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

Date	Time	Venue
Friday, 24 March 2023	09:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Further Information

Please note that this meeting will now start at 9.00 am.

Membership

Councillor Jacqueline Cameron: Councillor Fiona Airlie-Nicolson; Margaret Kerr: Ann Cameron Burns: Alan McNiven: Paul Higgins

Councillor Jacqueline Cameron (Chair): Margaret Kerr (Vice Chair):

Further Information - online meetings only

This meeting is on-line only but is a meeting which is open to members of the public by prior arrangement. A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx

For further information, please email democratic-services@renfrewshire.gov.uk

Members of the Press and Public - contact details

Members of the press and public wishing to attend the meeting should contact democratic-services@renfrewshire.gov.uk to allow the necessary arrangements to be made.

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 democratic-services@renfrewshire.gov.uk

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

https://youtu.be/iuiAvDT0IyA

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.

Note that the next meeting of the Committee will be held at 10.00 am on 23 June 2022.

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

Date	Time	Venue
Friday, 18 November 2022	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron and Councillor Fiona Airlie-Nicolson) (Renfrewshire Council); Margaret Kerr and Ann Cameron Burns (Greater Glasgow & Clyde Health Board); and Paul Higgins (Health Board staff member involved in service provision).

Chair

Councillor Cameron, Chair, presided.

In Attendance

Christine Laverty, Chief Officer, Sarah Lavers, Chief Finance Officer, Sian Ramsay, Assistant Finance Business Partner, David Fogg, Service Improvement Officer, James Higgins, Corporate Business Officer and Phil MacDonald, Service Manager, Residential and Day Services (all Renfrewshire Health and Social Care Partnership); David Low, Democratic Services Manager, Andrea McMahon, Chief Internal Auditor, Elaine Currie, Senior Committee Services Officer and Duncan Pole, End User Technician (all Renfrewshire Council); and Pauline Gillen, Audit Director and Karla Graham, Senior Auditor (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 **Minutes**

The Minute of the meeting of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee held on 9 September 2022 and the Minute of the special meeting of the IJB Audit, Risk and Scrutiny Committee held on 26 October 2022 were submitted.

DECIDED: That the Minutes be approved.

2 **Internal Audit Plan 2022/23 - Progress**

The Chief Internal Auditor submitted a report providing an update on the progress of the internal audit plan for 2022/23, a copy of which was appended to the report.

The report intimated that the audit plan set out a resource requirement of 55 days, including governance 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.

The report advised that the fieldwork for the information governance engagement had commenced; the governance engagement on risk management processes was still currently planned to commence in quarter 3 and the annual review of the Local Code of Corporate Governance was due to commence in quarter 4. Further, that the audit plan remained flexible and that these planned dates could change, in consultation with management. It was noted that time for planning and reporting continued to be used for regular reporting to this committee.

DECIDED: That the progress against the internal audit plan for 2022/23 be noted.

Sederunt

Ann Cameron Burns joined the meeting prior to consideration of the following item of business.

3 **Summary of Internal Audit Activity in Partner Organisations**

The Chief Internal Auditor submitted a report providing a summary of internal audit activity, relevant to the IJB, undertaken in partner organisations during 1 April to 30 September 2022.

The report intimated that the IJB directed both Renfrewshire Council and NHSGGC to deliver services that enabled the IJB to deliver on its strategic plan. Both Renfrewshire Council and NHSGGC had internal audit functions and conducted audits across each organisation, the findings of which were reported to the respective audit committees. Members of the IJB had an interest in the outcomes of the audits at both Renfrewshire Council and NHSGGC that impacted upon the IJB's ability to deliver the strategic plan or support corporate functions.

In relation to internal audit activity within Renfrewshire Council, the report provided detail on self-directed support and creditors.

In relation to internal audit activity within NHSGGC, the report provided detail on assurance framework – directorate risk register; bed management; ICT service delivery; the financial systems health check in relation to procurement and tendering;

the Hospital Electronic Prescribing and Medicines Administration (HEPMA) project governance; remobilising planning and recruitment.

DECIDED: That the content of the report be noted.

4   Annual Audit Report on IJB Accounts 2021/22

Under reference to item 10 of the Minute of the meeting of the IJB held on 24 June 2022, the Chief Finance Officer submitted a report outlining Audit Scotland's findings from the audit of the IJB's financial statements for 2021/22. A copy of the report by Audit Scotland was appended.

The report intimated that, each year the IJB's external auditors, Audit Scotland, carried out an audit of the IJB's financial statements and provided an opinion as to whether those statements provided a true and fair view of the financial position of the IJB and its income and expenditure for the year, and also whether they had been prepared in accordance with the Local Government (Scotland) Act 1973.

In accordance with International Auditing Standards (ISA260), Audit Scotland were obliged to report to those charged with the governance of the organisation, matters which had risen in the course of the audit.

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 related. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB, or a committee of the IJB whose remit included audit and governance. Due to the impact of the Coronavirus pandemic, additional flexibility in terms of the approval process was provided under Regulation 10(1) of the accounts regulations requiring approval of the audited accounts for signature by 30 November 2022. It was noted that in order to comply with these requirements, the audited financial statements would be presented to the IJB for approval at a meeting scheduled to be held on 25 November 2022.

The Audit Director made reference to the covering letter, the proposed independent auditor's report and the draft letter of representation. In presenting the report, the Audit Director sought confirmation from members, as those charged with governance, if they required to bring any instances of actual, suspected or alleged fraud; any subsequent events that had occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity to Audit Scotland's attention. Although not related to any actual, suspected or alleged fraud, Margaret Kerr asked the Audit Director for the reason that there was no disclosure around the clawback of reserves of covid monies and asked if this should in fact be a disclosable subsequent event. The Audit Director confirmed that this matter had been discussed with the finance team and Audit Scotland were content that this was not a post balance sheet event that required disclosure as no final amount or mechanism for clawing this back was yet known. This matter had been mentioned in the accounts on a factual basis.

The Audit Director then provided an overview of Audit Scotland's proposed 2021/22 Annual Audit Report and 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 thanked both Audit Scotland and the HSCP finance team for the work undertaken and welcomed Sian Ramsay to the meeting.

DECIDED: That the Audit Scotland report be noted.

5 IJB Audited Annual Accounts 2021/22

Under reference to item 10 of the Minute of the meeting of the IJB held on 24 June 2022, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2021/22, a copy of which was appended to the report.

The Chief Finance Officer advised that this would be the last time that Audit Scotland would be auditing the IJB accounts and thanked the team from Audit Scotland for the work undertaken as part of the audit process over numerous years.

The report intimated that, in line with the Local Authority Accounts (Scotland) Regulations 2014, the IJB considered the unaudited annual accounts for 2021/22 at its meeting on 24 June 2022 and the accounts were subsequently submitted for audit to the IJB' external auditors, Audit Scotland.

The report advised that during the course of the audit, a few 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 audit had now been completed and the annual accounts appended had been amended to reflect the findings of the audit.

The report noted that the audited financial statements would be presented to the IJB for approval at a meeting scheduled to be held on 25 November 2022.

On behalf of the Committee, Margaret Kerr thanked all involved in ensuring that the accounts were in a very good position.

DECIDED:

(a) That the IJB Audit, Risk and Scrutiny Committee recommend to the IJB that the audited annual accounts 2021/22 be approved for signature; and

(b) That the audited annual accounts be submitted to the IJB for approval and signature.

6 Update on Risk Register

Under reference to item 3 of the Minute of the meeting of this Committee held on 26 October 2022, the Strategic Lead & Improvement Manager submitted a report providing an update on the continued implementation of the IJB's updated risk management framework and the updates made to the IJB's risk and issues register.

The report intimated that the risk management framework set out the principles by which the HSCP and IJB identified and managed strategic and operational risks impacting upon the organisation and formed a key strand of the IJB's overall governance mechanisms. The framework set out how risks and issues should be identified, managed and reported.

DECIDED:

(a) That the further work which had been undertaken to implement the revised risk management framework across operational services within the HSCP, including the ongoing monitoring of the take-up of the online training module launched in August

2022 and the ongoing preparation with services for the planned internal audit of risk management arrangements, as detailed in section 4 of the report, be noted; and

(b) That the updates that had been made to currently identified risks and issues, following further assessment and engagement with the HSCP and partners, as detailed in section 5 of the report, be approved.

7 IJB Directions Annual Report

The Head of Strategic Planning & Health Improvement submitted a report setting out a summary of the Directions issued to Renfrewshire Council and NHSGGC for the period September 2021 to September 2022, a copy of which was appended to the report.

The report intimated that the issuing of Directions was the method through which the IJB commissioned the parent organisations to deliver the priorities outlined within the Strategic Plan. Directions were legally binding and the Public Bodies (Joint Working) (Scotland) Act 2014, along with the associated guidance and legislation, provided the framework for which they operated within.

The report advised that the only Directions issued related specifically to the financial allocations and budgetary resources of the IJB, including in response to additional funding made available to support areas such as winter pressures and CAMHS recovery and renewal, and as such, the report did not provide details of the contents or a commentary on their impacts as it was considered that this level of oversight was facilitated through the normal performance management and scrutiny arrangements of both the IJB and the HSCP.

DECIDED: That the contents of the report be noted.

8 Inspection of Montrose Care Home by the Care Inspectorate

The Head of Health & Social Care submitted a report summarising the findings from the inspection conducted at Montrose Care Home by the Care Inspectorate on 17 to 19 August 2022.

The report intimated that social care services were subject to a range of audit and scrutiny activities to ensure that all statutory duties were being undertaken and that appropriate care and support was provided to vulnerable individuals and groups. Care services in Scotland could not operate unless they were registered with the Care Inspectorate who inspected, awarded grades and assisted services to improve. The Care Inspectorate also investigated complaints regarding care services and could act when standards of care were not met.

The report advised that since 1 April 2018, the Health and Social Care Standards developed by the Scottish Government had been used across Scotland and that the Care Inspectorate expected that these would be used in planning, commissioning, assessment and in delivering care and support.

The report noted that on 17 August 2022, the Care Inspectorate began an unannounced three-day inspection of services at Montrose Care Home. Following this inspection, three previous areas for improvement were recorded as met and the Care Inspectorate graded Montrose Care Home as 4-Good. The report provided a breakdown of the key questions considered during the inspection and the quality indicators.

DECIDED: That the content of the report be noted.

9   **Inspection of Renfrew Care Home by the Care Inspectorate**

The Head of Health & Social Care submitted a report summarising the findings from the inspection conducted at Renfrew Care Home by the Care Inspectorate on 31 August to 2 September 2022.

The report intimated that social care services were subject to a range of audit and scrutiny activities to ensure that all statutory duties were being undertaken and that appropriate care and support was provided to vulnerable individuals and groups. Care services in Scotland could not operate unless they were registered with the Care Inspectorate who inspected, awarded grades and assisted services to improve. The Care Inspectorate also investigated complaints regarding care services and could act when standards of care were not met.

The report advised that since 1 April 2018, the Health and Social Care Standards developed by the Scottish Government had been used across Scotland and that the Care Inspectorate expected that these would be used in planning, commissioning, assessment and in delivering care and support.

The report noted that on 31 August 2022, the Care Inspectorate began an unannounced three-day inspection of services at Renfrew Care Home. Following this inspection, one area of improvement had been recorded and three previous areas for improvement were recorded as met and the Care Inspectorate graded Renfrew Care Home as 4-Good. The report provided a breakdown of the key questions considered during the inspection and the quality indicators.

On behalf of the Committee, Councillor Airlie-Nicolson thanked care home staff for all the work undertaken during very difficult times especially in meeting the deadlines involved in these inspections in addition to present workloads and intimated that to get gradings at these levels was an achievement in light of the robust procedures in place for inspections by the Care Inspectorate.

Also, on behalf of the Committee, Margaret Kerr referred to delayed discharges in Renfrewshire and thanked all staff involved in performing very well in very difficult circumstances and intimated that, as a result of this work, members were not concerned in any way about the position in Renfrewshire.

DECIDED: That the content of the report be noted.

10   **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of this Committee would be held remotely by MS teams at 10.00 am on 24 March 2023.

To:	**Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**
On:	**24 March 2023**

Report by:	**Chief Finance Officer**

Heading:	**External Auditor's Annual Audit Plan 2022/23**

1. Summary

1.1 As members will be aware, Ernst & Young have been appointed by The Accounts Commission for Scotland as the external auditor of Renfrewshire Integration Joint Board (IJB) for a five-year period until 2026/27.

1.2 This report brings forward their initial Annual Audit Plan (2022/23), as attached in Appendix 1, for members' information. The Plan sets out their proposed audit approach of the financial records for the year ended 31 March 2023.

2. Recommendation

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

- Note that Ernst & Young have been appointed as the external auditor of Renfrewshire IJB; and
- Note the Annual Audit Plan, attached at Appendix 1.

3. Background

3.1 The responsibilities as independent auditors 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.

3.3 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 IJB for the five year period from 2016 to 2021.

4. Audit Fee

4.1 The proposed audit fee for the 2022/23 audit is £31,470 *(2021/22: £27,960).* This fee is consistent with the fees for all IJBs and is determined in line with Audit Scotland's fee setting arrangements.

4.2   Audit Scotland will notify auditors about the expected fees each year following submission of Audit Scotland's budget to the Scottish Commission for Public Audit, normally in December. The remuneration rate used to calculate fees is increased annually based on Audit Scotland's scale uplift.

4.3   The audit fee assumes receipt of the unaudited financial statements by 30 June 2023 and covers the cost of planning, delivery, reporting and the auditor's attendance at committees.

Implications of the Report

1. **Financial –** none.
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.

List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

Renfrewshire Integration Joint Board

Annual Audit Plan

Year ended 31 March 2023

Provisional Plan for Audit, Risk and Scrutiny Committee

EY
Building a better
working world

This report

This report has been prepared in accordance with Terms of Appointment Letter, through which Audit Scotland and the Accounts Commission have appointed us as external auditor Renfrewshire Integration Joint Board for financial years 2022/23 to 2026/27.

This report is for the benefit of the Board and is made available to the Audit Scotland and the Accounts Commission (together the Recipients). This report has not been designed to be of benefit to anyone except the Recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients.

Accessibility

Our Annual Audit Plan will be available on Audit Scotland's website and we have therefore sought to comply with the Public Sector Bodies Accessibility Regulations 2018.

Contents

1. Executive summary

Purpose of our plan

The Accounts Commission for Scotland appointed EY as the external auditor of Renfrewshire Integration Joint Board ("IJB" or "the Board") for the five year period to 2026/27.

This Annual Audit Plan, prepared for the benefit of management and the Audit, Risk and Scrutiny Committee, sets out our proposed audit approach for the audit of the financial for the year ended 31 March 2023. In preparing this plan, we have developed our understanding of the organisation through:

▸ Introductory planning discussions with management,

▸ Handover discussions with your predecessor auditors, Audit Scotland;

▸ Review of predecessor auditor working papers;

▸ Review of key documentation and committee reports; and

▸ Our understanding of the environment in which the Board is currently operating.

We will also hold an introductory meeting with the Chair of the Audit, Risk and Scrutiny Committee during March 2023.

Our audit quality ambition is to consistently deliver high-quality audits that serve the public interest. A key objective of our audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, including observations around where the Board

employs best practice and where processes can be improved. We use data insights to form our audit recommendations to support the IJB in improving its practices around financial management and control, and in aspects of the wider scope dimensions of audit. These are highlighted throughout our reporting together with our judgements and conclusions regarding arrangements.

After consideration by the Board's Audit, Risk and Scrutiny Committee, the finalised plan will be provided to Audit Scotland and published on its website.

Scope and Responsibilities

We undertake our audit in accordance with the Code of Audit Practice (the Code), issued by Audit Scotland in June 2021; International Standards on Auditing (UK); relevant legislation; and other guidance issued by Audit Scotland. The Code sets out the responsibilities of both the IJB and the auditor, more details of which are provided in Appendix A.

Independence

We confirm that we have undertaken client and engagement acceptance procedures, including our assessment of our independence to act as your external auditor. Further information is available in Appendix B.

Our key contacts:

Rob Jones, Engagement Partner
rjones9@uk.ey.com

Grace Scanlin, Senior Manager
grace.scanlin@uk.ey.com

EY

Financial Statements audit

We are responsible for conducting an audit of the Board's financial statements. We provide an opinion as to:

▸ whether they give a true and fair view, in accordance with applicable law and the 2022/23 Code of Accounting Practice, of the income and expenditure of the IJB for the year ended 31 March 2023 and;

▸ have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2022/23 Code; and

▸ whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement. Our key considerations and materiality values are set out in Exhibit 1, below.

Wider Scope and Best Value

As public sector auditors, our responsibilities extend beyond the audit of the financial statements. The Code of Audit Practice requires auditors to consider the arrangements put in place by the Board to meet their Best Value obligations as part of our proportionate and risk-based wider-scope audit work. Wider scope audit requires consideration of:

▸ The Board's arrangements to secure sound financial management;

▸ The regard shown to financial sustainability;

▸ clarity of plans to implement the vision, strategy and priorities of the Board, and the effectiveness of governance arrangements for delivery; and

▸ The use of resources to improve outcomes.

Annual Best Value audit work will be integrated with our wider scope annual audit work and we will report on how the IJB demonstrates that it has Best Value arrangements in place.

Exhibit 1: Materiality Assessment in 2022/23

Planning Materiality
▸ Overall materiality for the financial statements

Performance Materiality
▸ Representing 50% of overall materiality for the financial statements.

Reporting Threshold
▸ Error that we will report to the Audit, Risk and Scrutiny Committee.

£3.4 million

£1.7 million

£170,000

We apply a lower materiality level of £1,000 to the audited section of the Remuneration Report. We also apply professional judgement to consider the materiality of Related Party Transactions to both parties.

EY

Exhibit 2: Summary of significant risks identified for the audit in 2022/23

One significant risk has been identified which impacts the audit of the financial statements, in Section 3:

Risk of fraud in expenditure, including through management override	Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.
	Management is in a unique position to perpetrate fraud due to the ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
	As a result of the nature of funding to the IJB from the Council or NHS, we have rebutted the assumed fraud risk in respect of income.

Exhibit 3: Summary of areas of audit focus in relation to the wider scope dimensions

One significant risk impacting the Financial Sustainability wider scope audit dimension has been identified in Section 4:

Financial Sustainability: Development of sustainable and achievable medium term financial plans	The Board's Medium Term Financial Plan highlights a significant financial challenge. Under the scenarios outlined, the Plan highlights a potential budget gap prior to mitigating measures of £37 to £48 million over the three year period. However, key uncertainties about future cost pressures remain, including escalating prescribing costs, pay negotiation outcomes and the National Care Home contract costs.

EY

2. Sector developments

Introduction

In accordance with the principles of the Code, our audit work considers key developments in the sector. We obtain an understanding of the strategic environment in which the Board operates to inform our audit approach.

NHS Recovery Plan

Scotland's public services are facing unprecedented challenges. The Auditor General for Scotland publishes an annual report on the performance of the NHS in Scotland. The 2022 report was published in March 2023. The key messages are:

1. Growing financial pressures present a real risk to the investment needed to recover and reform NHS services

The NHS in Scotland faces significant and growing financial pressures, including inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. This could limit investment in recovery and reform.

2. It is difficult to accurately measure the progress of the Scottish Government's NHS Recovery Plan

Financial pressures, workforce shortages, pressures on the social care system and the ongoing impact of Covid-19 are making progress extremely difficult. The Recovery Plan commits £1.26 billion of funding to help reduce the healthcare backlog and redesign services, and sits alongside a range of other initiatives that support reform. However, Audit Scotland note that it is a high-level, top-down document and does not contain the detailed actions that would allow overall progress to be accurately measured.

Meanwhile, the backlog of care that built up during the pandemic continues to grow. Overall, across Scotland, more people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment.

3. Workforce capacity remains the biggest risk to the recovery of NHS services

Some progress has been made against the recruitment targets set out in the Recovery Plan, but the NHS workforce remains under severe pressure and there are concerns over staffing levels, wellbeing and retention. There is a risk workforce targets will not be achieved. The NHS continues to experience high vacancy and turnover rates, higher than usual sickness absence and gaps in the workforce.

4. The Scottish Government needs to be fully transparent on recovery progress and how long people will have to wait for treatment

The challenges facing the NHS in Scotland are unprecedented. The Scottish Government will have to make difficult choices and prioritise which ambitions it can deliver against. It needs to be more transparent about what progress is or is not being achieved.

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National Care Service Bill

In September 2022, the Scottish Government published the National Care Service Bill. Proposals within the Bill would make Scottish Ministers accountable for adult social care in Scotland. The National Care Service will define the strategic direction and quality standards for community health and social care across Scotland.

Decisions on delivery models have yet to be taken but current IJB arrangements are expected to be replaced by local delivery boards, "Care Boards" which will work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services for communities. Social care services currently provided in-house by local authorities, may continue under a commissioning arrangement with the care board. However, the care board may take over direct delivery, with staff transferring employment from councils to the care board.

The Bill explains that the detail of how the new service will work will be co-designed with people who have direct experience of social care services.

The timeline for the creation of a National Care Service by the end of the current Parliament.

Audit Scotland published a briefing paper on Social Care on 27 January 2022 which noted that:

▸ There are huge challenges facing the sustainability of social care, with the pressures of increasing demand and demographic change growing.

▸ The workforce is under immense pressure.

▸ There are around 700,000 unpaid carers who provide most of the social care support in Scotland, with most not knowing their rights under the Carers (Scotland) Act 2016.

▸ Commissioning tends to focus on cost rather than quality or outcomes.

▸ Capacity and cultural differences are impacting leadership.

Councils across Scotland faced significant financial challenges during 2021/22 and are now entering the most difficult budget setting context seen for many years. Increasingly difficult choices about spending priorities will need to be made.

Scottish Government Spending Review

The Scottish Government's May 2022 Resource Spending Review (RSR) represented the first multi-year Resource Spending Review (RSR) in Scotland since 2011 and outlined the government's resource spending plans to the end of the current term of Parliament in 2026/27.

The RSR assumes an overall cash-terms increase to the Scottish Government spending envelope of £5.7 billion over the period 2022/23 to 2026/27. The economic and financial context, including inflationary factors, means that there is an unprecedented financial challenge ahead.

In December 2022, the Scottish Government published the 2023/24 Scottish Budget. The budget included announcements that the Scottish government will:

▸ Provide over £570 million in additional revenue and capital funding available to councils for 2023/24

▸ invest over £13 billion in health boards to allow them to continue to drive forward the five-year Recovery Plan;

EY

Continue to reform key services, and will allocate £2 billion to establish and improve primary health care services in the community;

Provide £1.7 billion for social care and integration to improve services and introduce the National Care Service; and

An additional £100m will be made available for health and social care, including support for the delivery of the £10.90 real living wage for adult social care, building on the increase provided in 2022-23.

Overall, as a result of decisions to increase income tax levels, the Scottish Government suggested that the amount spent on health and social care in Scotland will increase by over £1 billion in one year.

Local Government Finances 2021/22

In January 2023, the Accounts Commission published it's annual report on Local Government finances in Scotland. The report notes that even with additional Covid-19 funding during 2021-22, councils had to make significant savings last year to balance their budgets.

An increasing amount of council funding is either formally ringfenced or provided on the expectation it will be spent on specific services and national policy objectives.

Audit Scotland calculated ringfenced money to represent 23% of total revenue funding in 2021/22. A large amount of this was to support elements of education and social care service provision. While this supports the delivery of key Scottish Government policies, it removes local discretion and flexibility over how these funds can be used by councils.

Looking ahead, the Accounts Commission note that Councils face the most difficult budget-setting context seen for many years with the ongoing impacts of Covid-19, inflation and the cost of living crisis. They will need to continue to make recurring savings and also make increasingly difficult choices with their spending priorities, including, in some cases, potential service reductions.

Impact on IJBs

A briefing on Audit Scotland's financial analysis for Integration Joint Boards is expected to be published in April 2023. We anticipate that this will outline the respective financial and workforce challenge impacting the health and social care sector.

EY

3. Financial statements: Our approach and assessment of significant risks

Introduction

The publication of the annual financial statements allow the Board to demonstrate accountability for, and its performance in the use of its resources. They are prepared in accordance with proper accounting practice, which is represented by the 2022/23 Code of Practice on Local Authority Accounting in the United Kingdom ("the Code").

Our responsibilities

We are responsible for conducting an audit of the Board's financial statements. We provide an opinion as to:

- whether they give a true and fair view in accordance with applicable law and the 2022/23 Code of the state of affairs of the IJB as at 31 March 2023 and of its income and expenditure for the year then ended;

- have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2022/23 Code; and

- whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

We also review and report on the consistency of the other information prepared and published by the IJB along with its financial statements.

Other Statutory Information

The management commentary and narrative reporting within the financial statements continues to be an area of increased scrutiny as a result of rising stakeholder expectations, including continuing interest by the Financial Reporting Council.

We will work with the Chief Finance Officer to share our views on the 2021/22 financial statements, prior to the drafting of the 2022/23 financial statements.

ISA (UK) 315

Our objective is to form an opinion on the financial statements under International Standards on Auditing (ISA) (UK). There have been significant changes to ISA (UK) 315 and some changes to ISA (UK) 240 that will impact our 2022/23 audit approach and the procedures we need to perform.

The changes are effective from 2022/23 onwards and drives our approach to:

- Risk assessment

- Understanding the Board's internal control arrangements,

- Identification of significant risk; and

- How we address significant risk.

EY

The revision to the standard aims to clarify the obligations of auditors to identify and assess the risk of material misstatement due to fraud, as well as including supplemental requirements and guidance to enhance the auditors' procedures. Auditor objectives have been revised to emphasise the requirement to obtain reasonable assurance about whether the financial statements are free from material misstatement due to fraud.

As a result of the changes we will make enhanced inquiries of management, or others within the Board who deal with fraud allegations, to determine whether they have knowledge of any actual, suspected or alleged fraud, including cases of fraud raised by employees or other parties.

We will report on the impact of ISA (UK) 315 within our annual audit report.

Audit Approach

For 2022/23 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

During our planning procedures, we determine which accounts, disclosures and relevant assertions could contain risks of material misstatement.

Our audit involves:

▸ Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud, error or design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate

to provide a basis for our opinion. Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.

▸ Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

▸ Concluding on the appropriateness of management's use of the going concern basis of accounting. Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

▸ Obtaining sufficient appropriate audit evidence to express an opinion on the financial statements.

▸ Reading other information contained in the financial statements to form assessment, including that the annual report is fair, balanced and understandable.

▸ Ensuring that reporting to the Audit, Risk and Scrutiny Committee appropriately addresses matters communicated by us and whether it is materially inconsistent with our understanding and the financial statements.

▸ We rigorously maintain auditor independence (refer to Appendix B).

EY

Materiality

For planning purposes, materiality for 2022/23 has been set at £3.4 million (*2021/22: £4.2 million*). This represents 1% of the Board's gross expenditure. Our materiality level is influenced by the nature of a initial audit but does not impact the level of testing we will perform.

Materiality will be reassessed throughout the audit process and will be communicated to the Audit, Risk and Scrutiny Committee within our annual audit report.

Our assessment concluded that gross operating expenditure is the most appropriate basis for determining planning materiality for the Board.

We consider misstatements greater than 1% of the gross expenditure to be material. Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations. We have provided supplemental information about audit materiality in Appendix F.

Specific Materiality

We consider all accounts and disclosures within the financial statements individually to ensure an appropriate materiality is used. In determining their materiality, we consider both the quantitative and qualitative factors that could drive materiality for the users of the financial statements. Accordingly we determine it is appropriate to use lower levels of materiality for some areas of the financial statements, including:

▸ **Remuneration report** - given the sensitivity around the disclosure of senior staff remuneration we apply a lower materiality threshold of £1,000 to our audit consideration around the remuneration report and related disclosures.

▸ **Related party transactions** – which are considered material when they are material to either party in the transaction. We do not apply a specific materiality but consider each transaction individually.

Exhibit 3: Materiality Assessment in 2022/23

Element	Explanation	Value
Planning materiality	The amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements. This represents 1% of the Board's Gross Expenditure	£3.4 million
Performance materiality	Materiality at an individual account balance, which is set to reduce the risk that the aggregate of uncorrected and undetected misstatements exceeds Planning Materiality to an acceptably low level. We have set it at 50% of planning materiality. This level reflects our risk assessment for an initial audit.	£1.7 million
Reporting Level	The amount below which misstatements whether individually or accumulated with other misstatements, would not have a material effect on the financial statements.	£170,000

EY

Our response to significant risks

Introduction

Auditing standards require us to make communications to those charged with governance throughout the audit. At the Board, we have agreed that these communications will be to the Audit & Risk Committee. The financial statements and our Annual Audit Report will also be reported to the Board.

| Key audit matters

ISA (UK) 701 is effective for periods commencing on or after 17 June 2016. Under appointment by the Auditor General we are required to communicate key audit matters in our Annual Audit Report. Key audit matters are selected from the matters we communicate to you that in our opinion are of most significance to the current period audit and required significant attention in performing the audit.

When determining key audit matters we consider:

▸ areas of higher or significant risk;

▸ areas involving significant judgment, including accounting estimates with high estimation uncertainty; and

▸ significant events or transactions that occurred during the period.

At this stage of the audit we do not know what key audit matters we will include in our Annual Audit Report. However, we have included within this section the most significant assessed risks of material misstatement (whether or not due to fraud), including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. We will confirm the key audit matters to you in our Annual Audit Report.

We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement

We set out in the following sections the significant risks (including fraud risks denoted by *) that we have identified for the audit, along with the rationale and expected audit approach.

The risks identified may change to reflect any significant findings or subsequent issues we identify during the audit. We will provide an update to the Audit, Risk and Scrutiny Committee if our assessment changes significantly during the audit process.

EY

1. Risk of fraud in revenue and expenditure recognition*

Financial Statement Impact

Misstatements that occur in relation to the risk of fraud and expenditure recognition could affect the expenditure accounts. The relevant 2021/22 account balance in the audited financial statements was:

▸ Total cost of services: £327 million.

What is the risk?

Under ISA 240 there is a presumed risk that income may be misstated due to improper recognition of income. In the public sector, this requirement is modified by Practice Note 10, issued by the Financial Reporting Council, which means we also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

As a result of the nature of funding to the IJB from its Council and NHS partners, we have rebutted the assumed fraud risk in respect of income. This is because the IJB receives the majority of its income by way of funding allocations which are publicly available, not subject to conditions and therefore there is limited scope for manipulation.

For expenditure we associate the recognition risk to the completeness and occurrence of expenditure incurred by the IJB in commissioning services, and any associated creditor balances held by the IJB at yearend, in particular through management override of controls.

Our response: Key areas of challenge and professional judgement

We will:

▸ Inquire of management about risks of fraud and the controls to address those risks;

▸ Consider the effectiveness of controls designed to address the risk of fraud;

▸ Understand the oversight given by those charged with governance of management's processes over fraud;

▸ Challenge management around how the IJB gains assurance over the expenditure incurred by its partner bodies, so that it can account for the recognition of expenditure to those bodies.

In addition, we will perform mandatory procedures regardless of specifically identified fraud risks, including:

▸ Substantively test income and expenditure transactions as appropriate and material, in particular in respect of any reserve funding held by the IJB;

▸ We will test the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements;

▸ Review the accounting for the return of Covid reserves, along with any yearend adjustment;

EY

- Assess accounting estimates for evidence of management bias; and

- Evaluate the business rationale for significant unusual transactions.

Having evaluated this risk we will consider whether we need to perform any other specific audit procedures not referred to above.

We will also obtain supporting documentation through independent confirmations of the expenditure incurred by the IJB's partners and their auditors, in line with the protocols set out by Audit Scotland for 2022/23 audits.

EY

Going concern

Audit requirements

In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity.

International Auditing Standard 570 Going Concern, as applied by Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom, requires auditors to undertake sufficient and appropriate audit procedures to consider whether there is a material uncertainty on going concern that requires reporting by management within the financial statements, and within the auditor's report.

Under ISA (UK) 570, we are required to undertake challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. In light of the unprecedented nature of the ongoing impact of Covid-19, the cost of living crisis and inflationary pressures, we place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements, and particularly the need to report on the impact of financial pressures on the Board and its financial sustainability.

Our work on going concern requires us to:

▶ challenge management's identification of events or conditions impacting going concern, more specific requirements to test management's resulting assessment of going concern, an evaluation of the supporting evidence obtained which includes consideration of the risk of management bias;

▶ challenge management's assessment of going concern, thoroughly test the adequacy of the supporting evidence we obtain and evaluate the risk of management bias. Our challenge will be made based on our knowledge of the Board obtained throughout our audit;

▶ conduct a stand back requirement to consider all of the evidence obtained, whether corroborative or contradictory, when we draw our conclusions on going concern; and

▶ necessary consideration regarding the appropriateness of financial statement disclosures around going concern.

The Scottish Government introduced a National Care Service (Scotland) Bill to Parliament on 20 June 2022. Under these plans, the functions of the IJB would transfer to become the responsibility of a National Care Service by 2026. Due to the anticipated continuation of service provision, the going concern basis of accounting will continue to be appropriate for the Board.

EY

4. Best Value and Wider Scope Audit

Introduction

In June 2021, Audit Scotland and the Accounts Commission published a revised Code of Audit Practice. This establishes the expectations for public sector auditors in Scotland for the term of the current appointment.

Risk assessment and approach

The Code sets out the four dimensions that comprise the wider scope audit for public sector in Scotland:

- Financial management;
- Financial sustainability;
- Vision, Leadership and Governance; and
- The use of resources to improve outcomes.

The Code of Audit Practice requires that, in addition to financial statement significant risks, auditors are required to identify significant risks within the wider scope dimensions as part of our planning risk assessment. We consider these risks, identified as "areas of wider scope audit focus", to be areas where we expect to direct most of our audit effort, based on:

- our risk assessment at the planning stage; and
- the identification of any national areas of risk within Audit Scotland's annual planning guidance.

Any changes in this assessment will be communicated to the Audit, Risk and Scrutiny Committee.

Our wider scope audit work, and the judgements and conclusions reached in these areas, contribute to the overall assessment of and assurance over the achievement of Best Value.

Best Value

Under the Code of Audit Practice, annual Best Value audit work in IJBs is integrated with wider scope annual audit work. We will report on how the IJB demonstrates and reports that it has Best Value arrangements in place to secure continuous improvement.

The changes to IJBs anticipated from the Scottish Parliament's National Care Service plans mean that the Accounts Commission will no longer require the Controller of Audit to report to the Commission on each IJB's performance on its Best Value duty.

As a result, the findings from our wider scope work will provide assurance on key aspects of the Best Value themes.

EY

Financial Management

Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively. Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability and arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption.

The 2021/22 Annual Audit Report did not identify any significant internal control weaknesses which could affect the Board's ability to record, process, summarise and report financial and other relevant data to result in a material misstatement in the financial statements.

The IJB is reliant on the systems of its partner bodies, NHS Greater Glasgow and Clyde, and Renfrewshire Council, for its key financial systems, including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over those systems are within the partner bodies rather than the IJB. As a result, we will consider the monitoring and reporting arrangements from partner bodies.

| Our response

Management's most recent financial monitoring report (presented to the January 2023 Board meeting), notes that the IJB is projected to deliver a net underspend of £0.9 million in 2022/23. The main factor in the anticipated underspend is the national difficulty associated with recruiting to service areas.

The report notes that, as with other IJBs, there remains a risk of significant fluctuation, particularly in areas subject to inflationary factors such as prescribing costs.

Our assessment of the Board's financial management arrangements, will focus on:

▸ The assessment of arrangements to ensure systems of internal control are operating effectively;

▸ Review of financial monitoring, including clarity about any changes to budgets and projections during the year; and

▸ Monitoring the achievement of savings against plans.

Financial Sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

The pandemic has continued to have a significant impact on the Board's financial planning. Financial planning has been further complicated by increased demand on services, the cost of living crisis and inflationary pressures. The 2021/22 Annual Audit Report noted that the creation of a robust medium term financial plan is a complex and challenging process, particularly in such an uncertain environment.

The Board received a Medium Term Financial Plan, covering the period to 2024/25, in March 2022. The plan outlined a range of scenarios, and highlighted a potential budget gap within a range of £37 - £48 million for the period of the Plan, prior to any mitigating actions. Work is underway to identify savings opportunities and will be considered by the Board for approval in March 2023.

The Board's unearmarked reserves are projected to remain at around £5.7 million at 31 March 2023, in line with the 2% Reserves Strategy.

Our response

We have identified a wider scope significant risk in Exhibit 4 in respect of financial sustainability. Our assessment of the Board's financial sustainability arrangements, will focus on:

▸ the Board's reserves position, with a focus on the arrangements to return unspent Covid reserves, and the level of unearmarked reserves; and

▸ assessing the link between the financial and other strategic and operational plans including the workforce strategy.

Exhibit 4: Financial Sustainability Area of Audit Focus

Development of sustainable and achievable medium term financial plans	The Board's Medium Term Financial Plan highlights a significant financial challenge. Under the scenarios outlined, the Plan highlights a potential budget gap prior to mitigating measures of £37 to £48 million over the three year period. However, key uncertainties about future cost pressures remain, including escalating prescribing costs, pay negotiation outcomes and the National Care Home contract costs.

EY

Vision, Leadership and Governance

Vision, leadership and governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

In March 2022, the IJB approved its updated Strategic Plan for the period 2022-25. During 2022, further work was undertaken to develop and implement a strategic delivery plan for 2022/23.

The Strategic Plan is supported by the Medium Term Financial Plan. In November 2022, the IJB also approved the Workforce Strategy, following review by the Scottish Government.

The IJB conducts an annual review of the effectiveness of the system of internal control and the quality of data used throughout the organisation. The governance review is supported by processes within the IJB's respective partners, Renfrewshire Council and NHS Greater Glasgow and Clyde.

The 2021/22 review identified no significant matters impacting the IJB and we note that this was supported by the previous external auditor's commentary on governance and transparency. We do, however, note that work remains underway to review the Integration Scheme which governs the relationship between the Board and its partners under the requirements of the Act.

| Our response

Our work in 2022/23 will focus on:

▸ Consideration of the disclosures within the Governance Statement;

▸ As part of our review of partnership arrangements, we will consider the progress to update and agree a revised Integration Scheme;

▸ Review of the coverage of internal audit arrangements during 2022/23, including any significant findings identified and the work done to address issues identified; and

▸ Consideration of the quality of reporting and information provided to key decision makers, and evidence of effective challenge and scrutiny.

Use of Resources

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

The Board has adopted a performance scorecard with 51 indicators, of which 40 have targets set against them. The mid year report notes that 45% of the indicators are assessed as "green." Other areas, including unscheduled care indicators have also improved since 2021/22. We do, however, recognise the continuing impact of the pandemic, and of an increasingly challenging financial position.

Each IJB is required to produce an Annual Performance Report by 31 July 2023.

| Our response

Our audit work in 2022/23 will consider:

▸ The effectiveness of performance reporting, both within the Annual Report and to the Board;

▸ How the IJB is demonstrating the impact of integration; and

▸ The effectiveness of plans in improving the outcomes for local people.

We will also review the IJB's arrangements for considering national reports, including evaluating the findings and implementing recommendations, such as reports from the Care Inspectorate.

EY

Appendices

A – Code of Audit Practice Responsibilities

B – Independence report

C – Required communications with the Audit, Risk and Scrutiny Committee

D – Timing of communications and deliverables of the audit

E – Audit fees

F – Additional audit information

EY

Audited Body Responsibilities

Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives. The features of proper financial stewardship include the following:

| Corporate governance

Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including audit committees or equivalent) in monitoring these arrangements.

| Financial statements and related reports

Audited bodies must prepare annual accounts comprising financial statements and other related reports. They have responsibility for:

▸ preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;

▸ maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their accounts and related reports disclosures;

▸ ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority

▸ preparing and publishing, along with their financial statements, related reports such as an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements

▸ ensuring that the management commentary (or equivalent) is fair, balanced and understandable.

It is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

| Standards of conduct for prevention and detection of fraud and error

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

EY

| Maintaining a sound financial position

Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

▸ such financial monitoring and reporting arrangements as may be specified;

▸ compliance with any statutory financial requirements and achievement of financial targets;

▸ balances and reserves, including strategies about levels and their future use;

▸ how they plan to deal with uncertainty in the medium and longer term; and

▸ the impact of planned future policies and foreseeable developments on their financial position.

| Responsibilities for Best Value, community planning and performance

Local government bodies have a duty to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions. In securing Best Value, the local government body is required to maintain an appropriate balance among:

▸ the quality of its performance of its functions

▸ the cost to the body of that performance

▸ the cost to persons of any service provided by it for them on a wholly or partly rechargeable basis.

In maintaining that balance, the local government body shall have regard to:

▸ efficiency

▸ effectiveness

▸ economy

▸ the need to meet the equal opportunity requirements.

The local government body shall discharge its duties under this section in a way which contributes to the achievement of sustainable development.

In measuring the improvement of the performance of a local government body's functions for the purposes of this section, regard shall be had to the extent to which the outcomes of that performance have improved.

The Scottish Government's Statutory Guidance on Best Value (2020) requires

bodies to demonstrate that they are delivering Best Value in respect of seven themes:

1. Vision and leadership

2. Governance and accountability

3. Effective use of resources

4. Partnerships and collaborative working

5. Working with communities

6. Sustainability

7. Fairness and equality.

The Community Empowerment (Scotland) Act 2015 is designed to help empower community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services.

Specified audited bodies are required to prepare and publish performance information in accordance with Directions issued by the Accounts Commission.

EY

| Internal audit

Public sector bodies are required to establish an internal audit function as a support to management in maintaining effective systems of control and performance. With the exception of less complex public bodies the internal audit programme of work is expected to comply with the Public Sector Internal Audit Standards and, other than local government, requirements set out in the Scottish Public Finance Manual.

Internal audit and external audit have differing roles and responsibilities. External auditors may seek to rely on the work of internal audit as appropriate.

Appointed Auditors' Responsibilities

Appointed auditors' statutory duties for local government bodies are contained

within Part VII of the Local Government (Scotland) Act 1973, as amended.

These are to:

▸ audit the accounts and place a certificate (i.e. an independent auditor's report) on the accounts stating that the audit has been conducted in accordance with Part VII of the Act

▸ satisfy themselves, by examination of the accounts and otherwise, that:

  ▸ the accounts have been prepared in accordance with all applicable statutory requirements

  ▸ proper accounting practices have been observed in the preparation of the accounts

▸ the body has made proper arrangements for securing Best Value and is complying with its community planning duties

▸ hear any objection to the financial statements lodged by an interested person.

Appointed auditors should also be familiar with the statutory reporting responsibilities in section 102 of the Local Government (Scotland) Act 1973, including those relating to the audit of the accounts of a local government body.

EY

Introduction

The FRC Ethical Standard and ISA (UK) 260 'Communication of audit matters with those charged with governance', requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in December 2019, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

During the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We ensure that the total amount of fees that EY charged to you for the provision of services during the period, analysed in appropriate categories, are disclosed.

Required Communications

Planning Stage

▸ The principal threats, if any, to objectivity and independence identified by EY including consideration of all relationships between you, your directors and us;

▸ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;

▸ The overall assessment of threats and safeguards;

▸ Information about the general policies and process within EY to maintain objectivity and independence.

Final Stage

▸ To allow you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;

▸ Details of non-audit/additional services provided and the fees charged in relation thereto;

▸ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;

▸ Details of all breaches of the IESBA Code of Ethics, the FRC Ethical Standard and professional standards, and of any safeguards applied and actions taken by EY to address any threats to independence;

▸ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy; and

▸ An opportunity to discuss auditor independence issues.

We confirm that we have undertaken client and engagement continuance procedures, including our assessment of our independence to act as your external auditor.

We have detailed below the communications that we must provide to the Board.

		Our Reporting to you
Required communications	**What is reported?**	**When and where**
Terms of engagement	Confirmation by the Audit, Risk and Scrutiny Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Audit Scotland Terms of Appointment letter - audit to be undertaken in accordance with the Code of Audit Practice
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	This audit planning report
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	This audit planning report
Significant findings from the audit	▸ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures ▸ Significant difficulties, if any, encountered during the audit ▸ Significant matters, if any, arising from the audit that were discussed with management ▸ Written representations that we are seeking ▸ Expected modifications to the audit report ▸ Other matters if any, significant to the oversight of the financial reporting process ▸ Findings and issues regarding the opening balance on initial audits	Audit results report - September 2023

	Our Reporting to you	
Required communications	**What is reported?**	**When and where**
Going concern	Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: ▸ Whether the events or conditions constitute a material uncertainty; ▸ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and, ▸ The adequacy of related disclosures in the financial statements.	Audit results report – September 2023
Misstatements	▸ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation; ▸ The effect of uncorrected misstatements related to prior periods; ▸ A request that any uncorrected misstatement be corrected; ▸ Corrected misstatements that are significant; and, ▸ Material misstatements corrected by management.	Audit results report – September 2023
Fraud	▸ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity; ▸ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist; and, ▸ A discussion of any other matters related to fraud.	Audit results report – September 2023
Internal controls	Significant deficiencies in internal controls identified during the audit.	Audit results report – September 2023

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		Our Reporting to you
Required communications	**What is reported?**	**When and where**
Related parties	▸ Significant matters arising during the audit in connection with the entity's related parties including, when applicable: ▸ Non-disclosure by management; ▸ Inappropriate authorisation and approval of transactions; ▸ Disagreement over disclosures; ▸ Non-compliance with laws and regulations; and, ▸ Difficulty in identifying the party that ultimately controls the entity.	Audit results report – September 2023
Independence	Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: ▸ The principal threats ▸ Safeguards adopted and their effectiveness ▸ An overall assessment of threats and safeguards; and, ▸ Information about the general policies and process within the firm to maintain objectivity and independence.	This audit planning report and audit results report (September 2023)
External confirmations	▸ Management's refusal for us to request confirmations. ▸ Inability to obtain relevant and reliable audit evidence from other procedures.	Audit results report – September 2023
Representations	Written representations we are requesting from management and/or those charged with governance.	Audit results report – September 2023

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		Our Reporting to you
Required communications	What is reported?	When and where
Consideration of laws and regulations	▸ Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off. ▸ Enquiry of the Audit, Risk and Scrutiny Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Audit, Risk and Scrutiny Committee may be aware of.	Audit results report – September 2023
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise.	Audit results report – September 2023
Auditors report	Any circumstances identified that affect the form and content of our auditor's report.	Audit results report – September 2023
Best Value and Wider Scope judgements and conclusions	Our reporting will include a clear narrative that explains what we found and the auditor's judgement in respect of the effectiveness and appropriateness of the arrangements that audited bodies have in place regarding the wider-scope audit.	Audit results report – September 2023
Key audit matters	The requirement for auditors to communicate key audit matters, which apply to listed companies and entities which have adopted the UK Corporate Governance Code in the private sector, applies to annual audit reports prepared under the Code.	Audit results report – September 2023

EY

	Audit Activity	Deliverable	Timing
January	Risk assessment for Financial Statements and wider scope audit dimensions		
February		Submission of quarterly fraud return	
March	Walkthrough of key systems and processes.	Annual Audit Plan	24 March 2023
April			
May			
June	Update meeting with Finance Team	Submission of quarterly fraud return	
July	Year end audit fieldwork		
August			
September	Audit completion procedures	Annual Audit Report	30 September 2023

EY
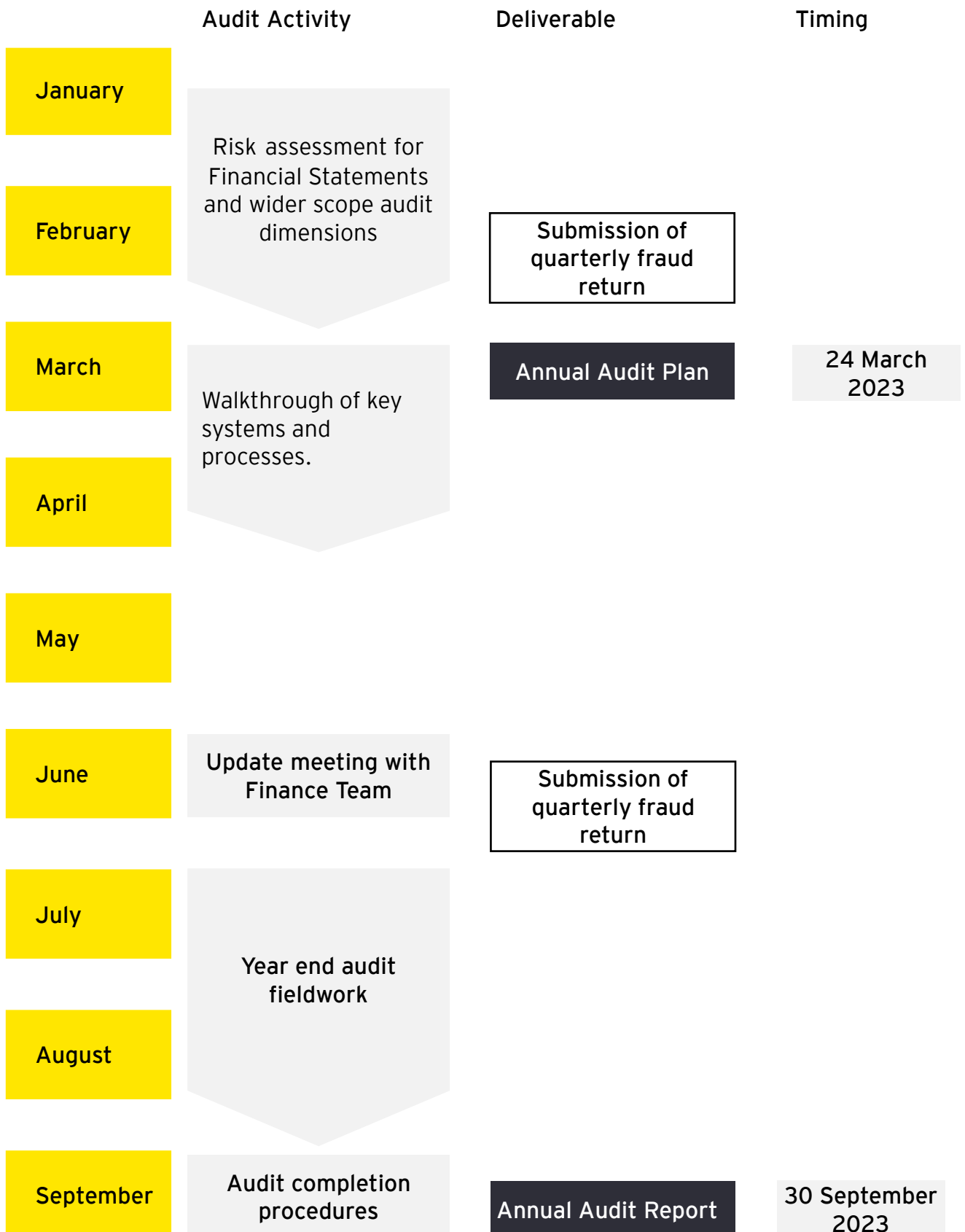
2022/23 Fees

The Board's audit fee is determined in line with Audit Scotland's fee setting arrangements. Audit Scotland will notify auditors about the expected fees each year following submission of Audit Scotland's budget to the Scottish Commission for Public Audit, normally in December. The remuneration rate used to calculate fees is increased annually based on Audit Scotland's scale uplift.

	2022/23	2021/22
Component of fee:		
Auditor remuneration – expected fee	£33,190	
Additional audit procedures (note 1)	-	
Audit Scotland fixed charges:		
Performance audit and best value	£6,310	
Audit support costs	£1,260	
Sectoral price cap	(£9,290)	
Total fee	£31,470	£27,960

The expected fee, set by Audit Scotland, assumes that the Board has well-functioning controls, an effective internal audit service, and an average risk profile.

Note 1

Where auditors identify that additional work is required because of local risks and circumstances in a body, the auditor may negotiate an increase to auditor remuneration by up to 10% of auditor remuneration. Should additional audit requirements arise we will raise these with management through the course of the audit and agree variations as appropriate, and report the final position to the Audit, Risk and Scrutiny Committee within our Annual Audit Report.

EY

Introduction

In addition to the key areas of audit focus outlined within the plan, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

| Our responsibilities under auditing standards

▸ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

▸ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.

▸ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

▸ Conclude on the appropriateness of the going concern basis of accounting.

▸ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

▸ Read other information contained in the financial statements, the Audit, Risk and Scrutiny Committee reporting appropriately addresses matters

communicated by us to the Committee and reporting whether it is materially inconsistent with our understanding and the financial statements; and

▸ Maintaining auditor independence.

| Purpose and evaluation of materiality

▸ For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

▸ Materiality determines the locations at which we conduct audit procedures and the level of work performed on individual account balances and financial statement disclosures.

▸ The amount we consider material at the end of the audit may differ from our initial determination. At this stage it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

| Audit Quality Framework / Annual Audit Quality Report

▸ Audit Scotland are responsible for applying the Audit Quality Framework across all audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team responsible are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.

▸ We support reporting on audit quality by proving additional information including the results of internal quality reviews undertaken on our public sector audits. The most recent audit quality report can be found at: https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202122

▸ EY has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details can be found in our annual Transparency Report: https://www.ey.com/en_uk/about-us/transparency-report

| Complaints

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with Stephen Reid who is our partner responsible for services under appointment by Audit Scotland, telephone 0131 777 2839, email sreid2@uk.ey.com. If you prefer an alternative route, please contact Hywel Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you.

Should you remain dissatisfied with any aspect of our service, or with how your complaint has been handled, you can refer the matter to Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN. Alternatively you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

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To:	**Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee**
On:	**24 March 2023**

Report by: **Chief Internal Auditor**

Heading: **Internal Audit Plan 2022/23 - Progress**

1. Summary

1.1 In March 2022, the Audit, Risk and Scrutiny Committee approved the Internal Audit Plan for 2022/2023, as detailed at Appendix 1 of this report.

1.2 The plan sets out a resource requirement of 55 days, including governance 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 2022/2023.

2. Recommendations

2.1 That the Audit, Risk and Scrutiny Committee notes the progress against the Internal Audit Plan for 2022/23.

3. Background

3.1 The information governance engagement and the annual review of the Local Code of Corporate Governance have been completed. The engagement on risk management processes is currently planned to commence on 29 March 2023, documentation has been provided to the contracted auditors Azets. The audit plan remains flexible and these planned dates, could change, in consultation with management.

3.2 The Internal Audit Annual Report will be provided to the Audit, Risk and Scrutiny Committee on 23 June 2023. The Annual Audit Plan for 2023/2024 is included elsewhere on this agenda.

3.3   Time for planning and reporting continues to be used for regular reporting to the Audit, Risk and Scrutiny Board.

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 2022 – 2023.

11. **Privacy Impact** - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Revised Annual Audit Plan – 2022/23 Renfrewshire Integration Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Governance	Risk Management – Risk Management Processes	20	• The purpose of the audit is to review the arrangements in place for identifying and managing risks.
Governance	Information Governance – Requests for Information	20	• The aim of this review is to provide assurance that the various types of requests for information are being dealt with correctly.
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 and following up on the implementation of internal audit recommendations.

Item 4

Renfrewshire Council

NHS Greater Glasgow and Clyde

To:	Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee
On:	24 March 2023

Report by: Chief Internal Auditor

Heading: Summary of Internal Audit Reports

1. Summary

1.1 A risk based Internal Audit Plan for 2022/23 was approved by the IJB Audit Committee on 18 March 2022. In line with the Public Sector Internal Audit Standards, Internal Audit must communicate the results of each engagement to the Board.

1.2 Appendix 1 provides details of the completed audit engagements with the overall assurance rating and the number of recommendations in each risk category. The committee summaries are also attached.

2. Recommendations

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

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 progress of the risk-based Audit Plan for the IJB.

11.   Privacy Impact - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Appendix 1

Integration Joint Board Audit, Risk and Scrutiny Committee

Internal Audit Service

Summary of Final Audit Reports Issued

Engagement	Assurance Rating (note 1)	Recommendation Ratings			
		Critical	**Important**	**Good Practice**	**Service Improvement**
Governance Arrangements	Substantial	0	0	0	0
Information Governance	Reasonable	0	1	2	0

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Assurance Level	
Substantial Assurance	• There is a sound system of internal control designed to achieve the objectives of the area being reviewed. • The control processes tested are being consistently applied.
Reasonable Assurance	• The internal control processes are generally satisfactory with some areas of weakness being identified that could put some objectives of the area being reviewed at risk. • There is evidence that the level of non-compliance with some of the control processes may put some of the objectives of the area being reviewed at risk.
Limited Assurance	• Weaknesses in the system of internal controls are such as to put the objectives of the area being reviewed at risk. • The level of non-compliance puts the objectives of the area being reviewed at risk.
No Assurance	• Control processes are generally weak with significant risk to the achievement of the objectives of the area being reviewed. • Significant non-compliance with control processes leaves the processes/systems open to error or abuse.

Recommendation Rating	
Service Improvement	Implementation will improve the efficiency / housekeeping of the area under review.
Good Practice	Implementation will contribute to the general effectiveness of control.
Important	Implementation will raise the level of assurance provided by the control system to acceptable levels.
Critical	Addresses a significant risk, impacting on the objectives of the area under review.

Internal Audit Report
INTEGRATION JOINT BOARD
Corporate Governance Framework
(B0017/2023/001)
Date: March 2023

COMMITTEE SUMMARY

Audit Objectives
The IJB have developed local governance arrangements that are designed to ensure compliance with, 'Delivering Good Governance in Local Government: Framework,' published by CIPFA. The objectives of this audit were to review independently and report annually to the IJB Audit, Risk and Scrutiny Committee: • To provide assurance on the adequacy and effectiveness of the Local Code of Corporate Governance and the extent of compliance with it. • To support the Chief Internal Auditor's annual opinion included in the Internal Audit Annual Report and the Governance Statement included in the Annual Accounts.

Audit Scope
1. Obtained an up-to-date copy of the IJB's Local Code of Corporate Governance and selected a sample of elements for compliance testing. 2. Obtained the appropriate evidence to confirm compliance with the Code.

Key Audit Assurances
• The Local Code and Sources of Assurance for Governance Arrangements was updated and submitted to the Renfrewshire Integration Joint Board on the 24th of June 2022. • Based on our sample check of the evidence used to demonstrate compliance, we would confirm that the IJB complies with the requirements of the Local Code of Corporate Governance.

Key Risks
No key risks were identified as a result of this audit.

Overall Audit Opinion
Internal Audit has reviewed the adequacy and effectiveness of the revised Code which was presented to the Renfrewshire Integration Joint Board on the 24th of June 2022. Based on our sample check of the evidence used to demonstrate compliance, we would confirm that the IJB complies with the requirements of the Local Code of Corporate Governance. In addition, it is evident that the Local Code has been subject to regular review and updating in line with developments in best practice.

Internal Audit Report
INTEGRATION JOINT BOARD
Information Governance (A0114/2023/001)
Date: January 2023

COMMITTEE SUMMARY

Audit Objectives
The objectives of the review were to ensure that: • Relevant staff are aware of the Complaints procedures. • There is sufficient evidence held by HSCP officers to demonstrate compliance with the Complaints procedures. • Relevant staff are aware of procedures for dealing with Councillor requests for information. • There is sufficient evidence held by HSCP officers to demonstrate compliance with procedures for administering Councillor requests for information.

Audit Scope
1. Checked that there were sufficient procedures in place to ensure that relevant staff are aware of the complaints procedure and procedures for administering Councillor requests for information. 2. Checked that these procedures were being adhered to i.e., complaints registers and registers of Councillor requests were being properly maintained by the Renfrewshire Heath and Social Care partnership.

Key Audit Assurances
Relevant staff are aware of the complaints procedures and procedures for dealing with Councillor requests for information.

Key Risks
Without the back up evidence for the average days to respond to complaints and enquiries being available, the figures being reported to Board cannot be substantiated.

Overall Audit Opinion
Whilst the procedures being followed for dealing with complaints and Councillor enquiries was found to be satisfactory, there was a lack of supporting documentation held to substantiate the reported response times for complaints and enquiries. The auditor has made recommendations to address this, and the other minor housekeeping issues identified during the audit.

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

On: **24 March 2023**

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 contents of the report.

3. Renfrewshire Council Internal Audit Activity

3.1 There have been no Internal Audit reports issued to the Renfrewshire Council between 1 July 2021 to 30 September 2022, which are relevant to the Integration Joint Board.

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 July 2021 to 30 September 2022, 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
Covid 19 Recovery Plan	Minor Improvement Required	0	0	2	0
Telecommunications Project – Post Implementation Review	Minor Improvement Required	0	0	3	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 Covid 19 Recovery Plan

The objectives of the review were to ensure that:
1. The NHSGGC Annual Delivery Plan for 2022/23 sets out clearly defined priorities, aligned to those set out in the national NHS Recovery Plan.
2. Objectives are SMART, where possible, and responsibility for their delivery is clearly articulated.
3. Detailed actions plans have been developed to operationalise the requirements of the Annual Delivery Plan. These include actions not previously implemented through historic remobilisation plans.
4. There are robust processes in place to ensure that progress towards achieving objectives is consistently provided by those responsible for their delivery. Updates clearly convey progress, including identification of issues or delays where necessary.
5. Progress towards implementing recovery plans is subject to regular review and appraisal by senior governance groups and the Board.

NHSGGC has undertaken significant and substantial work to articulate its planned approach to recovering health services as it emerges from the Covid-19 pandemic, firstly through development of Remobilisation Plans and more recently through development of the Annual Delivery Plan for 2022/2023.

It was found that the Annual Delivery Plan (ADP) submitted to Scottish Government was consistently aligned with national priorities and also reflective of local priorities within NHSGGC including the Board Corporate Objectives.

It was also confirmed that, in common with our previous audit work in this area, NHSGGC developed robust arrangements to oversee both preparation and submission of the Annual Delivery Plan, as well as regular monitoring of progress towards implementation of the plan at the most senior levels within the organisation.

Implementation of the improvement actions identified within the Management Action Plan to this report will better support the consistent monitoring and reporting of component actions in support of the ADP plan. This will better enable NHSGGC to demonstrate its progress in this area to key internal and external stakeholder groups, most notably the Scottish Government.

4.1.2 Telecommunications Project – Post Implementation Review

The objectives of the review were to ensure that:
1. There is a formal strategy which sets out the roadmap of how the benefits of the implementation of the Telecommunications platform can be leveraged.
2. There are effective processes for identifying, managing and prioritising demand related to the utilisation of the Telecommunications platform.
3. There are effective project management and governance processes in place for all approved Telecommunications platform projects.
4. Expected benefits from the implementation of the technology and further projects, as set out in the business case (or equivalent), have or are being realised.

NHS Greater Glasgow and Clyde initiated a Telephony Programme in 2017 to migrate from the Featurenet infrastructure to a new telecoms platform. A key driver for the programme was to mitigate the risk of the platform being retired by British Telecom (BT). A report on progress was completed in 2020 with the programme in full flight however, COVID impacted on the progress that could be made.

Our review has noted that the key expected benefit of the telecommunications programme, removing reliance on legacy BT services, had been achieved. The programme has not undertaken a benefits realisation review to evaluate all of the benefits documented in the business case.

There is no defined roadmap to build on the enabling technology implemented by the Telephony Programme. There are a number of in-flight or future packages of work aimed for delivery over the next 18 months. However, there is no strategic or longer term view for future projects to enhance the benefits of the new platform and deliver capabilities in alignment with the strategic objectives.

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.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

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

On:	24 March 2023

Report by:	Chief Internal Auditor

Heading:	Annual Internal Audit Plan 2023/24

1. Summary

1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2023/24 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 and governance 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 2023/24.

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 2023/24 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 and updated during 2021/22 to ensure it covers all areas and reflects the maturity of the organisation. Appendix 2 provides details of the revised audit universe and the anticipated coverage over 2023/24 to 2027/28. 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 Auditors 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.

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 2023 – 2024.

11. Privacy Impact - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Annual Audit Plan – 2023/24 Renfrewshire Integrated Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Governance	Performance Management	20	• The purpose of the audit is to review the arrangements in place for managing and monitoring organisational performance.
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 and following up on the implementation of internal audit recommendations.

Audit Universe Planned Coverage – 2023/24 – 2027/28 Renfrewshire Integrated Joint Board

Engagement Topic	2023/24	2024/25	2025/26	2026/27	2027/28
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: **24 March 2023**

Report by: Strategic Lead and Improvement Manager

Heading: Update on Risk Register

1.   Summary

1.1.   The paper provides an update on the continued implementation of the IJB's updated Risk Management Framework following the previous update to the Committee in November 2022.

1.2.   This report also notes updates made to the IJB's risk and issues register, including any changes to risks/issues previously identified, and any new items added to the register during this period.

2.   Recommendations

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

•   Note the further work undertaken to implement the revised Risk Management Framework across operational services within the HSCP, including on the ongoing monitoring of the take-up of the online training module launched in August 2022 and the ongoing preparation with services for the planned internal audit of risk management arrangements commencing late March 2023 (section 4); and

•   Approve the updates made to the existing risks and issues, following further assessment and engagement within the HSCP and with partners (section 5).

3.   Background

3.1.   The IJB's 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.   It sets out how risks and issues should be identified, managed and reported and it informs the development of this report and supporting appendix.

4.   Implementing the update framework: further activity

4.1.   Previous updates to the Committee have outlined the progress made in implementing the IJB's revised Risk Management Framework within the HSCP. Work has continued to embed the framework within HSCP processes. The key activities completed include:

- Continued reviews to assist the Risk Network and services to follow risk management processes, supporting risk and issue reviews with service management teams.
- Continued operational risk and issue reporting to SMT by exception.
- Ongoing monitoring of staff completion of the online training module launched in August. Takeup rates have been impacted by continued service pressures.
- Ongoing meetings of the cross HSCP and NHS GGC 'risk working group' continue to be held monthly where consistency of risks is discussed, and best practice shared. Particular focus has been on resilience risks.
- Completion of winter planning activity for 2022-23 period and ongoing work to address resilience risks associated with any planned or unplanned power outages.
- Representation on, and participation in, the committee for the ALARM UK National Health and Social Care risk group, providing additional opportunity to identify and consider further examples of 'best practice.'
- The IJB Risk Framework has been included on the internal audit schedule and will commence in late March 2023, led by Azets. Supporting materials have been provided to the auditors in advance and a kick-off meeting is scheduled for 29 March. Following completion of the audit, any identified recommendations will be reflected in a planned review and update (as appropriate) of the risk management framework. This review will also ensure ongoing alignment with NHSGGC's recently approved risk management strategy. Renfrewshire HSCP have contributed to relevant discussions during the strategy's development.

5.   Updates to the IJB Risk Register

5.1.   The HSCP's ongoing assessment and review of risks has identified necessary changes to existing risks and issues. In this period there have been no new risks or issues incorporated within the IJB's Risk Register, which is provided as Appendix 1 to this report. All risks and issues have been updated to reflect the latest position regarding completed and outstanding actions. This paper reflects the changes made to risks since the last update to the Committee.

5.2.   It should be noted that the risk outlook is highly challenging, with many of the risks now being rated within the category of high. The current financial and operating context remains difficult across the public sector, and this is reflected in the nature of risks being identified.

5.3.   In summary, the key updates to existing risks include:

- The risk score for 'Changing financial and demographic pressures' (RSK01) and 'Financial challenges causing financial instability for the IJB' (RSK02) are already at the highest rating available. It should however be noted that the ongoing financial context for the IJB remains

highly challenging and uncertain. Work is ongoing to enable the presentation of the legally required balanced budget to the IJB in March 2023. However, there is a risk that, should the IJB not approve a balanced budget at this meeting, a financial recovery plan will be required to support delivery of a balanced position in FY 23/24. The risks noted have therefore been updated to reflect this extremely challenging position.

- RSK03, 'Increase in physical and mental health inequalities' has been updated to reflect the work the HSCP has undertaken to support the Fairer Renfrewshire Committee to deliver the Winter Connections programme. The HSCP continues to monitor the impact of pandemic and the cost of living crisis within the volume and complexity of referrals being received.

- The risk rating for 'Capital funding and complexities of property planning in an integrated setting' has been increased this period to reflect the challenging financial context and increasing costs associated with property management, which is reserved to the IJB's partners in Renfrewshire Council and NHSGGC. These challenges will necessitate the ongoing review of what property is required and how it is utilised (RSK14).

Implications of the Report

1. **Financial –** No direct implications from this report*
2. **HR & Organisational Development** – Further guidance and training has been developed for staff to support them in understanding their contribution to risk management and rolled out from July 2022. Reminders to be issued March 2023.
3. **Strategic Plan and Community Planning** – No direct implications from this report*
4. **Wider Strategic Alignment -** No direct implications from this report*
5. **Legal –** Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets –** No direct implications from this report*
7. **Information Technology –** No direct implications from this report*
8. **Equality and Human Rights** – No direct implications from this report*
9. **Fairer Scotland Duty -** No direct implications from this report*
10. **Health & Safety –** No direct implications from this report*
11. **Procurement** – No direct implications from this report*
12. **Risk –** This paper and attachments provide an update to the IJB's Risk Management Framework.
13. **Privacy Impact** – No direct implications from this report*

Although there are no direct implications from this report, specific risks are likely to impact on these areas and will have specific mitigations identified.

List of Background Papers – N/A

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Risk and Issue Register Executive Summary

This document reflects the status of the risks and issues in the IJB log at the end of February 2023. This report also features issues as part of the agreed risk framework approach. The summaries reflect the changes to risks since the last report and items which have been identified as new or those proposed to close since the last report. For any proposed closures we have included summaries to detail the final position and the rationale for closure. If these are agreeable, they will be removed from the next report.

Introduction and Background

This document is prepared in advance of each IJB Audit, Risk and Scrutiny Committee meeting 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 and Issues 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 have 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 risks identified.

Approach to assessing issues

The same applies regards impact, however for issues, the priority and the resolution is considered instead of likelihood. Issues are simply risks which have occurred and they have a rating of between 1 and 5 where 1 is low/no impact ranging to 5 extreme impacts.

<center>Risks</center>

Likelihood	Risk Consequence Impact Rating				
	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

<center>Issues</center>

Impact	Issue Rating
1	Insignificant
2	Minor
3	Moderate
4	Major
5	Extreme

Risk Profile

Total Risks	High Risks	Moderate Risks	Low Risks	Very Low Risks	Proposed Closure
15	9	4	2	0	0

Likelihood	Consequence Impact				
	1	2	3	4	5
5	5	10	15	20	25
				3	6
4	4	8	12	16	20
				1	
3	3	6	9	12	15
			2	1	2
2	2	4	6	8	10
1	1	2	3	4	5

Issue Profile

Total Issues	1
Extreme Issues	1
Major Issues	
Moderate Issues	
Minor Issues	
Insignificant Issues	
Proposed Closure	

Risk or Issue Ref	Risk or Issue Type	Summary Description	Current Risk / Issue Score and ROYG Rating	Risk or Issue Movement
RSK01	Strategic	Changing financial and demographic pressures	25 High	No Change
RSK02	Financial	Financial Challenges causing financial instability for the IJB	25 High	No Change
RSK03	Operational	Increase in physical and mental health inequalities	20 High	Increase
RSK05	Operational	Disruption from further waves of COVID	09 Low	Monitor
RSK06	Operational	National Care Service	25 High	No Change
RSK07	Operational	Workforce planning and service provision	25 High	No Change
RSK09	Strategic	National risk of litigation and reputational damage following future public inquiry into COVID response	15 Moderate	No Change
RSK10	Operational	Failure or loss of major service provider	25 High	No Change
RSK11	Clinical	Delivery of the GP Contract / Primary Care Improvement Plan	20 High	No Change
RSK12	Strategic	Failure to achieve targets and key performance indicators	09 Low	No Change
RSK13	Strategic	Cyber threats pose an increasing risk	20 High	No Change
RSK14	Strategic	Capital funding and complexities of property planning in an integrated setting	25 High	Increase
RSK15	Operational	Compliance with Essential Training	16 Moderate	No Change
RSK16	Strategic	Delivery of Addictions Support in Renfrewshire	12 Moderate	No Change
RSK18	Operational	Impact of potential power outages on critical services	15 Moderate	No Change
ISS01	Operational	Issues regards attracting & retaining staff	05 Extreme	No Change

RSK01 Changing financial and demographic pressures

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
The changing financial and demographic pressures facing services poses a risk to the HSCP being able to successfully deliver services to the most vulnerable people in Renfrewshire.	HSCP SMT	There is a risk that if financial and demographic pressures of services are not effectively planned for and managed over the medium to longer term, there would be an impact on the ability of the HSCP to deliver services to the most vulnerable people in Renfrewshire. This needs to be considered with regards to: • Medium- and longer-term financial planning • Corporate and service review activities • Strategic commissioning approach and the strategic planning process • Service design ensuring the development of cost-effective care models and models which encourage prevention and self-management • Increasing costs such as utilities, salaries, and supplies are also having an impact on budgets across the HSCP and our partners. Partners and providers are now seeking to manage additional costs faced which may lead to an increase in our costs and further budget constraints. • Increasing impacts of cost-of-living crisis on some demographics has the potential to increase service demands and levels of need. • Inflation remains high, and the overall financial outlook beyond this year remains uncertain and challenging.	No Change	Increasing financial pressures and cost of living crisis remain significant	
			Risk Code	**Category**	**Risk Management Approach**
			RSK01	Strategic	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	05	25High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			05	05	25 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
A number of actions are in place to help mitigate this risk including: Regular risk reporting to the Integration Joint Board and the IJB Audit, Risk and Scrutiny committee. **Financial Planning and Strategic Planning** - Long term financial planning processes - Budget monitoring processes are in place and regularly reviewed and reported upon - Implementation of the IJB's Strategic Plan 2022-25 and Medium-Term Financial Plan 2022-25 with Tier 1 rolling savings programme - Continuous review and assessment of changes within the external economic and funding context **Corporate & service review activities** - Investment in service re-design opportunities to improve efficiency and effectiveness - Eligibility criteria under continuous review - Ongoing focus on recovery from the COVID-19 pandemic and assessment of transformational opportunities to reshape services and deliver efficiencies	HSCP Senior Management Team	Review May 2023	Subject to ongoing review

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
Ongoing deployment of the above	N/A	N/A	N/A

RSK02 Financial Challenges causing financial instability for the IJB

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There are a number of financial challenges facing the IJB and if not adequately addressed, these could affect the financial sustainability of the partnership with consequent impact to service delivery.	HSCP SMT	There are a number of aspects contributing to this risk as follows: 1. Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations negatively impacting on the overall financial position of the partnership due to: a) Pay growth (inflation, annual pay award proposals) b) Prescribing c) Sickness & Absence cover d) Community equipment expenditure e) Impact arising from Resource Allocation Model f) Financial impact of any clinical failures g) Compliance with new statutory requirements h) Increased service demand i) Increased supply chain costs due to Brexit, Ukraine and COVID impacts j) Additional costs incurred as a result of COVID-19 k) Challenging financial outlook for IJB l) Significant levels of non-recurring funding does not support longer term sustainability of services m) Additional uplifts requested arising from external providers 2. The requirement for savings to be delivered as part of the medium-term financial plan could have an impact on the delivery of existing front-line services. The need for savings has been confirmed and a range of options are being progressed for consideration. Initial options are expected to be submitted to the IJB for review and approval in March 2023, with additional options identified on an ongoing basis. 3. As widely reported, Councils across Scotland face significant financial challenges. Increasingly difficult choices about spending priorities will be required in the next financial year and future years. There is a risk that the IJB may not be able to agree a balanced budget as legally required at the start of the financial year, which would require a financial recovery plan to address any gap. The budget will be considered by the IJB on March 31st, 2023. At the time of writing uncertainty over final partner budget allocations remains.	No Change	N/A	

			Risk Code	Category	Risk Management
			RSK02	Financial	Treat

			Current Likelihood	Current Impact	Current Evaluation
			05	05	25 High

			Previous Likelihood	Previous Impact	Previous Evaluation
			05	05	25 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
Supporting frameworks & strategies: - Financial management framework implemented. - Focus on Recovery and Renewal activity. - Strategic Plan 2022-2025 approved by IJB March 2022 and Strategic Delivery Plan in June 2022 - Medium Term Financial Plan for 2022-2025 approved by IJB March 2022 **Reporting/monitoring at strategic fora:** - Financial information is reported regularly to the Integration Joint Board and the Senior Management Team. - Financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer, NHS Director of Finance and Council Director of Finance and Resources. - Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. - Ongoing discussion at GP forum on importance of prescribing financial break even. - Ongoing reporting to Scottish Government on COVID-19 expenditure and discussions on cost recovery. - Robust financial monitoring and budget setting procedures including regular budget monitoring with budget holders. - Prudent use of our reserves policy	HSCP Senior Management Team	Historic	Ongoing

Savings programme - Savings for FY21/22 agreed at IJB March 21 fully delivered by year end (circa £1.135M)			
Mitigating / Preventing Actions Planned	**Assigned to**	**Date**	**Status**
- Implementation and ongoing monitoring of identified savings and transformation options to achieve a balanced budget to be considered by IJB in March 2023 and at future IJB meetings. - Active vacancy management. All vacancies reviewed by Finance and approved by CFO prior to recruitment - Negotiation with funding partners to maximise 23/24 budget	N/A	Review April 2023	Ongoing

RSK03 Increase in physical and mental health inequalities

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There are a risk that physical and mental health inequalities increase, meaning that service users and patients present with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	Head of Strategic Planning & Health Improvement	It is recognised that physical and mental health inequalities are highly likely to increase. This may result from long-term conditions, an ageing population, long term impacts of COVID on mental health and Long COVID itself, increasing poverty due to the cost-of-living crisis, increased deprivation or individual risk-taking behaviours resulting in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities. This must be actively considered with regards to the creation of any Health Improvement plans and Partnership working agreements.	Increase	Referral rates increasing and an increase in complexity of cases within Mental Health, Care Homes and Care at Home services.	
			Risk Code	**Category**	**Risk Management Approach**
			RSK03	Operational	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	04	20 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			04	04	16 Moderate

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
Actions undertaken: • There has been a further increased focus on inequalities across a range of HSCP initiatives. A number of teams which maintain a focus on this aspect are in place, including the Community Link and Health Improvement teams. There is a new role appointed in Jan 22 to focus solely on equalities. • In addition, following a review of our strategic plan priorities a number of activities are underway which includes delivery of a community-led approach to health and wellbeing with targeted approaches to raise awareness. • The HSCP tracks performance within the Health inequalities outcome (number 5 in National H&W Outcomes) and also continues to monitor population data and trends. • Funding was secured for 2021/22 to deliver projects which are aimed at reducing specific inequalities and promote health and wellbeing. • Inclusion of health, wellbeing, and inequalities within development of Strategic Plan 2022-25 • Scottish Govt £15m Communities Mental Health & Wellbeing fund - £500k allocated to Engage Renfrewshire to allocate to local projects. £15m announced by SG for second year of fund (May 2022). • Strategic Plan 2022-25 approved by the IJB in March. • Additional monies secured as part of winter funding directed to equalities projects; befriending. • Supporting strategic development plans to underpin the Strategic Plan approved by IJB in June 2022. • The HSCP has been working with partners to develop and implement cost-of-living and community-based support through the winter period (through the Winter Connections Programme), supporting the aims of the Fairer Renfrewshire Committee.	Strategic Planning & Health Improvement	Historic	Complete

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
Actions underway: • Ongoing work with SPG partners to further develop approach to improving health and wellbeing • Health Improvement Team continue to progress local priorities	Head of SP & HI	Apr 2023	Ongoing

RSK05 Disruption from further waves of COVID

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that further waves of COVID could have significant impacts on HSCP operational arrangements, particularly staffing, service provision, and overarching IJB governance.	Chief Officer	The risk is that further disruption to the delivery of strategic and transformation plans, in addition to operational day to day commitments because of: • The HSCP needing to implement support measures to prevent the spread of COVID-19 • The impact of COVID-19 on services users and demand on services: (a) Increased levels of care required due to long covid and increased mental health issues (b) The impact on staff; sickness, mental health, and utilisation to support services (c) Impact of increasing levels of demand and client expectations (d) The suitability, affordability, and stakeholder support to achieve the NHS remobilisation plan, Renfrewshire Council's recovery plans and ultimately the HSCP's overall plan.	No Change - Monitor	IJB Governance and operational response arrangements are well tested and embedded. Other aspects of the risk regarding staffing impact, further outbreaks, and failure to deliver upon strategic and operational plans are covered by other risks and issues.	

Risk Code	Category	Risk Management Approach
RSK05	Operational	Treat
Current Likelihood	**Current Impact**	**Current Evaluation**
03	03	09 Low
Previous Likelihood	**Previous Impact**	**Previous Evaluation**
03	03	09 Low

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• Meetings will continue to be conducted in person, in hybrid format, and remotely using a video and/or audio service that will enable all members to participate. • The risk management framework and policy has been updated to reflect on learnings from COVID and provide the flexibility needed regards risk tolerance required within a pandemic. This is in the process of being rolled out. • Public health measures have been implemented; including vaccinations in 2020/2021 and current planning for vaccinations in Spring 2023 is underway. • Winter plans incorporated the necessary staffing response to manage increased levels of staff absence which were evidenced in the first months of 2023.	N/A	Historic	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Ongoing monthly review of COVID risks across services, with escalation measures implemented as necessary • If required in the future additional meetings of the IJB can take place and / or delegations to the Chief Officer can be revisited if deemed appropriate. • Delivery of Recovery Plans, including the NHS Remobilisation Plan • Guidance continues to be adjusted locally across services in alignment with National Guidance.	Chief Officer	April 2023	Ongoing

RSK06 National Care Service

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that the creation of a National Care Service results in potentially significant structural, organisational and governance change which could be challenging to resource alongside operational commitments.	Chief Officer	The published analysis of NCS consultation responses showed support for the wide-ranging proposals made and the implementation of these is therefore likely to place significant demands on HSCP resources to deliver, alongside the delivery of ongoing operational and strategic plans. The Scottish Government have now published a high-level Bill to enable creation of the NCS. This lacks detail but is expected to have significant impact on IJB role and governance through creation of Local Care Boards. Further impacts on staffing, finance, property, and technology will also occur. A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. Parliamentary Committees have also released reports setting out their views on the current status of the Bill. The level of risk therefore remains high. Next steps and timelines for the NCS Bill remain uncertain due to the nature of recommendations made by Parliamentary Committees, stakeholder feedback and the potential for policy changes to be made by a new First Minister of Scotland. In this context, stage 1 scrutiny of the Bill has been postponed from March 2023 to June 2023.	No Change	N/A	
			Risk Code	**Category**	**Risk Management Approach**
			RSK06	Operational	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	05	25 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			05	05	25 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• There are likely to be recommendations which are phased for delivery over the term of this Parliament, to enable some prioritisation of resource. • The HSCP has a Change and Improvement team that can be directed to key areas of activity requiring delivery. • Continued review of the progress of recommendations progressing through parliament to assess potential resource and plan implications. • Implementation of Strategic Plan to consider the need for flexibility in delivery. • IJB response submitted to Scottish Government consultation on proposals for National Care Service.	Chief Officer	Historic	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Scottish Government consultation results have been shared and these have been reviewed and discussed across the HSCP to understand the impacts. • Draft Bill published by the Scottish Government and engagement sessions currently underway for the lived experience panels and stakeholder registers. • Review of all published resources and attendance at all NCS briefings and seminars continues to ensure understanding of the breadth of change and any preparation actions that can be undertaken. • Continued monitoring of emerging information and stakeholder engagement	Chief Officer	Review June 2023	Ongoing

RSK07 Workforce planning and service provision

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that a range of factors may impact on the ability to fully implement workforce plans and could lead to longer term workforce difficulties, shortages in some skill sets, therefore potential impact on service delivery and the IJB's ability to deliver upon the strategic plan.

*Please also see Issue ISS01: Issues attracting and retaining staff | HSCP SMT | A flexible, skilled, and suitably certified workforce is essential to service provision and delivery of the IJB's strategic plan. Workforce risks can result in increased financial costs and include:

• Prolonged vacancies within services. Specific pressures exist around medical staffing (specific roles are in national shortage), District Nursing and Care at Home services
• Sufficient numbers of qualified staff with the correct registrations
• Pressures resulting from additional planning structures which require managerial and clinical input.
• GP practice handing back their contract and the HSCP having to run the practice
• High levels of fatigue and unused annual leave from COVID resulting in increased absence
• Additional risks to meeting service demand posed by sickness/absence levels and an ageing workforce leading to increased levels of future retirements
• Vacancies or absence within providers, and or providers making decisions to hand back care agreements or not accept new packages/residents.
• Timely access to the correct tools and accommodation for staff; laptops, mobiles, systems access, uniform, and sufficient space for services to undertake their roles.
• Utilisation of non-recurring funding for roles does not make the roles attractive due to their temporary nature. | No Change | N/A | |
			Risk Code	**Category**	**Risk Management Approach**
			RSK07	Operational	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	05	25 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			05	05	25 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned	Date	Status
• Operational – management of risk and staff deployment through forward planning of rosters, quality assurance re shifts good practice and daily/weekly reviews of service staffing. Utilisation of bank/agency staff / overtime where required. Introduction of staffing dashboard to monitor staffing levels in critical services.
• HR & Recruitment – vacancy risk assessment undertaken, reduced timescales from request to advert, robust application of absence management processes, regular review / refresh of statutory and essential training and professional registration / revalidation and adherence to application checklists (e.g., disclosure), process for monitoring clinical references. Completion of two job fairs to attract staff and service meetings established to manage recruitment and retention issues collaboratively.
• Business Continuity – winter planning alignment with ongoing business continuity and risk management to identify issues early. Staffing review undertaken to understand staff willingness to volunteer and deploy in other services should the need arise.
• Winter funding – specific group established to track the progress regards spend / recruitment of additional and new roles.
• Independent Contractors – collaborative working with Primary Care and cluster support for GP practices / services, through delivery of the Primary Care Improvement Plan
• Focused Development session held with IJB on workforce planning and challenges on 5th November 2021
• Development of an interim one-year workforce plan for 2021/22, and draft 2022 to 25 plan approved by IJB in June 22
• Integrated workforce plan for 2022 to 25 was submitted to SG in draft at the end of July and was approved by the IJB in November 2022	N/A	Historic	Ongoing

Mitigating / Preventing Actions Planned	Assigned	Date	Status
• Integrated workforce delivery plan created and continues to be monitored by the HSCP's Workforce Planning Group	Head of SP&HI	End April 2023	Ongoing

RSK09 National risk of litigation and reputational damage following future public inquiry into COVID response

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a national risk of litigation and reputational damage across integrated health and social care services following the UK-wide public enquiry into the handling of the COVID pandemic, commencing in 2022. We are not aware of any increased comparative risk in Renfrewshire.	HSCP SMT	There is a risk of litigation and reputational damage applicable across health and social care nationally and facing all integrated health and social care service providers, as a result of the UK-wide public inquiry into the handling of the COVID pandemic. The Scottish Government has also committed to completing an inquiry in Scotland and the terms of reference for this was updated on 9 June. There continues to be significant media interest nationally, following the recent resignation of the enquiry chair.

There is no evidence that this risk is any higher for Renfrewshire than for any other integrated health and social care service.

Responses to the UK and Scottish Government public enquiries are underway and the expectation is that hearings will commence later in 2023. The UK enquiry hearings will take place in June and July 2023. Dates for the Scottish public enquiry are still to be confirmed. | No Change | Evidence gathering underway, hearings expected to commence in 2023. | |
			Risk Code	**Category**	**Risk Management Approach**
			RSK09	Strategic	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			03	05	15 Moderate
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			03	05	15 Moderate

Mitigating / Preventing Actions Complete or Ongoing		Assigned to	Date	Status
- Implementation of Local Response Management Team and Recovery and Renewal governance during pandemic, and ongoing input into NHS GGC and Renfrewshire Council governance. - Vaccination programme rolled out across Renfrewshire; in alignment with National Vaccination guidance; all staff and care home residents have been offered the vaccine and a third vaccination/booster. Programme also performing well for residents and service users. - Commissioning Teams & Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID-19. - Significant support also being provided by Public Health, Infection Control and Procurement. - Testing of all residents and staff in care homes implemented and regularly re visited. - Testing of all staff implemented as per National Guidance - Daily huddles and multi-agency assurance and support for Care Homes in place. - Clinical support and leadership through general practice and district nursing. - Local proactive support arrangements for infection control, training, practice, supervision and for implementing social distancing and other measures such as reduced or no visiting policies. - PPE arrangements established and monitored locally - Dashboards and reports developed to allow identification of any COVID 'hotspots' and trends - Regular reporting from Renfrewshire Council, NHS GGC and Renfrewshire HSCP to Scottish Government. - Contribution to partner-led responses to requests for evidence		HSCP Senior Management Team	Review April 2023	Ongoing
Mitigating / Preventing Actions Planned		**Assigned to**	**Date**	**Status**
Continuation of the above.

Ongoing working with partners to submit responses and evidence as required, | | N/A | N/A | N/A |

RSK10 Failure or loss of major service provider or independent contractors

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that we may experience failure, loss, or reduced quality (either permanent or temporary loss) of a major service provider, which may impact on our capacity to deliver services, protect vulnerable children and adults, and may impact on additional costs to cover key services.	HSCP SMT	The context of this risk is with regards to the failure or reduced quality of provision by independent providers of care homes, care services, mental health provision or GP practices. There is financial instability within the sector due to COVID-19, the cost-of-living crisis, and additional impacts from Brexit. In October 21, independent contractors were to this risk as we are starting to see pressure build within this area. For example, some providers have confirmed they are unable to take new commitments, cancelled all current outreach and or reduced other commitments. In February 22, a practice was managed as a 2c practice prior to its closure, after which patients were migrated to other local practices. From Q3 22/2023, providers and contractors have notified the HSCP of the financial challenges they are facing in trying to cover rising supply chain and operational costs. This continues to result in some providers considering the return of existing hours of service provision to the HSCP.	No Change	N/A	
			Risk Code	**Category**	**Risk Management Approach**
			RSK10	Operational	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	05	25 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			05	05	25 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
Procurement and commercial processes • Appraisal of providers and independent contractors conducted as part of procurement process. • Purchasing patterns monitored by Finance Team and senior managers. • Programme of reviews of all service providers. • Contract compliance, performance monitoring and reviews for service providers and the two hospices **Support arrangements** • Provider Sustainability programme continued until the end of June 22, with the Social Care Staff fund extended to September 2022 and financial support for testing and vaccinations extended until end March 2023. • Main providers registered and monitored by Care Inspectorate, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users. Care Inspectorate also included in discussions. • Providers have also been directed to the National and Scottish Government guidance which outlines these various actions including ensuring links to their supply chains and ensuring robust business continuity arrangements are in place. • Enhanced governance arrangements for care homes have been implemented across Health Boards at the direction of the Cabinet Secretary in response to COVID-19. These arrangements have significantly increased monitoring of commissioned services and include multi-disciplinary daily huddles and assurance visits. • Emergency legislation enacted to enable Health Boards and local authorities to step in to manage failing care homes during the COVID-19. • The options for managing disruption to GP practices have been documented and clear processes discussed and established should any situation arise. In Feb 22 we had one practice run as a 2c practice by the HSCP, this subsequently closed in March 2022 with patients being transferred to other practices.	NA	Review April 2023	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
Ongoing monitoring and the above	N/A	N/A	N/A

RSK11 Delivery of the GP Contract / PCIP

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that the HSCP will not be able to deliver services as outlined within the GP Contract / PCIP by the required timelines, due to the scale of work required, workforce availability and allocated funding.	Clinical Director and Chief Officer	Current proposed funding will not cover the full cost implementation of the contract.	No Change	N/A	
		Staffing remains under pressure due to retention challenges and turnover of staff.	**Risk Code**	**Category**	**Risk Management Approach**
		Initial scope included 6 MOU areas. There is now greater priority on 3 of these: pharmacotherapy, VTP and CTAC which need to be delivered by 2022/23. The remaining 3 require to be delivered by 2023/24. In order to be able to deliver the GP Contract additional property accommodation is required for treatment rooms / pharmacy hubs and also to support the growth in the sizes of the teams created for the purpose of multi-disciplinary service delivery.	RSK11	Clinical	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
		The financial implications of non-delivery of practices to treatment rooms, pharmacotherapy and VTP by March 23 remain unknown.	05	04	20 High
		Within the Primary Care Improvement Fund: Annual Funding Letter 2022-23 (11 August 2022) the Scottish Government advised that HSCPs PCIP reserves should be utilised in year prior to pulling down 2022/23 allocations. 2022-23 allocations are therefore inclusive of reserves. This will have implications where improvement works, and additional Multi-Disciplinary Team actions were earmarked against these reserves. Discussions with the Scottish Government continue, and an update is anticipated.	**Previous Likelihood**	**Previous Impact**	**Previous Evaluation**
			05	04	20 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• Updated MoU published on 2nd August 2021. • Clinical Director providing support and guidance to GP services reporting challenges in recruitment and capacity Regular reporting to the Scottish Government regards progress and to inform National direction. Deep dives are planned with the government to look at the needs within some of the key MOU areas. • Property audit has identified suitable space to accommodate teams and services; treatment rooms and pharmacotherapy which has supported feasibility studies regards delivery of service. • Issue regarding funding available to support delivery of the GP Contract / PCIP has been escalated to the NHS GGC Primary Care Board and also SMT. • Additional funding of £550K secured in a Scottish Government bid as part of 'Winter Funding' which will help to fund the Primary Care Improvements. This is recurring funding. • We have now delivered 18 practices out of 28 into treatment rooms. • Responsibility for vaccinations that were previously delivered in GP practices have now transferred from GPs to the HSCP, this was a key requirement for delivery under the contract by March 2022. • The Renfrewshire pharmacy hubs went live from August 2022, with plans for longer-term accommodation needs continuing to be developed.	Clinical Director	Review end April 2023	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Continuation with the above • Projects continue to complete feasibility studies via NHS capital planning to identify suitable accommodation.	N/A	N/A	N/A

RSK12 Failure to achieve targets and key performance indicators

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that failure to deliver upon the required Strategic Plan targets and standards, and other key performance indicators, could result in a decreased level of service for patients and service users.	HSCP SMT	This risk is fourfold: • The IJB and HSCP's ability to define appropriate local strategic plan • The IJB and HSCP's ability to deliver upon said strategic plan • The IJB and HSCP's ability to evidence that we have achieved the outcomes required within the strategic plan. • There is also a risk that the dependencies between our strategic plan and national planning, and partner strategies are not aligned. • The dependencies between the delivery of targets and wider risks relating to financial and workforce challenges (Risks 1, 2 7 and Issue 1)	No change	Strong alignment between our strategic, medium term financial and workforce plans. National policy changes pose a risk but mitigated by annual review of strategic plan. However, related financial and workforce impacts remain which may impact on delivery.	
			Risk Code	**Category**	**Risk Management Approach**
			RSK12	Strategic	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			03	03	09 Low
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			03	03	09 Low

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• Performance reports presented to all IJB meetings with full scorecard presented 6-monthly and annual reports produced to support monitoring and planning. • Organisational Performance Reviews with Chief Executives of NHSGGC and Renfrewshire Council • National, NHSGGC, Ministerial Steering Group and local performance measures • Regular review of key performance indicators with performance support available to all service areas • Review of systems used to record, extract and report data and development of data capture systems to inform local planning. • Needs Assessment carried out • Review of integration scheme in line with legislation and development of strategies in line with statutory guidance • Undertaking equality impact assessments to evidence how plans and strategies will support those in need • Ongoing budget monitoring and management to meet service demands • Staffing resources are flexed to meet priorities/demand • Quality care and professional governance arrangements • Ongoing work developing a culture of performance management and link to recovery and transformational activity • Ongoing maintenance of performance management framework agreed by IJB September 2021 • Strong alignment between our strategic plan, medium term financial plans and our workforce plan • There remains a risk of national policy changes which could affect our alignment, but our review of strategic plan progress should mitigate against this risk.	SMT	Review Apr 2023	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Continuation of the above • Ongoing alignment of the Strategic Plan within action plans and performance monitoring processes	Head of SP&HI	Review Apr 2023	Ongoing

RSK13 Cyber threats pose an increasing risk

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
Cyber threats are an increasing risk to the HSCP and our respective partner organisations and there is a risk that either partner could be targeted to disrupt key infrastructure.	NHS - Director of eHealth

Council - Head of IT | Cyber threats are a dynamic and growing threat to the HSCP and our partner organisations; NHS GGC and Renfrewshire Council. Until recently, much of the focus of such threats was the theft of financial data, not personal or patient/service user information. However, there is now a growing risk that we will be targeted in order to disrupt a key component of critical national or local infrastructure. As the HSCP's ICT infrastructure is provided by NHS GGC and Renfrewshire Council, the responsibility for addressing this risk sits with our partner organisations however shall be maintained in this log for monitoring.

Since the last report the HSCP has continued to focus our Business Continuity Review on how the Partnership would operate in the event of a data or systems breach and work with partners is ongoing. | No Change | N/A | |
			Risk Code	**Category**	**Risk Management Approach**
			RSK13	Strategic	Treat via Partners (Transfer)
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	04	20 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			05	04	20 High

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• HSCP staff are reminded to follow the relevant GDPR and Information Security policies for their employment organisation. • Renfrewshire Council have recently (Q2 and Q4 2021) reinforced their Information Security Policy and released several comms to staff regarding security of data and data protection generally. The Council have also conducted a Council-wide phishing scam test to raise awareness of the practice and inform lessons learned. • NHS GGC operates a multi layered security model to defend against cyber threat. • Both NHS GGC and Renfrewshire Council maintain appropriate information governance controls and governance structures to monitor and manage risks. • The eHealth Directorate and Renfrewshire Council continue to build upon cyber defences with controls in place. • Further implementation of additional cyber security prevention in alignment with National guidance by both partner organisations in light of the additional Ukraine risk.	NHS - Director of eHealth

Council – Head of IT | Historic | Ongoing |

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Continuation of the above • Further discussion with NHS e-Heath and Council regards the availability of key systems and alternative data access in the event of a cyber event. • Robust plans to assure access to critical service data in the event of a data/systems breach with supporting operational processes have been developed and will be implemented throughout 2023 in advance of winter 2023-24	NA	Review May 2023	Ongoing

RSK14 Capital funding and complexities of property planning in an integrated setting

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that limited capital funding and the complexities of co-ordinating relevant property strategies and planning between partner organisations could create additional challenges in delivering the IJB's strategic plan in the medium- to long-term.	Chief Officer and CFO	• There is a risk that limited capital funding, and the complexities of coordinating a property strategy consistently across both NHS and Council properties, could create additional challenges in delivering the IJB's strategic aims in the medium to long term. • Capital planning is reserved to the IJB's partner organisations. As such the ability to influence property strategies on an ongoing basis is required. • Ongoing maintenance requirements across the estate. • An increase in staff to support service recovery is also adding accommodation pressure. • Budget challenges will require ongoing assessment of the property portfolio currently in use.	Increase	Budget challenges requiring ongoing assessment of property portfolio.	
			Risk Code	**Category**	**Risk Management Approach**
			RSK14	Strategic	Treat via Partners (Transfer)
			Current Likelihood	**Current Impact**	**Current Evaluation**
			05	05	25 High
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			04	05	20 High
Mitigating / Preventing Actions Complete or Ongoing			**Assigned to**	**Date**	**Status**
• Property Strategy workstream established within the HSCP to gather key data to understand the current position across all our services including the challenges faced. Working directly with Renfrewshire Council to determine staff workplace requirements and NHS Estates team regards the property actions required. • Primary Care Property Strategy submitted to IJB 25 June 2021. • A property data gathering exercise completed to support the determination of property priorities. • Refreshed HSCP Property Strategy Group commenced 11th May 2022. • Ongoing attendance at the NHS Board/HSCP Capital Planning Group, last meeting 18th January 2023.			Chief Finance Officer	Review Apr 2023	Ongoing
Mitigating / Preventing Actions Planned			**Assigned to**	**Date**	**Status**
• Refreshed assessment of service and team needs as HSCP transitions in line with Scottish Government Strategic Framework • Draft Property Strategy to be brought to IJB in June 2023.			Chief Finance Officer	Review Apr 2023	Ongoing

RSK15 Compliance with Essential Training

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that the pressures on staffing caused by service demands and workforce constraints following the pandemic, and differences in reporting systems, will impact on the timeous completion of and accurate reporting of mandatory training. This could impact on the provision of a safe working environment for staff and patients / service users.	SMT	Staff within the HSCP are required to undertake a range of essential training as part of their duties and responsibilities. Initially when recorded this risk was in relation to the pressures introduced by the pandemic, however it has now been updated to reflect: 1. Recruitment and retention issues and the subsequent increased demands on staff which make it very challenging for appropriate time to be allocated to undertake training; and 2. Differences in our reporting systems which can make recording and comparison between employing organisations difficult	No Change	NA	
			Risk Code	**Category**	**Risk Management Approach**
			RSK15	Operational	Treat with Partners (Transfer)
			Current Likelihood	**Current Impact**	**Current Evaluation**
			04	04	16 Moderate
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			03	04	12 Moderate

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• Continued compliance with Staff Governance standards • Creation of a dashboard underway to present consolidated view of Health and Safety information for the HSCP in a single view. This will enable trends and areas of concern to be easily identified and action taken. • Collaborative working between the NHS and Council regards to Health and Safety, via a network of advisors ensures that the partnership correctly applies the required H&S standards. • Recording of incidents, including violent incidents are reviewed by Service Managers with data presented on a regular basis prior to them being reviewed via the Joint Health and Safety Committee (includes trade unions) • Workforce planning activity will reinforce Health and Safety as a core objective • Completion of individual risk assessments for clients and warning flag system in place on electronic care records. • Guidance for safe clinical and care environments is regularly reviewed and maintained • Ongoing programme of staff training, including essential and statutory training, on health and safety issues (sharps, manual handling, and fire) • Appropriate processes have been created and are invoked in cases of adverse weather for community-based services • Following investigations of significant adverse events (including RIDDOR reportable), process improvements are identified and implemented, being overseen via the most appropriate governance structure. • Occupational Health services and staff support services are available and regularly communicated to staff. • Renfrewshire Council policies and procedures regards DSE assessments are regularly monitored	Head of Health and Social Care	Historic	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Monthly review of training compliance continues.	SMT	Review May 2023	Ongoing

RSK16 Delivery of Addictions Support in Renfrewshire

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable		
There is a risk that the support provided to those with Addictions in Renfrewshire by the range of partners within the ADP, and the recommendations being implemented from the Alcohol and Drug Commission, may not prevent future increases in the number of drug and alcohol related deaths within the area.	SMT	The National Records of Scotland published drug related death figures for 2020 and in Renfrewshire 67 people sadly lost their lives. For 2021, recent figures show 50 people died. Every life lost because of drug or alcohol harm is a tragedy. Statistics show that around 66% drug deaths are individuals not known to services or in treatment at time of death. Partners across Renfrewshire continue to work closely and collaboratively to develop services to support to those with addictions, and a range of actions are outlined in the mitigating / preventing actions below. However, in response to the latest figures on drug deaths, it is important that the HSCP and ADP partners continue to review existing strategy and plans to ensure that those at risk can be reached and supported as early as possible to prevent drug related deaths in future Figures published by NRS have also shown that between 2017 and 2021 a total of 227 deaths were caused by Alcohol in Renfrewshire. This is the eighth highest figure across the 32 Scottish Local Authorities.	No Change	N/A		
			Risk Code	**Category**		**Risk Management**
			RSK16	Strategic		Treat with ADP
			Current Likelihood	**Current Impact**		**Current Evaluation**
			03	04		12 Moderate
			Previous Likelihood	**Previous Impact**		**Previous Evaluation**
			03	04		12 Moderate

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• The review of 2019 and 2020 drug deaths within Renfrewshire has been completed • Recovery hub refurbishment complete and services established in November 2021 • Extended distribution of Naloxone • Working with Peer Navigators • Use of Near Me to encourage engagement • Extended access to residential rehabilitation services. • Close collaboration with colleagues from the emergency department at the RAH following near fatal overdoses. • Ensure that rapid restart of treatment is available following relapse. • Adopted an assertive outreach approach for service users. • Have a clear pathway in place for those who are released from prison. • Developing and implementing the Drug Deaths Prevention Action Plan • Continuing to implement the recommendations of the Alcohol and Drug Commission • Harm reduction unit established in December 2021 (HaRRT - Harm and reduction response team) • Drug death prevention officer role recruited to the ADP, and ongoing collaborative review and update of plans alongside the ADP. • Multiagency review and discussions required regards further actions captured • Specialist Alcohol Outreach Team in place - the aim of their work is to provide care in the community for frequent attenders at the RAH who do not engage with other services. • A dedicated post was created to increase the number of Alcohol Brief Interventions delivered across Renfrewshire.	ADP Head of MH, LD, and Addictions	Review Apr2023	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status
• Updated figures on drug deaths to be received quarterly rather than annually to support quick review and identification of learning. Public Health Scotland continue to publish Suspected Drug Deaths from Police Scotland data. Last publication was October 2022 covering the period April-June 2022) • An enhanced multi-agency approach to the review of drug-related deaths that occur in Renfrewshire has been developed and a working group established to implement a multi-agency drug death review group (DDRG), The working group has now concluded following the development of a multiagency collection template, established group aims, and agreed DDRG processes. The first DDRG meeting was	ADP Head of MH, LD, and Addictions	Review Apr 2023	Ongoing

held in November 2022 to agree processes. An Information Sharing Agreement remains underway. On completion, the group will be able to meet monthly to review drug-related deaths that have occurred in Renfrewshire. • Regular meetings with partners to discuss and learn from non-fatal overdoses. ADRS, including HaRRT attend the Daily Tasking meetings to discuss risks and support to individuals affected by alcohol/drug use. An enhanced process for the review of non-fatal overdose will take place following the embedding of the DDRG, and development of an enhanced access team for Renfrewshire. • The DDPG continue to progress activity outlined within the Renfrewshire Preventing Drug Deaths Action Plan, which covers the period 2021 – 2024. Following a development day session with DDPG members, and the release of the Drug Death Task Force Final Report – *Changing Lives*, additional actions for the group will be identified and added to the plan. The DDPG has been fundamental in the implementation of a multiagency Naloxone Delivery Group and work plan, and the development of an enhanced drug death review process for Renfrewshire. • Ongoing planning continues around alcohol and drug services to address the requirements of the wider Renfrewshire community. This work will address any requirements aligned to the delivery of the National MAT standards and alcohol quality principles. • Renfrewshire ADRS recently completed the impact assessment for the implementation of the alcohol recovery pathway as requested by ADRS Care Governance Committee. This benchmarking assessment will inform the Alcohol Specific Deaths Action Plan when the dedicated post recruited. • There is now an Alcohol Provision SOP in place which addresses some of the deficits we have e.g., alcohol home detox is now a routine treatment option. Now considering the next steps for the alcohol transition team.			

RSK18 Impact of potential power outages on critical services

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
The Scottish Government have requested that Category One Responders create plans to cater for the impacts of potential power outage on our critical services. This should reflect both planned and unplanned power outages.	Chief Officer	The Scottish Government have requested that Category One Responders prepare plans to ensure, as far as possible, the delivery of critical services during instances of power outage. This risk arises from two potential scenarios: • Planned power outages being possible over the winter period due to energy shortages (in a reasonable worst-case scenario) • Unplanned power outages due to a network failure or sever weather event e.g., Similar to Storm Arwen. This has been widely reported within the media.	No Change	N/A	
			Risk Code	**Category**	**Risk Management Approach**
			RSK18	Operational	Treat
			Current Likelihood	**Current Impact**	**Current Evaluation**
			03	05	15 Moderate
			Previous Likelihood	**Previous Impact**	**Previous Evaluation**
			03	05	15 Moderate

Mitigating / Preventing Actions Complete or Ongoing	Assigned to	Date	Status
• Planning activity has been undertaken across the partners and services to look at the potential impacts of a power outage on our operational service delivery. • Services have undertaken a RAG process to understand the level of service user needs and service provision within a power outage event. • An approach to data management has been signed off to support service management and maintenance in such events.	Chief Officer	Historic	Ongoing

Mitigating / Preventing Actions Planned	Assigned to	Date	Status

• Work remains underway to develop communications and robust plans for staff to support in the event of such an event. Additional planning includes but is not limited to:
    o Identification of buildings with back-up generators
    o Identification of back-up power, cooking, and lighting options
    o Working with the council and other partners regards any humanitarian responses required.
    o Working with independent providers and contractors to support them with their planning.
    o Training for staff on loggist requirements and incident response
	Chief Officer	End May 2023	Ongoing

ISS01 Issues regards attracting & retaining staff

Issue Statement	Issue Owner	Issue Description	Movement	Reason for Movement if applicable	
Challenges in attracting and retaining staff across a range of roles within HSCP services, because of a range of factors, is contributing to constraints in service delivery.	SMT	It has become increasingly difficult to attract and retain the right staff for various roles across the HSCP. A number of services are now experiencing significant challenges with recruitment due to the following: • Changes due to the Scottish Government nursing agenda has resulted in some posts more attractive than others and also altering the role requirements (specified nursing degrees). District and School nursing are particularly affected. • Varying rates of pay and conditions across HSCPs • A general shortage locally and nationally for specific roles. • A perceived reduction in number of applicants for frontline roles such as Care at Home in light of the impact of the pandemic and its associated challenges. • The NCS Bill is also adding uncertainty for the future of social care roles.	No Change	NA	
			Issue Code	**Category**	**Issue Management Approach**
			ISS01	Operational	Treat
			Current Impact	**Current Evaluation**	
			05	Extreme	
			Previous Likelihood	**Previous Evaluation**	
			05	Extreme	

Mitigating and Recovery Actions Complete or Ongoing	Assigned to	Date	Status
• HR & Recruitment – risk assessment undertaken re vacancies, reduced timescales from request to advert, robust application of absence management processes, regular review / refresh of statutory and mandatory training and professional registration / revalidation and adherence to application checklists (e.g., disclosure) • Implementation of alternative recruitment routes where possible in agreement with HR & OD • Development of interim workforce plan 2021-22, and a workforce plan for 2022 to 25 which approved by the IJB in November 2022 • Winter planning – 3-month forward plan completed to ensure adequate staffing and contingency. Scenario planning completed with services – to identify any possible additional staffing mitigations. This has been revisited for Winter Plan 2022/23. • Contingency exercise completed to identify staff who are willing to volunteer to support other services should the situation arise. • Implementation of workforce status dashboard, and daily situational reporting established for critical services regards staffing.	HSCP SMT	Review May 2023	Ongoing

Mitigating / Recovery Actions Planned	Assigned to	Date	Status
• Work continues with services to work collaboratively to identify and complete actions to improve staff retention and recruitment, define innovative approaches to recruitment. Completion of two job fairs to attract staff, further job fair planned for 15 March 2023 • Independent Providers – collaborative working continues with Primary Care and cluster support for GP practices / services. • Ongoing delivery of action plan underpinning workforce plan for 2022-25	HSCP SMT	Review May 2023	Ongoing

[This concludes the RHSCP Risk and Issue Report for 24 March 2023 IJB Audit, Risk & Scrutiny Committee]

To: **Renfrewshire IJB Audit, Risk and Scrutiny Committee**

On: **24 March 2023**

Report by: **Head of Health & Social Care**

Heading: **Health & Safety Update**

1. **Purpose**

1.1. The purpose of this paper is provide the IJB Audit, Risk and Scrutiny Committee with an update on our incident report position from 1st January 2022 to 31st December 2022.

2. **Recommendations**

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

- Note the content of this paper.

3. **Reporting Systems**

3.1 Incident data is captured across two systems, NHS utilise Datix and Social Care utilise Business World. A new Business World has been implemented since 5th January 2023, improvements continue to be made within this system before a reporting function will be implemented.

3.2 Monthly Datix reports are shared with service managers to ensure incidents are actioned timeously and brought to a close. Business World data has been pulled for the last 4 months of 2022 and shared with service managers to allow an oversight of incidents within Social Care.

3.3 It should be noted that the reporting function within the new Business World is not yet functional and it is unknown what information is available to be extract from the system.

4. **Incident Reporting**

4.1 Figures obtained across the reporting systems indicate that there were **2313 (+7)** incidents reported in 2022 compared to **2306** in the previous year.

4.2 The breakdown of incidents reflects minimal variance with **72% (-2%)** of incidents raised involving clients and **24% (+1%)** involving staff, **2%** of incidents occurred in relation to building & environment and **2%** categorised as other.
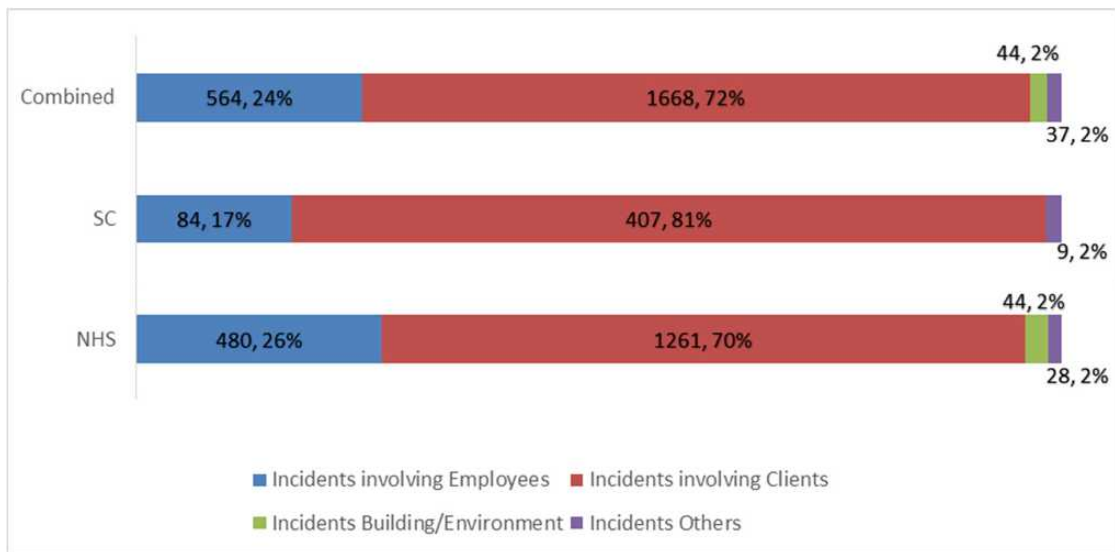
Both organisations had a majority of incidents affecting patients/service users with up to 25% of incidents involving staff.

4.3 In keeping with previous years our highest incident categories remain Slips, Trips & Falls and Violence & Aggression. Other categorised incidents continues as our third highest category however our next single item category was Pressure Ulcer Care followed by Abscondment/Missing.
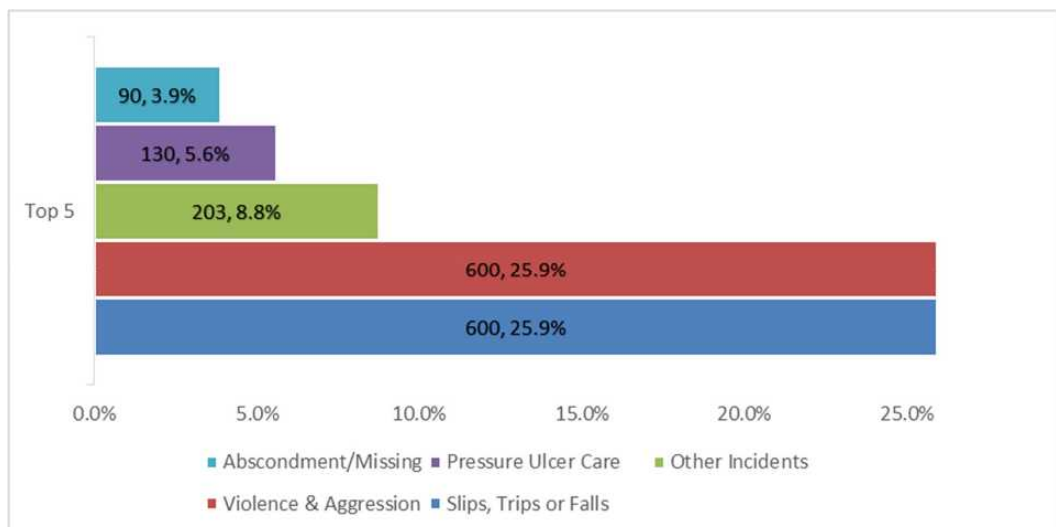
4.3.1 The undernoted actions remain in place to help address the highest rates of incidents

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
  Following a recent incident, enquiries are being made to the possibility of all staff receiving an element of violence & aggression training in relation to break away techniques.

- **Slips/Trips and Falls:** All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.
- **Other incidents:** Work continues with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents.

Additional Measures

- **Violence and Aggression:** Following a recent incident enquiries are being made to the possibility of all staff receiving an element of violence & aggression training in relation to break away techniques.

5.   Serious Adverse Events (SAEs)

5.1   Systems are in place across both Health & Social Care to record Significant Adverse Events with a Briefing Note completed in all cases.   All incidents reported are investigated to reduce the risk of recurrence with learning shared.

5.2   We saw **9** SAEs commissioned in 2022 this was an increase of **2** on 2021.   Of the SAEs commissioned **4** related to patient deaths, **2** Minor Injury, **2** Moderate Injury & **1** Major Injury.   All SAEs are reported through the Primary Care & Community Governance Group and locally at the HSCP Executive Governance Group.

5.3   Comparative data from Business World is not available at this time.

6.   RIDDOR

6.1   Over the course of 2022 there were **21** RIDDORs recorded, this number is in line with the number of RIDDORS raised in 2021 (**22**).

Service Area	Category	No of RIDDORs
Administration	Moving and Handling	1
Adult Services	Slips, Trips and Falls	1
Care @ Home	Another kind of accident	1
	Fall from height	1
	Lifting and handling injury	2
	Slip trip fall at same level	1
	Trapped by something collapsing	1
Learning Disabilities	Struck against	1
	Violence and Aggression	1
Mental Health	Violence and Aggression	7
Out of Hours	Violence and Aggression	1
Reablement	Lifting and handling injury	1
	Slip trip fall at same level	1
Vaccines	Slips, Trips and Falls	1

7. Fire Safety

7.1   The NHS Fire Safety Audit compliance has almost doubled since December 2021 where compliance was 39% and we currently have 68% compliance. Issues have been highlighted with recurring GP Practices omitting to complete their Fire Safety Audit, communication is ongoing with these practices as we work together to ensure all sites achieve 100% compliance.

7.2   Local fire testing had ceased to take place during the covid pandemic due to reduced capacity within our premises however following our recovery plan it is important that local fire testing is re-established and a schedule is in place to ensure all NHS premises have completed one planned fire drill before the end of March 2023.

8. Health & Safety Compliance

8.1   The Renfrewshire Health & Safety Action Plan is being compiled in line with both Renfrewshire Council & NHS Health & Safety Strategies. This action plan will outline our key priorities going forward and help inform services of necessary actions to ensure a safe culture and environment.

9. Mandatory Health & Safety Training

9.1   Statutory and mandatory training within NHS is recorded via LearnPro and reported via workforce dashboard. Compliance across all statutory and mandatory training within health continues to increase month on month with all modules recording compliance in excess of **85%**. Over the last 12 months compliance has increase between 5.9% – 12.9%.
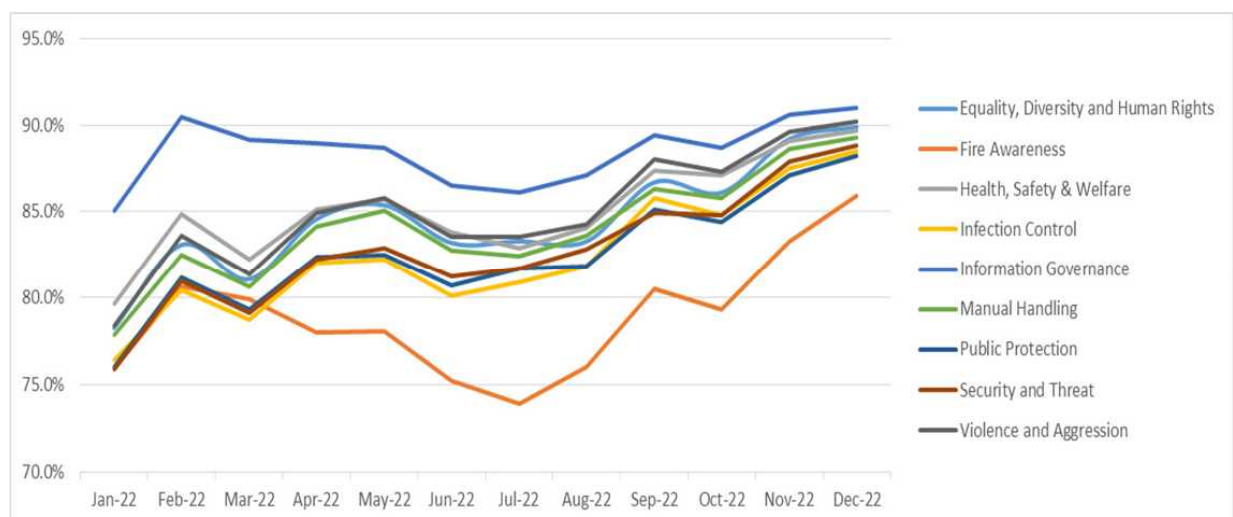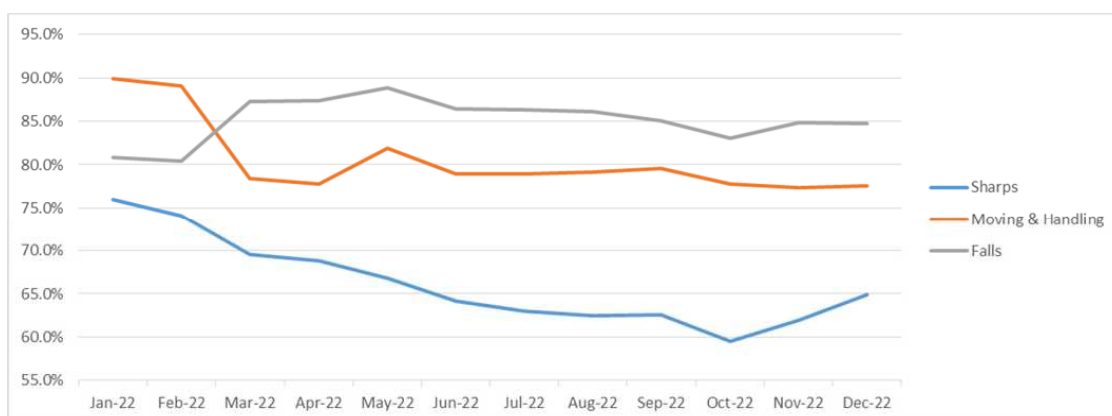
9.2   Priority training across the NHS has been established as Falls, Moving & Handling and Sharps.   Unfortunately priority training compliance does not mirror that of the statutory training and, we record a decline in overall compliance throughout the year. Priority training reports have not been routinely issues alongside statutory training reports and this is evidenced in the drop in compliance. Issuing monthly priority compliance reports to support compliance rates will be a priority for 2023.

9.3   Following the Short Life Working Group mandatory role specific training has been established for social care services and work is ongoing to create a base level of training compliance. Unfortunately progress is slow due to governance issues with accessing Council IT systems.

        Staffing lists for some services have been obtained and post descriptors are being linked to the mandatory training relevant to their role, training records will be extracted from the CPD system and a level of compliance provided.

Implications of the Report

1.   **Financial –** No direct implications from this report
2.   **HR & Organisational Development –** No direct implications from this report
3.   **Strategic Plan and Community Planning –** No direct implications from this report
4.   **Wider Strategic Alignment –** No direct implications from this report
5.   **Legal –** No direct implications from this report
6.   **Property/Assets –** No direct implications from this report
7.   **Information Technology –** Managing information and making information available may require ICT input.
8.   **Equality & Human Rights –** No direct implications from this report
9.   **Fairer Scotland Duty –** No direct implications from this report
10.   **Health & Safety –** No direct implications from this report
11.   **Procurement –** No direct implications from this report
12.   **Risk –** No direct implications from this report
13.   **Privacy Impact** – None.

List of Background Papers

Author: Karen Mitchell, Operational Support Officer

Any enquiries regarding this paper should be directed to Jackie Dougall, Head of Health & Social Care (jackie.dougall@ggc.scot.nhs.uk /Tel: 0141 618 7898)

Item 9

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

On: **24 March 2023**

Report by: **Lead Officer, Communications and Public Affairs**

Heading: **Public Interaction Report for April – September 2022**

1.   Summary

The purpose of this report is to provide an update on public interactions from 1 April 2022 to 30 September 2022 which includes Complaints; Enquiries; Freedom of Information (FOIs); Subject Access Requests (SARs); as well as Compliments and Communications.

2.   Recommendations

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

•   Note the content of this report.

3.   Background

3.1   Public Interaction Reports are presented to the Audit, Risk and Scrutiny Committee twice per year, in March (mid-year report) and September (full year report). This is the mid-year report for 1 April 2022 – 30 September 2022.

4.   Complaints

4.1   **Total complaints received from April to September 2022, 2021, and 2020**

April to September 2022	April to September 2021	April to September 2020
99	80	47

There has been a 24% increase in the number of complaints received relating to HSCP services from April to September 2022 compared to the same period in 2021. However, over a two-year period the increase is 110%. This is largely due to a combination of factors impacting HSCP services, such as increased waiting times due to COVID restrictions, increased demand for our services and staffing and recruitment issues.

Between 1 April and 30 September 2022 there was a total of 99 complaints received for services delivered by the HSCP.

This section of the report details performance in reference to each of the nine key performance indicators which were introduced by the Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure.

4.2 **Indicator One: Learning from Complaints**

a.   Actions and Improvements

For all upheld or partly upheld complaints, actions are recorded and progressed. All ongoing action plans are tracked by the Complaints Team and reviewed at Locality Governance meetings.

From April to September 2022, 50 of the 99 complaints were either upheld or partly upheld and actions were taken.

Examples of actions for improvement included:

Area	Summary of Complaint	Action
Adult Social Care Care at Home Service	Relative of a service user raised concerns about the notice period given regarding the transfer of their mother's care to an external provider.	New practice guidelines were introduced, stating that a minimum of one week's notice should be provided to a person and / or their family prior to any changes being proposed to their service.
NHS District Nursing Service	Relative of a patient submitted a complaint due to the attitude of the attending staff member.	The staff member was asked to provide an action plan in regard to involvement with the patient to identify how they could have engaged with the patient in a more professional manner.

b.   Issues and Themes

Issues and themes are recorded for each service area for any upheld or partly upheld complaints and discussed at Service and Locality meetings to highlight areas of concern.

Complaint Themes
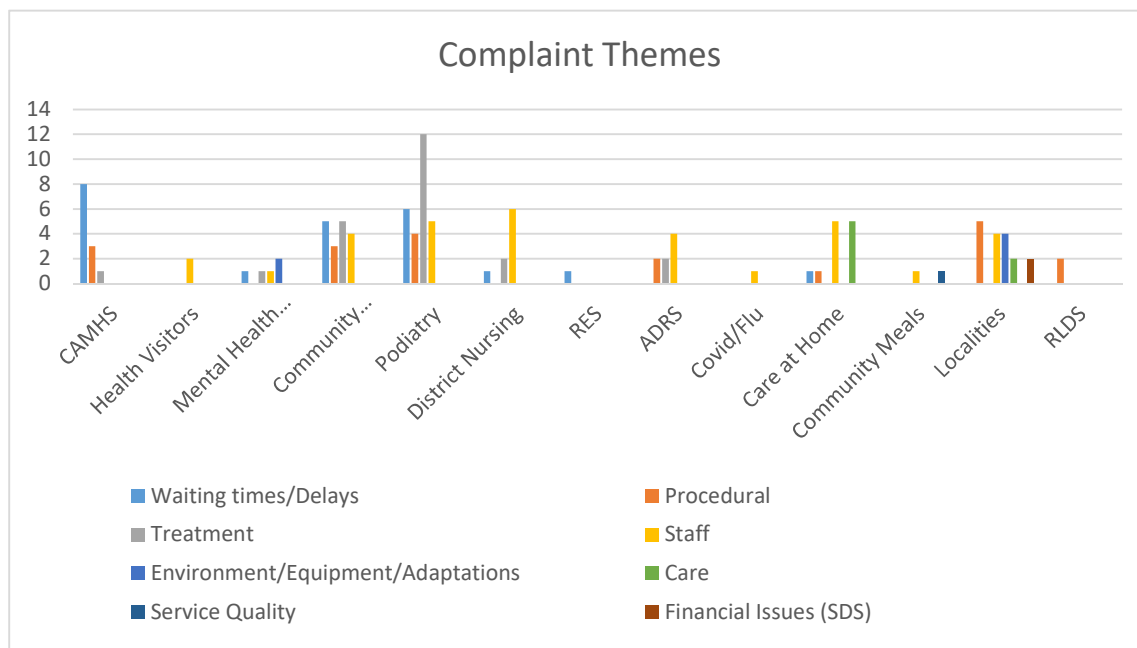
CAMHS = Child & Adolescent Mental Health Services
RES = Rehabilitation and Enablement Service
ADRS = Alcohol & Drug Recovery Service
RLDS = Renfrewshire Learning Disability Service

4.3 **Indicator Two: Complaints Process Experience**

We recognise that if a person has taken the time to contact us about their, or a loved one's negative experience of our services, we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.

To date no feedback has been received regarding the complaints process.

4.4 **Indicator Three: Staff Awareness and Training**

Due to staffing shortages and the recruitment of a new Complaints Manager, no formal training has been carried out across service areas for the year to date regarding complaint handling. The Complaints Manager post was subsequently re-advertised as Public Affairs Manager with the new manager starting in post on 30 November 2022.

The training materials will be reviewed and updated with training to be provided to staff over the next few months.

4.5 **Indicator Four: The total number of complaints received**

Between 1 April and 30 September 2022 there were a total of 99 complaints received regarding HSCP Services. Of this total, 72 (73%) of complaints were in relation to NHS Services and 27 (27%) were in relation to Adult Social Care Services.

For NHS Services, 46 complaints were processed as a Stage 1 complaints and 26 were processed as Stage 2 complaints. For Adult Social Care Services, 16 were processed as a Stage 1 complaints and 11 were processed as Stage 2 complaints.

Complaints Received by Stage
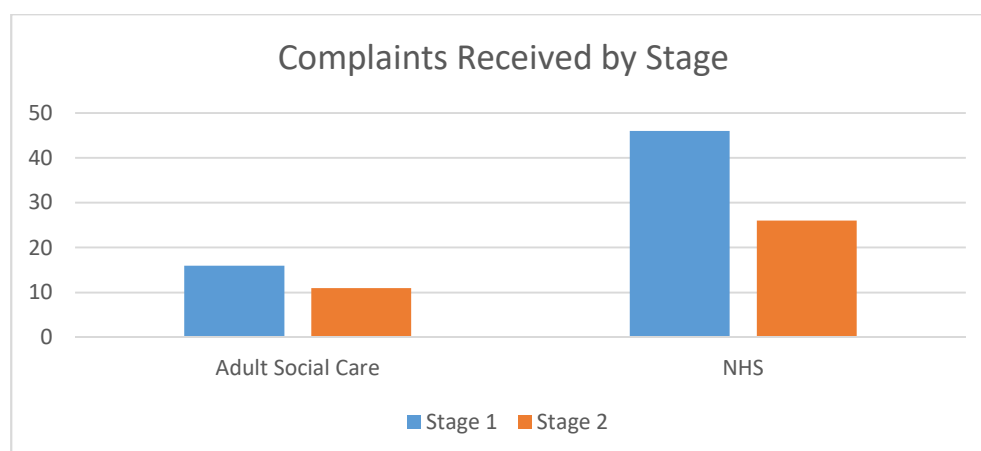
4.6   **Indicator Five: Complaints closed at each stage**

Complaints Closed at Each Stage	Stage 1 (5 Working Days)		Stage 2 (20 Working Days)	
	n	% of total complaints	n	% of total complaints
NHS	46	63.9%	26	36.1%
Adult Social Care	16	59.3%	11	40.7%
Combined	62	62.6%	37	37.4%

4.7   **Indicator Six: Complaints Upheld, Partially Upheld and not Upheld**

	Stage 1 Complaint Outcomes					
	Not Upheld	Partly Upheld	Fully Upheld	Resolved	Suggestion / Feedback	Withdrawn
NHS	19 (41%)	9 (19.6%)	16 (34.8%)	N/A	1 (2.2%)	1 (2.2%)
Adult Social Care	0	0	0	15 (93.7%)	0	1 (6.3%)
Combined	19 (30.7%)	9 (14.5%)	16 (25.8%)	15 (24.2%)	1 (1.6%)	2 (3.2%)

Stage 2 Complaint Outcomes				
	Not Upheld	Partly Upheld	Fully Upheld	Withdrawn
NHS	7 (26.9%)	10 (38.5%)	8 (30.8%)	1 (3.8%)
Adult Social Care	4 (36.4%)	5 (45.4%)	2 (18.2%)	0
Combined	11 (29.7%)	15 (40.5%)	10 (27%)	1 (2.7%)

4.8   **Indicator Seven: Average Times**

(i) the average time in working days to respond to complaints at stage 1 (Target 5 days)

NHS = 3 Days
Adult Social Care = 5.1 Days
Combined = 3.5 Days

(ii) the average time in working days to respond to complaints at stage 2 (Target 20 days)

NHS = 19.9 Days
Adult Social Care = 19.3 Days
Combined = 19.7 Days

4.9   **Indicator Eight: The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 (Stage 1) and 20 (Stage 2) working days.**

Closed within Timescale	Stage 1 (5 Working Days)	Stage 2 (20 Working Days)
NHS	44 (95.6%)	22 (84.6%)
Adult Social Care	12 (75%)	8 (72.7%)
Combined	56 (90.3%)	30 (81.1%)

Some of the reasons for complaint responses not meeting the timescale include:

- The absence of staff members whose input was required to provide an accurate and detailed response to the complainant
- Delays in the initial complaint being passed to the Complaints Team
- Complex investigations that required additional time in order to establish the full circumstances behind the complaint received.

The IJB also measures performance against the percentage of all complaints responded to within 20 working days in the HSCP performance scorecard. At September 2022, performance showed that 92.9% of complaints were responded to within the target time of 20 days. This is against a target of 70% and is an improvement in performance from 82% in 2020/21 and 90% in 2021/22.

We have reviewed our processes and systems to ensure, where possible, complaints are acknowledged, allocated, fully investigated and responded to within the target timescales.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status
% of complaints within HSCP responded to within 20 days (Outcome 8)	82%	90%	92.9% (Sept 22)	70%	⬆	✅

4.10 **Indicator Nine: Number of cases where an extension was authorised in agreement with the complainant**

Of the five Stage One complaints that were outwith the 5-day target, none were authorised. The responses were late due to delays in the complaints being actioned by the relevant service areas. We are currently working with service areas to agree and implement new procedures to avoid this being a regular occurrence.

Of the 7 Stage Two complaints, 4 were authorised with a holding letter sent to the complainant advising on the delay. Where an extension was not authorised, this was due to delays in awaiting clarification on whether the correspondence should be treated as a complaint; errors in recording the initial date of complaint received; and a delay in the response being sent to the Complaints Team.

5.   Enquiries

5.1   **Background**

Renfrewshire Health and Social Care Partnership receives a large volume of enquiries, which can include requests for information about the services we provide, or elected member casework carried out on behalf of their constituents.

We strive to provide a flexible and responsive enquiry service, which supports a positive relationship with elected members and the public.

5.2   **Total Enquiries received from April to September 2022; 2021; and 2020**

April to September 2022	April to September 2021	April to September 2020
229	309	134

There has been a 26% decrease in the number of enquiries received relating to HSCP services from April to September 2022 compared to the same period in 2021. This is due to a reduction in the number of enquires relating to COVID vaccinations that were a frequent theme of enquiry in 2021.

5.3   **Enquiries from April to September 2022**

5.4 Enquiry Themes

Enquiry Themes (more than 10 enquiries received)
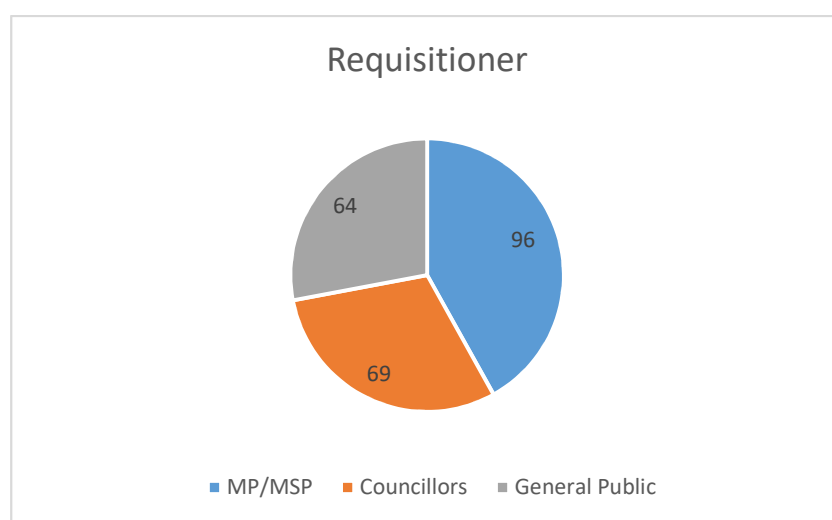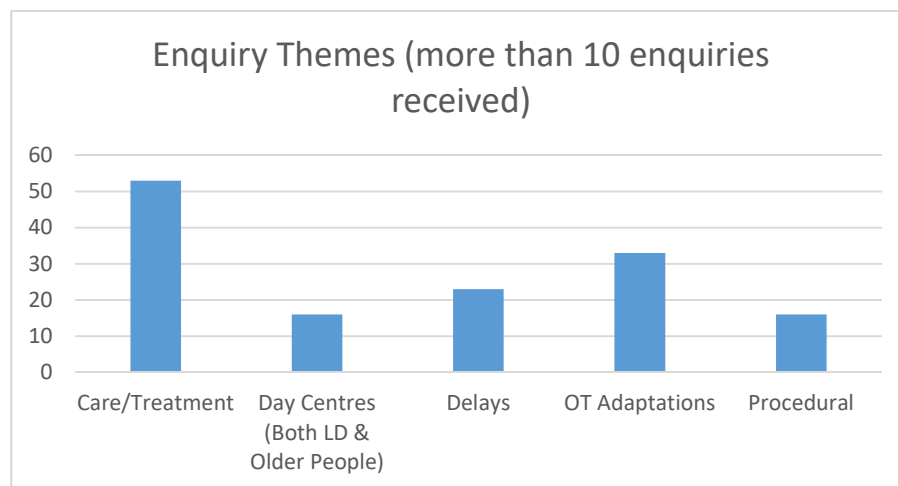
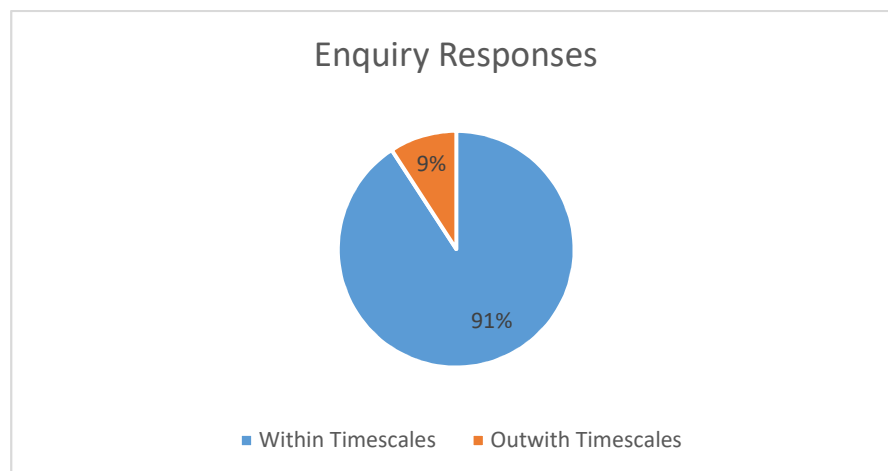## 5.5 Total Number Completed within Timescales

The HSCP target timescale for handling enquiries is 5 working days.

The average time for all enquiry responses was 4 days.

Enquiry Responses

9%

91%

■ Within Timescales   ■ Outwith Timescales

6. Freedom of Information (FoI)

6.1 Background

6.1.1 The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to the Act as a public authority within its own right, however, receives very few FOI requests.

During the period 1 April 2022 to 30 September 2022, the IJB received two requests for information. Neither of the requests received related to information held by the IJB. Statistical information regarding IJB FOIs are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
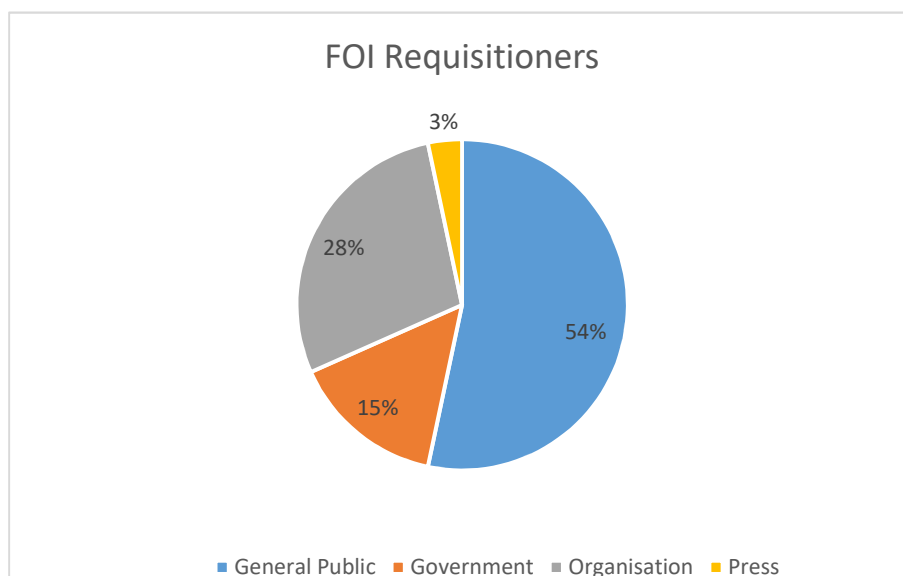
6.1.2 Any FOI relating to the operational delivery of Health and Adult Social Care Services received by the Local Authority or NHS Greater Glasgow & Clyde is also shared with the Health & Social Care Partnership. Information in relation to these requests is included below.

6.2 Total FOIs received from April to September 2022; 2021 and 2020.

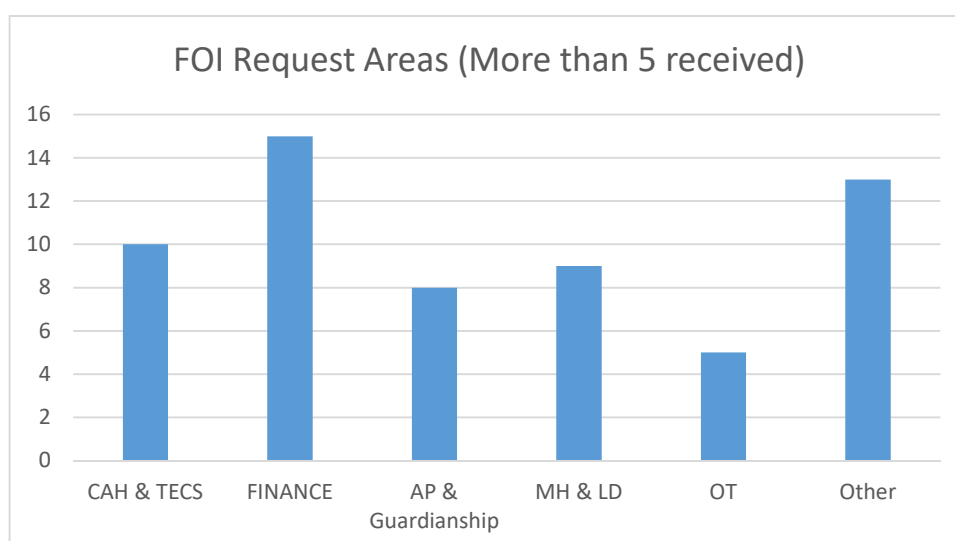| 2022	2021	2020
60	61	60

The number of FoIs received for the period April to September has been static over the last three years.

6.3 Freedom of Information requests in April – September 2022

FOI Requisitioners

54% — General Public
15% — Government
28% — Organisation
3% — Press

6.4 FOI Request Areas

FOI Request Areas (More than 5 received)

Category	Value
CAH & TECS	10
FINANCE	15
AP & Guardianship	8
MH & LD	9
OT	5
Other	13

*Other category includes FoIs related to Care Providers, Care Homes, Addiction Recovery Services, Carers, IT, Self-Directed Support, Social Work Management Structure.

CAH & TECS = Care at Home and Technology Enabled Care Service
AP & Guardianship = Adult Protection & Guardianship
MH & LD = Mental Health & Learning Disability
OT = Occupational Therapy

6.5 FOIs Completed within Timescales

Statutory responsibility for Health and Social Work FoI requests lies with the NHS and Council respectively although Renfrewshire HSCP provides the information. The target timescale for responding to FOI requests is 20 working days.

Of the 60 FOIs received relating to Health and Social Work services 56 were completed on time (93.3%). When a response to a FOI request is expected to be late, an email is sent to the requester advising the reason for delay.

7. Subject Access Requests
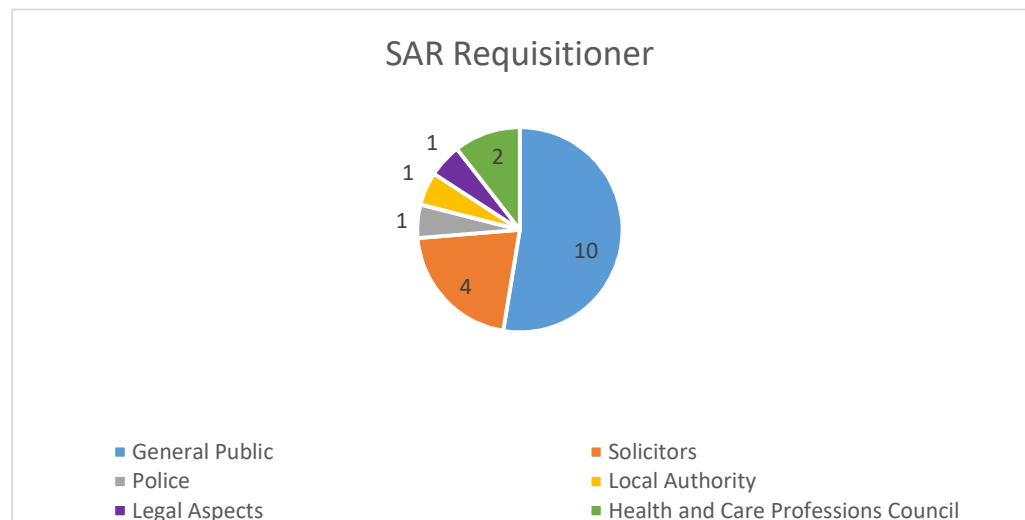
7.1 Background

Individuals have the right to access and receive a copy of their personal data, and other supplementary information. This is commonly referred to as a Subject Access Request (SAR). Individuals can make SARs verbally or in writing, including via social media. A third party can also make a SAR on behalf of another person.

7.2 Total SARs received and actioned from April to September 2022, 2021 and 2020.

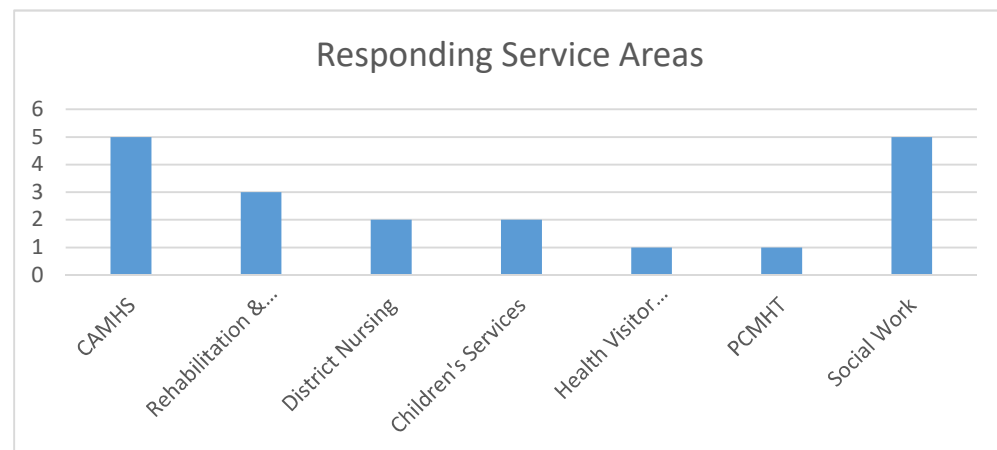| 2022	2021	2020
19	23	28

The number of SARs received for the period April - September 2022 decreased 17.4% compared to the same period in the previous year.

7.3 Subject Access Requests (SARs): April - September 2022

SAR Requisitioner

- General Public
- Solicitors
- Police
- Local Authority
- Legal Aspects
- Health and Care Professions Council

7.4 Subject Access Requests per Service Area

Responding Service Areas

A bar chart titled "Responding Service Areas" with a y-axis ranging from 0 to 6. The service areas and their values are:
- CAMHS: 5
- Rehabilitation &...: 3
- District Nursing: 2
- Children's Services: 2
- Health Visitor...: 1
- PCMHT: 1
- Social Work: 5

7.5 Total Number of SARs Completed within Timescales

A SAR should be responded to within one calendar month, although a SAR which is requested by a court order should be responded to within 7 days.

From April to September 2022:
12 of the 13* SARs (Health) responded to were completed on time (92.3%).
5 of the total 5 SARs (Adult Social Care) were completed on time (100%).
17 of the total 18 SARS (Combined) were completed on time (94.4%)

One SAR was closed due to no contact from the applicant, therefore no response was issued.

8. Compliments

As well as complaints and enquiries, we also record any positive feedback we receive from those who interact with our services. These are regularly shared back to HSCP staff through communication channels to provide staff recognition where it is deserved. We have included a small selection of compliments received below:

Mental Health Inpatients

"To all the staff at Ward 3B for all your TLC and tender touch. You are so great and had a say in my fate. So cheers, hopefully we don't meet again, but you never know, all my love do I show."

District Nursing

"I am writing to express my gratitude for the excellent care and attention I received from the District Nurse Team based at Dykebar Hospital in Paisley. I had different members of the team visiting me to change dressings following a cellulitis infection on my lower right leg. Without exception, each member of the team was very caring, took time to address any concerns I had and offered good advice and support. I found this group of health care staff to be entirely patient focused, professional, yet warm and friendly. That they are able to deliver such a first class service in these trying times is testimony to their dedication to their work and to the patients that they have in their care."
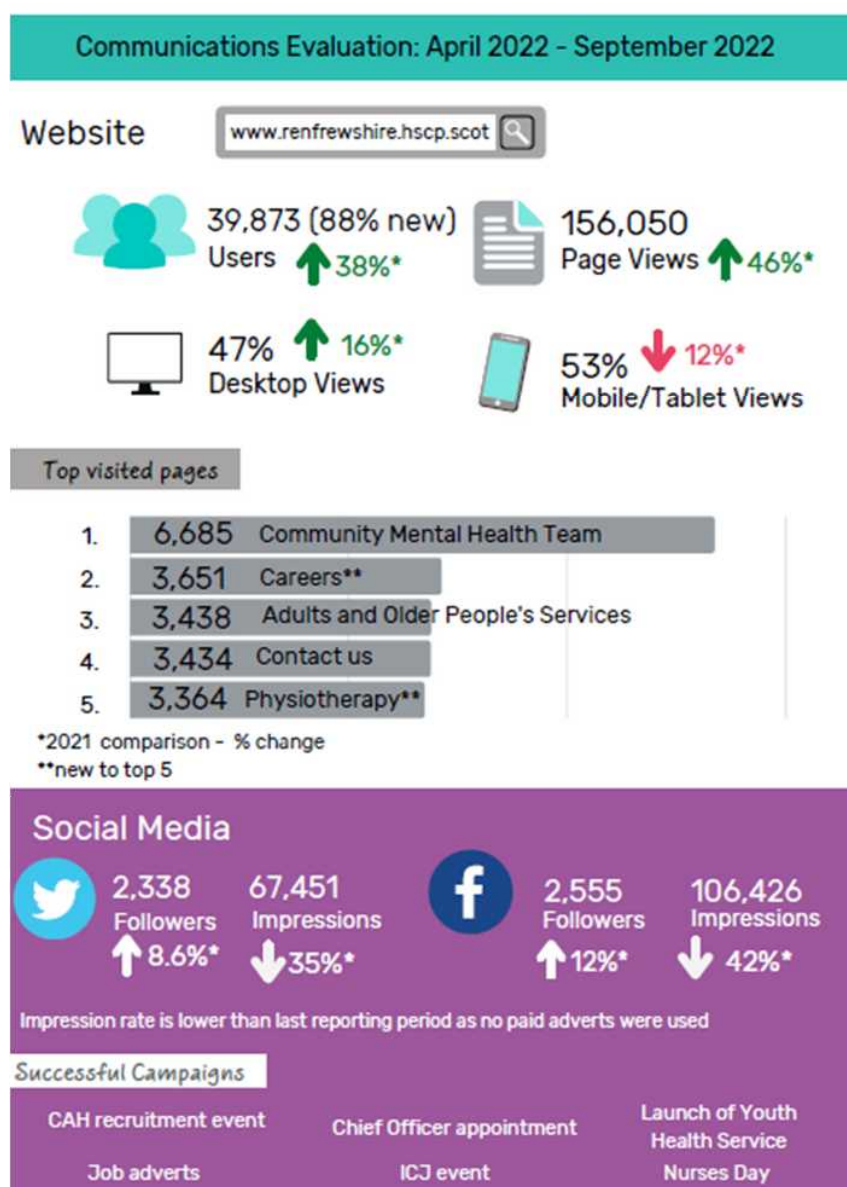
Older People's Day Services

"The team received a letter from a service user praising the digital support provided by the service whilst the day centres were closed. The service user explained they had been provided with much fulfilment through their experience of Zoom parties and Facetime enabled by the technology provided by the service."

9. Communications

An overview of some of our communication work is captured below. This includes visitor numbers and page views on our website, with percentage comparison to the previous reporting period. Year on year we see these numbers increase, as we use our website as an important communications channel, for publications, good news stories and important service information.

A breakdown of our most visited webpages includes our careers page, which was implemented in Summer, 2021. Since its inception we have had over 18,000 page views.

Also included is an overview of our social media channel activity. There has been significant engagement with our ongoing recruitment campaigns, content has included videos, photos and stories about our staff as well as targeted paid adverts on Facebook to expand our recruitment efforts, particularly for Care at Home posts.

Communications Evaluation: April 2022 - September 2022

Website — www.renfrewshire.hscp.scot

39,873 (88% new) Users ↑ 38%*

156,050 Page Views ↑ 46%*

47% Desktop Views ↑ 16%*

53% Mobile/Tablet Views ↓ 12%*

Top visited pages

1. 6,685 Community Mental Health Team
2. 3,651 Careers**
3. 3,438 Adults and Older People's Services
4. 3,434 Contact us
5. 3,364 Physiotherapy**

*2021 comparison – % change
**new to top 5

Social Media

2,338 Followers ↑ 8.6%* 67,451 Impressions ↓ 35%*

2,555 Followers ↑ 12%* 106,426 Impressions ↓ 42%*

Impression rate is lower than last reporting period as no paid adverts were used

Successful Campaigns

CAH recruitment event   Chief Officer appointment   Launch of Youth Health Service

Job adverts   ICJ event   Nurses Day

10. Future Reporting

The figures in this report include complaints, enquiries and SARs relating to Specialist Children's Services (SCS), such as CAMHS. As an update, as of April 2023, SCS will become a hosted service across the NHSGGC area, managed by East Dunbartonshire HSCP. As we only report on board-wide services that are hosted by Renfrewshire HSCP, SCS figures will not be included in future reports. However, as this arrangement doesn't begin until April 2023, we will include the partial year's figures in our full year report in September 2023.

For all future reports following the full year report in September, we will remove the figures relating to SCS to ensure comparisons and trends can be made on a like for like basis.

Implications of the Report

1. **Financial –** Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development -** There are no HR and OD implications arising from the submission of this paper
3. **Strategic Plan and Community Planning –** There are no implications arising from the submission of this paper.
4. **Wider Strategic Alignment –** There are no implications arising from the submission of this paper
5. **Legal –** The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets -** There are no property/ asset implications arising from the submission of this paper.
7. **Information Technology -** There are no ICT implications arising from the submission of this paper.
8. **Equality and Human Rights –** No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
9. **Fairer Scotland Duty –** There are no implications arising from the submission of this paper.
10. **Procurement Implications -** There are no procurement implications arising from the submission of this paper.
11. **Privacy Impact -** There are no privacy implications arising from the submission of this paper.
12. **Risk** – none.

List of Background Papers – None

Author: John Millar, Lead Officer, Communications and Public Affairs

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

To:	**Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**
On:	**24 March 2023**

Report by:	**Head of Health and Social Care**

Subject:	**Inspection of Care at Home Services 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 This report summarises the latest findings from Inspection concluded on 14 September 2022. A follow up inspection was also concluded on 1 December 2022.

2. Recommendations

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

- Note the performance of Renfrewshire Health and Social Care Partnership's Care at Home services, with services graded on 14 September 2022 as Adequate (3) for How Good is our Leadership? and Weak (2) for How well do we support people's wellbeing?; and

- Note the follow up inspection concluded on 1 December 2022. This inspection revised grading for How well do we support people's wellbeing from Weak (2) to Good (4). How good is our leadership was not inspected at follow up at there were no requirements placed on this against the initial inspection in September 2022, so remains Adequate (3).

_____

3. Background and Context

3.1   The Care Inspectorate are the official body responsible for inspecting standards of care in Scotland. They regulate and inspect care services to make sure they meet the right standards.

3.2   The Care Inspectorate use a quality framework that sets out the elements that address key questions about the difference care is making to people and the quality and effectiveness of the aspects contributing to those differences. The quality framework is framed around six key questions. The first of these is:

- How well do we support people's wellbeing?

To try and understand what contributes to that, there are four further key questions:

- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?

The final key question is:

- What is our overall capacity for improvement?

3.3   There are up to 5 quality indicators associated with each question, with key areas identifying practice covered by each indicator.

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

3.4   On conclusion of an Inspection, the Care Inspectorate 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 or requirements identified in previous inspections of the Care at Home service when concluding a grading.

4. ***Inspection of Care at Home Services – September 2022***

4.1   Renfrewshire's Care at Home Services were subject to unannounced inspection on 5 September 2022, with this inspection concluding on 14 September 2022.

4.2   The inspection period reviewed the service between September 2021 and September 2022. Throughout this period, Care at Home services operated against varying restrictions aligned to COVID-19. The outbreak of COVID-19 Omicron variant in November 2021 placed increased pressures on Care at Home services and this variant peaked for several months until cases reduced across Scotland in April 2022.

4.3   Enhanced use of PPE remained in social care settings whilst the Scottish Government confirmed that the law requiring the wearing of face coverings would end from Monday 18 April 2022. Other restrictions such as self-isolation guidance was replaced by "stay at home" advice in May 2022, however, HSCP's across Scotland continued to take a cautious approach to reducing any measures within Social Care and Health settings. This aimed to ensure the continued safety of staff and service users alike.   This approach had a direct impact on engaging and developing the workforce face-to-face within this period.

4.4   Following conclusion of the inspection, it was noted that 1 previous requirement and 1 previous area for improvement from inspection in 2019 were not met.

The breakdown of the key questions considered during the inspection and the quality indicators are as follows:

How well do we support people's wellbeing? **2 - Weak**

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

<u>How good is our leadership?</u> **3 - Adequate**

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

4.5   In making their evaluation of the service, the inspectors:

- Spoke with 24 people using the service and four of their family members.
- Spoke with 37 staff and management.
- Received 8 emails from staff.
- Observed practice and daily life.
- Reviewed documents.

4.6   Key messages from the inspection:

- People did not have a personal plan.
- People did not receive medication safely.
- People were at risk due to the Infection Prevention and Control (IPC) practices.
- People did not receive care and support from a consistent staff team.
- Staff treated people with kindness, compassion, and dignity.
- A robust quality assurance process will improve people's outcomes.

4.7   As part of the Inspection against key question, 'how well do we support people's wellbeing?', the Care Inspectorate considered recommendations and requirements from the previous inspection undertaken in October 2019. These areas were noted in the most recent inspection as follows:

- Previous area for improvement 1 – 'The service should ensure that care plans are accurate and up to date. Reviews of care and support should take place no less than six monthly. Care plans and reviews should be made available to people if they wish. This ensures care and support is consistent with the Health and Social Care Standards'

Action taken since last inspection:

- 'This area for improvement was the subject of an inspection report issued on 31 October 2019. At the time of this inspection, the provider did not have support plans in place for people using the service or staff to access. This area for improvement has not been met.'

- Previous requirement 1 – 'The provider must ensure when people are supported with medication this is done in ways that keep them safe and well. To do this the provider must review current policies, procedures, and guidance to staff as a matter of priority. This should include making clear the distinctions between people self-managing their medication, staff prompting and staff administering or assisting people. The revised guidance should make clear the distinction between people self-managing their medication, staff prompting and staff administering or assisting. Staff should be appropriately briefed on their roles and receive training if appropriate. The level of support people receive should be clearly detailed in their care plans and should be regularly reviewed and updated. This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. 4-(1) A provider must- (a) make proper provision for the health, welfare, and safety of service users. This requirement was made on 31 October 2019. What the service has done to meet any requirements we made at or since the last inspection'

Action taken since last inspection:

- 'This requirement was the subject of an inspection report issued on 31 October 2019. The provider had created a robust procedure for prompting and assisting with medication. However, people did not have a medication assessment or support plan. This meant that staff could not safely prompt or assist people with their medications. This requirement has not been met.'

The care inspectorate concluded that requirements should be made for the service and placed the following three requirements at September 2022 inspection report:

- **Requirement 1** - 'By 28 November 2022, the provider must ensure they keep people safe by implementing risk assessments and support plans for individuals using the service. To do this, the provider must, at a minimum:

- complete the relevant risk assessments needed to inform safe care and support
- ensure the support plan is clear and contains all relevant information to support someone safely
- ensure all staff have ready access to people's risk assessments and support plans
- ensure all relevant documentation, including legal power documentation is in place

- This is to comply with Regulation 4(1)(a) (Welfare of users) and 5(1) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)'

- **Requirement 2**. 'By The 28 November 2022, the provider must ensure they keep people safe and healthy by implementing medication risk assessments and support plans for every individual using the service. To do this, the provider must, at a minimum:
  - complete the relevant risk assessments needed to inform safe medication management
  - ensure the support plan is clear and contains all relevant medication information, and legal documentation, including the level of support required by the individual
  - ensure all staff have access to people's medication support plan

- This is to comply with Regulation 4(1)(a) (Welfare of users) and 5(1) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)'

- **Requirement 3**. 'By 28 November 2022, the provider must ensure staff's knowledge and practice in infection prevention and control

(IPC) reduces the risk of infection to keep people and staff safe. To do this, the provider must, at a minimum, ensure:
- all IPC policies and procedures for the service are updated and in line with current guidance
- staff receive regular information and training in IPC practice relevant to their role
- staff IPC observations take place regularly

- This is to comply with Regulation 4 (1) (a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).'

Within key question, 'how good is our leadership?', the Care Inspectorate provided 1 area for improvement:

- Area for Improvement 1. 'To support people's health and wellbeing and improve the quality of their experiences the provider should further develop, improve, and implement the current quality assurance systems and processes. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Follow Up Inspection of Care at Home Services – November 2022

4.8   Renfrewshire's Care at Home Services were subject to a follow up unannounced inspection on 28 November 2022 until 1 December 2022 which focussed on the key question of 'how well do we support people's wellbeing?', which was graded Weak in September 2022.

4.9   Following conclusion of the inspection, it was noted that the three previous requirements set in September 2022 report had been met.

The breakdown of the key questions considered during the inspection and a revised quality indicator is as follows:

How well do we support people's wellbeing? **4 - Good** (previously 2 – Weak)

How well do we support people's wellbeing?	4 - Good

4.10   In making their evaluation of the service, the inspectors:

- Spoke with 15 people using the service.
- Spoke with 30 staff and management.
- Observed practice and daily life.
- Reviewed documents.

4.11   Key messages from the inspection:

- People told us they were treated with kindness, compassion, and dignity.
- The provider had implemented personal plans for people using the service.
- The provider had completed medication assessments and created medication plans for people using the service.
- Infection Prevention and Control (IPC) policy and practice had improved since the last inspection.

4.12   Following inspection in November 2022, the Care Inspectorate made two areas for improvement for key question 'how well do we support people's wellbeing? These are:

- **Area for improvement 1**. To continue to support people's health and wellbeing and improve the quality of their experiences the provider should further develop, improve, and implement the current risk assessments and personal plans for people using the service including their medication assessment and management.

    This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

- **Area for improvement 2**. The provider should continue to support people's health and wellbeing through safe and robust Infection Prevention and Control (IPC) practices.

  This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and to ensure IPC practices are consistent with the National Infection Prevention and Control Manual (NIPCM) and the Healthcare Improvement Scotland Standards (HIS Standards).

4.13   While fully recognising the requirements and recommendations highlighted in the reports, it is noted that strengths were also identified throughout inspection. Feedback from service users was largely positive and highlighted that staff are very helpful, polite, and considerate. It was further noted that during the inspection the Care Inspectorate were very reassured with the management team, who provided a development plan outlining improvement, with well-coordinated actions within this.

4.14   Care at Home services continues to be committed to the strategic vision where "Renfrewshire is a caring place where people are treated as individuals and supported to live well". Care at Home services acknowledged the points raised in the Care Inspectorate reports and have taken action to address these.

4.15   Measures put in place around this work continues to be closely monitored and kept under review via a detailed action plan for the service. Care at Home are undertaking a range of development sessions to identify and implement improvements to support the service against challenges around increasing demand, recruitment and retention, whilst addressing the requirements and areas for improvement from the Care Inspectorate reports.

Implications of the Report

1.   **Financial** – None
2.   **HR & Organisational Development** – None
3.   **Strategic Plan and Community Planning –** None
4.   **Wider Strategic Alignment –** None
5.   **Legal** – None
6.   **Property/Assets** – None

7.   **Information Technology** – None
8.   **Equality & Human Rights** – None
9.   **Fairer Scotland Duty –** None
10.   **Health & Safety** – None
11.   **Procurement** – None
12.   **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.
13.   **Privacy Impact** – None

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List of Background Papers

(a)   The Inspection reports for all Renfrewshire Council Care Homes are available to download from the Care Inspectorate Website.

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To:	**Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**
On:	**24 March 2023**

Report by:	**Head of Strategic Planning and Health Improvement**

Heading:	**Audit Scotland Report 'NHS in Scotland 2022'**

1. Summary

1.1.   On 23 February 2023, Audit Scotland published the report "NHS in Scotland 2022". The report considers the Government's progress against its NHS Recovery Plan which was published in August 2021 and included targets for the following five years. Audit Scotland concluded that the "Scottish Government must be clear on what progress is being made in reforming health and care services and what can realistically be achieved". A summary of the findings is provided in the sections below.

1.2.   Audit Scotland note that it is unsure whether reform can happen at the scale and pace needed. It is vital that measures are in place to monitor the impact of innovation and redesign and provide clarity on the effectiveness, efficiency, and value for money of new ways of delivering services.

1.3.   The Scottish Government and NHS Boards must also make sure health services can be delivered in a sustainable way. Audit Scotland say they must be clear on what resources are available and what can be delivered within financial and operational constraints. When driving forward innovation and redesign they should be clear on what success would look like and what timescales they are working to. That must be informed by reliable modelling and data.

1.4.   Crucially, the Scottish Government and NHS Boards must also monitor public awareness and acceptance of new ways of accessing services to ensure their effectiveness. In the NHS in Scotland 2021 report Audit Scotland recommended that the Scottish Government and NHS Boards work with patients on an ongoing basis to inform the priorities for service delivery and be clear on how services are developed around patients' needs. The report notes that there is little evidence of this taking place to the extent required in the past year.

1.5.   The Scottish Government and NHS Boards must have an open conversation with the public about the challenges facing the NHS and what they mean for future service delivery. This conversation should make clear to the public what can realistically be achieved with the resources available and involve the public in the difficult choices that may have to be made.

2.   Recommendation

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

- Note the content of this report, and the full Audit Scotland report as 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?

3.2   The 2022 report focused on NHS recovery and found that the Covid-19 pandemic continues to affect the delivery of NHS services. A significant backlog of people waiting for treatment has built up since the pandemic began, as planned care was paused for a while, and activity levels are not yet fully back to pre-pandemic levels. Scotland's healthcare system remains under severe pressure, operationally and financially.

3.3   The key messages from the report are:

- **Growing financial pressures present a real risk to the investment needed to recover and reform NHS services.** The general trend of health spending in Scotland is one of growth. Despite this, the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult, and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform. Audit Scotland reported that only three out of 14 territorial health boards (other than national boards for specialist services such as training) are on course to break even this financial year, if they reach their savings targets.

- **It is difficult to accurately measure the progress of the Scottish Government's NHS Recovery Plan.** Financial

pressures, workforce shortages, pressures on the social care system and the ongoing impact of Covid-19 are making progress extremely difficult. The plan commits £1.26 billion of funding to help reduce the healthcare backlog and redesign services and sits alongside a range of other initiatives that support reform, but it is a high-level, top-down document and does not contain the detailed actions that would allow overall progress to be accurately measured. Meanwhile, the backlog of care that built up during the pandemic continues to grow. More people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment. There have been delays in opening three new National Treatment Centres - a key element in increasing activity levels in planned care. Delays in getting social care support for patients who are ready to leave hospital continue to limit the availability of beds.

- **Workforce capacity remains the biggest risk to the recovery of NHS services.** Some progress has been made against the recruitment targets set out in the NHS Recovery Plan, but boards are finding it challenging to grow their workforce numbers to the required level. The NHS workforce remains under severe pressure and there are concerns over staffing levels, wellbeing and retention. These workforce issues predate the pandemic, but the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved. The NHS continues to experience high vacancy and turnover rates, higher than usual sickness absence and gaps in the workforce. The Recovery Plan includes ambitious recruitment targets, including hiring 800 new GPs by 2027, but Audit Scotland found that aim is "not on track" and poses a "risk" to the recovery of primary care. Audit Scotland noted that the GP workforce in Scotland increased by just 113 between 2017 and 2022. It was also noted that targets to recruit 1,000 additional mental health staff are "at risk" due to cuts of £65m from primary care and £35m from mental health services.

- **The Scottish Government needs to be fully transparent on recovery progress and how long people will have to wait for treatment.** The challenges facing the NHS in Scotland are unprecedented. The Scottish Government will have to make difficult choices and prioritise which ambitions it can deliver against. It needs to be more transparent about what progress is or is not being achieved. Information on expected waiting times for treatment must be clear and meaningful. This will allow the Scottish Government to better manage the public's expectations about what can be delivered with the resources available. There are early signs that the Scottish Government is working to drive forward innovation and reform. It is essential that this work progresses at pace, for the sustainability of health and care services and to continue improving people's lives.

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

- Publish a revised medium-term financial framework (MTFF) for health and social care that clearly aligns with the medium-term financial strategy (MTFS) for the entire Scottish Government, as soon as possible after the next MTFS is published, to determine what financial resources will be available and to give a clear understanding of potential financial scenarios.

- As soon as possible, complete work on modelling demand and capacity in the NHS in Scotland to inform planning for future service delivery, taking into consideration demographic change, service redesign options and anticipated workforce capacity.

- Revisit its NHS Recovery Plan commitments annually and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why.

- Ensure that targets for tackling the backlog of care are clear, publish accessible and meaningful information about how long people will have to wait for treatment, and urgently explore all options to provide support to the most vulnerable people waiting for treatment to minimise the negative impact on their health and wellbeing.

- Publish annual progress updates on the reform of services, showing the effectiveness and value for money of new innovations and ways of delivering NHS services.

3.5   In addition, there are also joint recommendations for the Scottish Government and NHS Boards:

- Work with partners in the social care sector to progress a long-term, sustainable solution for reducing delayed discharges from hospital.

- Ensure focus on staff retention measures is maintained, including wellbeing support, and continually look at ways to increase the impact of these measures.

- Work together more collaboratively on boards' delivery, financial and workforce plans to maximise boards' potential to achieve the ambitions in the NHS Recovery Plan, by balancing national and local priorities against available resources and capacity and setting realistic expectations for the public.

- Urgently implement a programme of engagement with the public to enable an open discussion about the challenges facing the health sector in Scotland and help inform future priorities and how the delivery of services.

3.6   NHS Greater Glasgow and Clyde contributes to the National Recovery Plan through its Annual Planning process which responds to national guidance. The 2022/23 Annual Delivery Plan superseded the Recovery Plan from the previous year. The Scottish Government has recently issued the guidance for this year's Annual Plan. NHS Greater Glasgow and Clyde will have a collaborative approach with the Health and Social Care Partnerships to develop its submission which is due 8th June 2023.

Implications of the Report

1.   **Financial –** n/a
2.   **HR & Organisational Development** – n/a
3.   **Strategic Plan and Community Planning** – n/a
4.   **Wider Strategic Alignment** – n/a
5.   **Legal –** n/a
6.   **Property/Assets –** n/a
7.   **Information Technology –** n/a
8.   **Equality & Human Rights –** n/a
9.   **Fairer Scotland Duty** – n/a
10.   **Health & Safety –** n/a
11.   **Procurement** – n/a
12.   **Risk –** The report summarised in this paper sets out a range of challenges facing the Scottish Government and Health Boards across Scotland. Related risks for the IJB and HSCP are captured through ongoing risk management activity and reported to the Audit, Risk and Scrutiny Committee at each scheduled meeting.
13.   **Privacy Impact** – n/a.

List of Background Papers – None

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NHS in Scotland 2022

AUDITORGENERAL

Prepared by Audit Scotland
February 2023

Contents

Key messages

Growing financial pressures present a real risk to the investment needed to recover and reform NHS services

The general trend of health spending in Scotland is one of growth. Despite this, the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform.

It is difficult to accurately measure the progress of the Scottish Government's NHS Recovery Plan

Financial pressures, workforce shortages, pressures on the social care system and the ongoing impact of Covid-19 are making progress extremely difficult. The plan commits £1.26 billion of funding to help reduce the healthcare backlog and redesign services, and sits alongside a range of other initiatives that support reform. But it is a high-level, top-down document and does not contain the detailed actions that would allow overall progress to be accurately measured. Meanwhile, the backlog of care that built up during the pandemic continues to grow. More people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment. There have been delays in opening three new National Treatment Centres - a key element in increasing activity levels in planned care. Delays in getting social care support for patients who are ready to leave hospital continue to limit the availability of beds.

Workforce capacity remains the biggest risk to the recovery of NHS services

Some progress has been made against the recruitment targets set out in the NHS Recovery Plan, but boards are finding it challenging to grow their workforce numbers to the required level. The NHS workforce remains under severe pressure and there are concerns over staffing levels, wellbeing and retention. These workforce issues predate the pandemic. But the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved. The NHS continues to experience high vacancy and turnover rates, higher than usual sickness absence and gaps in the workforce.

The Scottish Government needs to be fully transparent on recovery progress and how long people will have to wait for treatment

The challenges facing the NHS in Scotland are unprecedented. The Scottish Government will have to make difficult choices and prioritise which ambitions it can deliver against. It needs to be more transparent about what progress is or is not being achieved. Information on expected waiting times for treatment must be clear and meaningful. This will allow the Scottish Government to better manage the public's expectations about what can be delivered with the resources available. There are early signs that the Scottish Government is working to drive forward innovation and reform. It is essential that this work progresses at pace, for the sustainability of health and care services and to continue improving people's lives.

Recommendations

The Scottish Government should:

- publish a revised medium-term financial framework (MTFF) for health and social care that clearly aligns with the medium-term financial strategy (MTFS) for the entire Scottish Government, as soon as possible after the next MTFS is published, to determine what financial resources will be available and to give a clear understanding of potential financial scenarios (paragraph 18).

- as soon as possible, complete work on modelling demand and capacity in the NHS in Scotland to inform planning for future service delivery, taking into consideration demographic change, service redesign options and anticipated workforce capacity (paragraph 75).

- revisit its NHS Recovery Plan commitments annually and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why (paragraph 86).

- ensure that targets for tackling the backlog of care are clear, publish accessible and meaningful information about how long people will have to wait for treatment, and urgently explore all options to provide support to the most vulnerable people waiting for treatment to minimise the negative impact on their health and wellbeing (paragraphs 71, 101 and 106).

- publish annual progress updates on the reform of services, showing the effectiveness and value for money of new innovations and ways of delivering NHS services (paragraph 136 to 138).

The Scottish Government and NHS boards should:

- work with partners in the social care sector to progress a long-term, sustainable solution for reducing delayed discharges from hospital (paragraph 39).

- ensure focus on staff retention measures is maintained, including wellbeing support, and continually look at ways to increase the impact of these measures (paragraph 50).

- work together more collaboratively on boards' delivery, financial and workforce plans to maximise boards' potential to achieve the ambitions in the NHS Recovery Plan, by balancing national and local priorities against available resources and capacity and setting realistic expectations for the public (paragraph 78).

- urgently implement a programme of engagement with the public to enable an open discussion about the challenges facing the health sector in Scotland and help inform future priorities and how the delivery of services will change (paragraph 139).

Introduction

1. In our NHS in Scotland 2020 and NHS in Scotland 2021 reports we examined how the Scottish Government and NHS boards had responded to the Covid-19 pandemic. We also considered the impact of the pandemic on how NHS services were delivered, and on the financial position of the NHS in Scotland.

2. The Covid-19 pandemic continues to affect the delivery of NHS services. A huge backlog of people waiting for healthcare has built up since the pandemic began, as planned care was paused for a while, and activity levels are not yet fully back to pre-pandemic levels. Scotland's healthcare system remains under severe pressure, operationally and financially.

3. Scotland's NHS is not alone in facing these issues. Across the globe, healthcare systems face similar pressures. Many of the factors contributing to the extremely difficult situation facing the NHS in Scotland are not specific to health services, and many are not within the control of the Scottish Government or NHS boards. But it is crucial that both the Scottish Government and NHS boards are realistic in their ambitions and are clear about what has been and can be achieved.

4. The Scottish Government has begun efforts to help NHS services recover from the impact of the Covid-19 pandemic. It published its NHS Recovery Plan 2021-2026 in August 2021. This outlined the ambitions for recovering health services to better than pre-pandemic levels and clearing the backlog of care. This follows previous measures to progress recovery from Covid-19. In our 2021 briefing on the Covid 19: Vaccination programme we reported on the Scottish Government's successful implementation of the vaccination programme.

5. The NHS Recovery Plan is ambitious. Our NHS in Scotland 2021 report identified several risks to its successful implementation. In this report we:

- take a further look at those risks and comment on progress against relevant recommendations from our NHS in Scotland 2021 report

- consider the financial and operational pressures facing the NHS in Scotland and what that means for progress against the Scottish Government's recovery ambitions

- assess progress in the first year of implementation of the Recovery Plan.

6. Our audit methodology is set out in Appendix 1. We plan to carry out separate performance audits of adult mental health services and drug-related deaths and, therefore, do not go into detail on these issues in this report.

7. NHS boards are largely responsible for implementing the actions set out in the NHS Recovery Plan. To better understand how the plan affects NHS boards and whether they are likely to achieve the ambitions set out within it, we conducted case studies of three contrasting boards. They are NHS Ayrshire and Arran, NHS Highland and NHS Lothian. Throughout the report we refer to evidence gathered from these NHS boards to provide insight from a local perspective on the NHS Recovery Plan.

The NHS in Scotland faces unprecedented challenges

Delivering on the Scottish Government's recovery ambitions for the NHS will be extremely difficult due to financial and operational pressures

8. Before assessing progress in the first year of the Scottish Government's NHS Recovery Plan 2021-2026, it is important to provide context on the challenges facing the system. Across the world, healthcare systems are under extreme pressure. Global and local factors are creating very difficult operating conditions for the NHS in Scotland.

9. In previous reports we outlined how the NHS in Scotland was not being run in a financially or operationally sustainable way, even before the Covid-19 pandemic. Our NHS in Scotland 2019 report highlighted the need for reform in the NHS to ensure services are sustainable. Reform would mean changes to the way health services are delivered, to improve efficiency, effectiveness and value for money. It should lead to high quality services being delivered within the resources available.

10. Factors such as Scotland's ageing population, growing demand and rising costs meant the system was already under pressure. This situation has been exacerbated by the Covid-19 pandemic, rising inflation and the cost-of-living crisis. The Scottish Government faces significant challenges in recovering services and delivering reform.

The response to Covid-19 and a range of emerging financial pressures have exacerbated the financial position of the NHS in Scotland

11. The Covid-19 pandemic brought substantial additional cost pressures for the NHS in Scotland. We highlighted the additional Covid-19 related funding allocated across Scotland's health sector in our NHS in Scotland 2020 and NHS in Scotland 2021 reports. In 2020/21, £2.9 billion of additional Covid-19 related funding was allocated across health and social care in Scotland. This fell to £2.6 billion in 2021/22.

12. This additional funding came from the UK Government in the form of Barnett consequentials.[1] In our report on Scotland's financial response to Covid-19 we point out that the UK and Scottish budgets for 2022/23 do not include any specific Covid 19 funding. There will be no further Barnett consequentials for Covid-19 related spend, but Covid-19 related costs will remain, such as the cost of vaccinations. These costs must now be met from the Scottish Government's existing health and social care budget.

13. The Scottish Government is taking steps to reduce Covid-19 costs in core areas, such as personal protective equipment (PPE), vaccinations, and Test and Protect, through its Covid Costs Improvement Programme (CCIP). It is working with NHS boards to forecast their costs, identify savings and deliver services in a more sustainable way. The Scottish Government has given each NHS board a Covid-19 funding budget for 2022/23 and instructed them to keep Covid-19 costs within it.

14. Each of our case study boards initially predicted that their actual Covid-19 costs would be higher than the amount in their budgets, but are working hard to bring costs in line. NHS Lothian now predicts that it will stay within its Covid-19 budget this year but will have a recurring funding gap next year when Covid-19 funding is further reduced. Total Covid-19 related spend in 2022/23 across the Scottish Government health and social care directorate, NHS boards, and Health and Social Care Partnerships (HSCPs) is currently expected to be around £723 million.

15. We have previously set out the need for transparency over Covid-19 spending, but also the difficulty in defining what is Covid-19 spending in our Scotland's financial response to Covid-19 report. Moving forward, the Scottish Government's health and social care directorate will not monitor Covid-19 related costs separately, particularly as there is no longer a separate Covid-19 funding stream.
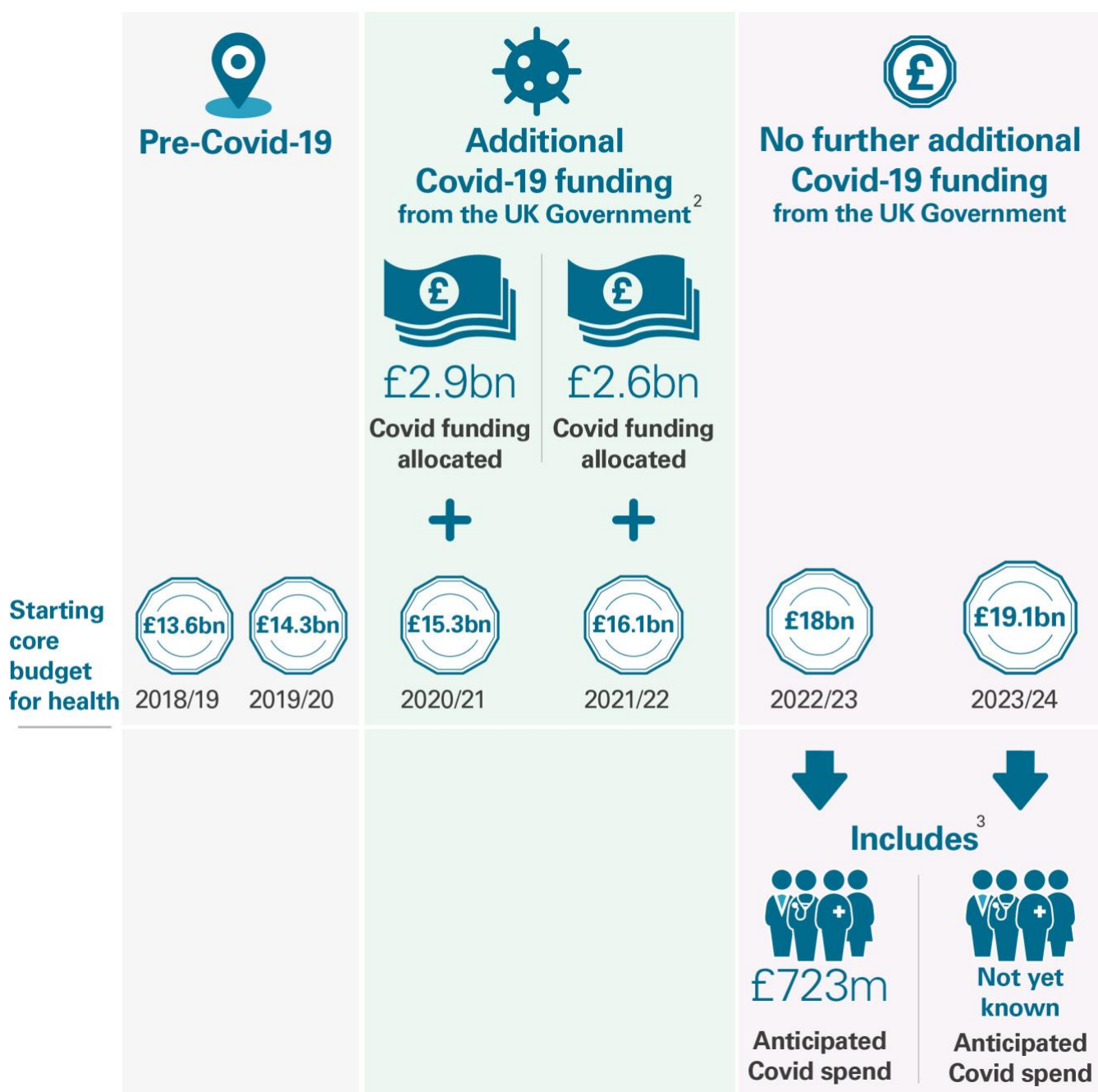
16. As Exhibit 1 (page 11) shows, the Scottish Government's health budget has increased by £4.4 billion since 2018/19. The UK Government provided significant additional funding for Covid-19 related spend in 2020/21 and 2021/22, but remaining Covid-19 related costs must be met from the Scottish Government's core health and social care budget from 2022/23 onwards. The general trend in health spending in Scotland is one of growth. In the Scottish Budget: 2023-24 the total allocation for health and social care is £19.1 billion.[2] This increase is earlier than anticipated, with the Scottish Government having previously committed to increasing its health and social care budget to £19 billion by 2026/27.[3]

17. The financial position of the NHS in Scotland is concerning. As well as Covid-19 related costs, a range of additional financial pressures (outlined below) have grown or emerged in recent years. Our three case study boards all confirmed these pressures will impact on their financial sustainability.

18. The Scottish Government also recognises the challenges these pressures bring to the NHS in Scotland. Recent economic instability, in the UK and internationally, has made it difficult to predict its income and expenditure. The Scottish Government is working on its revised medium-term financial framework (MTFF) for health and social care. It should ensure this aligns with its medium-term financial strategy (MTFS) for the entire Scottish Government and publish the MTFF for health and social care as soon as possible after the MTFS is published in May 2023.

Exhibit 1.
Health funding in Scotland 2018/19 to 2023/24[1]

Pre-Covid-19

Additional Covid-19 funding from the UK Government[2]

£2.9bn
Covid funding allocated

£2.6bn
Covid funding allocated

No further additional Covid-19 funding from the UK Government

Starting core budget for health	£13.6bn	£14.3bn	£15.3bn	£16.1bn	£18bn	£19.1bn
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24

Includes[3]

£723m
Anticipated Covid spend

Not yet known
Anticipated Covid spend

Notes:
1. These figures do not take into account inflation.
2. Additional Covid-19 funding from UK Government via Barnett consequentials.
3. Covid-19 related expenditure met from the existing Scottish Government health and social care budget. No additional funding was provided by the UK Government.

Source: Scottish Government

UK inflation has increased substantially in the last two years

19. Inflation in the UK has reached levels that are unprecedented in recent times, reaching 10.5 per cent in December 2022.[4] This is up from 5.4 per cent in December 2021 and from 0.6 per cent in December 2020. NHS services are not immune to inflation and the NHS will face rising costs for everything from food to medicines. Prices are much higher than they were before the Covid-19 pandemic, when the NHS already faced significant financial challenges. The NHS, with a high number of large buildings that need heat and energy, is badly affected by the large increase in energy costs in 2022.

20. A new pay offer for NHS staff remains unresolved, adding to financial uncertainty. The cost-of-living crisis has created strong demand for pay increases from workers across the public sector. The Scottish Government made an average pay increase offer of 7.5 per cent for NHS staff in November 2022. This equates to a £515 million commitment. The Unison and Unite trade unions have accepted this offer. But it has been rejected by the GMB union, the Royal College of Nursing and the Royal College of Midwives, and the threat of industrial action cannot be ruled out. The Scottish Government must meet this commitment from its existing budget.

The NHS capital maintenance backlog is likely to have increased

21. We last reported on the NHS capital maintenance backlog in our NHS in Scotland 2020 report. At that time the figure stood at £1.03 billion. The Scottish Government plans to double investment in capital backlog maintenance over the next five years. But it will have to balance capital investment with the other financial pressures it faces. Any reduction in the planned capital investment will mean that the Scottish Government will have to prioritise which projects will go ahead. This could affect progress in recovering services and increasing capacity, and therefore have a negative impact on patients.

The proposed National Care Service will place a huge strain on the health and social care budget

22. The Scottish Government introduced the National Care Service (Scotland) Bill in June 2022. The Scottish Parliament Information Centre (SPICe) published a briefing on the National Care Service Bill in October 2022.[5] According to SPICe's analysis of the Bill's Financial Memorandum, the estimated costs of implementing the Bill in the period 2022/23 to 2026/27 are between £644 million and £1.26 billion.

23. These amounts cover the direct costs of implementing the legislation and do not include costs associated with any policy decisions that may accompany the Bill, for example pay increases for social care staff or investment in digital and data solutions. As a result, the overall cost of implementing the legislation and supporting it with necessary policy decisions could be much higher than those estimates. This represents a significant unknown financial commitment to be met from the Scottish Government's health and social care budget. The Scottish Government has committed to spending an additional £840 million on social care, an increase of 25 per cent, by 2026/27.[6]

NHS boards predict an extremely challenging financial position

24. Analysis of NHS boards' 2022/23 financial plans shows that of the 14 territorial boards, only three are predicting to break even in 2022/23 if their savings targets are met. Seven of the eight national NHS boards are predicting to break even in 2022/23 if their savings targets are met. In total, boards need to make £620.6 million of savings to break even in 2022/23 (Appendix 2).

25. In 2020/21 and 2021/22 the Scottish Government provided non-repayable financial support to ensure all NHS boards delivered financial balance due to the exceptional financial challenges brought about by the Covid-19 pandemic. This arrangement stopped at the end of 2021/22 with boards again expected to operate within one per cent of their total core revenue funding. This is a return to a commitment agreed as part of the MTFF in 2018.

26. NHS boards have returned to medium-term financial planning and have prepared three-year financial plans covering the period 2022/23 to 2024/25. The one per cent flexibility is contingent on NHS boards producing a credible financial plan and repayment of this flexibility in the three-year period. Common concerns identified in the financial plans of our three case study boards include:

- predicted growing levels of deficit in the medium-term

- difficulty reducing continuing Covid-19 costs

- uncertainty around funding pay increases for staff.

27. Territorial boards' planned efficiency savings are not enough to close the predicted financial gap in 2022/23. The Scottish Government has brought back financial support, known as brokerage, for boards predicting a financial deficit. The Scottish Government will discuss repayment options with individual NHS boards following the development of a credible financial plan.

28. Our November 2022 briefing, Scotland's public finances: Challenges and risks, highlighted that the Scottish Government has limited room for manoeuvre to make changes to balance the 2022/23 budget and is facing difficult choices setting the 2023/24 budget. A balance must be struck between short-term necessities and longer-term priorities, and the Scottish Government will need to revisit its priorities if the economic and fiscal conditions worsen. Faster reform is needed to protect public services in the long term and improve people's lives.

The healthcare system remains under extreme pressure

29. As well as financial pressures, there are several other factors contributing to an increasingly difficult operating environment. Workforce shortages and pressures on the social care system are affecting the flow of patients through hospitals. The impact of these pressures can be seen across the healthcare system, in increased Accident & Emergency (A&E) waiting times, longer ambulance turn-around times and the growing number of delayed discharges. The NHS in Scotland also faced severe winter pressures in 2022/23.

Performance against the A&E waiting times target is considerably below target

30. Ninety-five per cent of people attending A&E should be seen and admitted, discharged, or transferred within four hours. This target has not been hit since July 2020, and performance declined further in 2022. In August 2021, performance fell below 80 per cent and has remained there since. In December 2022, performance on this measure fell to 62.1 per cent. The number of people experiencing an extremely long wait (more than eight, or more than 12 hours) increased in 2022.[7]

Pressure has increased on remote services

31. The NHS in Scotland has introduced new ways for people to access health services remotely. NHS 24 provides health information and advice through its 111 telephone service and via the NHS Inform website. These services identify the most appropriate way for people to access services and help to reduce the number of people attending GP practices and A&E in person.

32. The use of these services has increased as pressure has grown on wider health services. December 2022 saw a higher than usual number of calls to NHS 24 and a high volume of traffic to the NHS Inform website (Exhibit 2, page 16).[8] NHS 24 is progressing with the planned recruitment of 200 new staff by March 2023 to help cope with increasing demand on its services.

33. Patients who call NHS 24 may be referred to a Flow Navigation Centre (FNC). FNCs, introduced as part of the Redesign of Urgent Care (RUC) programme, are now in place in each NHS board to help identify the best pathway of care for patients within their community. Other services, such as the Scottish Ambulance Service, GPs, or pharmacies, can also access FNCs.

The Scottish Ambulance Service is losing staff time due to increased turnaround times at hospitals and increased time at the scene of calls

34. The Scottish Ambulance Service (SAS) is experiencing long waits when it arrives at A&E departments with patients. Hospital turnaround times have increased due to the lack of available beds in hospitals. SAS is also spending more time at the scene of calls, as patients often have more complex needs compared to before the Covid-19 pandemic. Over the winter, the number of emergency incidents dealt with by SAS increased substantially, reaching more than 16,000 in the last week of December 2022. This was 11 per cent higher than the average of the previous four weeks.[9]

35. SAS has successfully recruited 458 new staff to increase its capacity. It has also implemented a range of measures to manage demand and reduce the number of people attending A&E. It introduced an Integrated Clinical Hub to support patients with urgent rather than emergency care needs (Case study, page 15). SAS is working with NHS boards to optimise their flow navigation arrangements.

Case study
The Scottish Ambulance Service introduced an Integrated Clinical Hub to support patients with urgent care needs

In 2022, SAS introduced an Integrated Clinical Hub, with the aim of supporting patients with urgent, rather than emergency, care needs. The hub brings together senior clinicians, such as GPs, Advanced Nurse and Paramedic Practitioners, and Paramedic Clinical Advisors. Many patients with urgent care needs can benefit from a detailed conversation with a senior clinician to identify the best treatment pathway for them. That could be an ambulance, referral to another part of the urgent care system, or self-care advice.

This means patients are directed towards the most appropriate part of the service for their needs and receive support and reassurance. Patients with the most acute or urgent needs are identified and prioritised. It also helps to make sure resources are used more efficiently throughout the healthcare system.

SAS Advanced Practice Clinicians consult with up to 15 per cent of 999 demand, with 50 per cent of these calls not requiring a 999 ambulance. This avoids over 100 ambulance dispatches per day with patients being directed to more appropriate sources of support for their needs.

Source: Scottish Ambulance Service

Delayed discharges remain a barrier to patient flow through hospitals

36. Delayed discharge occurs when a patient is clinically ready to leave hospital but continues to occupy a hospital bed. This is usually because the support necessary to allow a patient to leave hospital is not in place. In our Social care briefing, from January 2022, we highlighted pressures on the social care system and on social care funding. These pressures are making it difficult to find appropriate care packages for patients ready to leave hospital. This is causing an increase in delayed discharges, resulting in fewer beds becoming available for new patients entering the system. In early January 2023, the Scottish Government reported that hospital bed occupancy across Scotland was above 95 per cent.[10]

37. Our NHS in Scotland 2021 report highlighted how the Scottish Government's rapid discharge strategy resulted in a substantial drop in delayed discharges in the early stages of the Covid-19 pandemic. But delayed discharges reached pre-pandemic levels again by September 2021, and in 2021/22 the annual average length of stay in hospital increased to the highest level since 2014/15 (provisional figures).[11] In December 2022, the average number of beds occupied each day by patients whose discharge was delayed was 1,878 (23.4 per cent higher than in December 2021).[12]

38. In early January 2023, the Scottish Government announced £8 million of funding to purchase 300 interim beds in care homes, paying 25 per cent above the national care home contract rate.[13] This is in addition to 600 interim care home beds already in operation. The additional care home beds are intended to

provide transitional care to patients awaiting social care support, and to provide some temporary assistance in reducing the number of people occupying hospital beds who are clinically ready to leave hospital.

39. We recommended in our NHS in Scotland 2021 report that the Scottish Government and NHS boards should work with partners in the social care sector to develop a long-term, sustainable solution for reducing delayed discharges from hospital. The Scottish Government and NHS boards have progressed several measures aimed at reducing delayed discharges. These include measures to increase the number of patients that can be seen remotely, which have been successful in saving hospital bed days. They also include improving discharge planning arrangements and additional investment in social and community care. Despite these measures, the number of delayed discharges continues to grow. The Scottish Government and NHS boards should continue to seek a sustainable, long-term solution, working jointly with partners in the social care sector.

Exhibit 2.
The healthcare system remains under extreme pressure

		Dec 2019	Dec 2020	Dec 2021	Dec 2022
H A&E	Percentage of A&E attendances seen within 4 hours	83.8%	86.3%	75.7%	62.1%
	Average number of beds occupied each day due to delayed discharges	1,465	1,076	1,522	1,878
	Number of people in hospital with Covid-19 (7-day average at end of Dec)	-	1,190	833	1,267
	Number of calls made to NHS 24 111 service	-	-	182,200	217,989
	NHS Inform website page views (core service, excludes Covid-19)	-	-	10.7m	12.4m

Source: Public Health Scotland and NHS 24

Covid-19 and other respiratory viruses continue to put pressure on health services

40. New waves of Covid-19 have affected hospital capacity and staff availability, sometimes leading to further temporary pauses or reductions in services. Although NHS Scotland was officially stood down from an emergency footing in April 2022, the pandemic and its impact on health services is ongoing.

41. The number of patients in hospital with Covid-19 is still putting pressure on the NHS in Scotland. These patients require isolation from other patients for infection control purposes and this has an impact on hospital capacity. In 2022, the number of patients in hospital with Covid-19 peaked in April, but smaller peaks followed in July and October. Towards the end of the year the average number of people in hospital with Covid-19 began to rise again rapidly. In the last week of December 2022 there were, on average, 1,267 patients in hospital with Covid-19.[14]

42. Scotland experienced extraordinary levels of winter flu at the end of 2022. There was also an outbreak of Strep A infections and an increase in other respiratory viruses at this time. This further increased pressure and demand on health services. NHS Borders and NHS Greater Glasgow and Clyde paused routine non-urgent elective procedures due to the pressures faced in the NHS system in January. NHS Ayrshire and Arran paused inpatient planned care.[15] The majority of other boards also reported daily cancellations due to staffing and bed pressures at this time.

The NHS workforce remains under severe pressure and there are concerns over staff capacity, wellbeing and retention

43. The Scottish Government introduced a new National Workforce Strategy for Health and Social Care (2022) to address the significant pressures facing the NHS workforce.[16] The workforce remains under severe pressure. High staff turnover rates, higher than normal sickness and vacancy rates, and gaps in the workforce continue to have an adverse effect on workforce capacity.

44. Although the number of NHS staff is at a record high, the staff turnover rate has increased (Exhibit 3, page 18). The vacancy rate for Allied Health Professionals (AHPs) has increased from 3.9 per cent in March 2017 to 8.7 per cent in September 2022. The vacancy rate for nursing and midwifery has increased from 4.5 per cent to 9 per cent over the same period. The sickness absence rate for NHS Scotland in 2021/22 was 5.7 per cent, the highest rate reported in ten years.

45. High levels of workforce vacancies in nursing have led to increased expenditure on nursing bank and agency staff. Spending on bank and agency nursing staff increased by 36 per cent in 2021/22 and has increased by 92.9 per cent since 2017 (Exhibit 3). Although expenditure varies widely among boards, total nursing bank and agency spending was £321 million in 2021/22.

Exhibit 3.
NHS workforce data

👥 Headcount

September 2022

180,325

⬆ 0.6% increase since September 2021

Mar 17   Sep 22

180,325

162,597

🕐 Whole-time equivalent

September 2022

155,913.5

⬆ 1.0% increase since September 2021

Mar 17   Sep 22

155,913.5

139,430.9

🚶 Staff joining

2016/17   2021/22

16,580.3

9,712.1

ⓘ Staff leaving (turnover rate)

2016/17   2021/22

8.1%

6.3%

👥 Vacancy rates

September 2022

Nursing and midwifery

9.0%

⬆ Up from 4.5% in March 2017

Allied Health Professionals

8.7%

⬆ Up from 3.9% in March 2017

£ Temporary staffing costs[1]

2021/22

Nursing bank
£232.2m
⬆ Up from £142m in 2016/17

Nursing agency
£88.9m
⬆ Up from £24.5m in 2016/17

💙 Sickness absence

2021/22

5.7%
⬆ Up from 5.2% in 2016/17

Note: 1. Nursing agency and bank staff expenditure figures do not take into account inflation.

Source: NHS Education for Scotland

46. Case study boards' expenditure on nursing agency staff reflect these national trends. In NHS Ayrshire and Arran, nursing agency expenditure increased by 90.8 per cent (from £3.5 million to £6.7 million) in 2021/22. Over the same period, expenditure within NHS Highland increased by 90.5 per cent (from £1.8 million to £3.5 million) and expenditure within NHS Lothian increased by 57.2 per cent (from £4.7 million to £7.4 million).

47. Despite the increases in bank and agency nursing staff working on the frontline, nursing staff are still under pressure. The results of the Royal College of Nursing (RCN) 2022 survey on staffing levels across the UK found that 86 per cent of nurses in Scotland thought that the number of nursing staff in their last shift was not sufficient to meet the needs of patients safely and effectively. Sixty-three per cent of nurses reported feeling exhausted and negative over staffing levels, and 59 per cent reported feeling demoralised. Only 37 per cent reported being able to take the breaks they were supposed to take.[17]

48. The 2022 General Medical Council (GMC) National Training Survey of trainer and trainee doctors found that 37 per cent of Scottish trainees reported feeling burnt out to a very high or high degree because of their workload. Sixty-two per cent of trainees who answered the burnout questions were measured to be at high or moderate risk of burnout. Forty-three per cent reported working beyond their rostered hours daily or weekly.[18]

49. General Practices are under pressure. The British Medical Association (BMA) carried out a survey of General Practices in Scotland in October of 2022, of which 46 per cent of practices responded. Eighty-one per cent of respondents said that demand for GP services was exceeding capacity, and 42 per cent said that demand was substantially exceeding capacity. Thirty-four per cent of practices reported having at least one GP vacancy.[19]

The Scottish Government is continuing to invest in the mental wellbeing of NHS staff, but physical wellbeing remains a concern

50. In our NHS in Scotland 2021 report, we outlined the measures that the Scottish Government was taking to support staff wellbeing. For example, staff now have access to the National Wellbeing Hub, a digital platform that provides a range of self-care and wellbeing resources. The Workforce Specialist service provides confidential mental health assessment and treatment. Work on these continues and we recommend that focus on staff retention and wellbeing is maintained.

51. We also noted that the Scottish Government told us that there is not a culture of seeking help in the health and social care sector. The Scottish Government is taking steps to change this by putting in place wellbeing coaches for staff in managerial roles to encourage their teams to access wellbeing resources. It is also planning to implement its 'Leading to Change' programme to help staff proactively manage culture changes with the aim of retaining more staff.

52. It is unclear how much physical wellbeing provision there is for frontline NHS Scotland staff. The Scottish Government has funded boards to create rest spaces for staff in hospitals. But, because of the high intake of patients, delayed discharges and unscheduled care pressures, rest spaces for staff are often

being used for other purposes. The Scottish Government has made some progress in establishing physical provisions for healthcare staff working in community settings. But there is a further opportunity for it and NHS boards to work together to prioritise creating rest and break facilities and providing hot food and drink for staff in hospitals to prevent staff burn out and improve staff safety and wellbeing.

Progress in tackling the backlog of care has been slow; waiting times and waiting lists continue to grow

53. When Covid-19 struck the UK in March 2020, NHS Scotland was placed on an emergency footing and all non-urgent care was paused. These emergency measures allowed hospitals to focus on caring for people who were seriously ill with Covid-19, but also helped to reduce transmission of the virus within hospitals.

54. Waiting time standards set the maximum amount of time a patient should wait for healthcare. Before the Covid-19 pandemic, NHS boards were already struggling to meet waiting times standards for planned care, and performance has deteriorated further since (Exhibit 4, page 21). Performance during the pandemic will have been influenced by several factors, including clinical prioritisation of patients and the pausing of services at different times.

55. Between 2014 and 2019, waiting lists for planned care were generally increasing year-on-year, although the new outpatient waiting list had begun to level off in 2017. The disruption to health services since the start of the pandemic has caused a much sharper build-up in the number of people waiting. More people are now waiting to be seen at each stage of the referral to treatment pathway than ever before. Planned care waiting lists have continued to grow in the last year (Exhibit 5, page 22).

56. Some specialties, such as ophthalmology and general surgery, have particularly large waiting lists. These two specialties combined account for a quarter of all people waiting for a new outpatient appointment. Nearly half of those on the inpatient/day case waiting list are waiting for an orthopaedic procedure or general surgery.

57. Inevitably, patients are waiting longer for planned care than they were before the pandemic. Most people still waiting for care have been waiting for longer than the national waiting times standards. In some cases, people have been waiting much longer. For example, at the end of September 2022:

- 37,947 (8.0 per cent) had been waiting more than a year for a new outpatient appointment, with 2,114 (0.4 per cent) waiting more than two years.[20]

- 35,337 (24.9 per cent) had been waiting more than a year for inpatient/day case treatment, with 7,612 (5.4 per cent) waiting more than two years.[21]

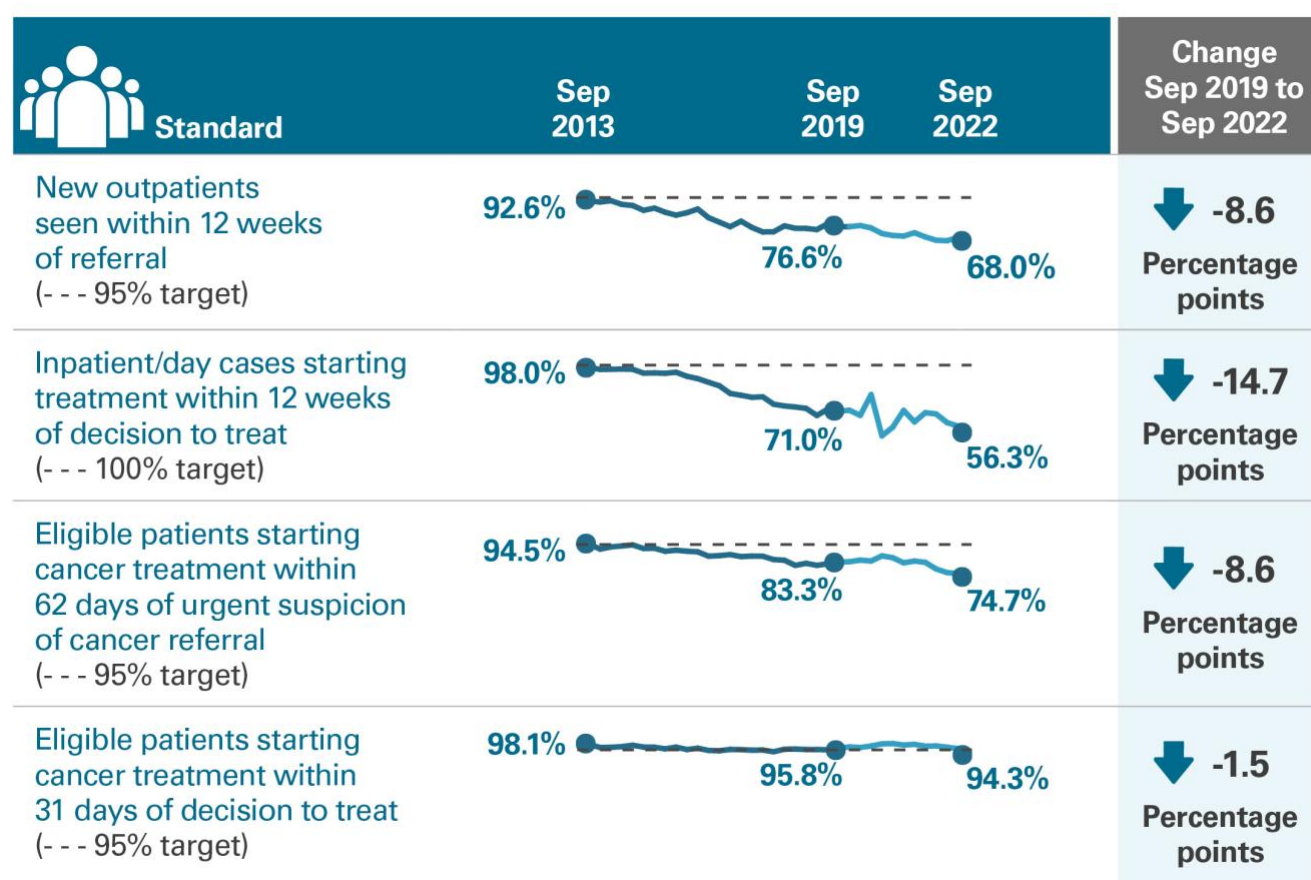- 5,458 (3.4 per cent) had been waiting more than a year for a diagnostic test or investigation. Most of these people were waiting for an endoscopy.[22]

Before the pandemic it was unusual for people to wait more than a year for planned care.

Exhibit 4.
Performance against planned care and cancer waiting times standards, quarter ending September 2013 to September 2022
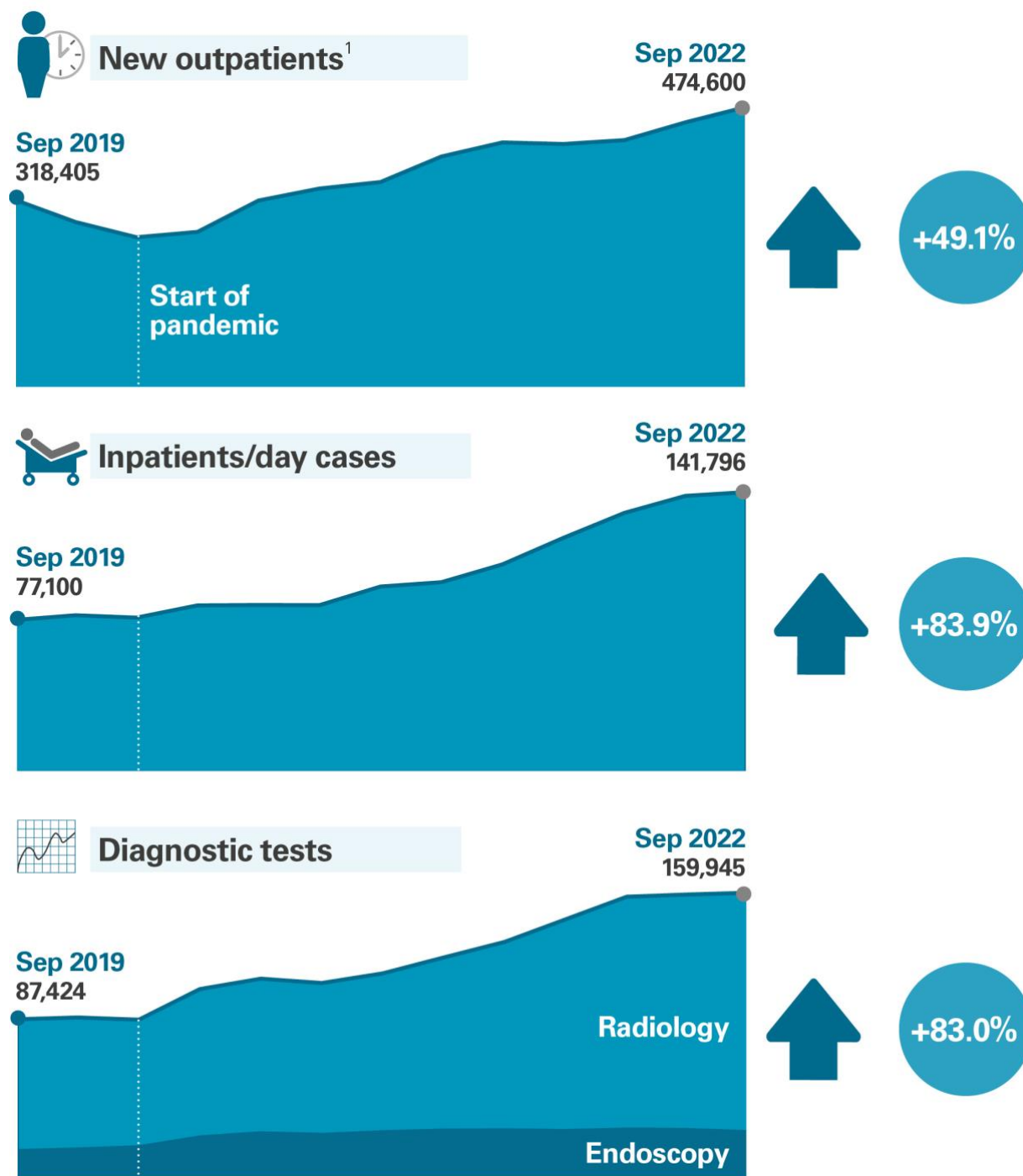Before the Covid-19 pandemic, NHS Scotland was already struggling to meet planned care and cancer waiting times standards, and performance has deteriorated.

Standard	Sep 2013	Sep 2019	Sep 2022	Change Sep 2019 to Sep 2022
New outpatients seen within 12 weeks of referral (- - - 95% target)	92.6%	76.6%	68.0%	▼ -8.6 Percentage points
Inpatient/day cases starting treatment within 12 weeks of decision to treat (- - - 100% target)	98.0%	71.0%	56.3%	▼ -14.7 Percentage points
Eligible patients starting cancer treatment within 62 days of urgent suspicion of cancer referral (- - - 95% target)	94.5%	83.3%	74.7%	▼ -8.6 Percentage points
Eligible patients starting cancer treatment within 31 days of decision to treat (- - - 95% target)	98.1%	95.8%	94.3%	▼ -1.5 Percentage points

Source: Public Health Scotland

Exhibit 5.

Number of people waiting for planned care, quarter ending September 2019 to September 2022

Waiting lists for planned care within NHS Scotland are larger than ever and continue to grow.

New outpatients[1]

Sep 2019
318,405

Sep 2022
474,600

Start of pandemic

+49.1%

Inpatients/day cases

Sep 2019
77,100

Sep 2022
141,796

+83.9%

Diagnostic tests

Sep 2019
87,424

Sep 2022
159,945

Radiology

Endoscopy

+83.0%

Note: 1. Before October 2019, some patients waiting for a key diagnostic test were included in the new outpatient waiting list. From 1 October 2019, people waiting for these tests were no longer covered by this standard. This largely explains the pre-pandemic decrease in the outpatient waiting list towards the end of 2019.

Source: Public Health Scotland

Waiting times vary among specialties and NHS boards

58. The length of time people are waiting for planned care varies by specialty. It also varies according to the type of appointment required. Among the 20 specialties with the largest outpatient waiting lists, gastroenterology has the highest proportion of patients who have been waiting a long time (more than a year) for an appointment. In the case of inpatient/day case treatment, the specialties with the highest proportions of patients waiting more than a year include paediatric surgery, neurosurgery, ear, nose and throat, urology, orthopaedics, plastic surgery, gynaecology and general surgery. The diagnostic test with the highest proportion of patients waiting more than a year is lower endoscopy.

59. Waiting lists have grown markedly in most NHS boards since the start of the Covid-19 pandemic. However, across and within boards waiting times vary. Our case study boards confirmed that they face different local challenges with specific outpatient specialties and diagnostic services. These mainly relate to local workforce challenges and constraints in physical space. Tackling inpatient/day case waiting lists is made more difficult by several key issues:

- high vacancy rates in key areas (particularly theatre staff)

- pressures associated with unscheduled care activity

- lack of acute care beds due to delayed discharges

- financial constraints

- other issues relating to geography, demographics and the specific health needs of boards' local populations.

Activity is still below pre-pandemic levels and does not meet NHS Recovery Plan targets

60. Waiting list activity is measured by looking at the number of people added to and removed from a list within a certain time frame. People are usually removed because they have attended an appointment or been admitted for treatment. However, removals can occur for other reasons, for example because treatment is no longer required. NHS boards review waiting lists on a regular basis to ensure that patients are removed where appropriate.

61. Waiting list additions and removals, and attendances/admissions fell dramatically when NHS Scotland was placed on an emergency footing in March 2020. Despite some recovery, across NHS Scotland all three measures remain lower than before the pandemic.[23]

62. One of the main objectives of the NHS Scotland Recovery Plan 2021-2026 is to increase planned care activity and capacity beyond pre-pandemic levels. The Scottish Government plans year-on-year increases by opening ten National Treatment Centres (NTCs) and redesigning care pathways. Redesigning care pathways means changing and improving how patients access health services. By the end of 2022/23, it was anticipated that annual activity would increase by 58,000 outpatient appointments and 27,500 inpatient/day case procedures.

Based on data available for the first six months of 2022/23, current activity is running well below NHS Recovery Plan targets (Exhibit 6).

Exhibit 6.
Planned care waiting list activity, 2019 quarterly average versus quarter ending September 2022
Waiting list activity is still below pre-pandemic levels.

New outpatient		2019 quarterly average	Jul - Sep 2022	Difference %	
	Additions	449,109	414,537	⬇	-7.7
	Removals	457,532	389,212	⬇	-14.9
	Attendances	367,294	300,449	⬇	-18.2
Inpatient/day case		2019 quarterly average	Jul - Sep 2022	Difference %	
	Additions	86,514	69,998	⬇	-19.1
	Removals	85,912	68,213	⬇	-20.6
	Admissions	70,599	53,474	⬇	-24.3

Source: Public Health Scotland

63. Since mid-2020, when NHS Scotland began to remobilise, the number of people being added to waiting lists has often been higher than the number being removed. This is causing waiting lists to continue to grow.

64. Planned surgical activity has not yet returned to pre-pandemic levels. An average of 21,230 planned operations were scheduled within NHS Scotland's theatre systems each month between April and September 2022. This is 23.5 per cent lower than the average number scheduled each month between April and September 2019.[24]

Cancer screening programmes have resumed, and referrals are increasing, but performance against cancer waiting times standards is getting worse

65. At the start of the pandemic, the national cancer screening programmes (Bowel, Breast and Cervical) were paused, and cancer referrals decreased. These programmes have now restarted, and cancer referrals are increasing. Current standards for cancer waiting times are that 95 per cent of all eligible patients should wait no longer than 62 days from an urgent suspicion of cancer referral to start of first treatment, and no longer than 31 days from the decision to treat to start of first treatment. The number of eligible referrals for the 62-day

standard is now higher than pre-pandemic levels, but the number of eligible referrals for the 31-day standard is similar to pre-pandemic levels.

- Between July and September 2022, there were 4,161 eligible referrals for the 62-day standard (6.0 per cent higher than between July and September 2019).

- Between July and September 2022, there were 6,459 eligible referrals for the 31-day standard (1.5 per cent lower than between July and September 2019).[25]

66. Eligible referrals only include patients who are subsequently diagnosed with cancer. They do not include referrals that do not result in a cancer diagnosis. Our case study boards confirmed that the number of patients being referred with an urgent suspicion of cancer (whether eligible or not) had increased noticeably in the last year.

67. Performance against cancer waiting times standards is getting worse (Exhibit 4). Performance against the 62-day standard is lower than ever. For NHS Scotland overall, the 31-day standard was not met in the most recent quarter (July-September 2022) and performance varied across NHS boards.

The number of people dying each year is still higher than average

68. Throughout the pandemic, the number of people dying each year has been higher than average. These are often called "excess deaths". Many of these deaths are directly linked to Covid-19, but in 2020 and 2021 there were more deaths than usual from some other diseases. These were cancer, heart disease, digestive system diseases and external causes of death (such as drug-related deaths).[26] National data does not show whether these excess deaths are directly related to longer waiting times.

Longer waits are negatively impacting people's health and wellbeing

69. The Scottish Government has acknowledged that people are waiting too long for treatment.[27] It also recognises the impact of increased waiting times on people's physical and mental wellbeing.

70. There is some evidence that patients are presenting for care in a worse condition than before the pandemic:

- Evidence given to the Covid-19 Recovery Committee's inquiry into excess deaths suggests that patients may be presenting for care in a more acute condition than before the pandemic.[28] Some of this evidence relates to the stage at which patients are being diagnosed with cancer. It is acknowledged that determining whether cancer patients are being diagnosed at a later stage of disease is complex. It will be some time before data will be available to answer this question fully. This view was echoed by Cancer Research UK.

- All three case study boards said that patients are presenting for planned care in a frailer condition than before the pandemic. This is particularly

the case for patients who are waiting for orthopaedic procedures, such as joint replacement.

- The Scottish Ambulance Service are finding patients often have more complex needs when they attend calls. They are also receiving a higher number of calls for seriously and critically ill patients.

71. A survey carried out between October and December 2020 by the charity Versus Arthritis highlights some of the negative impacts of waiting for joint replacement surgery.[29] Most survey respondents reported suffering increased levels of pain, reduced mobility and independence, and a deterioration in physical and mental health while waiting for treatment. These findings suggest that people who are waiting for a joint replacement may benefit greatly from additional support while they wait.

Progress has been slow against recovery ambitions

Current pressures threaten to derail the recovery of NHS services, while the backlog of care continues to grow

The Scottish Government's NHS Recovery Plan 2021-2026 is ambitious, and progress has been slow

72. The Scottish Government published its five-year NHS Recovery Plan in August 2021. The plan sets out how the Scottish Government aims to address the substantial backlog in planned care while continuing to meet ongoing urgent health and care needs by increasing activity and redesigning care pathways. The plan committed to increase elective care activity by 10 per cent compared with pre-pandemic levels in outpatient services and by 20 per cent in inpatient and day case services.

73. The Recovery Plan anticipates that most of the increases in outpatient appointments would be driven through NHS boards increasing capacity by redesigning care pathways. For inpatient and day case procedures, NHS boards are expected to deliver an additional 15,500 procedures per year. A network of National Treatment Centres is to provide an additional 40,000 procedures by the end of the plan in 2026.

74. The Scottish Government did not undertake detailed and robust modelling to inform the anticipated increases in activity levels set out in the Recovery Plan. It is currently undertaking an exercise to model capacity across the whole health system over the next ten years. This modelling is intended to integrate demand and capacity for planned and unscheduled care, considering bed capacity and different high-level scenarios.

75. The output from this modelling will help the Scottish Government and NHS boards better understand potential demand for services in the future, considering population demographics and the impact of patients waiting longer for treatment. This should be used to inform and implement service capacity increases at national level and board level that will enable waiting list sizes to decrease and services to be more sustainable in the longer term. It is not clear when this work will be complete, but the Scottish Government should progress it as quickly as possible.

The Scottish Government did not engage fully with NHS boards on the preparation of the Recovery Plan

76. The Scottish Government committed to publishing its NHS Recovery Plan within its first 100 days of office following the Scottish Parliament elections in May 2021. That timescale meant that NHS boards were not involved in setting the ambitions in the plan, despite being responsible for the operational delivery

of the ambitions. The Scottish Government did not ask NHS boards for information on possible increases in activity levels beyond those for National Treatment Centres. The Recovery Plan is a high-level national document and does not fully reflect the variation in challenges and priorities faced by different boards. But our case study boards found that the Recovery Plan gave them renewed focus on working to stabilise and recover services following the pandemic.

77. In April 2022, the Scottish Government asked NHS boards to produce Annual Delivery Plans (ADPs) to help plan their recovery. It asked boards to focus on five priorities. These priorities are:

- Recruitment, retention and wellbeing of the health and social care workforce

- Recovering and protecting planned care

- Urgent and unscheduled care

- Supporting and improving social care

- Sustainability and value.

Our case study boards have aligned their ADPs with their corporate strategies, national priorities and local need. NHS Highland extended the scope of its ADP beyond the five priorities given by the Scottish Government to reflect the need to plan recovery across the whole health and care system.

78. Recovery planning at both national and board level has been shaped by the Scottish Government. Our case study boards would like more autonomy to develop delivery plans based on their own priorities and within their resource constraints. The Scottish Government and NHS boards should develop an agreed approach to recovery planning that reflects both national and local priorities.

The Scottish Government has allocated over £1.2 billion of funding to deliver against its recovery ambitions

79. The NHS Recovery Plan outlines a commitment of £1.26 billion of targeted investment over the next five years (Exhibit 7, page 29). Since the publication of the plan, the Scottish Government has increased its investment in multi-disciplinary teams (MDTs) working with GPs from £150 million in 2021/22 to a recurring £170 million. It has also invested an additional £50 million to help boards redesign pathways for urgent and unscheduled care.

Exhibit 7.
The NHS Scotland Recovery Plan financial commitments

Area of spend	Committed funding £ million
Primary care	172.5
Diagnostics	29.0
NHS Near Me	17.0
NHS 24	20.0
Cancer	174.5
Drug deaths	250.0
Staff wellbeing	40.0
Mental health	120.0
Scottish Ambulance Service	20.0
National Treatment Centres	400.0
Other	24.8
Total	**1.26 billion**

Source: NHS Scotland Recovery Plan 2021-2026

Boards are struggling financially to recover services and tackle the backlog of care

80. There is a tension between the service delivery targets of the NHS Recovery Plan and the finances available to boards to meet them. Boards are entering the financial year with large deficits. They are struggling to align service delivery targets with the costs of tackling the backlog of care, of dealing with increased numbers of unscheduled and urgent care patients, and of hiring agency staff to cover for vacant posts, all alongside continuing Covid-19 costs.

81. Territorial NHS boards submitted estimates to the Scottish Government of the funding needed to reduce waiting times and the backlog of planned care. Two of our three case study boards reported that the funding received from the Scottish Government falls short of what is needed in 2022/23 (Exhibit 8, page 30). NHS Lothian initially reported a shortfall of £5.3 million but has since been given confirmation that it will receive an additional £5.4 million from the Scottish Government. Although these shortfall figures are small relative to overall board funding, the situation highlights the competing financial pressures boards face

and the risk to recovery investment. Boards now face difficult choices to recover services without worsening their underlying deficit.

Exhibit 8.
Estimated shortfall in funding to reduce waiting times in 2022/23 in case study boards

Board	Estimated funding required £ million	Funding allocated by Scottish Government £ million	Shortfall £ million
NHS Ayrshire and Arran	13.0	7.8	5.2
NHS Highland	12.5	8.3	4.2
NHS Lothian	16.6	16.7	n/a

Source: NHS Ayrshire and Arran, NHS Highland, NHS Lothian

Reporting on progress against the Recovery Plan is unclear

82. The Scottish Government published its first NHS Recovery Plan: annual progress update in October 2022.[30] It recognises there was a need to pause work towards some of the recovery ambitions during the first year of the Recovery Plan due to the impact of the Omicron Covid-19 variant. But the progress update states that there has been significant progress in delivering on the ambitions of the Recovery Plan.

83. The progress update does not fully refer to the specific ambitions of the Recovery Plan and the level of progress is not always clear. The Recovery Plan did not include an action plan with detailed timescales and milestones, although there are some high-level timescales and milestones for some ambitions. Without a detailed action plan, it will be difficult to accurately measure progress.

84. The Recovery Plan ambitions are not clearly tracked and progress against key aims of increasing outpatient, diagnostic, and inpatient and day case activity is missing from the update. The Scottish Government stated in the Recovery Plan that the first milestones for those activity increases would be in 2023, and little progress was to be expected in year one of the plan. Appendix 3 shows ambitions to be delivered within the first year of the Recovery Plan and other key ambitions, whether they are reported on within the progress update, and what progress has been delivered against them.

85. The Scottish Government engaged with NHS boards on the Recovery Plan progress update report, but the update does not fully reflect how challenging it has been for NHS boards to recover. Our case study boards have highlighted a mismatch between the progress towards recovery described in the progress update and the recovery progress they have been able to make.

86. The Scottish Government should make sure annual progress updates clearly show what progress has or has not been achieved. It should revisit its recovery ambitions annually to ensure they remain relevant and achievable. It should be clear on any changes it makes.

Delays to the National Treatment Centre programme mean targets for increased activity are unlikely to be met

87. The NTC programme is key to the ambition to increase planned care activity. NTCs are to deliver 72 per cent of the increases in procedures by 2025/26 and were expected to deliver an additional 12,000 procedures by March 2023. The three NTCs that were due to open in 2022, in NHS Fife, NHS Forth Valley and NHS Highland, have been delayed and are now expected to open across the first half of 2023. Phase two of the Golden Jubilee University National Hospital expansion is expected to be complete in late summer 2023.

88. The Recovery Plan annual progress update states that timescales for the remaining NTCs are yet to be defined. Any further delays to the completion of the NTC programme will make it difficult to reach the target of 55,500 additional inpatient and day case procedures by 2025/26. Some NTCs are unlikely to open until late 2027 or early 2028.

89. There are national shortages of staff to fill some of the key roles needed for the delivery of inpatient and day case services, including theatre nursing staff and anaesthetic staff. The Scottish Government is helping NHS boards to recruit staff for NTCs internationally. It is also helping boards explore ways to upskill and redeploy staff into new roles to address gaps. If NTCs are not fully and sustainably staffed, there is a risk that the increases in activity set out in the Recovery Plan will not be fully achieved.

90. The NTCs are a national resource and will be hosted by NHS boards and treat patients from across Scotland, largely on a regional basis. In line with new targets to reduce long waits for treatment, NTC capacity for 2023/24 has been allocated on a regional basis to patients facing long waits for inpatient and day case procedures.

91. The variation between boards in the number of patients experiencing long waits means that host boards may receive a smaller allocation of their NTC capacity than they initially expected as they must prioritise long waiting patients from neighbouring board areas. The Scottish Government has developed a financial charging model. This outlines how boards will pay for the treatment of patients from their area when treated in a NTC located in another board area. This means host boards do not pay for the treatment of patients from other areas.

92. The Scottish Government has said that the approach to allocating NTC capacity will be monitored and adapted over time. It should develop a clear policy to ensure equitable access to NTC capacity across NHS boards beyond 2023/24.

There is a new focus on addressing longer waits

93. The Scottish Government introduced a new Framework for Clinical Prioritisation in November 2020.[31] The framework outlined how NHS boards should prioritise care for patients on planned care waiting lists. It advised that patients with the most urgent clinical need should be seen first.

94. The framework helped NHS boards to prioritise the use of limited staff and theatre capacity when emergency Covid-19 measures were in place. But the focus on urgent cases resulted in many patients, with less urgent clinical needs, waiting longer to be seen.[32]

95. By mid-2022, the Scottish Government and NHS boards realised that the approach to prioritising patient care needed to change. Recognising the impact of long waiting times on patients' health and wellbeing, the Scottish Government stepped-down the Framework for Clinical Prioritisation in July 2022. Instead, the Scottish Government gave NHS boards the flexibility to prioritise long-waiting patients, as well as patients with cancer and those who need clinical care most urgently.

96. On 6 July 2022, the Scottish Government announced new national planned care targets to eradicate long waits for new outpatients and inpatient/day cases in most specialties (Exhibit 9).[33]

Exhibit 9.
Planned Care Targets
New national targets to tackle long waits for planned care were announced in July 2022.

Length of wait to be eradicated	New outpatient target date	Inpatient/day case target date
Over two years	31 Aug 2022	30 Sep 2022
Over 18 months	31 Dec 2022	30 Sep 2023
Over one year	31 Mar 2023	30 Sep 2024

Source: Scottish Government

97. The new targets, although challenging, have given NHS boards a renewed focus for tackling the backlog in planned healthcare. But eradicating waits of over 18 months, and then a year, will be particularly challenging. The severe winter pressures NHS boards experienced in late 2022 and early 2023 will undoubtedly have some impact on their ability to meet these targets, although the full impact is not yet understood.

The wording of the new planned care targets is open to interpretation

98. The new targets are aimed at eradicating long waits in most specialties. But the number of people waiting for treatment varies significantly among specialties. In the case of low-volume specialties, long waits can be eradicated by treating a small number of people. In the case of other higher-volume specialties, clearing waiting lists would require many more people to be treated.

99. The wording of the new targets is open to interpretation. No specific information was given to the public about what was meant by "most specialties". It may not be clear to long waiting patients that they may not be seen by a target date, particularly if waiting for an appointment or procedure in a high-volume specialty.

100. In practice, NHS boards have focused on reducing the number of people facing long waits across all specialties, alongside treating patients with cancer and those who need urgent clinical care.
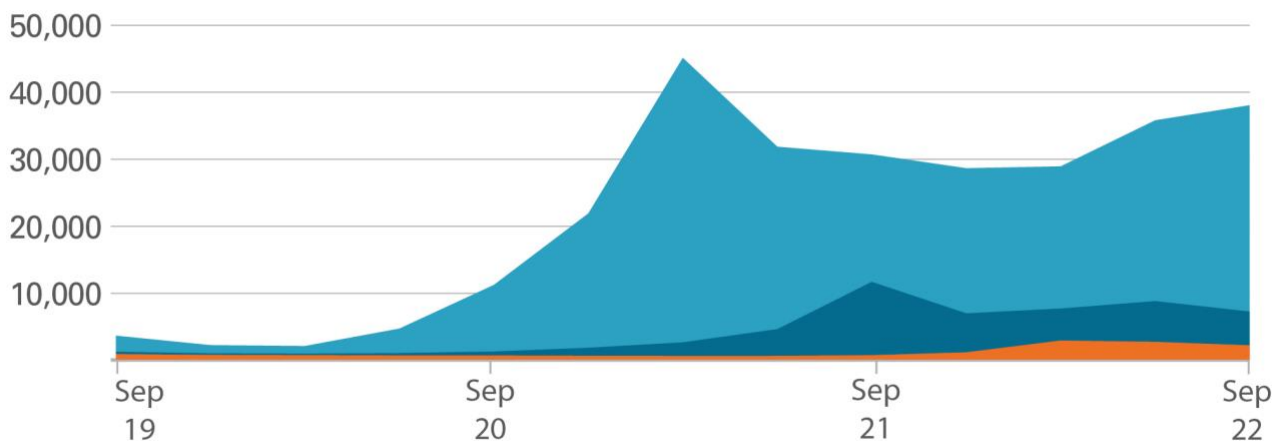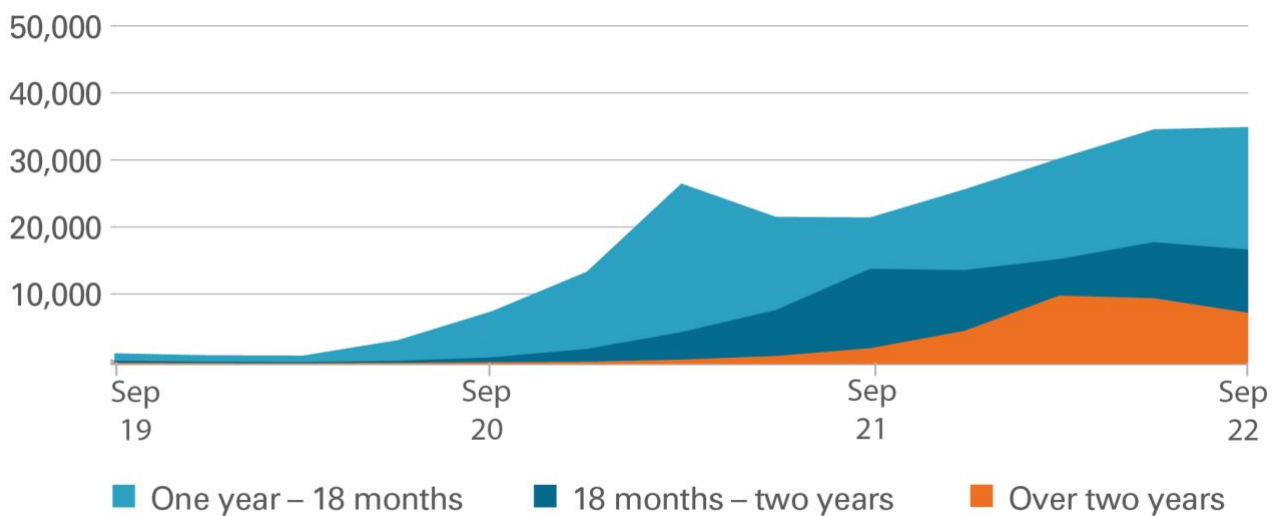
101. The Scottish Government should ensure that the wording of any future waiting times targets is clear and lends to consistent and accurate reporting of progress in high- and low-volume specialties.

Some progress has been made in reducing long waits

102. The most recent waiting times information shows some progress in reducing waits of over two years for planned care (Exhibit 10, page 34). Despite this progress, the Scottish Government acknowledges that, in the case of some specialties, waits are still too long.[34]

Exhibit 10.
Number of people on planned care waiting lists who have been waiting for more than a year, quarter ending September 2019 to September 2022
There has been some progress towards reducing the number of people waiting for more than two years.

Source: Public Health Scotland

Patients have not always been given clear information about how long they may need to wait for planned care

103. The Scottish Government has taken steps to ensure that patients have access to information about typical waiting times. In August 2022, the Scottish Government, in collaboration with Public Health Scotland and NHS 24, launched an online waiting times platform aimed at the public.[35] For each board

and specialty, the platform shows the median waiting time experienced by patients who were treated and came off the waiting list in the last calendar quarter. The median waiting time is the time in which half of the patients were seen; the remaining half will have waited longer.

104. The information on the new waiting times platform was not universally welcomed. Case study boards expressed strong concerns about the use of the median waiting time for patients who had been treated. Boards told us that this information, given in isolation, does not give people an accurate indication of waiting times. An official concern about the platform was raised with the Office for Statistics Regulation (OSR) by a member of the public and an MSP.

105. Responding to the concerns raised, the OSR concluded that information on the platform could potentially mislead some patients about the length of time they may have to wait.[36] For example, in some specialties, those with non-urgent clinical needs may experience a much longer wait than suggested by the figures. The Scottish Government and Public Health Scotland have confirmed they are taking steps to address these concerns and the platform will be reviewed and revised if necessary.[37]

106. The Scottish Government should ensure that all future communication on expected waiting times gives clear and meaningful information about how long people can expect to wait for treatment.

There has been progress against some recruitment targets, but workforce remains the biggest risk to recovery

Significant recruitment targets were set out in the Recovery Plan that add to existing commitments

107. The recruitment targets in the NHS Recovery Plan cover both existing and new targets. The Scottish Government has made progress towards achieving some of these targets, but other key targets have not been met or remain at risk (Exhibit 11, page 36). The Scottish Government needs to provide evidence that achieved targets, such as the increased number of multi-disciplinary teams providing support to GPs, and additional mental health workers in the community, are having an impact on service delivery and efficiency.

108. One key target that is not on track is the Scottish Government's plans to increase the GP workforce by 800 (headcount) by 2027. In our 2019 report, NHS Workforce Planning – Part 2, we provided modelling that showed that this target would be challenging to achieve. This remains a risk to the recovery of primary care. Since 2017, excluding GP trainees, the GP workforce has increased by 113 (headcount).[38] Public Health Scotland estimates that GP WTE decreased by 26.4 between 2017 and 2022.[39]

Exhibit 11.
Key recruitment targets made in the NHS Recovery Plan, and their progress to date
Some recruitment targets are on track or have been achieved, but other key targets have not been achieved or are at risk.

Key recruitment target	Progress	Status
1,000 additional mental health staff in primary care	Recruitment began in early 2022, but planned funding for primary care has been cut by £65 million, and mental health by £38 million, to fund proposed pay deals for NHS staff.[1]	At risk
1,500 new NTC staff	Management information indicates that by November 2022 around 30 per cent of the 1500 staff have been recruited. The Scottish Government has undertaken to publish workforce statistics on NTC recruitment in 2023.	On track
Providing general practices with more support from MDTs in the community to support the new General Medical Services contract	Although there is no specific target for this commitment, the number of healthcare professionals providing service to GPs has increased by 3220.1 WTE since 2018.[2]	Progress made
Increasing the GP workforce by 800 (headcount) by 2027/28	Between 2017 and 2022, GP numbers (excluding performer registrar GPs/trainees) increased by only 113 (headcount).[3]	Not on track
800 additional mental health workers in A&E, general practices, and police custody suites by 2022	At 1 April 2022, an additional 958.9 WTE mental health posts had been filled.[4]	Target achieved
Training 500 additional advanced nurse practitioners (ANPs) by 2021	According to monitoring and evaluation information from NHS Education for Scotland, 536 ANP trainees had completed as of August 2021.[5] However, between September 2017 and September 2022, the overall ANP workforce increased by only 319 (headcount).[6]	Target achieved

Notes:
1. Emergency Budget Review 2022-23, Scottish Government, November 2022.
2. Primary Care Improvement Plans, Summary of Implementation Progress at March 2022, Scottish Government, June 2022.
3. General Practice: GP Workforce and Practice List Sizes 2012-22, Public Health Scotland, December 2022.
4. Mental Health Workers: Quarterly Performance Reports, Scottish Government, July 2022.
5. Report to Chief Nursing Officer Directorate, NHS Education for Scotland, August 2021.

6. Advanced Nursing Practice census data covering March 2016 to September 2022, NHS Education for Scotland.

Source: Public Health Scotland, NHS Education for Scotland, and Scottish Government

The Scottish Government plans to increase undergraduate medical and nursing places to meet future healthcare demand

109. A key part of the Scottish Government's National Workforce Strategy for Health and Social Care is increasing undergraduate medical and nursing places. It increased funded places for nursing and midwifery in 2022/23 by over 8 per cent to 4,837 places. It is also set to increase the number of undergraduate medical school places by 500 by the end of this parliament. However, both the Scottish Government and NHS boards have expressed concern around take up and attrition rates for nursing places. Data from the University and Colleges Admissions Service (UCAS) and from the Scottish Government from the end of the 2022 cycle shows that 4,367 out of 4,837 nursing and midwifery places in Scotland have been filled, leaving 470 places unfilled.[40]

110. There are concerns around medical supervision capacity for trainees. NHS Education for Scotland (NES) is working to increase capacity for supervision in GP practices because there are currently not enough practices approved to accommodate planned increases in trainees. A lack of supervision capacity within secondary care settings affects several different types and levels of trainees. NHS boards are recruiting internationally to fill short-term workforce gaps in medical posts. However, this will not address the medical supervision issue in the short-term and may actually place additional demands on medical supervision.

111. The National Workforce Strategy for Health and Social Care sets out a plan to mitigate the domestic supply shortfall in medicine and nursing over the next four to five years through international recruitment. This will be the Scottish Government strategy in the short- to medium- term until domestic training numbers are more sustainable. It is providing a recurring £1 million to support each board to help identify international staff who can complete training within three months of coming into the UK.

112. It costs around £12,000 to recruit an international nurse, and £10,000 for an AHP. Boards have expressed concerns over their ability to cover all the costs required to meet international recruitment targets, and over the value for money that international recruitment offers as a means to increase the registered workforce. The Scottish Government has met the up-front recruitment costs in full for the international recruitment targets announced in 2021 and 2022. But it argues that it achieves value for money as it does not pay for the undergraduate training costs for these staff.

113. NHS Ayrshire and Arran has been successful with international recruitment and in 2022/23 plans to recruit 43 nurses and ten radiographers from outside the UK. NHS Lothian is due to recruit 40 international nurses in 2022/23. NHS Highland found the process time-consuming and expensive, and the lack of affordable housing in the region made it challenging to implement.

114. As well as providing additional funding for boards, the Scottish Government has set up the Centre for Workforce Supply to advise boards on effective international recruitment models. It has also commissioned NES to develop and deliver preparation and training resources for their Objective Structured Clinical Examination (OSCE).

The Scottish Government and NHS boards must continue to focus on staff retention and workforce productivity as well as recruitment

115. The National Workforce Strategy for Health and Social Care outlines the 'Five Pillars of the Workforce Journey' to understand and build the health and social care workforce. The five pillars are: Plan, Attract, Train, Employ, and Nurture.

116. Measures to retain existing staff mentioned in the NHS Recovery Plan include: a four per cent, on average, pay rise in May 2021 for NHS Agenda for Change staff; NHS Scotland continuing to maintain competitive terms and conditions of service; and continued support for staff wellbeing through the National Wellbeing Hub and Helpline.[41] In November 2022 the Scottish Government made a further pay increase offer of, on average, 7.5 per cent for NHS Agenda for Change staff (paragraph 20).

117. Further measures have been taken to retain staff. The Scottish Government has implemented a 'retire and return' programme, that allows recently retired doctors and nurses to return to the NHS to work on a more flexible basis. It has also devolved powers to NHS boards to help returning staff with pension taxation issues.

118. Our case study boards are successfully implementing a range of measures to improve workforce productivity and recruitment. NHS Ayrshire and Arran is working to redeploy staff hired on temporary contracts during the pandemic into vacant permanent posts and has made a capital investment in three staff wellbeing hubs at hospital sites. NHS Highland is consulting medical staff to determine if more use can be made of physician assistants and is exploring the possibility of creating a band 4 nursing associate role to take on some of the work currently carried out by doctors and nurses. NHS Lothian is assessing a redesign proposal that aims to improve the way in which MDTs work in wards and is also making it easier for band 2 and band 4 staff to take up vacant positions.

119. In our NHS in Scotland 2021 report we recommended that the Scottish Government and NHS boards improve the availability, quality and use of workforce data to ensure workforce planning is based on accurate projections of need. We have seen little evidence of progress with this, and this recommendation remains relevant to project future need and monitor staff retention measures.

The Scottish Government and NHS boards must maintain momentum in embracing innovation

120. In our NHS in Scotland 2021 report we called for the Scottish Government to build on the innovation seen during the Covid-19 pandemic to continue to reform services.

There are early signs of progress to drive forward innovation

121. The Scottish Government has arrangements in place to scale up and roll out innovation. In 2021, the Scottish Government commissioned NHS Golden Jubilee to establish the national Centre for Sustainable Delivery (CfSD). The role of the CfSD is to help Scotland's healthcare system recover through sustainable technological innovation, digital solutions, and the redesign of care pathways. The CfSD is also responsible for the overall governance and coordination of the Accelerated National Innovation Adoption (ANIA) Pathway. The ANIA Pathway allows tested innovations to be assessed for national rollout.

122. This pathway has contributed to the increased use of cytosponge, which is a new method of detecting oesophageal cancer, and to colon capsule endoscopy, a capsule with small cameras that provides a less invasive alternative to a colonoscopy. While there are currently a number of digital innovations being assessed through this pathway, including digital dermatology and theatre scheduling, it is still too early to tell how effective the ANIA pathway will be for transforming services at scale in a sustainable way.

123. The CfSD is working on several programmes designed to increase capacity in primary and secondary care. Examples include:

- Remote consulting, a pathway to support virtual appointments

- Active Clinical Referral Triage (ACRT), a pathway to help senior clinical decision-makers to refer patients to the most appropriate care by reviewing all relevant electronic patient records

- Discharge Patient Initiated Reviews, a pathway that enables patients to request routine follow-up appointments if they feel this is necessary, thus eliminating unnecessary appointments

- Accelerating the Development of Enhanced Practitioners (ADEPt), an initiative to facilitate the sharing and spread at pace of innovative workforce roles that add capacity to teams and services.

124. The Scottish Government is also investing in redesigned care pathways and new ways of working that move care closer to home. Since 2020, it has invested £8.1 million in the Hospital at Home programme. Its additional investment of £50 million for the Urgent and Unscheduled Care Collaborative has supported the Outpatient Parenteral Antimicrobial Treatment (OPAT) scheme and Respiratory Community Response Teams. Together, these programmes have created capacity for over 600 virtual beds. The OPAT programme treats an average of 250 people per week and has saved over 45,000 hospital bed days so far in 2022.

125. All our case study boards have benefitted from working with the CfSD to implement new ways of working. But generally, progress has been slow and varies across boards. Workforce shortages and a rise in urgent and unscheduled care demand have held back progress. To help maintain momentum in embracing innovations, the Scottish Government should work with boards to prioritise key innovations that are locally achievable. It must monitor their effectiveness and value for money once adopted.

Digital access to services is improving, but must not become the only option

126. The Scottish Government and COSLA published their Care in the Digital Age: Delivery Plan 2022-23 in November of 2022. This plan sets out a series of digital innovations and dates of delivery. This includes the increased use of digital therapies in mental health, digital prescribing in hospitals and the development of a 'digital front door' for health and social care services in Scotland. The Scottish Government also launched the National Digital Platform, a cloud-based service that has the aim of helping to integrate digital health and social care services across Scotland.

127. The digital ambitions in this delivery plan have the potential to contribute to more sustainable, efficient and cost-effective ways for people to access healthcare. These ambitions must be balanced against the Scottish Government and COSLA's Digital Health and Care Strategy (2021), which aims to tackle digital exclusion and states that people will not be forced to use a digital service if it is not right for them.[42]

128. The Scottish Government's extension of the Near Me video consulting programme into 55 community hubs, including libraries and community health and care facilities, is an example of good practice in addressing digital exclusion. However, accessing NHS services by telephone and in person should remain as an option for those who prefer this. As digital innovations are scaled up across different services, the Scottish Government should provide evidence that they are being used effectively by the right services, for the right people.

A whole system approach to improving public health is essential

129. It is vital that the Scottish Government works now to lay the groundwork for a more sustainable future. It is important not only to reform how services are delivered, but also to reduce the demand for health services by improving public health.

130. Improving public health is not the sole responsibility of the health and social care sector. In November 2022 the Fraser of Allander Institute published a report entitled Health Inequalities in Scotland.[43] It highlighted that socioeconomic factors, such as income, housing and education, are significant drivers of health inequalities. In our NHS in Scotland 2021 report we recommended that the Scottish Government take a cohesive approach to tackling health inequalities by working collaboratively with partners across the public sector and third sector.

131. It is vital that the Scottish Government facilitates cross-sector working, across its own directorates and with other partners and stakeholders, to tackle the numerous factors contributing to poor public health. There is a need for long-term policy and investment to improve public health and reduce health inequalities.

132. We recommended in our NHS in Scotland 2021 report that the Scottish Government and NHS boards prioritise the prevention and early intervention

agenda as part of the recovery and redesign of NHS services, to enable the NHS to be sustainable into the future. There are signs of early progress with this through the Scottish Government's Care and Wellbeing Portfolio, which aims to coordinate work on improving public health outcomes and reducing health inequalities.

133. The Scottish Government intends this to be a cohesive portfolio of activity rather than a set of separate projects. Progress has been made in laying the groundwork for change. Governance arrangements are now in place to oversee the portfolio, including the establishment of a portfolio Board. The Scottish Government expects to be able to evidence early progress in the next six to 12 months.

134. The Scottish Government has set out its mission and objectives for the Care and Wellbeing Portfolio, as well as its intended outcomes and alignment with Scottish Government priorities. We reported last year that the portfolio is made up of four programmes: Place and Wellbeing; Preventative and Proactive Care; Integrated Planned Care; and Integrated Urgent and Unscheduled Care. The latter two have now been stood down with work on those areas continuing on a business-as-usual basis. A wider NHS Reform programme will take their place in the portfolio.

135. The enablers set out in show the different functions the Scottish Government is focusing on to progress the Care and Wellbeing Portfolio mission. These show a recognition of the key areas of the health and social care sector that need to be aligned to achieve progress, such as workforce, finances, engagement, innovation, and digital and data.

Exhibit 12.
Care and Wellbeing Portfolio mission and objectives

Portfolio

Our mission to **improve Healthy Life Expectancy** and **achieve fairer outcomes** is underpinned by **3 key portfolio objectives.**

Improve population health and reduce health inequalities

Coherence | Sustainability | Improved outcomes

Portfolio outcomes

The mission is achieved by taking a **person-centred approach** to delivering **clear outcomes** spanning the short, medium and long-term.

1. Everyone in Scotland gets the **right care, at the right time, in the right place** based on their individual circumstances and needs.

2. **Prevention, early intervention, proactive care and good disease management** keeps people in Scotland healthy, active and independent.

3. **Communities, third sector and public sector work together** to improve health and wellbeing and reduce health inequalities in local communities.

Scottish Government priorities

Many of the influences on health outcomes lie out with health and social care. The cross portfolio priorities **align with the Scottish Government's priorities** and enable us to maximise our reach and impact.

Communities & fair work

Children's health & wellbeing

Climate change & net-zero

Portfolio programmes & enabling functions

Together the Care and Wellbeing programmes and enablers provide a comprehensive and **progressive health and social care reform package.**

Place & wellbeing | Preventative & proactive care | NHS reform

Enablers
(Digital & data; innovation; workforce; sustainability & value; co-design; quality improvement; analytics & evidence)

Source: Scottish Government

The Scottish Government must be clear on what progress is being made in reforming health and care services and what can realistically be achieved

136. It remains to be seen whether reform can happen at the scale and pace needed. It is vital that measures are in place to monitor the impact of innovation and redesign and provide clarity on the effectiveness, efficiency and value for money of new ways of delivering services.

137. The Scottish Government and NHS boards must make sure health services can be delivered in a sustainable way. They must be clear on what resources are available and what can be delivered within financial and operational constraints. When driving forward innovation and redesign they should be clear on what success would look like and what timescales they are working to. That must be informed by reliable modelling and data.

138. Crucially, the Scottish Government and NHS boards must also monitor public awareness and acceptance of new ways of accessing services to ensure their effectiveness. In our NHS in Scotland 2021 report we recommended that the Scottish Government and NHS boards work with patients on an ongoing basis to inform the priorities for service delivery and be clear on how services are developed around patients' needs. There is little evidence of this in the past year.

139. The Scottish Government and NHS boards must have an open conversation with the public about the challenges facing the NHS and what they mean for future service delivery. It should make clear to the public what can realistically be achieved and involve them in the difficult choices that may have to be made.

Appendix 1
Audit methodology

This is our annual report on the NHS in Scotland. The report focuses on the Scottish Government's NHS Recovery Plan 2021-2026. It covers:

- the challenges facing the Scottish Government and NHS boards as they try to recover services following the Covid-19 pandemic

- the scale of the backlog of care that built up during the Covid-19 pandemic

- the development of the NHS Recovery Plan

- progress against the NHS Recovery Plan ambitions, including workforce ambitions

- NHS reform and new ways of delivering services.

Our findings are based on evidence from sources that include:

- the NHS Recovery Plan and other relevant Scottish Government strategies

- the audited annual accounts and reports on the 2021/22 audits of NHS boards

- activity and performance data published by Public Health Scotland

- publicly available data and information including results from surveys

- Audit Scotland's national performance audits

- interviews with senior officials in the Scottish Government and some NHS boards

- interviews with third-sector organisations.

We also conducted case studies in three territorial NHS Boards to better understand how the NHS Recovery Plan is being implemented and the impact it has on boards. The case study boards are:

- NHS Ayrshire and Arran

- NHS Highland

- NHS Lothian.

Our case studies are based on evidence from sources that include:

- interviews with senior board officials

- NHS board delivery plans, financial plans and workforce plans.

Appendix 2

NHS boards' required savings and predicted deficit in 2022/23

NHS board	Total savings required to break even at start of 2022/23 (£000s)	Predicted deficit at end of 2022/23 (£000s)
NHS Ayrshire and Arran	(45,080)	(26,400)
NHS Borders	(23,723)	(12,223)
NHS Dumfries and Galloway	(32,399)	(19,899)
NHS Fife	(22,100)	(10,400)
NHS Forth Valley	(29,312)	0
NHS Grampian	(25,251)	(19,900)
NHS Greater Glasgow and	(181,500)	(51,500)
NHS Highland	(57,272)	(16,272)
NHS Lanarkshire	(43,209)	(14,868)
NHS Lothian	(45,598)	(28,432)
NHS Orkney	(6,909)	(2,003)
NHS Shetland	(3,096)	0
NHS Tayside	(51,234)	(19,596)
NHS Western Isles	(3,851)	0
NHS National Services	(17,001)	0
Scottish Ambulance Service	(17,400)	0
NHS Education for Scotland	(2,800)	0
NHS 24	(2,852)	(676)
NHS National Waiting Times	(4,510)	0
The State Hospital	(511)	300
Public Health Scotland	(4,470)	0
Healthcare Improvement	(477)	0
Total	**(620,556)**	**(221,870)**

Source: Scottish Government analysis of NHS boards' 2022/23 financial plans

Appendix 3
Progress with Recovery Plan ambitions

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Implement a National Wellbeing Programme for NHS staff	Autumn 2021	Unclear	In addition to the National Wellbeing Hub and its Workforce Specialist Service (already in place at the time of publication of the Recovery Plan), the following staff services have been implemented: Coaching for Wellbeing, Reflective Practice, and the Workforce Development Programme.	
Recruit 800 new mental health workers	2022	Yes	An additional 958.9 whole time equivalent (WTE) mental health roles have been filled. This was an existing commitment.	
Increase number of GPs by 800	2028	Yes	An additional 277 GPs were recruited between 2017-21. At 30 September 2021 the number of GPs (headcount) was 74 more than in the previous year.	Further analysis on GP recruitment up to 2022 is provided in paragraph 108. Excluding GP trainees, the number of GPs (headcount) increased by only 136 between 2017 and 2021 and by 56 in 2021. The increase of 56 is not

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
				progress in the first year of the Recovery Plan as data is from 2021 not 2022. It is misleading to include GP trainee numbers within progress updates about meeting the target of 800 additional GPs.
Increase number of Advanced Nurses Practitioners (ANPs) by 500	2021	Yes	Completed a number of actions from the Integrated Workforce Plan, including 'exceeding' commitment to deliver an additional 500 Advanced Nurse Practitioners.	Neither the NHS Recovery Plan nor the progress update specifies that this target refers to financially supporting the training of an additional 500 ANPs. Although this training target was met, the additional trained ANPs has not translated into a similar increase in ANP workforce capacity, and so is misleading as a measure of additionality in ANPs. Exhibit 11 provides further detail on the number of ANPs trained and total increase in ANP workforce.
All 925 GP practices to have practice-based (or access to) nursing and pharmacy support	April 2022	Yes	95 per cent of practices have access to some health board delivered pharmacy support. 75 per cent of practices have access to some health board	

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
			delivered nursing support.	
Maximising multi-disciplinary team (MDT) capacity within the community		Yes	Funding for MDTs increased to £170 million this year. Recruited over 3,220 primary care MDT members at end of March 2022.	The funding increase to £170 million was in line with inflation, as had been outlined against the original allocation of £155 million in the Primary Care Improvement Plan. The increase in MDT staff in 2021/22 was 793.2 WTE.
Expansion of Pharmacy First Service and a new Pharmacy Women's Health and Wellbeing Service	Women's Health and Wellbeing Service in first year of Recovery Plan	Yes	Pharmacy First delivered 2.9 million consultations in 2021/22. A new Pharmacy Women's Health Service was introduced.	Pharmacy First had already been implemented at the time of Recovery Plan publication. The progress update does not specify how it has expanded or how much it has increased.
Increase outpatient activity by 10 per cent compared with pre-pandemic levels (140,000 additional appointments). 58,000 additional appointments by end of 2022/23.	2026 March 2023	No	Target not referenced. Over 76 per cent of outpatient specialties had either no, or fewer than 10, patients waiting longer than 2 years for treatment, and the number of new outpatients seen in the quarter ending June 2022 was 7 per cent higher compared to the same quarter in 2021.	Further analysis on the progress on long waiting patients is provided in Exhibit 10. Despite an increase compared to 2021, outpatient activity for the quarter ending September 2022 shows that activity has not returned to pre-pandemic levels (see Exhibit 6).

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Increase of 90,000 diagnostic procedures. 78,000 additional procedures by end of 2022/23.	2026 March 2023	No	Target not referenced. In 2021/22, six new mobile magnetic resonance imaging (MRI) scanners and five new mobile computerised (CT) scanners will be deployed, and five additional endoscopy rooms will be opened.	It is unclear if these additional resources are in place, as the update states that this was to happen in 2021/22 but the language used implies that this work is ongoing.
Increase inpatient and day case activity by 20 per cent compared with pre-pandemic levels (55,500 additional procedures per year). 27,500 additional procedures by end of 2022/23.	2026 March 2023	No	Target not referenced. There has been 'significant progress' in that the number of scheduled operations in quarter ending June 2022 was 7.8 per cent higher compared with the third quarter of 2021, the quarter in which the Recovery Plan was published.	Despite the fact that the yearly target increases set out in the Recovery Plan relate to financial years, the update report refers to calendar quarters – this may be confusing when tracking progress against the original ambitions. Monthly averages of scheduled operations between April and September 2022 were 23.5 per cent lower than equivalent period in 2019 (see paragraph 64).
Of the 55,500 additional inpatient and day case procedures, 40,000 are to be delivered at NTCs.	2026 March 2023	No	Four NTCs are due to open in 2023. 12,250 procedures are expected to be delivered in 2023/24 (this figure includes some endoscopy activity to be delivered at the Golden Jubilee	No reference to these milestones or the delays to opening. 12,250 procedures are expected to be delivered in 2023/24 - this is a year later than the timescale for delivering the first

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
12,000 additional procedures to be delivered by NTCs by end of 2022/23.			University National Hospital).	milestone of 12,000 additional inpatient and day case procedures through NTCs. Timescales for other NTCs opening are not given but will be defined 'as part of ongoing business case development'.
1,500 new clinical and non-clinical staff to be recruited to NTCs	2026	Yes	Referenced in the steps the Scottish Government are taking, but no measurable progress in numbers so far.	
Redesign of Urgent Care Programme aims to reduce the numbers of people who "self-present" to hospital as a first port of call by 15 to 20 per cent		No	Reduction in self-presentation attendances is not tracked.

10.1 per cent of patients that called NHS 24 111 in July 2022 were referred to Flow Navigation Centres (FNCs).

It is also reported that additional virtual capacity pathways, e.g., Outpatient Antimicrobial Therapy (OPAT) have saved 45,000 bed days this year. | Although 10.1 per cent of NHS 24 111 callers in July 2022 were referred to an FNC, the update report does not specify how many of these patients did or did not attend A&E following the FNC, or how quickly, and therefore to what extent FNCs are helping to meet the aim of reducing self-presentations in A&E by 15 to 20 per cent or providing faster access to A&E for those who need it. |
| Publish a refresh of the Framework for Effective Cancer Management | September 2021 | Yes | Published in December 2021. | |

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Meeting the 31- and 62-day cancer standards on a sustainable basis	Over the parliamentary term	Yes	The report states that progress has been made in several areas: Three Rapid Cancer Diagnostic Services (RCDS) have been implemented. Funding has been provided to establish single points of contact for cancer patients and to improve diagnosis and treatment. A National Radiotherapy Plan has been published A Scottish Cancer Network has been established. The Scottish Government is committed to providing an additional £40 million to improve performance and to date this has been invested in additional diagnostic clinics and theatre provision for the most challenged care pathways. The report does not mention the fact that performance against the cancer targets is getting worse. It states only that the median wait for the	The three RCDS were already in operation at the time of the publication of the Recovery Plan. The additional £40 million was already committed in the Recovery Plan and it is unclear how much has been invested in the past year. Reference to median waiting time for only one cancer standard does not reflect the deteriorating performance against these standards.

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
			31-day target is five days and that the number of patients coming through the 62-day pathway has increased by 4 per cent in the most recent quarter compared with the same quarter pre-pandemic.	
Introduce a paramedics students bursary	September 2021	Yes	A bursary was introduced for all students starting eligible courses in September 2021.	
Publish a National Workforce Strategy	End of 2021	Yes	Published in March 2022.	

Endnotes

1 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.

2 The Scottish Budget: 2023-24, Scottish Government, December 2022.

3 Investing in Scotland's Future: Resource Spending Review, Scottish Government, May 2022.

4 Consumer Price Index, UK, Office for National Statistics, December 2022.

5 Briefing - National Care Service (Scotland) Bill, Scottish Parliament Information Centre, October 2022.

6 Investing in Scotland's Future: Resource Spending Review, Scottish Government, May 2022.

7 A&E activity and waiting times, month ending 31 December 2022, Public Health Scotland, February 2023.

8 NHS 24, management information, January 2023.

9 Scottish Ambulance Service unscheduled care operational statistics, week ending 26 December 2022, Scottish Ambulance Service, January 2023.

10 Meeting of the Parliament Official Report, 10 January 2023, Scottish Parliament.

11 Acute hospital activity and NHS beds information (annual), Public Health Scotland, September 2022.

12 Delayed discharges in NHS Scotland, month ending 31 December 2022, Public Health Scotland, February 2023.

13 Meeting of the Parliament Official Report, 10 January 2023, Scottish Parliament.

14 Public Health Scotland COVID-19 Statistical Report, as at 4 January 2023, Public Health Scotland, January 2023.

15 Pressures facing the NHS – update: First Minister's speech - 16 Jan 2023, Scottish Government.
16 Health and social care: National workforce strategy. Scottish Government, March 2022.

17 Nursing Under Unsustainable Pressures: Staffing for Safe and Effective Care in the UK, Royal College of Nursing, June 2022.

18 GMC National Training Survey 2022 Results, July 2022.

19 BMA Scotland General Practice Survey Results, October 2022.

20 Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2022, Public Health Scotland, November 2022.

21 Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2022, Public Health Scotland, November 2022.

22 Diagnostic Waiting Times, quarter ending 30 September 2022, Public Health Scotland, November 2022.

23 Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2022, Public Health Scotland, November 2022.

24 Cancelled planned operations, month ending 30 September 2022, Public Health Scotland, November 2022.

25 Cancer Waiting Times in NHS Scotland, 1 July to 30 September 2022, Public Health Scotland, December 2022.

26 Scotland's Population 2021: The Registrar General's Annual Review of Demographic Trends. National Records of Scotland, August 2022.

27 New national targets to tackle long waits for planned care, Scottish Government, July 2022.

28 Excess deaths in Scotland since the start of the pandemic, COVID-19 Recovery Committee, April 2022.

29 Supporting people with arthritis waiting for surgery, Versus Arthritis, June 2021.

30 NHS Recovery Plan 2021-2026: Progress Update, Scottish Government, October 2022.

31 Framework for Clinical Prioritisation, Scottish Government, November 2020.

32 Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, Monthly and Quarterly Data to 30 June 2022, Public Health Scotland, September 2022.

33 New national targets to tackle long waits for planned care, Scottish Government, July 2022.

34 Planned care waiting times; Significant progress in clearing two year waits, Scottish Government, October 2022.

35 https://www.nhsinform.scot/waiting-times.

36 Letter from Ed Humpherson to Scott Heald and Alastair McAlpine: NHS Inform waiting times, Office for Statistics Regulation, October 2022.

37 Letter from Scott Heald to Ed Humpherson: NHS Inform waiting times, Public Health Scotland, October 2022.

38 General Practice: GP Workforce and Practice List Sizes 2012-22, Public Health Scotland, December 2022.

39 General Practice Workforce Survey 2022, Public Health Scotland, November 2022.

40 UCAS Statistical Releases, Daily Clearing Analysis, 15 September 2022; Short-Midwifery and Open University student intake data, Scottish Government, January 2023.

41 Agenda for Change is the main pay system for staff in the NHS, except doctors, dentists, and senior managers.

42 Enabling, Connecting, and Empowering: Care in the Digital Age, Scotland's Digital Health and Care Strategy, Scottish Government, October 2021.

43 Health Inequalities in Scotland: Trends in the socio-economic determinants of health in Scotland, Fraser of Allander Institute, November 2022.

NHS in Scotland 2022

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

On: **24 March 2023**

Report by: **Clerk**

Heading: **Proposed Dates of Meetings of the IJB Audit, Risk and Scrutiny Committee 2023/24**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 18 March 2022 the Committee approved its timetable for future meetings to June 2023. It is proposed that the Committee consider its timetable of meeting dates in 2023/24.

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 At the meeting of the IJB held on 25 November 2022 the IJB decided that meetings of both the IJB and IJB Audit, Risk and Scrutiny Committee for calendar year 2022/23 would continue to be held remotely on MS teams. Further that this matter would be kept under review and that a report would be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.

1.4 The next scheduled meeting of the Committee will be held at 10.00 am on 23 June 2023 and will be held remotely on MS teams.

1.5   The suggested dates and times for future meetings are set out below, with meetings being held 10.00 am on

        Monday 18 September 2023
        Friday 17 November 2023
        Friday 15 March 2024 and
        Friday 21 June 2024

1.6   Members will be advised of the arrangements for future meetings.
_____

2.   Recommendations

2.1   That it be noted that the next meeting of the Committee will be at 10.00 am on 23 June 2023 and that this meeting will be held remotely on MS teams;

2.2   That the Committee approve the dates and times of meetings for 2023/24 as detailed in paragraph 1.5 of the report; and

2.3   That it be noted that members will be advised of the arrangements 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.

List of Background Papers – none.

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