-site inspections early in the pandemic to reduce the risk of spreading Covid-19. From May, the Care Inspectorate resumed on-site inspections of care homes that were deemed to be high risk. The findings of these inspections are currently reported to the Scottish Parliament every two weeks. From 4 May to 31 July, 134 visits had been carried out. These visits resulted in 16 letters of serious concern, one improvement notice and one application for cancellation of registration.[32]

**31.** In May 2020, the Care Inspectorate carried out an unannounced inspection of the 37-bed, privately-run Home Farm Care Home on Skye following the deaths of ten residents from Covid-19. It identified failings in the quality of care provided and made an application for emergency cancellation of Home Farm's registration. NHS Highland became the registered provider and operator of the care home in November 2020, with the Scottish Government providing £0.9 million to fund the purchase.[33]

**32.** Legal experts, human rights groups and others had concerns that people who lacked capacity may have been discharged from hospital or moved without due legal process and without their consent. This may have been a breach of their human rights.[34] In addition, the Scottish Human Rights Commission (SHRC) highlighted concerns about the care-at-home provision being reduced or removed during the pandemic.[35] It reported that in many cases decisions to change care-at-home provision happened quickly, without adequate assessment of the impact and were poorly communicated. The SHRC made 24 recommendations including to urgently restore care and support; improve assessments and communication; and incorporate the United Nations Convention on the Rights of Persons with Disabilities into Scots law.

**33.** As part of the Programme for Government 2020/21, the Scottish Government commissioned an independent review of adult social care. This considered options for improvement, including the establishment of a national care service. A report was published in February 2021. The findings of the report will be discussed in our forthcoming work on social care sustainability.

### Systemic issues, such as socio-economic and health inequality, were exacerbated during the pandemic, leading to a disproportionate impact on certain groups

**34.** Certain groups have been disproportionately affected by Covid-19. For example:

- the death rate from Covid-19 is more than twice as high in the most deprived areas (183 per 100,000 population) than in the least deprived areas (79 per 100,000 population)[36]

- there is around a twofold increase in risk of admission to critical care or death from Covid-19 among people of South Asian origin. There is also evidence of an increased risk of hospitalisation arising from Covid-19 among those of Caribbean or black ethnicity.[37]

**35.** In April 2020, the Scottish Government published its framework for decision-making in relation to the use of restrictions to manage the pandemic. This outlined four main categories of harm that the Scottish Government would consider in making decisions on whether to ease or tighten restrictions. These categories were the direct health impact of Covid-19, non-Covid-19-related health harms, societal impact and economic impact. In July, the Scottish Government published an impact assessment of the measures it planned to take to manage the pandemic.[38] This outlined how some people with certain protected characteristics and socio-economic disadvantages were more adversely affected by the pandemic and by the measures taken to suppress it.[39]

**36.** The Scottish Government established an expert group to study the effects of Covid-19 on minority ethnic communities. In September 2020, the group published two reports with initial advice and recommendations for the Scottish Government.[40] One report called for improvements in data and evidence on ethnic inequalities and health. The other report recommended improving systemic issues such as socio-economic and health inequality.

**37.** Health inequalities are wide and have worsened over the last ten years.[41] We have previously reported on the impact of factors such as deprivation and ethnicity on health inequalities.[42] These long-standing systemic issues were exacerbated during the pandemic, leading to the disproportionate impact experienced by these groups.

### The Scottish Government updated its ethical decision-making framework to improve clarity on equality and human rights obligations

**38.** If the pandemic causes an increase in demand for healthcare that exceeds capacity, complex and challenging decisions may need to be made about the delivery of healthcare. In April 2020, the Scottish Government published an ethical advice and support framework (EASF).[43] The EASF outlines the structures and principles for supporting an ethical approach to decision-making during the pandemic if needed.

**39.** The Scottish Government conducted an equalities impact assessment (EIA) to ensure that the EASF complied with equality and human rights legislation.[44] As a result, the EASF was updated in July 2020 to improve clarity on equality and

human rights obligations. The language was revised throughout. In addition, a new section on equality and human rights was added to:

- outline how the EASF relates to the Human Rights Act (1998) and the Equality Act (2010)
- emphasise the national commitment to ensure that every patient has the right to the highest possible standard of physical and mental health.

**40.** As part of the EASF, NHS boards were required to establish ethical advice and support groups. These groups were designed to help clinicians to make difficult ethical decisions and enable theoretical discussions to support planning during the pandemic. A national group was also available to provide advice to local groups and to consider national ethical issues, although this had not been used as of February 2021.

# Pandemic preparedness

## Not all actions from previous pandemic preparedness exercises were fully implemented

### The Scottish Government based its initial response to Covid-19 on the 2011 UK Influenza Pandemic Preparedness Strategy

**41.** In its consideration and assessments of risks to Scotland, the Scottish Government rated the risk of an influenza pandemic as highly likely to occur with a potentially severe impact.[45] This aligns with the risk classification of an influenza pandemic in the UK National Risk Register of Civil Emergencies, 2017.[46] However, the Scottish Government did not include an influenza pandemic as a standalone risk in its corporate or health and social care risk registers. This meant that there was not adequate corporate oversight of this risk, and it is therefore unclear how it was being managed and monitored.

**42.** The Covid-19 pandemic was caused by a new virus with unknown characteristics. Initially, there was insufficient evidence internationally to show how the virus behaved and was transmitted, who was at risk and what the incubation period was. The Scottish Government had no plan in place to manage this specific kind of outbreak, so its response was informed by the 2011 UK Influenza Pandemic Preparedness Strategy. This was developed jointly by the four governments of the UK. The Scottish Government's response was also informed by the 2017 Management of Public Health Incidents: Guidance on the roles and responsibilities of Incident Management Teams. The Scottish Government's response to Covid-19 had to be adapted frequently as new information emerged.

**43.** In the five years prior to the Covid-19 pandemic, Scotland was involved in three pandemic preparedness exercises:

- **Exercise Silver Swan** was conducted across Scotland in late 2015 and sponsored by the Scottish Government.[47] It involved a range of partners, including the Scottish Government, NHS boards, councils and Health and Social Care Partnerships (HSCPs), and consisted of a series of four separate desk-based exercises. The exercises focused on health and social care, excess deaths, business continuity and overall coordination nationally. Seventeen recommendations for further action were identified. A review exercise was conducted in November 2016.

- **Exercise Cygnus** was held in October 2016.[48] It was a three-day, UK-wide simulation of a severe pandemic and involved the Scottish Government. The exercise identified 22 ways in which the 2011 UK Influenza Pandemic Preparedness Strategy could be improved.

- **Exercise Iris** was delivered by the Scottish Government in March 2018.[49] It involved territorial NHS boards, NHS 24, Health Protection Scotland and the Scottish Ambulance Service. It assessed the readiness of the NHS in Scotland to respond to suspected outbreaks of a Middle East respiratory syndrome coronavirus (MERS-CoV). Thirteen actions were identified.

**44.** Each of these exercises highlighted a number of areas that required improvement. They defined specific actions to be implemented, with some common themes, including the need to:

- clarify roles and responsibilities in the event of a pandemic
- increase the capacity and capability of social care to cope during an outbreak
- ensure the availability and correct use of PPE, including through fit testing and procurement processes.

### Progress in addressing recommendations from pandemic preparedness exercises has been slow

**45.** Progress in implementing the actions identified during these pandemic planning exercises has been slow. The Scottish Government set up the Flu Short Life Working Group (FSLWG) in early 2017. In November 2017, the group set out priority actions following the recommendations from the Silver Swan and Cygnus exercises. While the exercises conducted were not in preparation for the specific type of pandemic that arose, some of the areas that were identified for improvement became areas of significant challenge during the Covid-19 pandemic. For instance:

- Concerns about the capacity and capability of social care to cope during a pandemic. Flu pandemic guidance published in 2012, designed for health and social care in England, was issued to health and social care in Scotland.[50] One of the priorities of the FSLWG was to develop a Scottish version of this guidance for consultation by March 2018. This guidance was drafted and issued for consultation between July and September 2019. The draft guidance was not updated following consultation and has not been published. The Scottish Government is now reviewing this guidance to incorporate lessons learned from the Covid-19 pandemic.
- Access to, and training in, the use of PPE were identified as areas requiring improvement. The FSLWG identified a priority action in relation to clarifying access to the PPE stockpile. This was required to be completed by March 2018. The Scottish Government planned to include this in the flu pandemic guidance that was being developed for health and social care. The FSLWG also identified raising awareness of the type of PPE required and fit testing for staff as priorities. In March 2018, however, findings from Exercise Iris again highlighted the need for substantive progress in the area of PPE availability and use across Scotland.

**46.** As a priority, the Scottish Government should update and publish national pandemic guidance for health and social care. The scope of this guidance should not be limited to covering only an influenza pandemic. It should include lessons learned from the Covid-19 pandemic and the previous pandemic exercises.

# NHS remobilisation

**Remobilising health services is challenging, and maintaining innovation and learning from the pandemic will be essential**

The pandemic led to a substantial backlog of patients waiting to be seen, with NHS boards prioritising those in most urgent need

**47.** As highlighted in our previous NHS in Scotland reports, NHS boards have found meeting national waiting times targets very challenging (Exhibit 8, page 33).[51] The Scottish Government acknowledged that Covid-19 has severely affected NHS boards' ability to meet these targets and that a new approach was needed to manage the substantial backlog of patients (Exhibit 5, page 23). The Waiting Times Improvement Plan (WTIP), announced in October 2018, was paused at the beginning of the Covid-19 outbreak. The Scottish Government had planned to invest more than £850 million to sustainably improve waiting times by spring 2021, but the WTIP will now not restart. The Scottish Government published a new framework outlining the approach that should be taken during the Covid-19 pandemic.[52] This new approach is based on clinical prioritisation, which means that patients most in need will be seen first and those of lower clinical priority will have to wait longer. Patients are categorised in priority levels as follows:

- Level 1a emergency - operation needed within 24 hours
- Level 1b urgent - operation needed within 72 hours
- Level 2 surgery - scheduled within four weeks
- Level 3 surgery - scheduled within 12 weeks
- Level 4 surgery - may be safely scheduled after 12 weeks.

**48.** These timescales are ambitious, considering that NHS boards already found it challenging to meet waiting times targets (Exhibit 8, page 33). NHS boards are under more pressure during the Covid-19 pandemic, along with having a significant backlog of patients waiting to be seen (Exhibit 5, page 23). Data on waiting times for each category should be published, to enable transparency about how NHS boards are managing their waiting lists.

**49.** The framework is clear that patients waiting a long time – determined by their priority level – should be offered a review consultation to ensure their clinical priority categorisation is up to date. Clinical risks associated with patients waiting longer for treatment need to be assessed and mitigated. The Scottish Government and NHS boards should monitor the longer-term impact on health outcomes.

## Exhibit 5

### National trends in demand and activity for acute services

Services being paused during the first wave of the pandemic led to increasing numbers waiting longer for tests and treatment.

| Demand | | % change |
|---|---|---|
| Number waiting for diagnostic tests | Monthly April 2019 to September 2020<br>92,239 → 102,716 | ↑ 11.4% |
| Number of patients waiting for an inpatient or day case admission | Quarters ending June 2019 to September 2020<br>75,630 → 85,869 | ↑ 13.5% |
| Number of patients waiting for a new outpatient appointment | Quarters ending June 2019 to September 2020<br>322,746 → 324,810 | ↑ 0.6% |
| **Activity** | | |
| Number of scheduled elective operations in theatre system | Monthly April 2019 to November 2020<br>27,204 → 17,916 | ↓ -34.1% |
| Number of inpatient and day case admissions | Quarters ending June 2019 to September 2020<br>70,696 → 37,926 | ↓ -46.4% |
| Number of new outpatient appointments | Quarters ending June 2019 to September 2020<br>361,825 → 192,528 | ↓ -46.8% |
| **Length of waits** | | |
| Number waiting longer than 6 weeks for diagnostic tests | Monthly April 2019 to September 2020<br>16,446 → 47,968 | ↑ 191.7% |
| Number of patients waiting longer than 12 weeks for an inpatient or day case admission | Quarters ending June 2019 to September 2020<br>23,928 → 60,074 | ↑ 151.1% |
| Number of patients waiting longer than 12 weeks for a new outpatient appointment | Quarters ending June 2019 to September 2020<br>85,791 → 173,663 | ↑ 102.4% |

Source: Audit Scotland using Public Health Scotland data

## Managing cases of Covid-19 has taken priority over resuming the full range of NHS services

**50.** Over summer 2020, NHS boards began resuming some services that had been paused during the first wave of Covid-19. Services providing the most urgent care were prioritised. There are a number of challenges related to resuming the full range of health services and bringing capacity back to pre-Covid-19 levels. The need to physically distance means that operating theatres, clinics and waiting rooms cannot be used to their full capacity. More time is needed between appointments and procedures for replacing PPE and cleaning. Managing ongoing cases of Covid-19 is also very resource intensive. This has taken priority over resuming non-urgent health services.

**51.** In October 2020, the Scottish Government published its Winter Preparedness Plan for the NHS in Scotland. It plans to maximise the use of NHS Golden Jubilee, NHS Louisa Jordan and the private sector to help maintain access to some services over the winter. Since July 2020, NHS Louisa Jordan has been used to help reduce the backlog of people waiting for diagnostic services and outpatient appointments. By January 2021, approximately 18,000 outpatients from four NHS boards had attended NHS Louisa Jordan. The elective centres currently being built will help deal with some of the backlog of patients and the longer-term strategy for planned care.[53]

**52.** The paused national screening programmes also started to resume in stages over the summer of 2020, and have now resumed routine screening. NHS boards are working to catch up on delayed appointments.

## The Scottish Government is committed to rebuilding the NHS differently

**53.** The Scottish Government published its Re-mobilise, Recover, Re-design Framework in May 2020. This sets out the priorities for resuming services while maintaining capacity for Covid-19 patients. The framework is clear about rebuilding the NHS differently, which will be essential for it to be sustainable. Some of the key ambitions described in the framework include:

- developing new priorities for the NHS based on engagement with staff and the public
- achieving greater integration, recognising the interdependencies between health and social care services
- providing more care closer to home, minimising unnecessary travel
- reducing inequality and improving health and wellbeing outcomes.

**54.** Achieving these ambitions will require a considerable amount of work and resources, at both Scottish Government and NHS board levels. The Scottish Government is working with external consultants to look at the nature of the work and structures required to support the delivery of the ambitions in the remobilisation framework. NHS boards have developed remobilisation plans that align with these ambitions and include details of how they plan to resume healthcare services. These plans also describe how positive changes introduced during the pandemic will be maintained. Some of this innovation that would normally have taken years to develop and implement, happened within weeks. For instance, the roll out of digital improvements such as Near Me and establishing community hubs and assessment centres.

### Maintaining new ways of working and learning from the pandemic will be an essential part of rebuilding the NHS

**55.** Maintaining new ways of working and learning from the pandemic will be essential. As part of this, it will be important to evaluate how effective and appropriate these changes have been and establish which of these should be maintained in the longer term. The Scottish Government is developing a Re-mobilise, Recover, Re-design programme of work, which focuses on recovery and renewal across health and social care. The detailed scope and objectives of this are under development. However, work on this has been paused until there is more capacity for further discussions on strategic priorities.

**56.** The Scottish Government should ensure that the work undertaken as part of this programme has clear priorities that align with the remobilisation framework. This should include achievable and realistic objectives and timescales for completion. Progress should be monitored and reported to ensure sufficient progress is being made. In addition, the Scottish Government:

- committed to review and develop the role of the Covid-19 community assessment hubs and virtual appointments, with the aim of providing more care closer to home [54]
- developed a recovery plan to redesign cancer services, to ensure that all patients have timely access to diagnostic services and the best possible treatments.[55]

### The shape of the health and social care workforce will need to change

**57.** In December 2019, the Scottish Government published a national health and social care integrated workforce plan.[56] This contains plans and assumptions about the shape of the health and social care workforce in the future, aligned with the medium-term financial framework. Ways of working and roles in the NHS and social care will need to be different after the Covid-19 pandemic. When the immediate pressures on NHS workforce planning during the Covid-19 pandemic subside, the Scottish Government should work with its partners to update the integrated workforce plan. This should consider how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term.

### There continues to be a lack of stable senior leadership, with high turnover and short-term tenure

**58.** We have previously reported on the lack of stable senior leadership in the NHS and that tenure should ideally be at least five years. This gives organisations the stability they need for effective strategic planning and reform, and development of effective working relationships.[57] High turnover and short-term tenure has continued. Since April 2019, there have been 32 new senior appointments of Board Chairs, Chief Executives and Directors of Finance across 21 NHS boards in Scotland (excluding the newly established Public Health Scotland). These included ten Board Chairs, 14 Chief Executives and eight Directors of Finance. Two NHS boards, NHS Grampian and NHS Highland, had more than one change in Chief Executive in that period.

**59.** There are also a number of newly filled posts in place at the Scottish Government senior leadership team. These include the Chief Executive of NHS Scotland and Director-General of the Health and Social Care Directorates, the Chief Medical Officer and the Chief Nursing Officer.

**60.** The NHS requires stable and collaborative leadership, working in partnership across public services to balance the ongoing challenges caused by Covid-19 and to remobilise health and social care. The Scottish Government must ensure that all NHS leaders, particularly those who are newly appointed, have the support they need.

# NHS finances and performance

## Covid-19 has exacerbated existing financial and operational challenges

### Responding to Covid-19 has resulted in significant additional expenditure across health and social care, and there is uncertainty about the longer-term financial position

**61.** Responding to Covid-19 has resulted in significant additional costs. NHS boards and HSCPs submitted monthly integrated financial returns to the Scottish Government, which included predicted costs for 2020/21 and actual costs where available. These submissions were scrutinised through peer review by NHS directors of finance and the Scottish Government.

**62.** At December 2020, NHS boards and HSCPs predicted an additional £1.67 billion in costs associated with Covid-19 for 2020/21. This consisted of £1.56 billion in revenue costs and £112.2 million in capital costs. Predicted revenue costs are made up of £1.13 billion for NHS boards and £0.43 billion for HSCPs. The highest predicted revenue costs for NHS boards relate to:

- PPE, at £324.5 million
- testing for Covid-19, at £89.7 million
- additional hospital bed capacity, at £70.1 million.

**63.** Covid-19-related costs to the NHS for 2020/21 will be covered by funds allocated to Scotland from the UK Government through Barnett consequentials.[58] At September 2020, the Scottish Government confirmed that £2.5 billion received in consequentials will be passed on for health and social care. There is uncertainty in the longer term about costs associated with Covid-19 and the funding that will be available from the UK government.

**64.** The Scottish Government needed to revise NHS boards' budgets for 2020/21 to take into account the additional costs as a result of the pandemic. It agreed the approach to doing this with the NHS directors of finance. The Scottish Government reviewed the actual costs submitted for the first three months of the 2020/21 financial year and confirmed an additional £1.1 billion in allocations in September 2020 for NHS boards and IAs. In February 2021, it announced a further £491 million in allocations. The Scottish Government recognised that the pandemic has significantly affected NHS boards' ability to deliver their financial recovery plans, and confirmed that NHS boards and IAs would be fully funded to deliver a financial balance for 2020/21. It will review this in 2021/22, to consider any ongoing impact of the pandemic.

**65.** The usual financial planning arrangements were paused for 2020/21. This means that, for 2020/21, NHS boards do not have three-year plans approved by the Scottish Government in place. It is not yet clear:

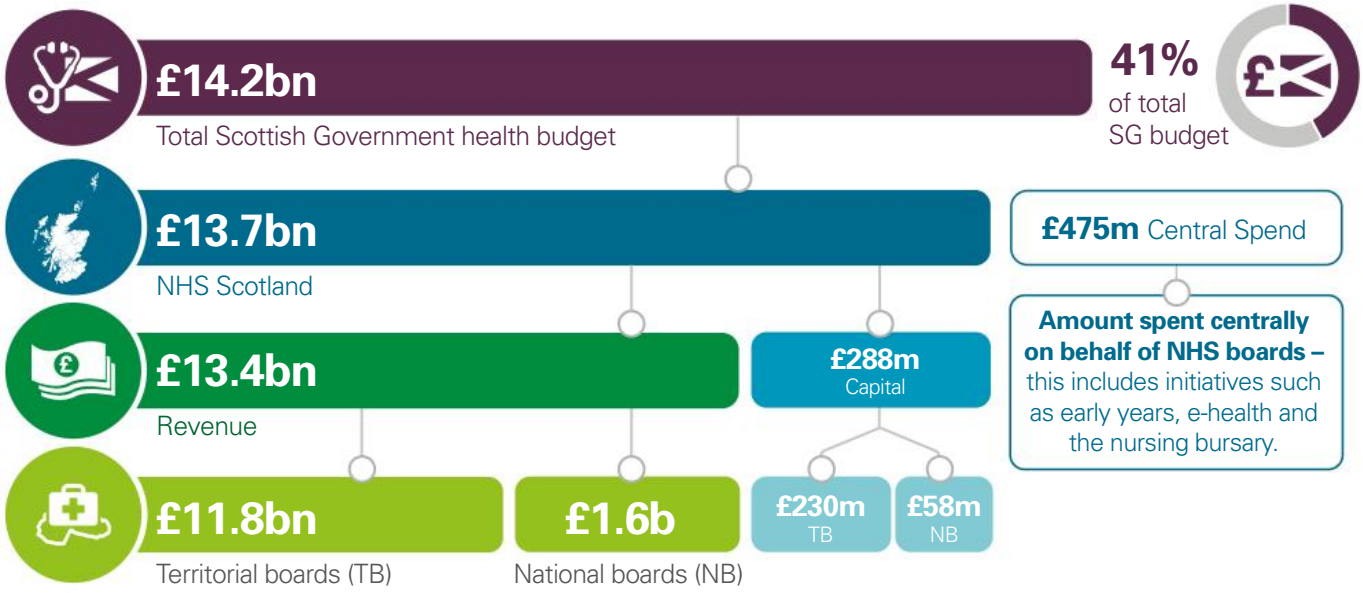
- what long-term impact Covid-19 will have on the financial position of the NHS
- how the pandemic will develop over time and what level of spending will be required to respond
- what additional funding will be made available through Barnett consequentials beyond 2020/21.[59]

**66.** The Scottish Government's health and social care medium-term financial framework (MTFF) identified the need to save £1.7 billion between 2016/17 and 2023/24. Covid-19 has had an impact on the ability of the health and social care sector to meet the trajectory set out in the MTFF. The Scottish Government has committed to reviewing the MTFF in 2021/22 to consider the impact of the Covid-19 pandemic.

## Exhibit 6

**A breakdown of NHS funding for 2019/20, key areas of spend and state of the estate update**

NHS funding increased by 5.2 per cent in 2019/20. More than half of the NHS budget was spent on workforce. The level of backlog maintenance in 2019 was £1.03 billion.




### KEY AREAS OF SPEND

**£7.6bn**
**Staffing costs**
(2018/19 - £6.9bn)
+9.4%

**£2.4bn**
**Drugs and medical supplies**
(2018/19 - £2.3bn)
+4.4%

**£2.1bn**
**Other operating expenses**
(2018/19 - £1.9bn)
+13.4%

### NHS ESTATE

**73%**
**between 2017 and 2019,** the proportion of the estate in good condition increased from 72% to 73%

**£1.03bn**
**backlog maintenance** across the NHS in Scotland increased from £899 million to £1.03 billion

**7%**
**high-risk backlog maintenance** decreased from 10% to 7%

**71%**
**estate assessed as suitable for purpose** increased from 70% to 71%

Source: Scottish Government

## Financial and operational performance for 2019/20

### Some NHS boards were unable to break even without additional financial support from the Scottish Government

**67.** In 2019/20, four NHS boards required additional financial support from the Scottish Government to break even, totalling £41 million. This was less than the £65.7 million needed in 2018/19 by the same four NHS boards. These NHS boards will be expected to repay this funding in the future once they achieve a break-even position after the pandemic. The four NHS boards that required additional financial support in 2019/20 were (2018/19 figure in brackets):

- NHS Ayrshire and Arran - £14.7 million (£20 million).
- NHS Borders - £8.3 million (£10.1 million).
- NHS Highland - £11 million (£18 million).
- NHS Tayside - £7 million (£17.6 million).

**68.** Before the Scottish Government announced that NHS boards would be fully funded for 2020/21, three of the four NHS boards also predicted that they would have needed £30.2 million in additional financial support during the 2020/21 financial year. This would have been a further improvement. NHS Tayside forecasted that it would break even. The following case studies outline the challenges facing three of the NHS boards that were unable to break even in 2019/20 without this support. We published a report outlining the challenges in *NHS Tayside* in December 2020.[60]

## Case study 1

### NHS Ayrshire and Arran still requires significant transformational change, particularly in acute services

In 2019/20, NHS Ayrshire and Arran needed £14.7 million in additional financial support, known as brokerage, from the Scottish Government to break even. This was in line with what the board predicted at the start of the financial year. The board's 2019/20 budget included a savings target of £23.2 million and it achieved £16.8 million. The shortfall is largely attributable to unachieved savings of £8.4 million in acute services, which were partly offset by additional savings in other areas.

NHS Ayrshire and Arran continues to face an extremely challenging financial position in the medium to longer term. The board projected that it would have needed £13.5 million in brokerage for 2020/21. It did not expect to achieve financial balance until 2022/23, a year later than was projected in 2019/20. Achieving financial balance in 2020/21 would have required a number of challenges to be overcome, such as the delivery of £8.5 million of savings in acute services and medicine cost pressures of £8.5 million.

The board has continued with its Transformational Change Improvement Programme, but significant transformational change is still required. The board should prioritise developing detailed improvement programmes incorporating medium to longer-term initiatives, clear action plans, milestones, and the capacity and resources needed. The additional pressures and challenges associated with responding to Covid-19 should be considered and included in these plans. During 2019/20, the board started its Caring for Ayrshire programme, a ten-year vision for the whole-system redesign of health and social care services. This programme is a positive step towards financial sustainability but is still in the early stages of development.

Source: NHS Ayrshire and Arran 2019/20 Annual Audit Report

## Case study 2

### NHS Borders needs to restart its Financial Turnaround programme

In 2019/20, NHS Borders required £8.3 million in brokerage from the Scottish Government to break even. The board needed to make efficiency savings of £21.7 million in 2019/20. The board achieved £10 million in savings, of which £7.1 million was recurring. While the total savings achieved were less than the £15.2 million in 2018/19, the board managed to increase its recurring savings by around £0.4 million.

NHS Borders continues to face a challenging financial position, with particular cost pressures in acute services and delegated IJB services. The board reported that a £13.1 million deficit would be carried forward in to 2020/21 because of unachieved savings and continued financial pressures, and forecasted that it would have continued to need brokerage over the next two years.

In 2018/19, NHS Borders created its Financial Turnaround programme. This made some progress with increasing the level of recurring savings achieved but this progress is unlikely to be sustained. Covid-19 is expected to have a significant impact on 2020/21 and beyond. NHS Borders reported that no savings were made in the first five months of 2020/21 and had forecast achieving £1.6 million in recurring savings in 2020/21, from a target of £9 million. The board must re-start the Financial Turnaround programme and assess the financial impact of Covid-19.

Source: NHS Borders 2019/20 Annual Audit Report

## Case study 3

### NHS Highland would benefit greatly from stability in its leadership team

In November 2019, the Auditor General reported that NHS Highland needed a clear plan to redesign services to achieve a sustainable model of care.[63] It also needed stable senior leadership, to strengthen its governance arrangements and to respond to the recommendations of the Sturrock Report on cultural issues related to allegations of bullying and harrassment.

In 2019/20, NHS Highland needed £11 million in brokerage from the Scottish Government to break even. This was £0.4 million less than predicted at the start of the year. The board achieved its target of £28 million in savings. NHS Highland still faces financial challenges, and forecasted that it would have needed £8.8 million in brokerage to break even in 2020/21. It continues to rely on agency and locum staff and increasing spending in the last three years has led to a consistent overspend on medical pay. The board needs to address this to achieve long-term financial sustainability.

NHS Highland made substantial progress in establishing the Programme Management Office (PMO) and Financial Recovery Board during 2019/20. The PMO has played an essential role in helping deliver the board's Financial Recovery Programme. The board is committed to implementing the recommendations in the Sturrock Report. It has developed a plan, Culture Fit for the Future, and included this as one of its three strategic priorities. Progress has been made, but this is a long-term programme and considerable work has still to take place.

There were several departures from the senior leadership team during 2019/20 and a number of new appointments to senior management positions. Changes to the senior management team will continue for at least the short term. NHS Highland would benefit greatly from stability in its leadership as the board develops a financially sustainable operating model and balances the ongoing demands of Covid-19.

Source: NHS Highland 2019/20 Annual Audit Report

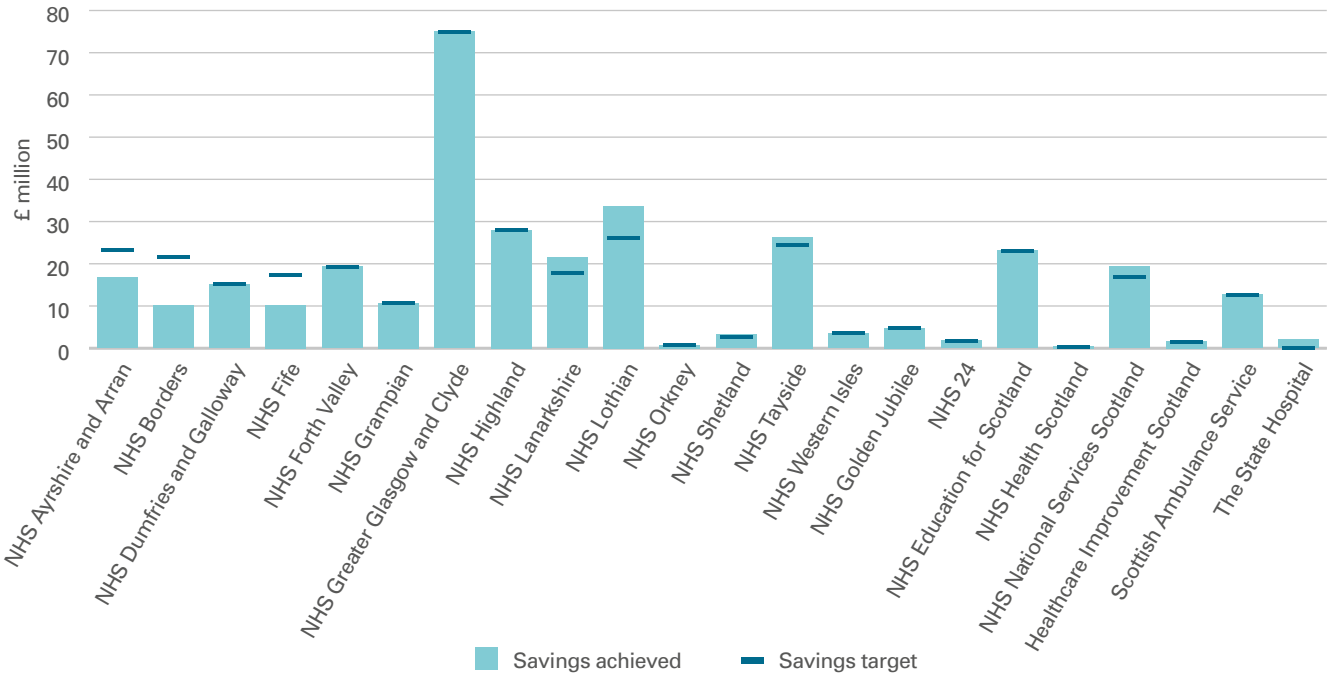
**69.** Most NHS boards achieved their savings targets in 2019/20 (Exhibit 7, page 32). Three NHS boards did not achieve their savings target in 2019/20. These were NHS Ayrshire and Arran (Case study 1, page 30), NHS Borders

(Case study 2, page 31) and NHS Fife. Most of the shortfall in NHS Fife is attributable to unachieved savings in acute services.

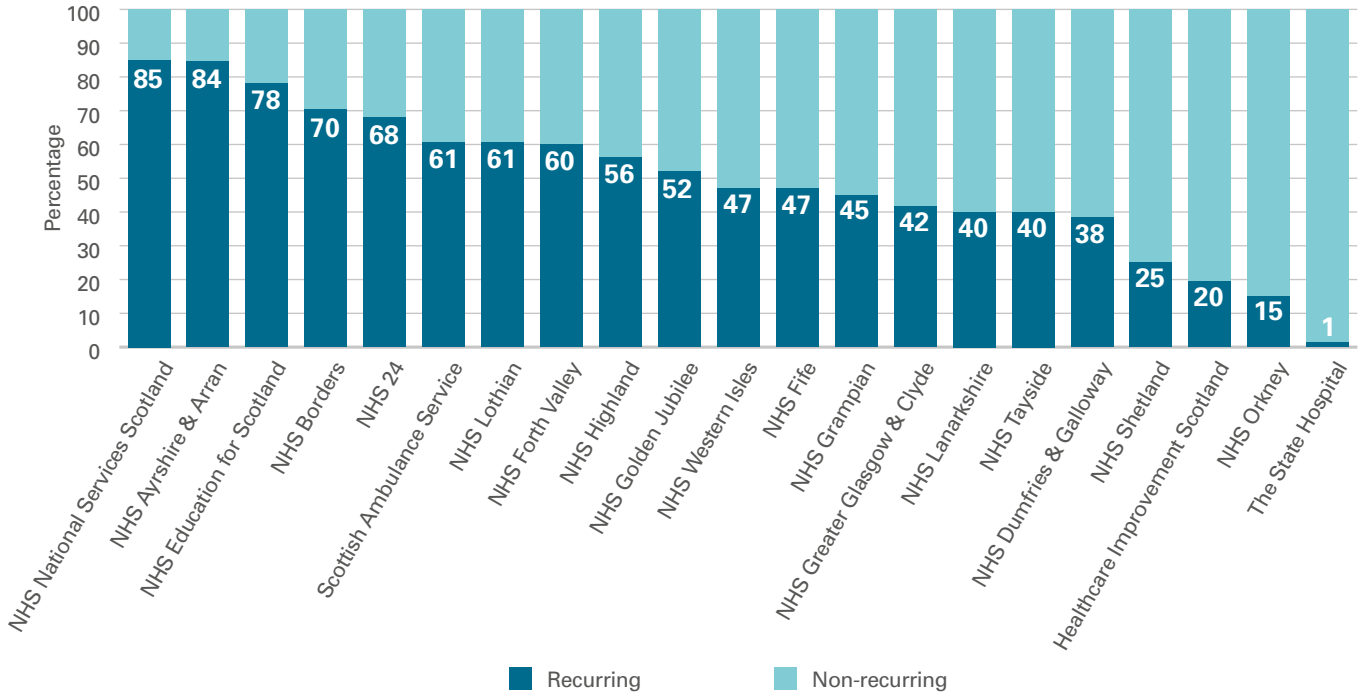
## Exhibit 7

### Savings achieved 2019/20

Most NHS boards achieved their savings targets in 2019/20.




### NHS boards varied significantly in their reliance on non-recurring savings



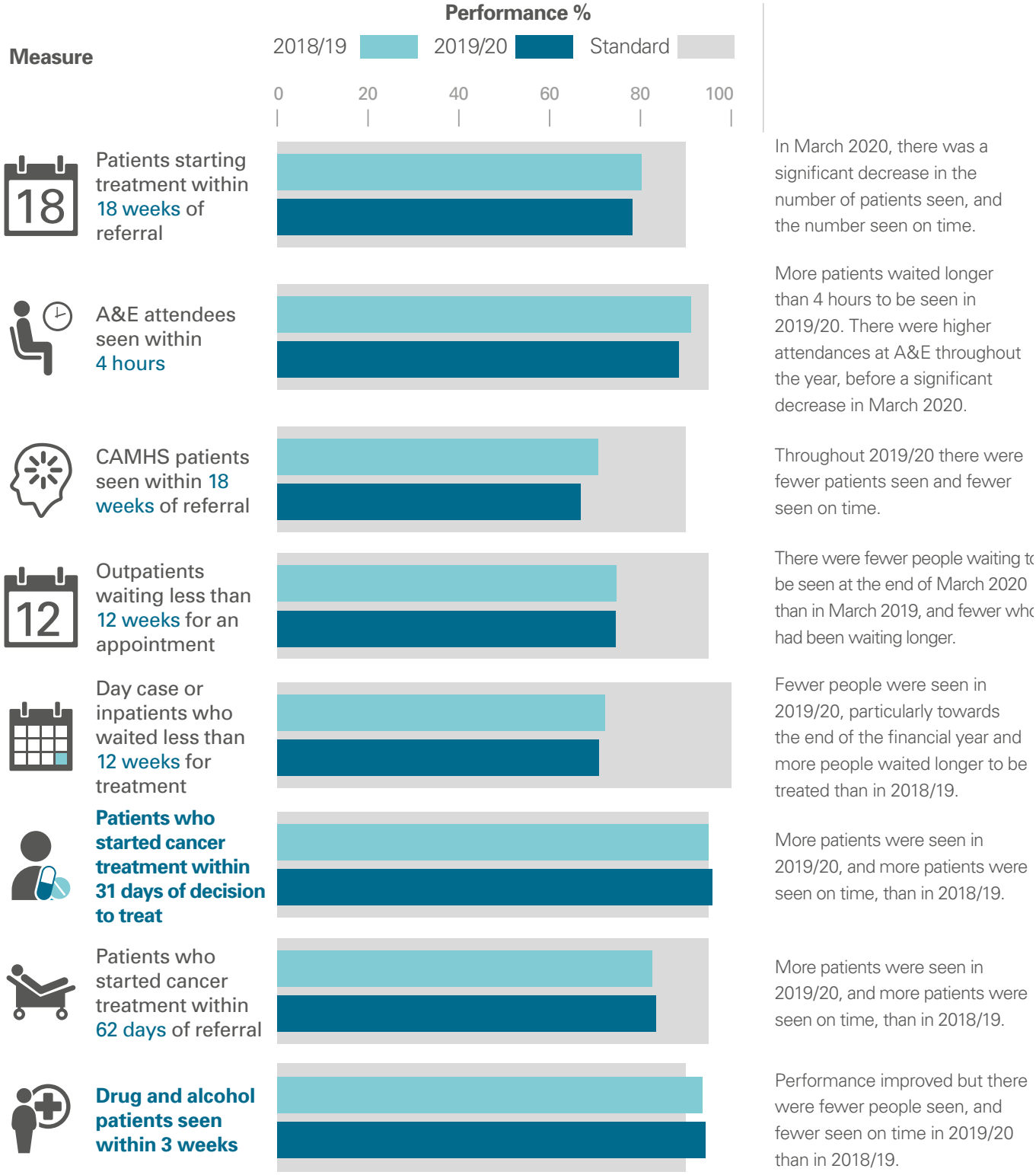

Note: NHS Health Scotland ceased to exist on 31 March 2020. It has been excluded from the graph showing proportion of recurring and non-recurring savings as there was no breakdown available for 2019/20.

Source: Annual Audit Reports 2019/20 and auditor returns to Audit Scotland

## Exhibit 8

### NHS performance against eight key waiting times standards, 2018/19 and 2019/20

NHS in Scotland met two waiting times standards in 2019/20. Performance improved for three waiting times standards and worsened for five.




Note: Performance towards the end of 2019/20 was affected by the Covid-19 pandemic. On 17 March 2020, NHS Scotland was placed in emergency measures and NHS boards were asked to suspend non-urgent treatment.

Source: Audit Scotland using Public Health Scotland data

### Work needs to continue to reduce hospital associated infections

**70.** Efforts continue to try and reduce healthcare associated infections (HAI). Some serious infections caused by Gram-negative bacteria are resistant to most available antibiotics and are a major threat to public health and patient safety.

**71.** Escherichia coli (E. coli) is the most common cause of Gram-negative bloodstream infections, and numbers are increasing.[61] The healthcare associated incidence rate of E. coli blood stream infection increased by 11.7 per cent between 2017 and 2019. As part of national efforts to tackle anti-microbial resistance, the UK government has published a 2019-2024 action plan for the four nations of the UK. This sets a target of reducing healthcare associated gram-negative bloodstream infections by 25 per cent in 2021/22 and by 50 per cent in 2023/24.

**72.** Positive progress has been made in reducing the incidence rates of healthcare associated Clostridium difficile. Between 2015 and 2019, there was a decrease from 18.7 to 13.3 per 100,000 bed days in patients aged 15 years and older. The incidence of Staphylococcus aureus bacteraemia remained stable.[62]

### Investigations continue into infection control risks in major capital projects

**73.** During 2018/19, an unusual cluster of cases of a specific type of infection at the Royal Hospital for Children and the Queen Elizabeth University Hospital (QEUH) in NHS Greater Glasgow and Clyde prompted a series of investigations. The Scottish Government commissioned an independent review to determine whether the design, build, commissioning and maintenance of the QEUH had increased the risk of HAI. The report was published in June 2020.

**74.** The Scottish Government also commissioned a public inquiry into the construction of the QEUH and the newly built Royal Hospital for Children and Young People (RHCYP) in Edinburgh because of similar issues. This began in August 2020.

**75.** More broadly, the Scottish Government is planning to set up a National Centre for Reducing Risk in the Healthcare Built Environment. This intends to focus knowledge and expertise to ensure that lessons are learned and provide greater confidence in the delivery of future capital projects. In addition, an Oversight Board, led by Scotland's Chief Nursing Officer, will report on infection prevention and control practices at the QEUH.

# Endnotes

1 Resilience partnerships in Scotland support local and regional emergency preparedness and link with national resilience structures. Members include NHS boards, police, fire, ambulance and councils.

2 Coronavirus: action plan, *A guide to what you can expect across the UK*, UK Government, March 2020.

3 UK Influenza Pandemic Preparedness Strategy, UK Department of Health, November 2011.

4 Integration Authorities (IAs) are partnerships between NHS boards and councils in Scotland. They are responsible for the planning, resourcing and operational oversight of a wide range of health and social care services delivered by Health and Social Care Partnerships (HSCPs).

5 Scottish Intensive Care Society Audit Group report on Covid-19, Public Health Scotland. July 2020.

6 Near Me is a video consulting service that allows people to attend healthcare appointments remotely.

7 NHS Louisa Jordan continues to support NHS Scotland, https://nhslouisajordan-newsroom.prgloo.com/news/nhs-louisa-jordan-continues-to-support-nhsscotland, January 2021.

8 Weekly Covid-19 statistical report, Public Health Scotland, January 2021.

9 Public Health Scotland Tableau Covid-19 dashboard https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview.

10 Winter Preparedness Plan for NHS Scotland - 2020/21, Scottish Government, October 2020.

11 Covid-19 Strategy Update, World Health Organization, April 2020.

12 Thirty-second SAGE meeting on Covid-19, on UK Government website, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888807/S0402_Thirty-second_SAGE_meeting_on_Covid-19_.pdf.

13 To calculate these figures we have used the sum of cases created and closed within 72 hours in the contact tracing, contact management system and compared these numbers to the total complete cases for that week as published by Public Health Scotland https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/.

14 PPE is equipment that will protect the user against health or safety risks such as splash or droplet exposure. It can include items such as gloves, masks, gowns and eye protection.

15 National Distribution Centre (part of National Procurement in NHS NSS) buys and supplies goods for Scotland's hospitals and healthcare facilities. It manages over £1.4 billion in national contracts.

16 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.

17 RCN publishes results of member survey about PPE, RCN website, https://www.rcn.org.uk/news-and-events/news/ppe-survey-results-18-april-2020.

18 Coronavirus (Covid-19): PPE distribution statistics, Scottish Government website, https://www.gov.scot/publications/coronavirus-covid-19-ppe-distribution-statistics/.

19 Coronavirus (COVID-19): Personal Protective Equipment - Action Plan, Scottish Government, October 2020.

20 Personal Protective Equipment (PPE) for Covid-19 - Scotland's Action Plan, Scottish Government, October 2020.

21 *NHS in Scotland 2018 and NHS in Scotland 2019,* Audit Scotland, October 2018 and October 2019.

22 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.

23 Building a Better Future for Nursing, RCN Members have their say, Royal College of Nursing, August 2020.

24 Everyone Matters Pulse Survey Results, Scottish Government, November 2020.

25 More mental health support or health and social care staff, Scottish Government, https://www.gov.scot/news/more-mental-health-support-for-health-and-social-care-staff/.

26 Deaths involving coronavirus (Covid-19) in Scotland, Week 5, National Records of Scotland, February 2021.
27 Public attitudes to Coronavirus, May summary, Scottish Government, June 2020.
28 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.
29 Public attitudes to Coronavirus, November update, Scottish Government, November 2020.
30 Deaths involving coronavirus (Covid-19) in Scotland, Week 1 (4 to 10 January 2021) National Records of Scotland, January 2021.
31 Discharges from NHS Scotland Hospitals to Care Homes between 1 March and 31 May 2020, Public Health Scotland, October 2020.
32 The Care Inspectorate's role, purpose and learning during the Covid-19 pandemic, Care Inspectorate, August 2020.
33 Home Farm Care Home. Scottish Government News https://www.gov.scot/news/home-farm-care-home/.
34 Submission to the Scottish Parliament Covid-19 Committee from the Centre for Mental Health and Capacity Law, Edinburgh Napier University September 2020.
35 Covid-19 social care monitoring report, Scottish Human Rights Commission, October 2020.
36 Deaths involving coronavirus (Covid-19) in Scotland, National Records of Scotland, December 2020.
37 Covid-19 Statistical Report, Public Health Scotland, 2 December 2020.
38 Equality and Fairer Scotland Impact Assessment: Evidence gathered for Scotland's Route Map through and out of the Crisis, Scottish Government, July 2020.
39 The Equality Act 2010 aims to protect against discrimination based on certain protected characteristics such as age, disability and race among others.
40 Improving Data and Evidence on Ethnic Inequalities in Health and Systemic Issues and Risk - Initial Advice from the Expert Reference Group on Covid-19 and Ethnicity, Scottish Government, September 2020.
41 A Scotland where everybody thrives: Strategic Plan, Public Health Scotland, September 2020.
42 *Health inequalities in Scotland,* Audit Scotland, December 2012.
43 Covid-19 Guidance: Ethical Advice and Support Framework, Scottish Government, April 2020.
44 Covid-19: Equality Impact Assessment of Clinical Guidance and Ethical Advice and Support Framework, Scottish Government, July 2020.
45 Scottish Risk Assessment 2018, Scottish Government, 2018.
46 UK National Risk Register of Civil Emergencies, UK Government, 2017.
47 Exercise Silver Swan: Overall Exercise Report, Scottish Government, April 2016.
48 Exercise Cygnus report, Public Health England, 2017.
49 Exercise Iris, Scottish Government, March 2018.
50 Health and social care influenza pandemic preparedness and response, Department of Health, April 2012.
51 *NHS in Scotland 2019,* Audit Scotland, October 2019.
52 Coronavirus (Covid-19): supporting elective care - clinical prioritisation framework, Scottish Government, November 2020.
53 The Elective Centre Programme intends to provide additional capacity for CT and MRI scans, outpatients, day surgery and short stay theatre procedures. New centres and facilities will open in a number of NHS boards such as Golden Jubilee, Lothian, Tayside, Highland, Forth Valley and Grampian.
54 Re-mobilise, Recover, Re-design Framework, Scottish Government, May 2020.
55 A Framework for Recovery of Cancer Surgery, Scottish Government, August 2020.
56 *Health and social care: integrated workforce plan,* Scottish Government, December 2019.
57 *NHS in Scotland 2019,* Audit Scotland, October 2019.
58 The UK Government uses the Barnett formula to allocate funds to Scotland, Wales and Northern Ireland when additional money is spent in areas that are devolved to the relevant administrations, such as health.
59 *Covid-19: Implications for public finances in Scotland,* Audit Scotland, August 2020.
60 *The 2019/20 audit of NHS Tayside,* Auditor General for Scotland, December 2020.
61 Healthcare Associated Infection Annual Report 2019, ARHAI Scotland, 2019.
62 HAI Quarterly Commentary Q2 2020 - supplementary data, Public Health Scotland, October 2020.
63 *The 2018/19 audit of NHS Highland,* Audit Scotland, 2019.

# Appendix 1

## Audit methodology

This is our annual report on the NHS in Scotland. Given the unprecedented challenges of the Covid-19 pandemic in 2020, the report focuses on:

- how well the NHS and Scottish Government responded to the Covid-19 pandemic
- the health impact of the Covid-19 pandemic on the population of Scotland
- how prepared the Scottish Government and NHS were for a pandemic
- how well the NHS and Scottish Government are working to resume the full range of NHS services
- the financial impact of the Covid-19 pandemic on the NHS in Scotland
- a brief overview of how well the NHS managed its finances and operational performance in 2019/20.

Because of the Covid-19 pandemic, this audit was carried out remotely. Our findings are based on evidence from sources that include:

- strategies, frameworks and plans for responding to Covid-19
- the audited annual accounts and auditors' reports on the 2019/20 audits of NHS boards
- activity and performance data published by Public Health Scotland
- publicly available data and information including results from staff surveys
- Audit Scotland's national performance audits
- interviews with senior officials in the Scottish Government and a sample of NHS boards.

We reviewed service performance information at a national level. Our aim was to present the national picture. We focused on a sample of key targets and standards, covering some of the main activities of the NHS. Where we have used trend information, we have selected a time period where information is most comparable.

# Appendix 2

## Financial performance 2019/20 by NHS board

| NHS board | Escalation framework level | Core revenue outturn (£m) | Total savings achieved (£m) | Recurring savings (%) | NRAC: distance from parity (%) |
|---|---|---|---|---|---|
| NHS Ayrshire and Arran | 3 | 841.7 | 16.8 | 85 | -0.8 |
| NHS Borders | 4 | 247.0 | 10.1 | 70 | 0.7 |
| NHS Dumfries and Galloway | | 353.4 | 15.1 | 38 | 2.8 |
| NHS Fife | | 752.3 | 10.2 | 47 | -0.8 |
| NHS Forth Valley | | 605.2 | 19.3 | 60 | -0.8 |
| NHS Grampian | | 1,099.8 | 10.7 | 45 | -0.8 |
| NHS Greater Glasgow and Clyde | 4 | 2,543.3 | 75.0 | 42 | 1.9 |
| NHS Highland | 4 | 751.4 | 28.0 | 56 | -0.8 |
| NHS Lanarkshire | | 1,345.6 | 21.5 | 40 | -0.8 |
| NHS Lothian | 3/4 | 1,684.3 | 33.7 | 61 | -0.8 |
| NHS Orkney | | 64.2 | 0.8 | 15 | -0.3 |
| NHS Shetland | | 63.0 | 3.3 | 25 | -0.2 |
| NHS Tayside | 4 | 883.0 | 26.3 | 40 | -0.8 |
| NHS Western Isles | | 89.0 | 3.5 | 47 | 13.1 |
| NHS Golden Jubilee | | 84.7 | 4.8 | 52 | |
| NHS 24 | | 70.4 | 1.8 | 68 | |
| NHS Education for Scotland | | 500.3 | 23.1 | 78 | |
| NHS Health Scotland | | 21.1 | 0.5 | - | |
| NHS National Services Scotland | | 502.4 | 19.3 | 85 | |
| Healthcare Improvement Scotland | | 32.1 | 1.7 | 20 | |
| Scottish Ambulance Service | | 281.3 | 12.7 | 61 | |
| The State Hospital | | 34.7 | 2.1 | 1 | |

Notes:
1. There are five stages of the Scottish Government's performance escalation framework for NHS boards:
   Stage 1 Steady state "on-plan" and normal reporting
   Stage 2 Some variation from plan; possible delivery risk if no action
   Stage 3 Significant variation from plan; risks materialising; tailored support required
   Stage 4 Significant risks to delivery, quality, financial performance or safety; senior level external support required.
   Stage 5 Organisational structure / configuration unable to deliver effective care.

2. NHS Lothian is at Stage 4 for specific issues relating to the Royal Hospital for Children and Young People, and at Stage 3 for specific issues relating to performance.
3. The Scottish Government uses the NHS Scotland Resource Allocation Committee (NRAC) formula to assess how much funding each board should be allocated. The formula considers the demographics of each board area including population size, deprivation levels, unavoidable geographical variations in the cost of providing services.

Source: Scottish Government

# NHS in Scotland 2020

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**To:** **Renfrewshire Integration Joint Board Audit Committee**

**On:** **12 March 2021**

**Report by:** **Clerk**

**Heading:** **Proposed Dates of Meetings of the IJB Audit, Risk and Scrutiny Committee 2021/22**

## 1. Summary

1.1 At the meeting of the IJB Audit Committee, now the IJB Audit, Risk and Scrutiny Committee, held on 31 January 2020 the Committee approved its timetable for future meetings to June 2021. It is proposed that the Committee consider its timetable of meeting dates in 2021/22.

1.2 Arrangements for meetings of the Audit, Risk and Scrutiny Committee are governed by the provisions of Standing Order 6.1 of the Committee's Terms of Reference which state that:-

"6.1 The Committee shall meet four times per year."

1.3 A meeting of the Committee is scheduled to be held at 10.00 am on 18 June 2021.

1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:

**3 or 10 September 2021**
12 November 2021
18 March 2022
17 June 2022.

1.5 A further report will be presented to the Committee in due course to agree meetings post June 2022.

## 2. Recommendations

2.1 That it be noted that a meeting of the Committee will be at 10.00 am on 18 June 2021;

2.2 That the Committee approve the dates and times of meetings for 2021/22 as detailed in section 1.4 of the report; and

2.3 That members be advised of the venue for future meetings.

**Implications of the Report**

1. **Financial** - none.

2. **HR & Organisational Development** - none.

3. **Community Planning** - none.

4. **Legal** - none.

5. **Property/Assets** - none.

6. **Information Technology** - none.

7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the website.

8. **Health & Safety** - none.

9. **Procurement** - none.

10. **Risk** - none.

11. **Privacy Impact** - none.

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**List of Background Papers** – none.

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