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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 2 August 2022

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting** on **TUESDAY, 9 AUGUST 2022 at 10.00 am.**

VIKKI CUTHBERT
CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Declarations of Interest and Transparency Statements

DETERMINATION OF EXEMPT BUSINESS

- 2.1 Exempt Business

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 23 June 2022 (Pages 3 - 10)
- 3.2 Business Planner (Pages 11 - 16)
- 3.3 Whistleblowing Updates and report on Policy & Reporting - HSCP.22.057
(Pages 17 - 22)

GOVERNANCE

- 4.1 ASP Inspection Report - HSP.22.054 (Pages 23 - 28)

AUDIT

5.1 Internal Audit Report AC2210 - Learning Disabilities - HSCP.22.055
(Pages 29 - 32)

5.2 Best Value in Integration Joint Boards - letter from Accounts Commission - HSCP.22.065 (Pages 33 - 34)

PERFORMANCE

6.1 Hosted Services SLAs - HSCP.22. 064 (Pages 35 - 54)

6.2 Strategic Plan Delivery Plan Dashboard - HSCP.22.063 (Pages 55 - 78)

6.3 Scotland's Financial Response to Covid - HSCP.22.068 (Pages 79 - 128)

EXEMPT / CONFIDENTIAL BUSINESS

7.1 None at the time of issuing the agenda

CONFIRMATION OF ASSURANCE

8.1 Confirmation of Assurance

COMMITTEE DATES

9.1 Date of Next Meeting - Tuesday 1 November 2022 at 10am

Future meetings:

Tuesday 28 February 2023, at 10.00 a.m.

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk



Risk, Audit and Performance Committee

Minute of Meeting

**Thursday, 23 June 2022
10.00 am Virtual - Remote Meeting**

ABERDEEN, 23 June 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- John Tomlinson Chairperson; and Luan Grugeon (NHS Grampian)(as a substitute for June Brown), Councillors John Cooke and Martin Greig; Jamie Dale, Alison MacLeod and Alex Stephen.

Also in attendance: Jess Anderson, Stella Evans, Amanda Farquharson, Sarah Gibbon, Debbie Grant, Stuart Lamberton, Grace Milne, Caroline Moir, Simon Rayner, Amy Richert, Lesley Simpson and Kevin Toshney.

Apologies: June Brown

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME AND INTRODUCTIONS

1. The Chair welcomed everyone and noted that this would be the last meeting for Alex Stephen as Chief Finance Officer.

The Committee resolved:-

to record its thanks to the Chief Finance Officer for his contributions to the Committee and for the assurance he brought to the role, and to offer him best wishes for his new role.

DECLARATIONS OF INTEREST

2. Members were requested to intimate any declarations of interest in respect of the items on the agenda.

There were no declarations of interest intimated.

EXEMPT BUSINESS

3. There was no exempt business.

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MINUTE OF PREVIOUS MEETING OF 26 APRIL 2022

4. The Committee had before it the minute of its previous meeting of 26 April 2022, for approval.

The Committee resolved:-

- (i) with regard to Article 4(i) of the Minute (Minute of the previous meeting of 1 March 2022), to instruct the Strategy and Transformation Lead to provide further assurance regarding numbers of carers; and
- (ii) to otherwise approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the Committee Business Planner.

Members heard from the Chief Finance Officer who provided context around future reporting.

The Committee resolved:-

to note the content of the Planner.

DIRECTIONS PROCESS REPORT - HSCP.22.043

6. The Committee had before it a report proposing a revised reporting process for the Risk, Audit and Performance Committee (RAPC) for Directions instructed to Aberdeen City Council (ACC) and National Health Service – Grampian (NHSG). An update on the status of Directions was presented to the RAPC on 1 March 2022 where the Committee suggested improvements which would support Members to better understand the position of Directions issued, specifically the development of a 'traffic light' system.

Amy Richert - Senior Project Manager, spoke to the report and responded to questions from Members.

The report recommended:

that the Committee agree the process as outlined in section 3.5 and demonstrated in Appendix A of the report.

The Committee resolved:-

to approve the recommendation.

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AUDIT SCOTLAND - DRUG AND ALCOHOL SERVICE BRIEFING - HSCP.22.048

7. The Committee had before it a report on an Audit Scotland Drug and Alcohol Service Briefing.

Simon Rayner – Alcohol and Drug Partnership, explained that Audit Scotland had published a report in March 2022 on national arrangements for responding to alcohol and drug challenges in Scotland. The report presented to Committee described the local response and mitigations that had been put in place. Mr Rayner spoke to the report and responded to questions from Members.

The report recommended:-

that the Committee note the content of the report.

The Committee resolved:-

- (i) to instruct Simon Rayner to report back to Committee with the completion of the Self Assessment form in order to provide further assurance; and
- (ii) to otherwise note the content of the report.

REVIEW OF AUDIT SCOTLAND REPORTS - HSCP.22.050

8. The Committee had before it a report highlighting appropriate reports published by Audit Scotland which had relevance for the ongoing work of the Risk, Audit and Performance Committee, Integration Joint Board and the Health and Social Care Partnership.

The Chair clarified that there was only one recommendation for Committee consideration at 2.1(a) as there were no further papers included as referred to at 2.1(b).

Amy Richert - Senior Project Manager, advised that Audit Scotland produced a range of local and national reports on the performance and financial management of Scotland's public bodies. The report for noting on today's agenda was NHS in Scotland 2021, which had been reviewed and identified as being specifically relevant for Committee Members. Ms Richert spoke to the report and responded to questions from Members.

Members discussed the issues around sharing of data from General Practices and noted that the new National Care Service Bill was going to be looking at this. Members noted the task involved in explaining to the public that it may not always be necessary to see a GP as there were other health professionals who may be better suited in certain circumstances. Members further noted the increasing requirement for joint working and pooling available resources.

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The report recommended:-

that the Committee note the recommendations made by Audit Scotland in the 'NHS in Scotland 2021' report.

The Committee resolved:-

- (i) to note that the IJB Chair would forward information to the Strategy and Transformation Lead regarding good practice in Forth Valley; and
- (ii) to otherwise note the recommendations made by Audit Scotland in the 'NHS in Scotland 2021' report.

INTERNAL AUDIT ANNUAL REPORT - HSCP.22.045

9. The Committee had before it the Internal Audit Annual Report for 2021-22.

Jamie Dale - Chief Internal Auditor, spoke to the report and responded to questions from Members.

Members noted that there would be a joint review of Information Management Governance commencing in July 2022 with NHSG Internal Audit and Moray Council. Mr Dale undertook to feed this back to Committee once the scope of work had been agreed.

The report recommended:-

that the Committee:

- (a) note the Internal Audit Annual Report 2021-22;
- (b) note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
- (c) note that there had been no limitation to the scope of Internal Audit work during 2021-22; and
- (d) note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved:-

to approve the recommendations.

INTERNAL AUDIT REPORT - IJB PERFORMANCE MANAGEMENT REPORTING HSCP.22.046

10. The Committee had before it the Internal Audit Report AC2109: IJB Performance Management Reporting, presenting the outcome from the planned audit of IJB

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Performance Management Reporting that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

The Chief Internal Auditor spoke to the report and responded to questions from Members.

The report recommended:-

that the Committee review, discuss and comment on the issues raised within the report.

The Committee resolved:-

to note the report.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.22.044

11. The Committee had before it an update on progress with implementing the Primary Care Improvement Plan (PCIP).

Sarah Gibbon – Programme Manager, spoke in furtherance of the report, advising that Members had been presented with a copy of the latest Scottish Government Tracker submission, submitted in May 2021, which provided a good overview of the work to date implementing the PCIP. Ms Gibbon explained that the format of the report was set by Scottish Government however a summary was provided in the body of the covering report. She then responded to questions from Members.

The report recommended:-

that the Committee:-

- (a) note the update presented on the PCIP, as outlined in the report and its appendices;
- (b) note that a workshop on 13 July 2022 was planned for a Primary Care Improvement Plan session for wider IJB members; and
- (c) request that a further PCIP performance update was presented to the committee in Spring 2023 (unless required by exception).

The Committee resolved:-

- (i) to instruct the Chief Finance Officer to share information with IJB members regarding the Communications strategy from the Aberdeen and Grampian Primary Care Groups and to continue to share regular updates with members;
- (ii) to instruct the Chief Officer to include an update on Primary Care Communications as part of the Chief Officer report to IJB; and
- (i) to otherwise approve the recommendations.

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SIGNPOSTING PROTOCOL TO EXTERNAL SERVICES - HSCP.22.049

12. The Committee had before it a report providing a protocol for guidance prior to Aberdeen City Health and Social Care Partnership (ACHSCP) specifically and deliberately signposting patients, clients, carers, and service users to organisations that had not gone through the commissioning or grant funding process.

The Strategy and Transformation Lead introduced the report, advising that an earlier draft of the report had been considered at RAPC on 26 April 2022. She explained that the report had been requested in response to an observation by an IJB member regarding autism services. It was anticipated that the use of the Signposting Protocol would provide clarity for service users encouraging them to shop around and use their own judgement therefore hopefully avoiding negative outcomes being experienced.

The Strategy and Transformation Lead then responded to questions from Members.

The report recommended:-

that the Committee approve the draft Signposting Protocol attached at Appendix A of the report.

The Committee resolved:-

to approve the recommendation.

CAMHS - MENTAL WELFARE COMMISSION - YOUNG PEOPLE - MONITORING REPORT 2020-21 - HSCP.22.047

13. The Committee had before it a report providing an update on the Young People's Monitoring Report 2020-21 and giving assurance regarding progress in relation to the recommendations made by the Mental Welfare Commission.

Amanda Farquharson – Service Manager, Child & Adolescent Mental Health Services (CAMHS) highlighted the three recommendations made by the Mental Welfare Commission:

- (1) That work to explore the accessibility and provision of intensive psychiatric care facilities (IPCU) for the under 18s in Scotland was sufficiently prioritised, resourced and supported by Scottish Government;
- (2) Health board managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area should ensure the availability of dedicated advocacy support for children and young people with mental health difficulties locally and ensure the resourcing and provision of any dedicated

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- specialist advocacy service was sufficient to be able to meet the needs of young people with mental health problems and to support and protect their rights; and
- (3) Hospital managers should ensure that whenever a child or young person was admitted to a non-specialist ward that consideration and exploration of their educational needs and their right to education should be a standard part of care planning for the young person during their hospital admission.

The Service Manager (CAMHS) then responded to questions from members. Members noted concern regarding lack of specific actions and timelines.

The report recommended:-

that the Committee:-

- (a) note the recommendations made by the Mental Welfare Commission in the Young People's Monitoring Report 2020-21 (Appendix A) and provide an update on the IJB's progress in relation to these and any previous recommendations; and
- (b) instruct the Chief Officer to provide a further update to the Risk, Audit and Performance Committee following the publication of the 2021-22 Mental Welfare Commission Young People's Monitoring Report.

The Committee resolved:-

- (i) to instruct the Service Manager, Child & Adolescent Mental Health Services to update Committee further on 1 November 2022 with specifics regarding gaps in services, actions and target timescales; and
- (ii) to otherwise approve the recommendations.

JUSTICE SOCIAL WORK - ANNUAL PERFORMANCE REPORT - HSCP.22.042

14. The Committee had before it the Justice Social Work Annual Performance Report and Delivery Plan Update.

The report recommended:

that the Committee:-

- (a) note the Annual Performance Report 2021-22; and
- (b) note the update provided in respect of the Delivery Plan 2021- 2022.

The Committee resolved:-

to approve the recommendations.

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CONFIRMATION OF ASSURANCE

15. The Chair enquired of Members if they were satisfied on matters presented before the Committee or if further examination was required.

The Committee resolved:-

to note they had received Confirmation of Assurance from the reports and associated discussions presented and that further assurance had been evidenced by the activity of all staff in not only producing the necessary information but also by the delivery and modifications of processes and services in a regular and sustained manner.

DATE OF NEXT MEETING - TUESDAY 9 AUGUST 2022 AT 10AM

16. The Committee had before it the dates for future meetings:

- Tuesday 1 November 2022 at 10am; and
- Tuesday 28 February 2023 at 10am

The Board resolved:-

to note the future meeting dates

- **JOHN TOMLINSON, Chair**

	A	B	E	F	G	H	I	J
1	<p style="text-align: center;">RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER</p> <p style="text-align: center;">The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.</p>							
2	Date Created	Report Title	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3	9 August 2022							
4	Standing Item	Whistleblowing Updates and report on Policy & Reporting	Martin Allan	Business Manager	ACHSCP	Committee resolved on 26 April 2022: to agree that a report on Whistleblowing policy and reporting would be added to the Planner and submitted to Committee.		
5	15.06.22	ASP Inspection report	Claire Wilson / Val Vertigans	Lead social Worker	ACHSCP	Report was published on 21 June 2022.		
6	Standing Item	Internal Audit Report AC2210 - Learning Disabilities - HSCP.22.055	Jamie Dale	Chief Internal Auditor	Governance	Learning disabilities report.		
7	01.03.22	Hosted Services SLAs	Alison Macleod	Strategy and Performance Manager	ACHSCP	30/05/22 - Delayed to August RAPC to coincide with other partnerships who are delaying due to workload pressures.		
8	01.03.22	Strategic Plan Delivery Plan Dashboard (renamed from Health Intelligence dashboard) - HSCP.22.063	Alison Macleod / Michelle Grant	Lead Strategy and Performance Manager	ACHSCP			
9	21.06.22	Scotland's financial response to Covid-19	Alex Stephen	Chief Finance Officer	ACHSCP			
10	Standing Item	Review of relevant Audit Scotland reports	Alex Stephen	Chief Finance Officer	ACHSCP	None to be presented at this committee.		Incorporate into row above - this report is a reviewed audit scotland report
11	Standing Item	Board Assurance and Escalation Framework (BAEF)	Martin Allan	Business Manager	ACHSCP		D	To be deferred to align with output from Risk Workshop (15/08/22) and review of Risk appetite statement and risk register - TBC
12	Standing Item	Financial Regs Review	Alex Stephen	Chief Finance Officer	ACHSCP		D	Delay to allow time for new CFO to prepare

	A	B	E	F	G	H	I	J
	Date Created	Report Title	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2								
13	01.03.22	Primary Care and Social Care Vacancies / Workforce Plan; Change title to workforce plan	Alex Stephen / Martin Allan / Sandy Reid / Stuart Lamberton	Chief Finance Officer / Business Manager	ACHSCP	Primary Care vacancies update was issued on 01/03/22. At RAPC on 26.04.22 Members agreed to combine these two topics into one report. 01/06/2022 - Workforce plan due to be completed by 31st July deferred to August Meeting.	D	30/06/22 - To be presented to IJB on 30 August 2022.
14	15.03.22	Audited Accounts	Alex Stephen	Chief Finance Officer	ACHSCP		D	Final Audited Accounts being presented to IJB on 11 October 2022 then to RAPC on 1 November 2022 - accounts will be ready in September 2022.
15	Standing Item	Review of Local Code of Governance	Alex Stephen	Chief Finance Officer	ACHSCP	At RAPC on 26.04.22 Members agreed to include reference to the IJB's work on Culture in the final version and to instruct the CFO to review the climate change duties and take recommendations on the implications back to RAPC. These updates to be incorporated within final audited accounts	T	These updates are to be incorporated within the final audited accounts, as above.- therefore transfer to within Audited Accounts.
16	Standing Item	Annual Governance Statement	Alex Stephen	Chief Finance Officer	ACHSCP	At RAPC on 26.04.22 Members agreed (i) to include reference to the IJB's work on Culture into Principle 1;(ii) to agree that the assurance statement would be expanded to include more explanation on procurement; and(iii) to agree to add a seminar topic on Ethical Approach to Commissioning.	T	These updates are to be incorporated within the final audited accounts, as above.- therefore transfer to within Audited Accounts.
17	27.01.22	Audit Scotland Briefing on Social Care	Alex Stephen/Claire Wilson/Anne McKenzie	Chief Finance Officer	ACHSCP		R	Email from Alex Stephen requesting addition to Planner, 07/02/2022 Alex Stephen requested that this was withheld from the 01/03/22 preagenda pack following consultation feedback, listed as postponed. Awaiting further advice on timing. - proposed Remove but CFO to advise.
18	1 November 2022							

	A	B	E	F	G	H	I	J
	Date Created	Report Title	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2								
19	Standing Item	Internal Audit Reports	Jamie Dale	Chief Internal Auditor	Governance			
20	Standing Item	Review of relevant Audit Scotland reports	Alex Stephen	Chief Finance Officer	ACHSCP			
21	Standing Item	Strategic Risk Register	Martin Allan	Business Manager	ACHSCP	Deferred to November to coincide with work on next Strategic plan and August IJB workshop.		
22	Standing Item	OHF Report	Calum Leask	Lead Strategy and Performance Manager	ACHSCP		R	Approved within in report HSCP.21.075 at June RAPC recommendation ii) to note that learning outcomes from OHF reporting would feature within future reporting on Leadership Team Objectives and Strategic Planning. 6th June 2022 - The relevant reporting has been incorporated within the agreed delivery plan for the strategic plan 2022 -2025 as agreed at the IJB.
23	Standing Item	Directions Tracker: At RAPC on 26.04.22 Members requested that a Traffic Light system be incorporated into the Tracker.	Alex Stephen / Amy Richert	Chief Finance Officer	ACHSCP			
24	Standing Item	Whistleblowing Updates	Martin Allan	Business Manager	ACHSCP			
25		Workforce Plan	Sandy Reid / Staurt Lamberton		ACHSCP			
26	01.03.22	IJB Annual Performance Report 2020/21	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			

	A	B	E	F	G	H	I	J
	Date Created	Report Title	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2								
27	06.07.21	Locality Plans - HSCP.21.078	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Request from Lead Strategy and Performance Manager to defer to 01/11/22 to allow the Committee to consider this with the Annual Performance Report.		
28	10.03.22	Audit Scotland Drug and Alcohol service briefing	Simon Rayner		ACHSCP	Presented to RAPC on 23 June 2022. members agreed to an additional recommendation - to bring back the completion of the Self Assessment to Committee for further assurance. (Date TBC with Simon Rayner)		
29	01.03.22	CAMHS Update report - Young People Monitoring Report 2020-21, Mental Welfare Commission	Jane Fletcher / Amanda Farquharson			Report was approved at RAPC on 23 June 2022, with agreement that Amanda Farquharson report back to Committee: (1) following the publication of the 2021-22 Mental Welfare Commission in the Young People's Monitoring Report, due in October 2022; and (2) to update with specifics regarding gaps in services, actions and target timescales		
30	01.03.22	Self Directed Support	Claire Wilson	Lead for Social Work	ACHSCP	Moved to August 2022.		
31	28 February 2023							
32	24.08.21	Navigator project evaluation	Simon Rayner	ADP Strategic Lead	ACHSCP			
33	27.01.22	Annual Review of RAPC	Alex Stephen / Amy Richert	Chief Finance Officer	ACHSCP			
34		Approval of Unaudited Accounts	Alex Stephen	Chief Finance Officer	ACHSCP			

	A	B	E	F	G	H	I	J
	Date Created	Report Title	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2								
35	Standing Item	Review of Financial Governance	Alex Stephen	Chief Finance Officer	ACHSCP			
36	Standing Item	Internal Audit Reports - Annual Report & IJB Performance Manangement Reporting	Jamie Dale	Chief Internal Auditor	Governance	Reports presented to RAPC on 23 June 2022 - this is an annual requirement so a date in June 2023 should be identified.		
37	23.09.21	Primary Care Improvement Plan Update	Emma King / Sarah Gibbon		ACHSCP	Presented to RAPC on 23 June 2022. Members agreed the recommendation: that a further PCIP performance update is presented to the committee in Spring 2023 (unless required by exception)		
38	22.06.2021	Justice Social Work Performance report and Justice Social Work Annual Report	Kevin Toshney/ Claire Wilson / Lesley Simpson / Liz Cameron	Lead for Social Work	ACHSCP	Annual Report. Approved by RAPC on 23 June 2022, therefore meetign date in JUne 2023 to be decided for next consideration.		
39	Standing Item	External Audit Strategy 2022/23	Michael Wilkie	KPMG	KPMG	2021/22 Strategy considered at April 2022 RAPC; spring 2023 date TBC for next consideration.		

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Date of Meeting	9 August 2022
Report Title	Whistleblowing Policies Update
Report Number	HSCP22.057
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: <i>samacleod@aberdeencity.gov.uk</i> Phone Number: 01224 523107
Consultation Checklist Completed	Yes
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with an overview of whistleblowing policies relevant to the IJB and the Aberdeen City Health and Social Care Partnership (ACHSCP).

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Note the details contained in the report.

3. Summary of Key Information

- 3.1. The Committee at its meeting on the 26th of April, 2022 considered a quarterly report on whistleblowing and noted that there were no incidents to report during that quarter and asked that a report on Whistleblowing policies and reporting be brought to a future Committee.



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- 3.2.** There are three main policies relevant to the IJB and ACHSCP; the National Whistleblowing Standards, Aberdeen City Council's Whistleblowing Policy and the IJB's Whistleblowing Policy.
- 3.3.** Whistleblowing is when a person, usually working with or in a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing. The public value of whistleblowing has been increasingly recognised since the term was introduced in the 1960s and is an invaluable mechanism for organisations to become aware of issues that need to be addressed.
- 3.4.** Another helpful definition of whistleblowing is when someone who works (or worked) within an organisation raises a concern that relates to speaking up in the public interest where an act or omission has created, or may create, a risk of harm or wrongdoing, or exposes information or activity that is deemed illegal, unsafe, or a waste, fraud, or abuse of taxpayer funds.

National Whistleblowing Standards

- 3.5.** National Whistleblowing Standards have been produced by the Independent National Whistleblowing Officer's Department and came into effect on 1 April 2021.
- 3.6.** NHS Grampian, the three Health and Social Care Partnerships (H&SCPs) and other relevant Partners have a clear ambition to develop a culture that welcomes, handles and responds to concerns in a caring, supportive and proactive way, from any member of staff and others who are delivering NHS services in the Grampian area.
- 3.7.** To achieve this, work has been undertaken across the system to embed an efficient, consistent, system wide approach to promote, encourage and learn from whistleblowing concerns raised throughout Grampian. The Partnership's Senior Leadership Team received a presentation on the launch of the Standards ahead of the 1st of April, 2021 and have since communicated the Standards across the Partnership (and with Aberdeen City Council). Members of the Partnership's Senior Leadership Team have met with NHSG Board's Whistleblowing Champion to discuss how the 3 Partnerships in Grampian can further promote the standards. A joint



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Partnership and NHSG meeting is to be arranged to further discuss this. It is also proposed to provide additional information on the standards to all the providers that the Partnership are contracted with.

- 3.8.** Whistleblowing Concerns can be raised by anyone who is (or has been) providing services for the NHS, or working to provide services with NHS staff which includes:
- All NHS Grampian staff.
 - All Health and Social Care staff.
 - All those working in non-private Primary Care Services (including both salaried and independent practices).
 - Anyone contracted to provide services for NHS Grampian.
 - All Agency staff and Locums.
 - All Students, Trainees and Apprentices.
 - All Volunteers and Third Sector Organisations.
- 3.9.** NHS Grampian are to continue to communicate the Standards across the sectors, including commissioned services and the 3rd Sector, as well as signposting staff to training on the Standards held on Turas.
- 3.10.** In terms of reporting, Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports when there are incidents to report, if there are no incidents to report then a brief update will be provided in the Committee's Business Planner.
- Aberdeen City Council Whistleblowing Policy
- 3.11.** This policy applies to all employees and workers, including agency staff, workers who are self-employed, sub-contractors and workers employed by an outsourced contractor providing Council services.
- 3.12.** The policy allows individuals to voice their concerns in relation to information they believe shows serious malpractice or wrongdoing within Aberdeen City Council. This could be in respect of a concern raised by a junior employee against a more senior employee or against an employee at the same level in the organisation as the person who raised the matter. It allows for this



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information to be disclosed internally without fear of reprisal and independently of their line management if appropriate.

- 3.13.** This policy should be used to assist individuals who have serious concerns or believe they have discovered malpractice or impropriety. It is intended to encourage and enable individuals to raise serious concerns within the Council rather than overlooking the issue or raising them outside the Council.
- 3.14.** Although the Council policy does not apply directly to health staff (NHS staff) who are working alongside Council staff, any concern should be raised with the Council, so it can be looked into. The Council's senior management can then decide on how it is handled - e.g. either through the Whistleblowing procedure itself; or by undertaking a general investigation, as appropriate. This would follow the spirit of the whistleblowing legislation about giving protection to the person who raises the concern.
- 3.15.** The Policy does not relate to members of the public who have concerns regarding the Council, members of the public would be encouraged to use the Council Complaints Procedure

IJB Whistleblowing Policy

- 3.16.** Officers from the Partnership liaised with the Independent National Whistleblowing Officer's Department regarding the production of a Whistleblowing Policy for the IJB. The Independent National Whistleblowing Officer's view was that although IJB's do not have to have a separate Policy, it would be good practice to establish such a Policy.
- 3.17.** As a result, the IJB approved a Whistleblowing Policy for the IJB at its meeting on the 6th of July, 2021.
- 3.18.** The Policy relates to all IJB Members and Office Holders of the Board and is committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred.
- 3.19.** The aim of this policy is to ensure that staff and Members are fully aware of the types of matters that they should report and the reporting procedure they



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should follow to raise any genuine concerns about any possible wrongdoing or malpractice, at an early stage, without fear of penalty or victimisation.

- 3.20.** The Policy does not relate to members of the public who have concerns regarding the IJB, members of the public would be encouraged to use the IJB Complaints Procedure.

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** - there are no implications in relation to our duties under the Equalities Act 2010 and Fairer Scotland.
- 4.2. Financial** - there are no immediate financial implications arising from this report.
- 4.3. Workforce** - there are no immediate workforce implications arising from this report.
- 4.4. Legal** - there are no immediate legal implications arising from this report.
- 4.5. Unpaid Carers** - there are no implications relating to unpaid carers arising from this report.

5. Links to ACHSCP Strategic Plan

- 5.1.** The report is linked to all of the strategic aims of the Partnership's Strategic Plan.

6. Management of Risk



- 6.1. Identified risks(s)-** Identified risks(s) - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.
- 6.2. Link to risks on strategic or operational risk register-** The main issues in this report directly link to the following Risk on the Strategic Risk Register:



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6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

- 6.3. How might the content of this report impact or mitigate these risks-** The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	9 th August 2022
Report Title	ASP Inspection Report
Report Number	HSCP22.054
Lead Officer	Claire Wilson, Lead for Social Work, HSCP
Report Author Details	Val Vertigans, Lead Strategic Officer Adult Public Protection, HSCP
Consultation Checklist Completed	Yes
Appendices	None

1. Purpose of the Report

The purpose of this report is to share the findings of the recent Joint Inspection of Adult Support and Protection (ASP) in Aberdeen which were published on 21st June 2022 ([Joint inspection of adult support protection in the Aberdeen City partnership \(careinspectorate.com\)](https://www.careinspectorate.com/joint-inspection-of-adult-support-protection-in-the-aberdeen-city-partnership)), and next steps.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Notes the findings of the recent Joint Inspection of Adult Support and Protection in Aberdeen and next steps.

3. Summary of Key Information

3.1. The programme of Joint Inspections was paused at the start of the pandemic, but, in a letter to COSLA and SOLACE dated 3 March 2021, the Cabinet Secretary for Health and Sport requested that the inspection programme resumes in a proportionate and sensitive manner.

3.2. The inspection programme is being led by the Care Inspectorate in collaboration with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS). This scrutiny and



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assurance will be undertaken in the context of health and social care integration. A phased approach is being adopted, using adapted methodology developed during 2020 which ensures the lightest possible approach.

- 3.3. The commencement of the inspection was delayed, in conjunction with inspectors, due to the significant and extreme pressures on systems, services and staff across the partnership, responding to Covid 19 and winter pressures, and formal Notification of inspection was finally received on 14th February 2022.
- 3.4. The inspection focused on key processes and leadership (see national [quality indicator framework](#)). The key activities included submission of a short position statement, submission of supporting evidence under specific themes, a case file audit and a staff survey across social work, health and police, which was completed by 327 staff across the multi agency partnership. Guidance and information about the methodology used can be found on the [Care Inspectorate website](#).
- 3.5. Scrutiny of the necessary files took place on the basis of Healthcare Improvement Scotland colleagues reading health records on location in Aberdeen, and Social Work records being read remotely, by the Care Inspectorate, via a Sharepoint site. Police records were examined via a nationally-agreed approach / mechanism.

4. Inspection Findings

- 4.1. The main findings of the inspection were as follows:
 - Our **Key Processes** are effective, with areas for improvement which are outweighed by clear strengths supporting positive experiences and outcomes for individuals;
 - Our **Strategic Leadership** is very effective, demonstrating major strengths in supporting positive experiences and outcomes for individuals.
- 4.2. Key Strengths were identified as:
 - The new Adult Protection Social Work Team undertaking collaborative and effective screening of referrals;



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- Communication and information-sharing, at every stage of the process;
- Our commitment to joint learning and development;
- Our Vision being well embedded, with a strong culture of strategic change and improvement; and
- Our user engagement strategy and initiatives – including seeking feedback from users at the end of the process, and the Adult Protection Committee's User Forum.

4.3. Priority Areas for Improvement were identified as:

- Quality of chronologies and protection planning (albeit the inspectors noted that we have well-designed tools and templates in place);
- Length of time taken to complete some investigations and case conferences;
- Lack of consistent and accurate recording by Health staff of their involvement in ASP;
- Need for more adults at risk to access independent advocacy; and
- Need to develop multi-agency evaluation approach, and better involve staff in change and improvement work.

It should be noted that all of these issues had previously been identified as areas for improvement, through local quality assurance and self evaluation work, and related activity had been incorporated into the Adult Protection Committee (APC) Improvement Plan.

5. Next Steps

- 5.1.** Following receipt of the final published report, the APC will review its Improvement Plan in light of the detailed findings. This is required to be submitted to the Care Inspectorate by 3rd August 2022.
- 5.2.** Progress in relation to the areas identified for improvement will be overseen by the Care Inspectorate Link Inspector, who is a member of the APC.
- 5.3.** A session has already been held with Council Officers to thank them for their engagement and involvement in the inspection process, and to advise them of issues which have emerged as a result of our own quality assurance as well as queries and issues raised by the inspectors during the course of the inspection.



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- 5.4. It is intended to hold a multi agency session to update staff across the partnership about the findings of the inspection and our approach going forwards in terms of addressing areas for improvement.

6. Implications for IJB

- 6.1. **Equalities, Fairer Scotland and Health Inequality** - There are no direct implications arising from the recommendations in this report.
- 6.2. **Financial** - There are no direct financial implications arising from the recommendations of this report.
- 6.3. **Workforce** - There are no direct workforce implications arising from the recommendations of this report. Staff will be involved on an ongoing basis in driving forward required improvements.
- 6.4. **Legal** - There are no direct legal implications arising from the recommendations of this report.

7. Links to ACHSCP Strategic Plan

- 7.1. This report links to the stated Strategic Plan aim in relation to services “To Protect and improve the safety of service users”.

8. Management of Risk

8.1. Identified risks(s)

Risk that an essentially positive inspection report leads to complacency in delivering high quality operational services and driving forwards improvement.



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8.2. Link to risks on strategic or operational risk register:

This report links to the below from the IJB Strategic Risk Register as at November 2021:

Risk 5



Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

8.3. How might the content of this report impact or mitigate these risks:

The findings of the inspection were overall very positive. Work is being undertaken to address areas identified for improvement through quality assurance. A communication plan is in development to keep staff apprised and seek their input and involvement to progress the necessary improvements. The risk is therefore low.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



Aberdeen City Health & Social Care Partnership

A caring partnership

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	09/08/2022
Report Title	Internal Audit Report AC2210: Learning Disabilities
Report Number	HSCP22.055
Lead Officer	Jamie Dale, Chief Internal Auditor
Report Author Details	Name: Jamie Dale Job Title: Chief Internal Auditor Email Address: jamie.dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Learning Disabilities Income and Expenditure that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee review, discuss and comment on the issues raised within this report.

3. Summary of Key Information

- 3.1. The following summary of the Internal Audit report was considered by the Council's Audit, Risk and Scrutiny Committee on 30 June 2022. After some discussion of the issues identified, the Committee noted the report and endorsed the recommendations for improvement.



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Background

- 3.2. Aberdeen City Council Learning Disability Integrated Care Services are support services with housing support and care at home combined. They support individuals to maintain their own tenancies in shared accommodation, houses of multiple occupancy or rented properties within Aberdeen City. The staff provide individualised support to people with varying levels of ability to develop their daily living skills so that they can be more independent. Support is provided to people who may require some care at home, such as help with medication, preparing meals or getting to appointments. Support services help a variety of requirements from those with complicated needs to those who need time limited support to allow them to plan and achieve their preferred lifestyle.

Objective

- 3.3. The objective of this audit was to ensure that there is adequate control exercised over income and expenditure.

Assurance

- 3.4. Controls are in place and no material errors were identified. However, issues were identified in the consistency of their application, particularly in respect of management of cash transactions. Improvements agreed with the Service will increase assurance over these areas.

Findings and Recommendations

- 3.5. Written procedures are in place covering most of the Service's activities but would benefit from being reviewed and updated to reflect and improve current practice. A recommendation graded Significant within audited area was made to do so.
- 3.6. The Service handles cash for petty cash transactions, management of amenity funds, and assisting in service users' management of funds. Any cash-based system has inherent risks, as cash is portable and desirable. Whilst no material errors were identified, weaknesses were identified in respect of management and record keeping for cash transactions and balances. In the absence of clear, consistent, and applied procedures checks and balances, there is an opportunity for cash to go missing or for cash records to be incomplete and variations left unexplained. In addition to potential for financial loss, this leaves staff and the Service vulnerable to challenge or criticism in the event of missing funds or unexplained discrepancies. Recommendations graded Significant within audited area were raised for the Service to develop and implement stronger cash



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controls to mitigate this risk. There are similar risks in respect of inventories of equipment held on site, which need to be put in place.

- 3.7. Whilst in general staff were paid correctly, with only minor issues identified in timesheet completion, supporting records and approvals were not always complete. A recommendation graded Significant within audited area was made to ensure time records are sufficiently comprehensive.
- 3.8. In breach of the Council's Financial Regulations, an order had been placed without an official purchase order; and one transaction had been approved by a signatory without recorded delegated authority. Recommendations graded Significant within audited area were made to ensure orders are raised where required and to ensure delegated authority is in place where appropriate.

Management Response

- 3.9. The Service has agreed to review and enhance procedures to improve control over cash, inventories, timesheet records, ordering goods and services, and other financial administration at the centres. As part of the review staff and managers will refresh and acknowledge their understanding of the various requirements, and the authorised signatory list will be updated.

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for Committee to discuss, review and comment on the contents of an Internal Audit report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA



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5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks have been identified during the Internal Audit process, recommendations have been made to management to mitigate these risks.

Ms Angela Scott
Chief Executive
Aberdeen City Council
Business Hub 12, 2nd Floor West
Marischal College
Broad Street
ABERDEEN
AB10 1AB

18 July 2022

Dear Angela

Best Value in Integration Joint Boards

My predecessor wrote you in December 2020 to inform you that the Accounts Commission had approved proposals to develop a new approach to auditing Best Value (BV) in Integration Joint Boards (IJBs). Audit Scotland then developed the new BV audit approach and piloted it in two IJBs in 2021.

We have always maintained that our emerging proposals would need to be flexible and take account of the Feeley independent review of social care. Since the Commission agreed to introduce a new approach to auditing BV in IJBs the Scottish Government has made a commitment to deliver a National Care Service (NCS) before the end of this parliament, i.e. by end 2026. Under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers and the new bodies will therefore be audited by the Auditor General for Scotland. This significant structural and organisational change, combined with wider issues associated with the proposed creation of the NCS, such as the need to consider the impact of planning for the introduction of the NCS on IJBs, raised some important questions about our current plans for auditing BV in IJBs.

I am now writing to inform you that after careful consideration and given the direction of travel regarding the NCS and having engaged intensively with stakeholders, the Accounts Commission has taken the decision not to proceed with the planned roll out of a new approach to auditing BV in IJBs.

The Commission has instead agreed to undertake a broad-based programme of national and local audit work on IJBs which we believe will have greater impact and make better use of audit resources than the Commission's plan to implement a new approach to auditing BV in IJBs. We anticipate that this programme of work will include:

- a further joint national performance audit with the Auditor General for Scotland on progress with health and social integration (including the identification of good practice);
- national thematic performance audit work in areas such as social care workforce planning and commissioning;
- a continued focus on IJB risks and performance through annual audit reports; and
- audit work in conjunction with the Auditor General for Scotland on Scottish Government planning and preparations for the new NCS.

The new proposals have been designed to ensure that the Commission (and where appropriate the AGS) are providing robust independent oversight and public reporting at both national and local level on the current performance of IJBs as well as monitoring and reporting on the risks and challenges created by the proposed creation of the new NCS.

We will keep you informed regarding our future programme of audit work as it progresses. I am

keen in maintaining regular engagement with stakeholders in IJBs in coming months, and therefore will be in touch further.

Meantime, however, if you have any queries about our proposals, then please do not hesitate to get in touch.

Yours sincerely

A handwritten signature in black ink, appearing to read "William Moyes". The signature is fluid and cursive, with a prominent initial "W" and a long, sweeping tail.

William Moyes
Chair



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Date of Meeting	09 August 2022
Report Title	Hosted Services
Report Number	HSCP22.064
Lead Officer	Alison Macleod
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacLeod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – GMEDs Report Appendix B – Draft Sexual Health Services Service Level Agreement (SLA)

1. Purpose of the Report

- 1.1. The purpose of this report is to share a report on Grampian Out of Hours (OOH) Primary Care Services (GMEDs) and provide early sight of a draft Service Level Agreement (SLA) for Sexual Health Services for comment to feed into further development.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit, and Performance Committee note and comment on the GMED report and the draft Sexual Health Services SLA.

3. Summary of Key Information

- 3.1. There are twelve services across Grampian hosted by one of the three IJBs. They range in size and complexity. Each hosted service delivers on behalf of the others and each IJB contributes to the cost. Currently, there is no consistent, agreed framework for performance monitoring these services where each IJB receives regular data and feedback in relation to their



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investment. The table below shows the hosted services, the host IJB, and the 2021/22 budget.

Service	Host	Budget (£M)
Inpatient & Specialist MHL D Services	City	40.0
Woodend Assessment & Rehab Services	City	22.8
GMED	Moray	11.2
HMP Grampian	Shire	2.7
Sexual Health	City	2.6
Police Custody / Forensic Examiners	Shire	1.7
Retinal Screening / Diabetes MCN	Shire	1.0
Marie Curie Nursing	Shire	0.8
Continence Service	Shire	0.7
Primary Care Contracts	Moray	0.6
Heart Failure Service	Shire	0.3
Chronic Oedema Service	Shire	0.2
TOTAL		84.6

- 3.2. The North East System Partnership Group (NESPG) recently considered a report in relation to improving the visibility and accountability of hosted services, enabling all IJBs to interact with the services and obtain assurance at an appropriate level. From this it was agreed that the top three services in terms of budget would be the subject of separate presentations to the NESPG and that the next three would have SLAs developed.
- 3.3. The GMED Service, hosted by Moray IJB presented to the NESPG earlier this year and it was suggested that this report may be of interest to the other IJBs (or their nominated committees). The report at Appendix A has been prepared for Aberdeenshire IJB and is submitted here for the Risk, Audit and Performance Committee’s consideration.
- 3.4. Representative of the each of the Grampian Health and social Care Partnerships came together to agree an SLA template to be used for the next three hosted services on the list – HMP Grampian and Police Custody/Forensic Examiners (Aberdeenshire) and Sexual Health Services (City). Each subsequently began populating this template relevant to the



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service(s) they are responsible for. Appendix B contains the beginnings of the draft template for Sexual Health Services.

- 3.5.** The Risk, Audit and Performance Committee is asked to consider the draft template for Sexual Health Services and make comment in terms of the content, level of detail, layout etc. This will inform the future development of the SLA for all three services. It is intended that a common template will be developed so that no matter which service is reported to which IJB (or committee) the layout and detail are consistent. It should be noted that information in the Sexual Health Services SLA is at initial draft stage, and we are working with the service to obtain further and updated information to populate it.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

There is no direct impact on our equalities duties as a result of the recommendations within this paper.

4.2. Financial

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

4.3. Workforce

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

4.4. Legal

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



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4.5. Covid 19

There are no implications in relation to Covid-19 resulting from the recommendations in this report.

4.6. Unpaid Carers

There are no specific implications for Unpaid Carers resulting from the recommendations in this report.

4.7. Other

There are no other implications resulting from the recommendations in this report.

5. Links to ACHSCP Strategic Plan

- 5.1.** This report links to our approach to the delivery of our Strategic Plan and, in particular, to the Integration principle in relation to improving the quality of the service. It also links to the enabling priority for achieving best value. By monitoring delivery of hosted services, we have the opportunity to contribute to service improvements and receive assurance in relation to best use of resources.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that hosted services do not deliver the expected outcomes, fail to deliver the transformation of services, or face service failure.

6.2. Link to risks on strategic or operational risk register:

This is linked to Risk 3 (Hosted Services) on the Strategic Risk Register.

Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.





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Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage. There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

6.3. How might the content of this report impact or mitigate these risks:

By ensuring accountability and transparency of hosted services performance can be monitored on a regular basis and early warning given of any potential issues and action requested of the host to ensure service standards and performance are maintained.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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**REPORT TO INTEGRATION JOINT BOARD
15 July 2022**

NHS GRAMPIAN OUT OF HOURS PRIMARY CARE SERVICE (GMED)

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Notes the current position in relation to Grampian Out of Hours (OOH) Primary Care Services with Moray as the Hosting Integration Joint Board (IJB).**

2 Directions

- 2.1 No direction requires to be issued as a result of this report.**

3 Risk

- 3.1 Risks are recorded on Health and Social Care Moray (HSCM) Risk Register.**

Background

- 3.2 GMED provides urgent primary care services for the Grampian population in the out of hour's period, (including Public Holidays). On 18th January 2021, GMED activated a Surge Plan that was in consultation with GMED staff groups as well as Partnerships and NHS Grampian Leads. The plan's main objective was to review clinical staff availability across the Grampian region and ensure a safer clinical cover in pressure areas, (such as Elgin or Peterhead), in light of risks that the Covid-19 pandemic has posed or exacerbated.**

- 3.3 The plan has instigated the activation of Inverurie base overnight, providing additional support to other staff in central Aberdeenshire. Banchory cell has been staffed by an Advanced Nurse Practitioner, which released GP time to staff Aberdeen as a decision support cell to the whole of Grampian. Stonehaven is thus suspended overnight.**

- 3.3.1 The plan has now been extended on two occasions due the unstable situation created by the pandemic.**

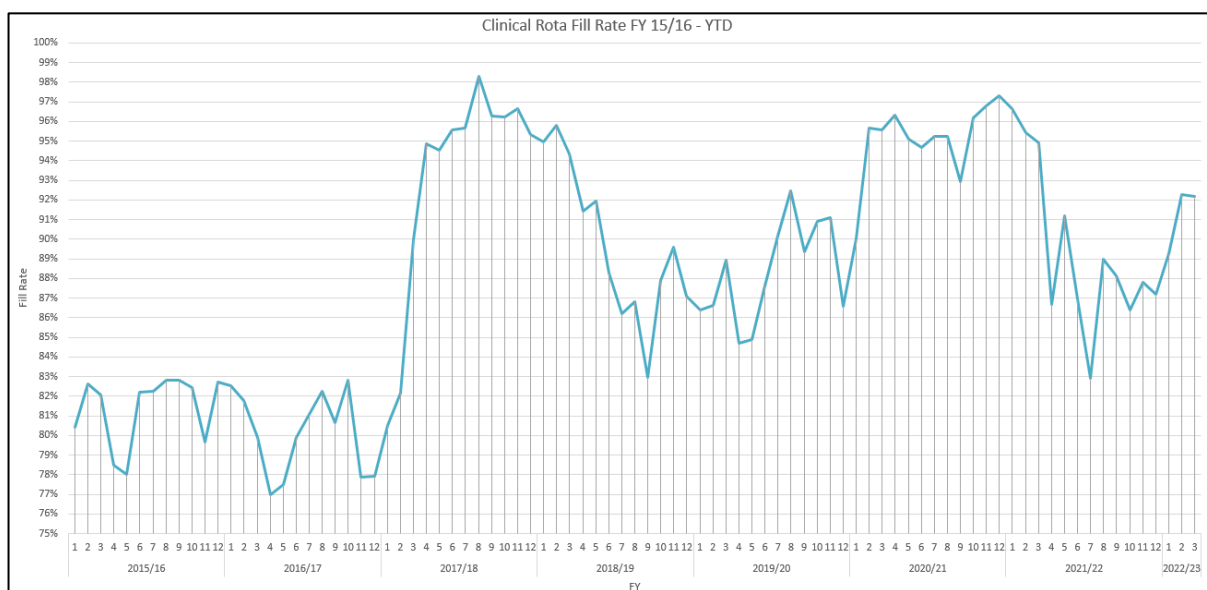
- 3.4 There was only 1 adverse event relating to the re-organisation of the cell opening times or change in skill mix in the last 12 months.**

3.5 Covid Hub

- 3.5.1 On 31st March 2022 the Covid Hub concluded and GP Practices have fully taken over the management of the pathways in terms of the pandemic.**

3.6 Workforce:

- 3.6.1 GMED service continues to maintain similar rota fill rate levels comparing to previous years (with the exception of 2020). The average rota fill rate is 90% for the whole year, which is assessed to be at the G-OPES¹ Level 2.
- 3.6.2 Clinical rota is affected by unpredicted absence, Covid related absence and holiday periods. Furthermore, the majority of the GP workforce within the service is employed as bank staff, which contributes to challenges around sustainability and resilience of workforce. Ability to staff the rota is recorded on the HSC Moray Risk Register. Appropriate controls are in place.
- 3.6.3 Anecdotally, GMED remains one of the better staffed out of hours services across Scotland.



3.7 Staff Governance and Engagement:

- 3.7.1 GMED Management Team continues to work with staff to improve employee experience; from the start of the recruitment process to day to day operations. Appropriate NHSG tools are used to measure satisfaction (i.e. iMatter) and internal surveys. Identified actions are taken forward together with staff to promote NHSG Shared Governance standards.

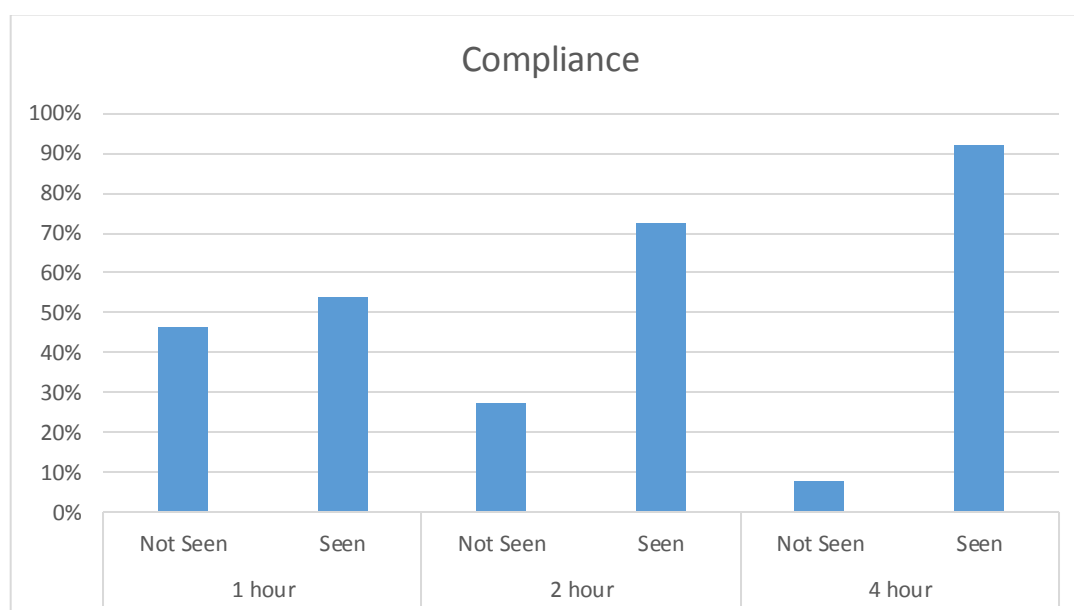
¹ G-OPES: The Grampian Operational Pressure Escalation System; an enhanced approach to managing the operational pressures as a unified health and care system

3.8 **Performance:**

3.8.1 GMED activity continues to be predictable.

	2021	2020	2019
Advice	43580	37138	13965
Centre Consult	11766	19491	54247
CPN	2239	1723	1365
Home Visit	10735	11346	18526
Covid Advice	21319	11900	0
Total	91660	83618	90122

One of the main key performance indicators for OOH Primary Care Services is:
“Proportion of home visit cases where a clinician arrives at the destination of care within the timescale recommended by triage”.



3.8.2 80% of calls are attended within the priority allocated by the recommended triage.

3.8.3 With the recent Aadastra upgrade, the way we count the number of contacts has changed. Instead of counting one patient journey as one contact, we count each type of contact as a separate contact; e.g., case came through as an advice call, after initial assessment with clinician it was decided a home visit is required – this will now be counted as two contacts.

3.9 **Finance:**

- 3.9.1 GMED improved their financial position considerably in the financial year 2021/22 to March (month 12) in comparison to previous financial years. YTD Variance is (£377,059) which is 5% overspend. In comparison, YTD to M12 variance was 19% overspend in 2020/21 and 2019/20.

MORAY HOSTED SVS

Expenditure Summary Period 12 Mar 2021/2022

	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance	Period Estab	Avg Wte	Period Wte
	(270,820)	(270,820)	(205,238)	(65,583)	(22,568)	(14,894)	(7,675)	0.00	0.00	0.00
MISCELLANEOUS INCOME	(270,820)	(270,820)	(205,238)	(65,583)	(22,568)	(14,894)	(7,675)	0.00	0.00	0.00
PAY	10,198,472	10,198,472	10,339,419	(140,947)	1,168,276	1,044,422	123,854	84.22	84.81	79.94
NON-PAY	332,712	332,712	503,242	(170,530)	(152,105)	81,668	(233,773)	0.00	0.00	0.00
Totals	10,260,364	10,260,364	10,637,423	(377,059)	993,603	1,111,197	(117,594)	84.22	84.81	79.94

- 3.9.2 Within individual cost centres, the highest overspend is noted in the Nursing Pay, whereas Medical & Dental Pay continue to observe an underspend.

- 3.9.3 Further work is being undertaken with Finance to realign cost centres within the service.

3.10 **Unscheduled Care Review:**

- 3.10.1 In September 2021, GMED participated in the 90-day Unscheduled Care review work streams that looked at optimising patient flow in the hospital and Emergency Department. Work within these streams continues.

- 3.10.2 As part of the Unscheduled Care (USC) Review, GMED is now engaging with Mental Health and SAS to review referral pathways in line with the 'right care, right place' guidance.

3.11 **Flow Navigation Centre (FNC):**

- 3.11.1 GMED and USC Leads are currently scoping potential FNC models to further enhance the ability to deliver unscheduled care by the right professional at the right place.

3.12 **Custody:**

- 3.12.1 Service leads across Police Scotland, Aberdeenshire and Moray are now working together to implement arrangements and alternative pathways to ensure sustainable cover for the Custody service. GMED continues to temporarily support the new pathways but will withdraw once new staff are fully trained.

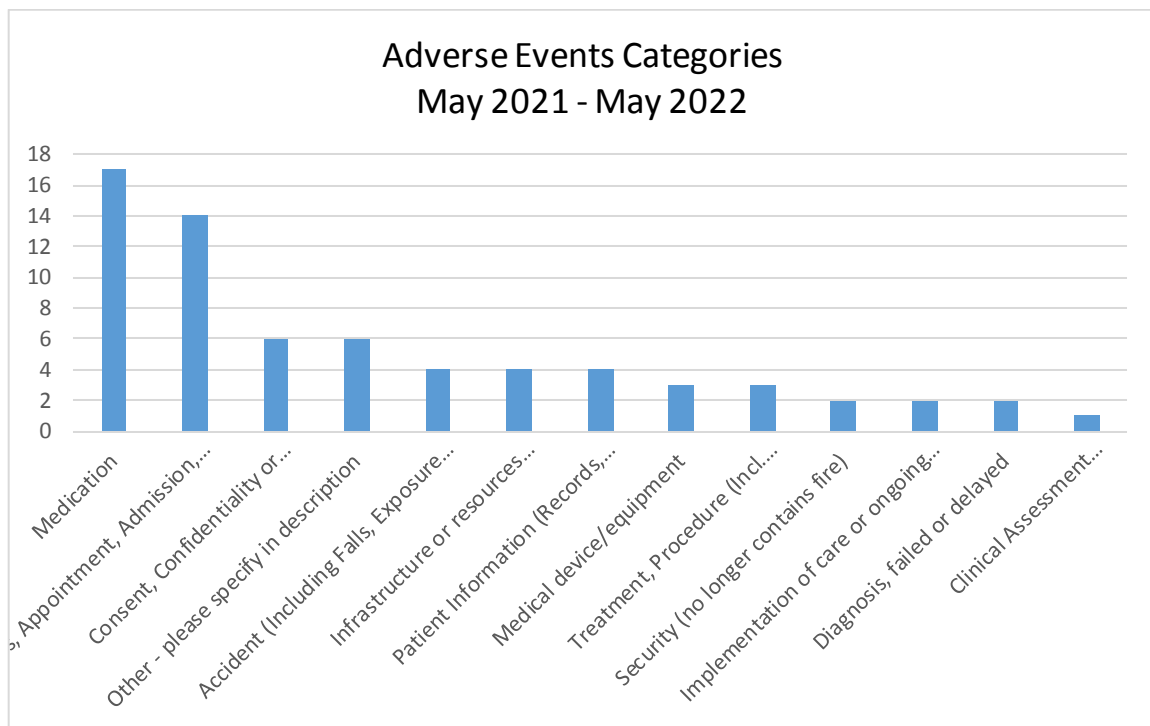
3.13 **Clinical Governance:**

3.13.1 GMED continues to strengthen clinical governance within the service:

- Reporting into HSCM Clinical and Care Governance,
- Reporting into HSCM Clinical Risk Management Committee,
- GMED Clinical Governance Meeting,
- Staff Educational Sessions,
- Identifying and taking learning from adverse event and complaint reviews.

3.14 **Adverse Events:**

3.14.1 The service recorded 68 adverse events between 02 May 2021 and 01 May 2022. Top 10 categories are presented on the graph below.



3.15 **Patient Feedback:**

3.15.1 GMED received 29 complaints between 02 May 2021 and 01 May 2022, of which 7 were closed at the Early Resolution stage, 8 were fully upheld and 5 partially upheld.

3.15.2 Complaints and adverse events reporting numbers have remained stable: Covid has not impacted significantly.

3.16 **Way forward:**

3.16.1 The Out of Hours Primary Care service has been operating a winter surge plan through the covid pandemic. In May 2022 GMED held a Strategic

Planning Workshop to look at the short and medium term plans for the service following the impact of covid 19. Representatives from all sub teams within the service have attended.

Following the workshop a 12 month road map is being developed. This will focus on:

- Finalising service set up and moving on from the Surge Plan;
- Staff recruitment and retention, including workforce planning;
- Improved understanding, processes and pathways with stakeholders;
- Further development of pharmacy and logistics processes;
- Improvement in facility management and access.

Taking account of the preparation work that is required, we are planning for implementation to begin around Autumn 2022.

4 Summary

4.1 Considering the impact of Covid over a considerable length of time, GMED remains in a strong and steady position. Although there are issues GMED are facing as a service, these issues are being dealt with at both operational and strategic level.

4.2 The Head of Service, Clinical Divisional Director and Chief Nurse have been consulted in the preparation of this report and their comments have been incorporated within the report.

5 Equalities, Staffing and Financial Implications

5.1 An equality impact assessment is not required because this report reflects delivery of a hosted service.

Magda Polcik GMED Service Manager

NHS Grampian for Aberdeenshire Health and Social Care Partnership

Report prepared by ***Magda Polcik, GMED Service Manager ***

Date ***18 July 2022 ***

SERVICE LEVEL AGREEMENT (SLA) FOR THE PROVISION OF SEXUAL HEALTH SERVICES

1.0 Overview

1.1 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provided that Health Boards and Councils must delegate certain services to the Integration Joint Boards (IJBs) for planning and delivery. This included a group of delegated services for which it was agreed locally within Grampian that these should be delivered on a 'hosted' basis, where disaggregation would present significant risk to deliverability, quality and efficiency of the service.

This is a Service Level Agreement (SLA) for the provision of **Sexual Health Services** by **Aberdeen City** on behalf of all three IJBs in the Grampian NHS Board area.

This document identifies the services required and the expected level of services to be provided from the commencement date of **01/04/2022 to 31/03/2025**. This SLA will be subject to review scheduled by **31/03/2023**.

1.2 Purpose

The purpose of this SLA is to set out:

- Requirements for the Sexual Health hosted service that will be provided to all three Integration Joint Boards including specific quality standards or "service levels".
- Roles and responsibilities of the host Integration Joint Board.
- Duration, scope and renewal of this SLA contract.
- Supporting processes including performance monitoring arrangements.

1.3 Definitions and Interpretations

In this Service Level Agreement:

"Commencement Date" means the date of the start of the Service, or as otherwise specified.

"Services" means the services to be supplied as specified in the Specification.

"Specification" means the description of the Services to be supplied under the Service Level Agreement including the key personnel, performance monitoring framework and quality standards.

“Term” means the period from the commencement of the Service Level Agreement to the date of expiry.

“Host” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board area

“Hosted Services” means those services which have been agreed by the Integration Joint Boards will be managed and delivered on a pan Grampian basis by a single Integration Joint Board.

2.0 Specification

2.1 Description of Services

Overview of all services included under the SLA including staffing, locations for delivery of service, wider regional or tertiary care provision

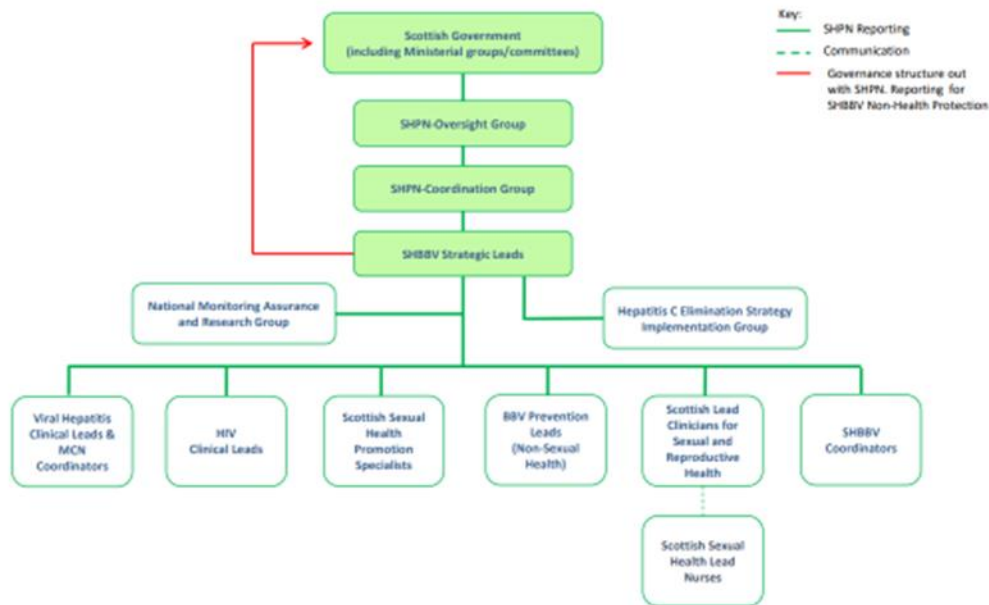
Sexual Health Services provides holistic and comprehensive sexual health care. The service is underpinned strategically by the following key strategies,

- Sexual Health and Blood Borne Virus (BBV) Framework 2015-2020, refresh due 2022
- Healthcare Improvement Scotland Sexual Health Standards, refresh due to be published 2021
- Aberdeen City Health and Social Care Partnership (HSCP), Aberdeenshire HSCP and Moray HSCP strategic plans
- NHS Grampian Clinical Strategy 2016-2021
- Realistic Medicine

Since the Covid19 pandemic the service has also focusing on remobilisation with local and recently published national recovery plans, Scottish Government Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Viruses.

The service has a responsibility to locally implement some actions in all of these strategies, but most notably the Sexual Health and Blood Borne Virus framework. The service is supported with strategic decision making and services planning by the NHS Grampian Sexual Health and BBV Managed Care Network (MCN), which in turn provides a proportion of funding to Grampian Sexual Health. Key members of Grampian Sexual Health management team also represent Grampian nationally on groups which feed directly to Scottish Government via the Scottish Health Protection Network, as shown below.

SHPN Governance – Sexual Health and Blood Borne Viruses (SHBBV)



Clinical service overview

The main service is based within the Aberdeen Community Health and Care Village with hub clinics in Dr Gray's Hospital Elgin, Chalmers Hospital Banff, Fraserburgh Hospital and Peterhead Hospital. The service also supports HMP Grampian deliver sexual health care and since 2017 has ran the Exchange clinic, a service for men who have sex with men in partnership with Alcohol and Drugs Action (ADA) in Aberdeen city centre. The latter service has been relocated to Aberdeen Health Village temporarily due to Covid 19 restrictions with support from ADA. An outreach clinic in Torry started in July 2021.

A wide range of services are offered at the main and hub services including:

- Prevention methods, including HIV post- and pre- exposure prophylaxis (PEP/PrEP), testing and treatment for Sexually Transmitted infections (STIs) and Blood Borne Viruses (BBVs);
- Human Immunodeficiency Virus care for approx. 250 patients.
- Priority access clinics for urgent sexual health care.
- Complex contraception including Long-Acting Reversible Contraception (LARC);
- Young person's <18s early evening clinics.
- Community gynaecology service, which receives 1800 primary care referrals per year and has a joint referral pathway with hospital gynaecology.
- Abortion care for residents in Aberdeen and Aberdeenshire, with support for Moray, NHS Shetland, and Orkney.
- Psychosexual medicine care.
- Care post sexual assault. The Forensic Suite for the provision of forensic assessment in cases of sexual assault is contained within Aberdeen Health Village led by the forensic team in NHS Grampian. The service works closely with this team, seeing patients after forensic assessment for follow on care, and as part of a multi- disciplinary team we successfully securing funding to allow sexual health nursing staff to chaperone forensic examinations which commenced in July 2019. In

addition, the service is due to commence a pilot of self-referral forensic examinations following Scottish Government process approval in late 2021.

Training and education

In addition to clinical work the service provides training and education to clinical and non-clinical staff throughout Grampian, led by Dr Dianna Reed Consultant lead for training and TPD for FSRH, Mrs Katy Henderson Lead Nurse for training, and supported by Ms Donna Brown Training and Education co-coordinator. The service has trained approximately 20-24 clinical staff in the insertion of LARC and progresses 8-12 staff through the Diploma of Sexual and Reproductive Health each year. Furthermore, the team, both medical and nursing provide regular sexual health updates for GP practices, Acute Services, 3rd sector, Schools throughout the year. A proportion of these activities are income generating to help sustain the teaching and training programme however are also essential in improving sexual health outcomes for all people living in Grampian.

Partnership working

As stated in the strategic overview the service has close links with the SH and BBV MCN in NHS Grampian. The MCN funds part of the service and also funds sessions for staff taking on HIV lead and Sexual Health lead roles. These roles involve leading the MCN team to address the higher-level outcomes of the SH and BBV strategy from a Grampian wide perspective with both clinical, non-clinical and 3rd sector colleagues.

Partnership and integrated working also exist with Gynaecology, Infectious Disease colleagues (for HIV care), Hepatology Services (for co-infection of patients with Hepatitis and HIV); women and children's services, substance misuse services, community pharmacy, Dr Gray's, local authorities, Health and Social Care Partnerships (Moray and Aberdeenshire); Laboratories, Health Psychology, Forensic Services, Mental Health, Police Scotland and Public Health.

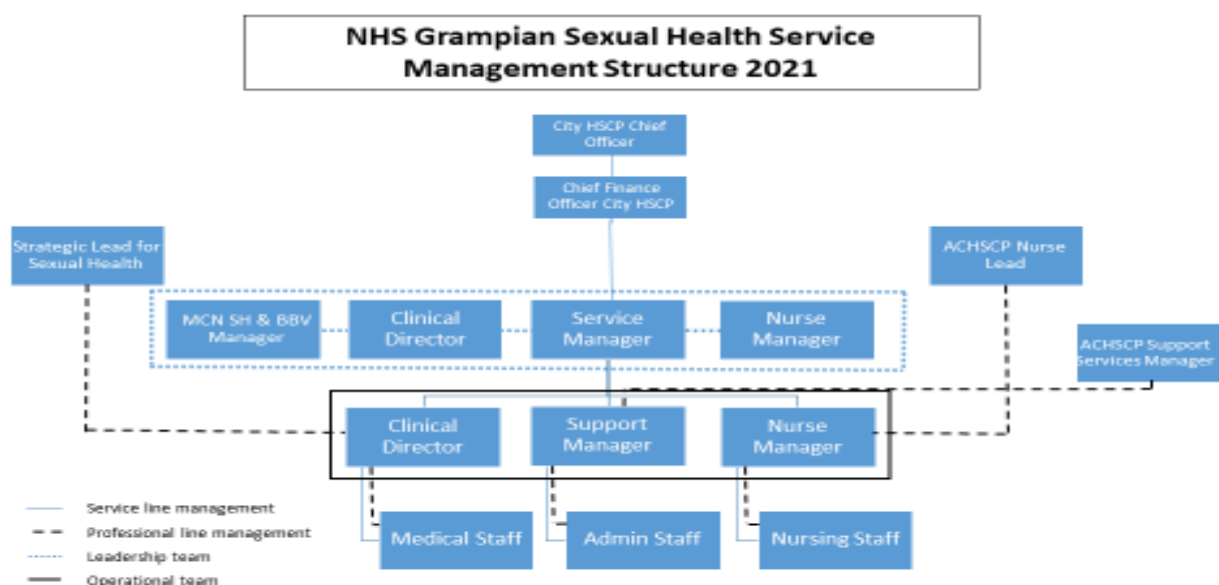
Research

The service also actively participated in research. The service has submitted a research proposal in collaboration with the SH/BBV MCN and Dr Den Daas in June 2021 to assess sexual health service access for priority groups and local sexual health behaviour post Covid19. The service was a recruitment site for Glasgow Caledonian University HIV Pre-Exposure Prophylaxis (PrEP) users' study and will be site for HPV vaccination in vulnerable groups in 2022. Previous research the service has been a recruitment site includes UCON study, Medabon study and TV PCR study. Staff members have published multiple research publications, posters, and presentations. List available on request. There are several current challenges within the service,

2.2 Organisational Management and Governance

The host IJB will have responsibility for performance management of the host services for which it has operational oversight and shall use performance information to monitor the delivery of this service on an ongoing basis. Reports will be presented to all 3 IJBs on an annual basis as to progress against the agreed performance framework as described in section 3.0.

Service structure is shown on the organogram below with accountability to ACHSCP and NHS Grampian directly via the Sexual Health and BBV MCN and clinical staff line management.



- SHBBV Strategic Leads Group: vacant post, previously Dr Emmanuel Okpo, Strategic Lead for SHBBV NHS Grampian, Consultant in Public Health
- Scottish Sexual Health Lead Clinicians Group: Dr Daniela Brawley, Clinical Director, Grampian Sexual Health
- HIV Clinical Leads Network: Dr Daniela Brawley, HIV Clinical Lead, NHS Grampian
- Scottish Sexual Health Lead Nurses Forum: Mrs Julia Penn, Nurse Team Lead, Grampian Sexual Health
- SHBBV Framework Co-ordination Group: Ms Lisa Allerton, SHBBV Manager, NHS Grampian
- Scottish Sexual Health Promotion Specialist Group: Mrs Penny Gilles, Public Health Practitioner, NHS Grampian

The service team includes,

- 6 Medical consultants 5.3 WTE (1 WTE on maternity leave and 0.2 WTE on secondment)
- 4 Specialty Doctors 2.2 WTE (0.2 WTE vacancy)
- 2 locum medical staff (LAS and speciality doctor) 1.7 WTE till August/Oct 2021
- 16 Nursing staff 12.5 WTE (Band 3 to 7) (2.2 WTE vacancy)
- 15 Admin staff 10 WTE (0.47 WTE vacancy)

Medical and nursing staff have allocated lead areas of responsibility and accountability.

Staffing is at pre-Covid levels due to vacancies and loss of specialty trainee post. This has also been exacerbated by the increased in activity post Covid19 and increased in staff required for the current termination of pregnancy service. Staffing is also required to support partners from a training and education perspective.

3.0 Performance Monitoring Framework

3.1 National Quality and Performance Standards

Nationally the service maintains and self-audits against the Sexual Health Service Standards, Health Improvement Scotland [HIS] (2008). The standards have been re-written and are due to be published in late 2021.

https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_health_standards.aspx

These standards include targets for service provision and planning. The service will lead of a pan Grampian review of sexual health providers once the HIS standards are finalised.

3.2 Local Quality and Performance Measures

Describe the key aims and outcomes for the service within the duration of the SLA to include:

- Any key improvement measures/targets identified from local or national quality standards monitoring, audits or inspections.
- Measures to be used to monitor and understand progress against these aims/outcomes
- Frequency of reporting against measures.

The current management team have monthly operational/governance meetings and senior management to meet and discuss strategic aims, performance and governance. This teams feeds into ACHSCP management and governance structures and also SH/BBV MCN.

A service strategy was written in 2018/19 however has been superseded by local and national remobilisation plans following Covid19 pandemic. However, the broad aims are unchanged with a focus on priority group access and care. This includes but is not limited people affected by deprivation, substance misuse and community justice, LGBT+ community, young people and those involved in the sex industry. Pre-Covid data shown below compares SMID category of patients presenting to the service with a small proportion from the most deprived areas of the health board.



Whole SHS figures – by patients attending – 1,375 missing postcode

The service plans to work with partners to develop and support sexual health provision in the following areas:

- Support remobilisation of sexual health care across partners especially LARC provision in primary care with focus on areas of deprivation/priority groups
- Torry Hub- commenced July 2021
- Late night opening in partnership with Alcohol and Drug Partnership for gay, bisexual and other men who have sex with men- due to re-commence post Covid 19 September 2021
- Support for areas of deprivation with possible hubs or mobile clinic pilot in Kittybrewster, Westburn and North Corridor
- Supporting termination of pregnancy pathway in NHS Shetland

Additional partnership work includes

- Sexual health nursing staff chaperoning forensic examinations and self-referral pilot
- Operation Begonia Police partnership work with those involved in sex work
- Exchange clinic expansion with PrEP service- due to commence September 2021

Service review and future planning.

The service has been redesigned dynamically during the Covid19 pandemic however a formal review is required to review if the aims are being achieved. This is to be started by benchmarking against the HIS standards.

Activity

The service is under pressure due to a significant increase in demand/activity post Covid due to its own backlog and also a reduction in primary care and other services sexual health provision. The service plans to lead discussions pan Grampian with the publication of the HIS standards and to support partners remobilise this care.

4.0 Finance

Each Integration Joint Board will agree its contributions to each Hosted Service as part of its annual budget setting process. The budget for the service is the total of the three HSCP contributions.

Although the service is running under budget in 2021/22, this is due to staff shortages/vacancies which are not sustainable. With staffing improved and increase trend in activity, drugs, supplies and equipment costs will continue to increase. Service management team reviews service financial position on a monthly basis and makes continual attempts at cost savings (see above). There is an expected funding cut from MCN funding in 2022 and Scottish Government funding for forensic chaperone service ends in 2021.

As of August 2021

- Budget for 2021/22 is £2.34 million, 10% of which is contributed by NHS Grampian SH/BBV MCN
- Regular review of budget and issues by management team. Several issues regarding GPST/shared staff pay are under review.

- Cost effective care regularly reviewed by HIV and SH pharmacists

Current and potential future cost pressures include,

- Increased service demand.
- Incremental drift for staffing costs and increase costs for bank/locum cover due to aid Covid19 backlog and increased sickness absence.
- Drugs budget overspent each year due to increase in activity. Request made for zero basing.
- MCN funding contribution at risk of being reduced in 2022/23.

Document details & change history			
Version	Date	Description	Authorisation
Document approvals			
Name	Date	Role	Signature

Next Scheduled Review: March 2023
 Responsibility for Review: Dr Daniela Brawley



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	9 th August 2022
Report Title	Strategic Plan Delivery Plan Dashboard
Report Number	HSCP22.063
Lead Officer	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Report Author Details	Michelle Grant Senior Project Manager migrant@aberdeencity.gov.uk
Consultation Checklist Completed	Yes/No
Appendices	Appendix A - Strategic Plan Reporting Framework 2022-2025 Appendix B - Quarter 1 Delivery Plan Overview Appendix C - Delivery Plan Dashboard

1. Purpose of the Report

- 1.1. This report seeks to provide information to the Risk, Audit and Performance Committee regarding the reporting framework for the Strategic Plan and the progress on the delivery plan as set out within the Strategic Plan 2022-2025.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Reporting Framework, Quarter 1 Overview and Dashboard as appended to this.

3. Summary of Key Information

- 3.1. In April 2022, the Risk, Audit and Performance Committee was presented with the Leadership Team Objectives Reporting Framework (22.029). This paper outlined the intention to report on a quarterly basis to the Committee.
- 3.2. Since the paper was presented, the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2022-2025 was approved by the



RISK, AUDIT AND PERFORMANCE COMMITTEE

Integration Joint Board in June 2022 (HSCP22.013). The Delivery Plan outlines how the partnership intends to achieve our strategic aims. The Delivery Plan has now incorporated the Leadership Team Objectives and the Delivery Plan Dashboard presented in Appendix B will allow for the Risk, Audit and Performance Committee to review progress made.

- 3.3.** Appendix A relates to the reporting framework outlining what we are intending to report and when while Appendix B relates to the Delivery Plan dashboard and progress which has been made since the last reporting period. Where possible metrics have been baselined from quarter 4 2021-2022 so that change can be demonstrated.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.

4.2. Financial

There are no direct financial implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.

4.3. Workforce

There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.

4.4. Legal

There are no direct implications arising from this report. All implications were considered when agreeing the Strategic Plan 2022-2025.

4.5. Other

5. Links to ACHSCP Strategic Plan

- 5.1.** This report demonstrates the progress made on the main elements of the delivery plan as outlined in the Strategic Plan 2022-2025. This therefore provides assurance and accountability on whether we are achieving our strategic aims.



RISK, AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

6.1. Identified risks(s)

There is a risk, if the outcomes within the Delivery Plan are not delivered as expected that the Strategic Aims, Commitments and Priorities of ACHSCP will be negatively impacted.



6.2. Link to risks on strategic or operational risk register:

This report links to Risk 5 on the Strategic Risk Register.

5. There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory, and local standards.

6.3. How might the content of this report impact or mitigate these risks:

Ensuring that a robust assurance process is in place for monitoring progress of the Delivery Plan mitigates the above risk. The paper attached in Appendix A assists to mitigate the risk by providing assurances that reporting will take place outlining progress on Delivery Plan in 2022-23. Progress on the Delivery Plan relates to the general performance of the ACHSCP and progress towards achieving or maintaining national and local performance indicators.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Strategic Plan Reporting Framework 2022-2025

This framework will give an overview on how we intend to report upon the strategic aims of the Aberdeen City Health and Social Care (ACHSCP) Strategic Plan 2022-2025 and assess its success.

The strategic aims are broken down into performance indicators which the ACHSCP will report on annually to the Integration Joint Board as part of the Annual Performance Report. The Annual Performance Report will take the format of a report incorporating information from the Strategic Plan Performance Dashboard whilst also demonstrating some of the qualitative measures and context and noting highlights or areas of particular interest.

The performance indicators will be reported on qualitatively or quantitatively dependent upon their nature, and these are outlined below alongside the expectation of where and how these measures are to be displayed.

Caring Together		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.5. Percentage adults receiving any care or support who rate it as good or excellent	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.6. Percentage of people with positive experience of the care provided by their GP practice	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.8. Total combined percentage carers who feel supported to continue in their caring role	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Social Care Unmet Need	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Additional information provided through targeted surveys and patient and service user feedback for example, surveys and Care opinion.	Qualitative	Results to be reported through the ACHSCP Annual Report or relevant Committee

Safe at Home		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI 2 -Percentage of adults supported at home who agree that they are supported to live as independently as possible.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 9 - Percentage of adults supported at home who agree they felt safe.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.12. Number of emergency hospital admissions (over 18s)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 13 - Emergency bed day rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.14. Readmission to hospital after 28 days	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.15. Percentage of last 6 months spent in community setting (all ages)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 16 - Falls rate per 1,000 population aged 65+	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 18 – Percentage of adults with intensive care needs receiving care at home	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.19. Delayed Discharge Bed Days (all reasons)	Quantitative	ACHSCP Strategic Plan Performance Dashboard



NI.20. Percentage of health and care resource spent on hospital stays when the patient was admitted in an emergency	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Numbers of specialist housing new build	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Adaptation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Telecare usage statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Admission and Discharge trend information	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Care Inspectorate Gradings	Quantitative	ACHSCP Strategic Plan Performance Dashboard

Prevent Ill Health		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.11. Premature Mortality Rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage Physical activity meeting national guidelines	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Adult population considered obese	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Smoking/Smoking Cessation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related admissions	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related deaths	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Social Isolation/Connectedness	Qualitative	ACHSCP Strategic Plan Performance Dashboard
Sexual Health Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Immunisations Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
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Achieving Healthy, Fulfilling Lives		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.1. Percentage of adults able to look after their health very well or quite well	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Equality Outcomes and Mainstream Framework delivered	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Number of Health Inequality Impact Assessments published	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Complex Care Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Suicide Rates	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Scottish Index of Multiple Deprivation (SIMD) Indicators	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Strategic Plan Annual Report

The measures outlined above will form the basis of the ACHSCP Strategic Plan Annual Performance Report. These are high level measures directed by the Scottish Government, on the basis of which the success of our Health and Social Care Integration is measured. The data relating to these indicators are usually published annually and we rely on this publication to be able to use this information within the ACHSCP Strategic Plan Annual Report particularly in relation to benchmarking against the Scottish average. The ACHSCP Strategic Plan Dashboard will allow for most of these measures to be collated in one place. Once the ACHSCP Annual Performance Report has been presented to the IJB, it will be available publicly on the ACHSCP website for review by the public and other stakeholders.

Strategic & Delivery Plan Monitoring

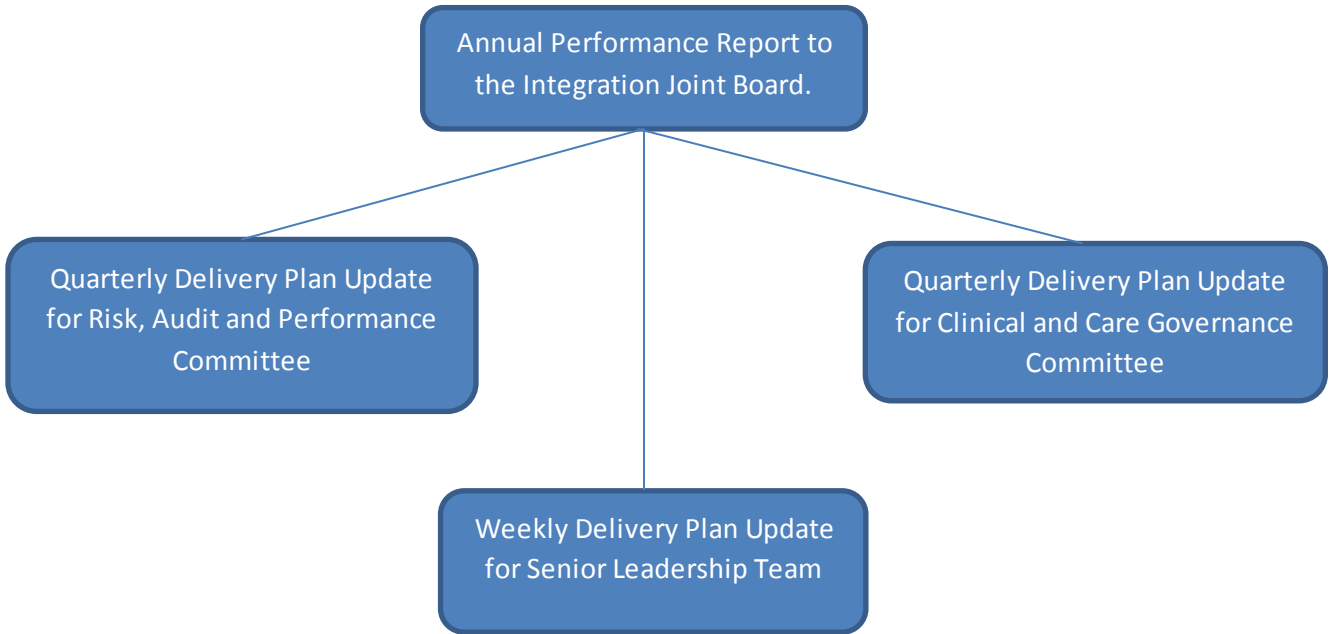
The Strategic Plan provides direction to the ACHSCP. The Delivery Plan details how the Partnership's Strategic Objectives are to be achieved over the next 3 years. The progress and outcomes of the Delivery Plan will be reported on a weekly basis to the Senior Leadership Team through a combination of flash reports and the delivery plan Dashboard. It will also be reported quarterly basis to the Risk, Audit and Performance Committee as well as being reflected annually within the Annual Performance Report. An annual review will take place alongside the Medium-Term Financial Framework to ensure our direction and progression aligns.

Progress reports will be based upon a Dashboard created within Tableau (Illuminate) which will provide baselined progress indicators.

As well as the strategic measures we will continue to review our operational risks and performance through our governance routes to Clinical and Care Governance Committee. The Annual Performance Report will also include an annual review of operational measures.



The diagram below displays the reporting and governance routes for the Strategic Plan Performance Indicators and the associated Delivery Plan.



The reporting timeline below demonstrates our obligation to provide a reporting mechanism for the ACHSCP Strategic measurements.

Reporting Timeline		
Description	When	Where
Strategic Measures Baseline to be taken	31 st March 2022	N/A.
Delivery Plan Update for Senior Leadership Team	Monthly	Senior Leadership Team Business Meeting
Delivery Plan Quarter 1 Performance Report	Yearly between 2022-2025	August meeting of Risk, Audit and Performance (RAP) and Clinical and Care Governance (CCG) Committees



Delivery Plan Quarter 2 Performance Report	Yearly between 2022-2025	November meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Quarter 3 Performance Report	Yearly between 2022-2025	January meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Quarter 4 Performance Report	Yearly between 2022-2025	April meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Annual Review	Yearly between 2022-2025	Integrated Joint Board alongside Medium-Term Financial Framework
Strategic Plan Annual Performance Report	Yearly between 2022-2025	Integration Joint Board

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Delivery Plan Overview Report- Quarter 1

The following gives an overview of the work currently ongoing with regards to the Delivery Plan as outlined in the Aberdeen City Health and Social Care Partnership's (ACHSCP) Strategic Plan 2022-2025. This report highlights where work has started, is ongoing and raises some of the risks and issues which currently exist. It should be noted that this report is up to date at the point of writing, however where risks and issues have been raised, these may have been resolved or further escalated by the time of the Committee meeting. This overview is not intended to act as a means of escalation for assistance, only as a point of information.

Caring Together

Many of the projects within the Caring Together theme have been started over the course of the last quarter, for example the development of a plan for the transition of children with learning disabilities to adult learning social care services and the Strategic Review of Specific Social Care Pathways. Some other projects are already more established, and work has been continuing in these areas, for example finalising the arrangements for the closure of the Carden Medical Practice building which is due to be discussed at the Executive Programme Board on 28th July 2022 and GP Practice Sustainability which is due to be tabled at the CCG Committee on 10th August 2022.

Issues have been raised around some of the projects which involve public engagement and the lack of resources available to support the implementation of the Locality Plans and the general decline in public engagement. A report is being created outlining these issues which will be distributed to the project team and SLT Lead in the first instance.

Information Governance continues to be an issue for the Primary Care Improvement Plan (PCIP) project with a Data Processing Impact Assessment (DPIA) outstanding to provide assurances to General Practices when allowing NHS Grampian employed PCIP staff access to their clinical records, particularly when accessing from a remote location such as a clinic or hub. This has been escalated to Chief Executive and Board level, and whilst some solutions are potentially being identified the issue currently remains outstanding. There is an increasing risk around the Vision Anywhere IT System which is yet to be implemented and may impact upon the overall success of the project. It was originally scheduled for April 2022, however this has now slipped to August 2022. A revised PCIP Plan is being drafted for presentation at IJB in November 2022.



Keeping People Safe at Home

Similar to other themes within our Strategic Plan, a number of projects are at the project start up stage, such as the strategic review of the Neuro Rehabilitation Pathway, and progress will be reported on these in due course.

The number of beds within Hospital at Home service continues to grow, and over the next two weeks a further 5 beds will be created- bringing the total to 25. Our target is for this to increase to 100 beds over the period of our Strategic Plan.

Specialist Housing Investment work is being progressed by contribution of data and housing requirements into the Housing Need and Demand Assessment process which is being led by housing colleagues. A focus has been taken by MHLD services, with specific data and future requirements provided for Mental Health, Learning Disability and Complex Care provision. There are ongoing project groups for these areas of work including the linkage to the Complex Care programme.

Achieving Health, Fulfilling Lives

Progress on Health Inequality Impact Assessments (HIIAs) is being made and a new process and associated paperwork have been developed by the EHR group and agreed by the RAPC committee. This new process is beginning to be implemented and members will begin to see these being implemented from August IJB onwards where they are required.

The MHLD Programme has developed a programme plan for 22/23 and will be presented to the portfolio board for endorsement in August. Projects being progressed are:

- Learning Disability Health Checks – which is a national directive from Scottish Government and will be operated on a Grampian basis, we are conducting work on data availability and analysis and an options appraisal for the model to be developed.
- Review of bed base and community provision and pathways – Work is at an early stage to scope scale required, immediate need and strategic vision
- Recovery and Renewal Funding – implementation and monitoring of funding streams
- Public Empowerment – development work with the Public Empowerment Group (PEG)

Complex Care is being progressed by development of a Market Position Statement and Business Case to explore the core opportunities and challenges to be addressed. There is a



robust programme plan in place which covers 3 project groups covering strategic vision, operational issues and project tasks relating to housing and finance.

Preventing Ill Health

We are also continuing to contribute to the Grampian Patient Transport Plan (GPTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel. Grant letters have been issued to Buchan Dial-a-bus and Aberdeenshire Council for our contribution to THInC in the City.

Wellbeing Co-ordinators are supporting projects and facilitating connections between sport providers, RGU, OT and other health and social care staff for Specialist Referrals for long term conditions such as long covid, joint pain and deconditioning, in addition to targeting social isolation, mental health and digital connection.

Developing 'A Public Mental Health and Wellbeing Approach for Grampian' which focuses on improving mental health and wellbeing and preventing illness at a population level. This approach is centred on individuals and communities, rather than services, with community empowerment acting as a central principle.

The Food Champions programme has recruited and trained up volunteers to deliver food skills classes in localities (final training will take place in September 2022). Six organisations received Food in Focus Funding in March 2022 – evaluation of each project will be reported by the end of the financial year.

Universal tier 1 child healthy weight provision is being considered and discussed with key partners across the city.

Strategic Enablers

We are currently in the process of finalising our ACHSCP Workforce plan which will deliver on our workforce priorities within the Strategic Plan. This will be presented to the IJB in August 2022. There are three main workforce priorities which we will focus on to enable us to have a workforce who are supported and equipped to meet the continuing needs of the people of Aberdeen;

- Staff mental health and wellbeing
- Recruitment and Retention
- Growth and Development Opportunities



Work with the Analogue to Digital Project is ongoing, daily stand-up meetings and weekly progress update meetings are in place. The shared Alarm Response Centre (ARC) with Digital Office is due to go out to tender end July. A Project Board is in the process of being established, and a report to IJB in October 2022 giving an overview of the approach and budget.

Commissioning work continues to progress with development and updates through the Strategic Commissioning Programme Board and Strategic Workplan. The Link Practitioners Retender is showing progress of Collaborative Commissioning approach with the Business Case being presented at the IJB in August 2022. The Mental Health and Learning Disabilities Commissioning Implementation Group has been established and currently reviewing upcoming contracts ending.

WORKSTREAM OVERVIEW

Status
■ No Update ■ Amber ■ Green ■ Not Started ■ Red

Achieving Fulfilling, Healthy Lives

Workstream	Address Inequality/Wider Determinants of Health	Complex Care	Mental Health and Learning Disabilities	Remobilisation
COVID19 Surge Plan				No Update
Deliver EOM Framework	Green			No Update
Deliver Remobilisation Plan				No Update
Future Need/Demand		Not Started		No Update
Impact Deferred Care & COVI..				No Update
MEOC	No Update			
MHLD Programme 1			Red	
MHLD Programme 2			Red	
NetZero Emissions Target	Green			
Partnership Working		Red		
Publish HIAs	Amber			
Service Design		Amber		
Waiting Lists Support				No Update
Workforce Skills & Develop..		No Update		

Caring Together

Workstream	Community Empowerment	Primary Care	Social Care Pathways	Unpaid Carers
ASP Recommendations Imple..			No Update	
Carden Medical Practice		Green		
Care Opinion Promotion	Not Started			
Deliver JSW Plan			No Update	
Deliver Locality Plans	Amber			
Deliver PCIP		Amber		
Develop LEGS	Amber			
Evaluation Carers Strategy				Green
Increase Community Involve..	Amber			
Primary Care Stability		Green		
Priority Intervention Hubs			Amber	
Public Engagement Training	No Update			
Redesign Adult Social Work			No Update	
Revised Carers Strategy				Green
Service Support Mapping			Not Started	
Strategic Review Social Care			Amber	
Transition Plan			Green	

Keeping People Safe At Home

Workstream	Deliver Intensive Family Support	Expand Housing Options	Rehabilitation	Unscheduled Care
20 Step Up Beds				Not Started
Access to Unscheduled Care				Green
Community Chronic Heart Fail..			Not Started	
Efficient, Affordabe Housing		No Update		
Family Support Model Delivery	No Update			
Flexible Bed Base				Not Started
Frailty Pathway 2nd Phase				Amber
Grow COPD Hotline			Not Started	
H@H Beds 100				Green
Implement Bed Based Rehab			Not Started	
Implement Neuro-Rehab			Not Started	
Implement Review Rehab			Not Started	
National Consultation Equipm..		No Update		
Rehab and Housing Support			Not Started	
Rehab in Sports/Leisure			Green	
Review Bed Based Rehab			Not Started	
Review Frailty Pathway				Green
Specilaist Housing Investment		Green		
Strategic Bed Base Review				Not Started
Strategic Review Neuro-Rehab			Amber	
Strategic Review Rehab			Green	
Suitable Homes		Not Started		

Preventing Ill Health

Workstream	Prevention
Alcohol & Drugs Reduction	Amber
Contribute to Transport	Amber
Deliver Immunisations Bluep..	No Update
Deliver SWSC Programme	Amber
HIS Sexual Health Standards	No Update
Promote Active Lives	Amber
Uptake Smoking Cessation S..	Amber

Workstream	
Access to Digital	
Analogue 2 Digital	
Community Communications Countesswells HSCP Services	
Deliver Comissioning Principles	
Delivery of Ethical Comissioning	
Develop Workforce Plan	
Digital Records	
EMAR Implementation	
Expanded Use TEC	
Financial Monitoring	
Implement D365	
Long Term and Creative Contracts Focus	
MORSE Review in CN/AHPs	
Primary Care Premises Plan Review	
Review Range of Independent Advocacy SPOC for Individuals/Professionals	
Staff Health & Wellbeing	
Transform of Comissioning Approach	
Trauma Informed Workforce	
Volunteer Protocol Pathways	

Strategic Enablers

Strategic Enablers	Finance	Infrastruct..	Relationshi..	Technology	Workforce
Access to Digital				No Update	
Analogue 2 Digital				Green	
Community Communications Countesswells HSCP Services		Amber	Not Started		
Deliver Comissioning Principles			Green		
Delivery of Ethical Comissioning			Green		
Develop Workforce Plan					No Update
Digital Records				No Update	
EMAR Implementation				No Update	
Expanded Use TEC				Not Started	
Financial Monitoring	No Update				
Implement D365				No Update	
Long Term and Creative Contracts Focus			Green		
MORSE Review in CN/AHPs				Not Started	
Primary Care Premises Plan Review		No Update			
Review Range of Independent Advocacy SPOC for Individuals/Professionals			Not Started	No Update	
Staff Health & Wellbeing					No Update
Transform of Comissioning Approach			Green		
Trauma Informed Workforce					No Update
Volunteer Protocol Pathways					No Update



CARING TOGETHER

UNDERTAKE SOCIAL CARE PATHWAY STRATEGIC REVIEWS - IMPLEMENTATION PLAN BY NOV 2022

ASP Recommendations Implementation ■	Deliver JSW Plan ■	Priority Intervention Hubs ■	Redesign Adult Social Work ■	Service Support Mapping ■	Strategic Review Social Care ■	Transition Plan ■
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DELAYED DISCHARGES

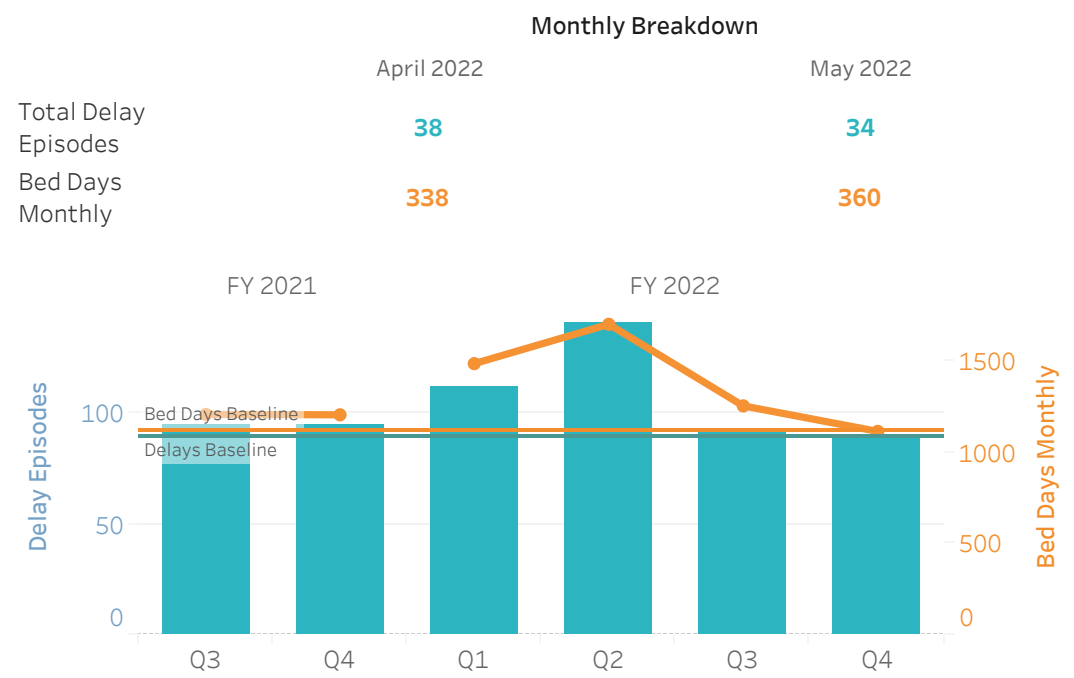
Baseline Position: Sum of Delays Jan-Mar 2022		Latest Complete Quarter FY 2022 Q4	
Total Delay Episodes	Bed Days Monthly	Total Delay Episodes	Bed Days Monthly
89	1,118	89	1,118

UNMET NEED

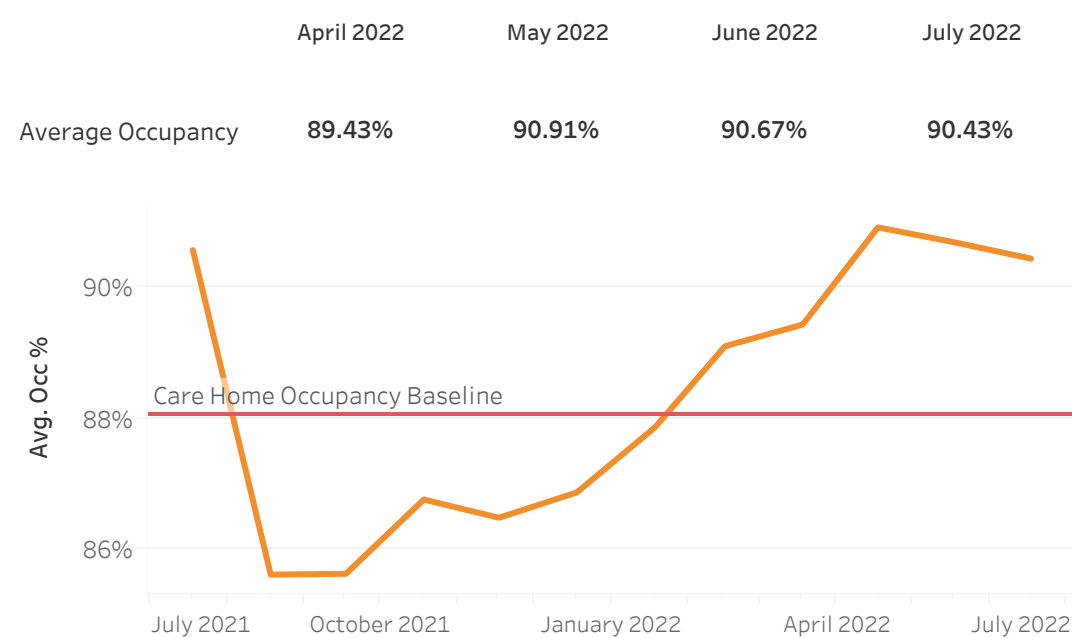
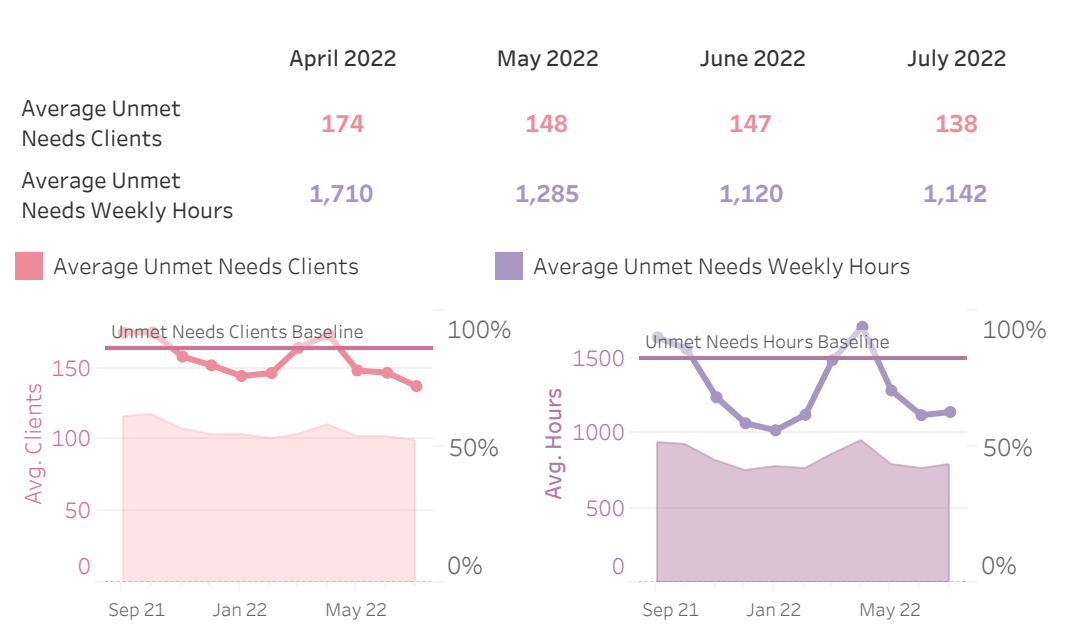
Baseline: Average Unmet Needs Clients and Hours March 2022		Latest Complete Quarter	
Average Unmet Needs Clients	Average Unmet Needs Weekly Hours	Average Unmet Needs Clients	Average Unmet Needs Weekly Hours
164	1,489	157	1,390

CARE HOME OCCUPANCY

Baseline Position: Avg Occupancy Jan - Mar 2022	Avg Occupancy for Latest Complete QTR
FY 2022 Q4	FY 2023 Q1
87.94%	90.34%



Figure



PRIMARY CARE STABILITY

Carden Medical Practice ■	Deliver PCIP ■	Primary Care Stability ■
--	--	---

UNPAID CARERS

Evaluation Carers Strategy ■	Revised Carers Strategy ■
---	--

COMMUNITY EMPOWERMENT

Care Opinion Promotion ■	Deliver Locality Plans ■	Develop LEGS ■
Increase Community Involvement ■	Public Engagement Training ■	

Data contained within this dashboard is for management purposes only and may not be published. Data is live and unverified. For further detail on metrics, please see the 'Definitions' page. Workstream statuses are provided by ACHSCP.



KEEPING PEOPLE SAFE AT HOME

REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

SOARS OCCUPANCY

Baseline Position: Average Occupancy for Jan - Mar 2022	92.4%
Latest Complete QTR 2022 Q2	93.8%

Monthly Breakdown

Month	April 2022	May 2022	June 2022	July 2022
Average Overnight %	92.1%	94.2%	95.2%	92.7%

SOARS DELAYED DISCHARGES (STANDARD AND COMPLEX)

Baseline Position: Sum of Delays Oct-Dec 2021	50
Latest Complete Quarter FY 2022 Q4	40

Total Delay Episodes	24	25	18
Bed Days Monthly	301	364	311

Monthly Breakdown

Month	March 2022	April 2022	May 2022
Total Delay Episodes	24	25	18
Bed Days Monthly	301	364	311

SOARS ADMISSIONS

Baseline Position: Admissions Jan - Mar 2022	229
Current Position: Admissions for Latest Complete QTR 2022 Q2	227

Monthly Breakdown

Month	April 2022	May 2022	June 2022	July 2022
Admissions	84	68	75	69

SOARS LENGTH OF STAY

Baseline Position: Average LOS Jan - Mar 2022	33.91
Current Position: Average LOS for Latest Complete QTR	39.45

Monthly Breakdown

Month	April 2022	May 2022	June 2022	July 2022
Average LOS	37.67	40.80	40.28	42.67

FALLS

EXPAND HOUSING OPTIONS

- Efficient, Affordable Housing ■
- Specialist Housing Investment ■
- National Consultation Equipment/Adaptations ■
- Suitable Homes ■

DELIVER INTENSIVE FAMILY SUPPORT

- Family Support Model Delivery ■



KEEPING PEOPLE SAFE AT HOME

Status ■ Red ■ Amber ■ Green ■ Not Started ■ No Update

UNSCHEDULED CARE

20 Step Up Beds



Access to Unscheduled Care



Flexible Bed Base



Frailty Pathway 2nd Phase



H@H Beds 100



Review Frailty Pathway



Strategic Bed Base Review



EMERGENCY ADMISSIONS

Baseline Position: Jan - Mar 2022

Q4	
65-74	75+
1,810	2,892

Latest Position: Emergency Admissions

FY 2023 Q1	
65-74	75+
1,960	2,902

READMISSIONS

Baseline Position: Jan - Mar 2022

Q1	
65-74	75+
80	126
172	285

Latest Position: Readmissions

Q2	
65-74	75+
82	146
203	311

HOSPITAL AT HOME OCCUPANCY

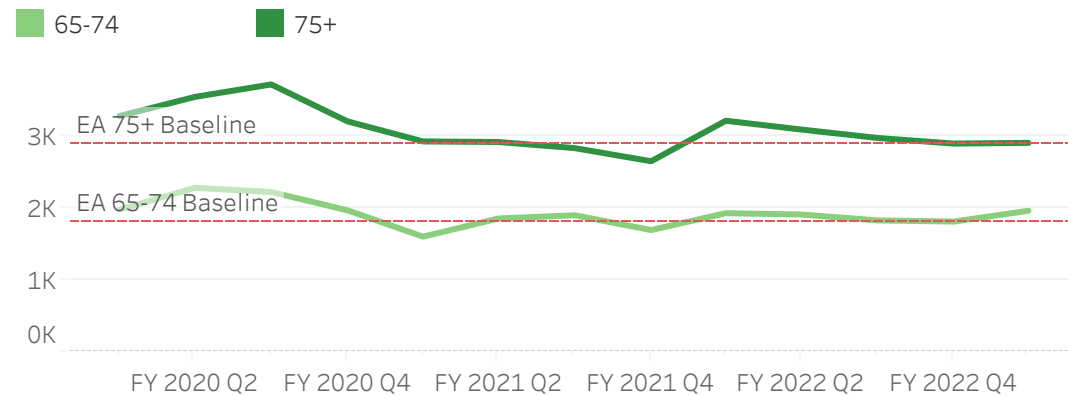
Baseline Position: Average Occupancy Jan - Mar 2022

Average Occupancy %	Average Overnight Beds Occupancy
70%	11

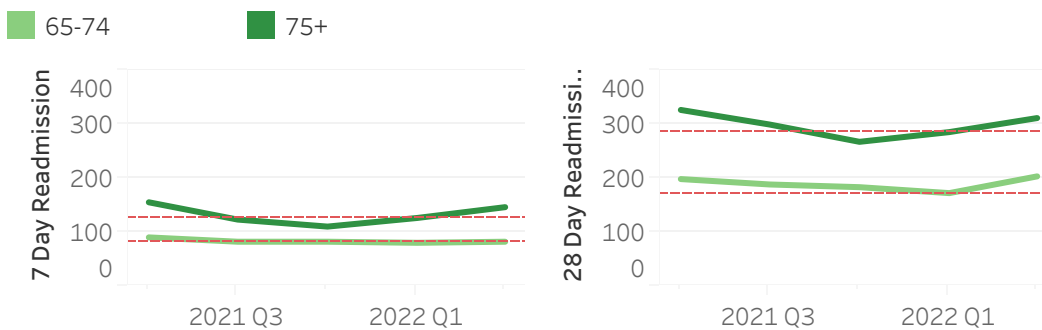
Latest Complete QTR

2022 Q2	
Average Occupancy %	Average Overnight Beds Occupancy
65%	13

	FY 2022		FY 2023	
	Q2	Q3	Q4	Q1
65-74	1,908	1,826	1,810	1,960
75+	3,087	2,970	2,892	2,902

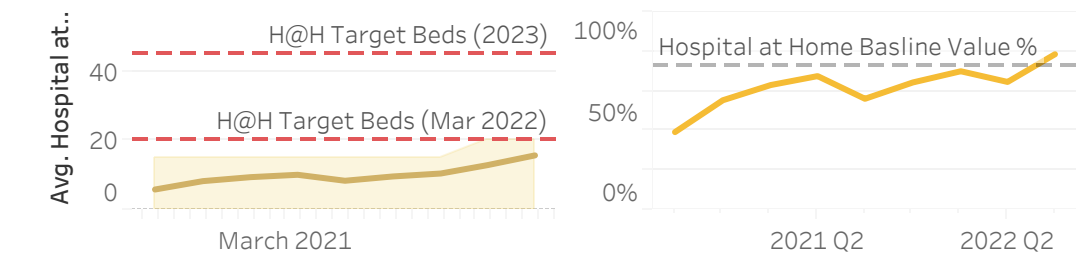


	2021		2022	
	Q3	Q4	Q1	Q2
7 Days	205	192	206	228
28 Days	487	450	457	514



Average Overnight Occupancy: Monthly Breakdown

	April 2022	May 2022	June 2022	July 2022
Average Occupancy %	51.5%	60.2%	82.5%	78.7%
Average Overnight Beds Occupancy	10.30	12.03	16.50	15.73



ADAPTATIONS

TELECARE

CARE AT HOME INTENSIVE NEEDS PATIENTS



ACHIEVING FULFILLING, HEALTHY LIVES

Status ■ Red ■ Amber ■ Green ■ Not Started ■ No Update

COMPLEX CARE

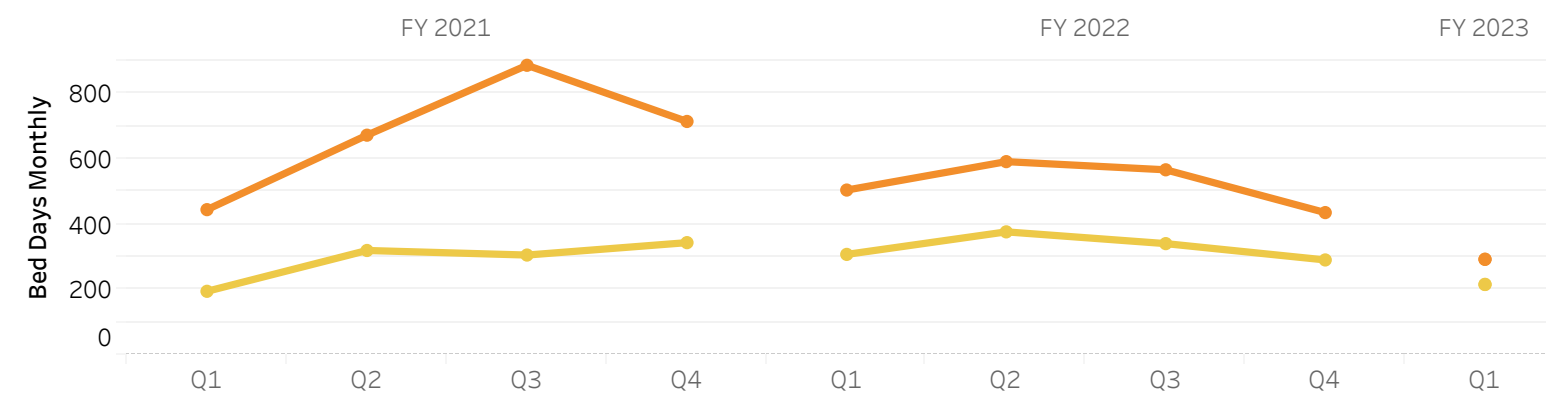
Future Need/Demand ■ Partnership Working ■ Service Design ■ Workforce Skills & Development ■

COMPLEX AND CODE 100 BED DAYS : MHL

Baseline Position: Sum of Bed Days Jan - Mar 2022		Latest Complete Quarter FY 2022 Q4	
Complex-Code 9	Complex-Code 100	Complex-Code 9	Complex-Code 100
291	436	291	436

Monthly Breakdown

	April 2022	May 2022
Complex-Code 9	207	264
Complex-Code 100	150	143



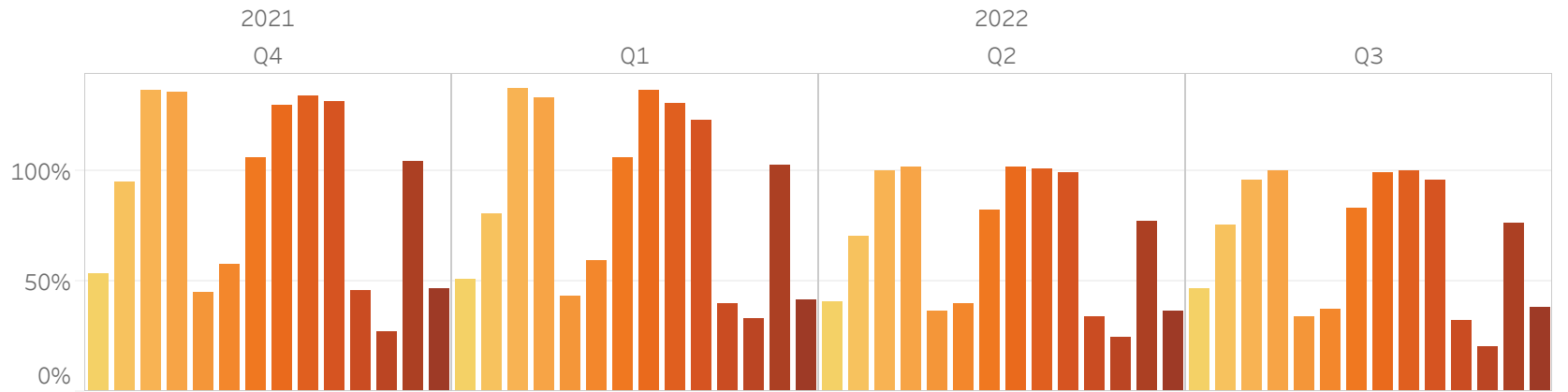
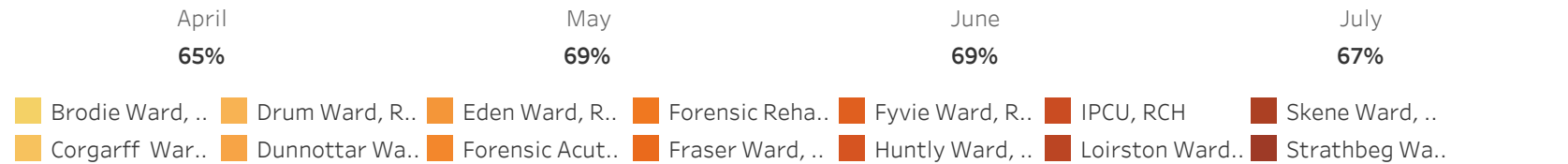
MHLD TRANSFORMATION

MHLD Programme 1 ■ MHLD Programme 2 ■

ROYAL CORNHILL HOSPITAL OCCUPANCY

Baseline Position: Average Occupancy for Jan - Mar 2022	Latest Complete QTR 2022 Q2
87%	68%

Monthly Breakdown



REMOBILISATION

COVID19 Surge Plan ■ Deliver Remobilisation Plan ■ Impact Deferred Care & COVID ■ Waiting Lists Support ■

ADDRESSING INEQUALITIES AND WIDER DETERMINANTS OF HEALTH

Deliver EOM Framework ■ MEOC ■ NetZero Emissions Target ■ Publish HIAs ■



PREVENTING ILL HEALTH

Status ■ Red ■ Amber ■ Green ■ Not Started ■ No Update

PREVENTION

Alcohol & Drugs Reduction



Contribute to Transport



Deliver Immunisations Blueprint



Deliver SWSC Programme



HIS Sexual Health Standards



Promote Active Lives



Uptake Smoking Cessation Service



ALCOHOL AND DRUG RELATED ADMISSIONS

SEXUAL HEALTH

IMMUNISATIONS

Baseline Position: Total Admissions for Jan - Ma..

Alcohol Related Admissions

218

Drug Related Admissions

205

Total Admissions for Latest Complete Quarter

FY 2023

Q1

Alcohol Related Admi..

189

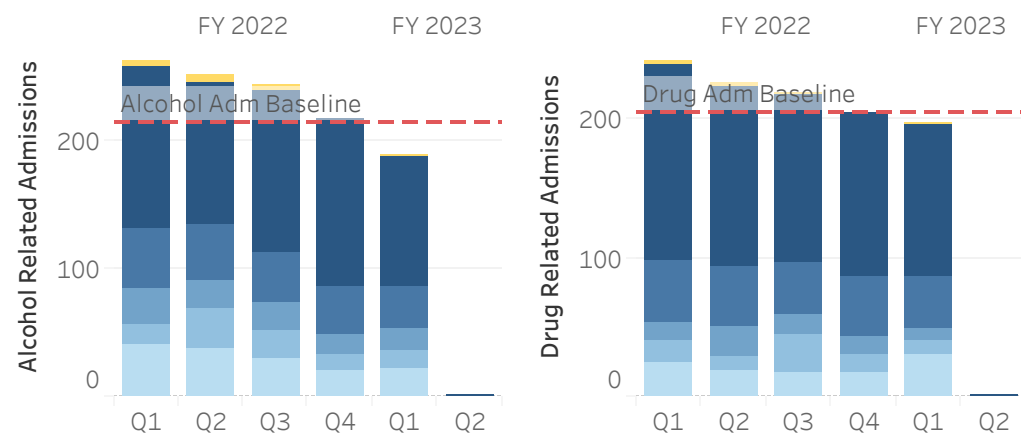
Drug Related Admissi..

198

Monthly Breakdown

	April 2022	May 2022	June 2022	July 2022
Alcohol Related Admissions	77	79	33	1
Drug Related Admissions	92	80	26	2

Local SIMD Quintile



STRATEGIC ENABLERS

Status ■ Red ■ Amber ■ Green ■ Not Started ■ No Update

WORKFORCE

Develop Workforce Plan ■	Staff Health & Wellbeing ■
Trauma Informed Workforce ■	Volunteer Protocol Pathways ■

TECHNOLOGY

Access to Digital ■	Analogue 2 Digital ■	Digital Records ■
EMAR Implementation ■	Expanded Use TEC ■	
Implement D365 ■	MORSE Review in CN/AHPs ■	SPOC for Individuals/Professionals ■

FINANCE

Financial Monitoring ■

RELATIONSHIPS

Community Communications ■	Deliver Commissioning Principles ■	Delivery of Ethical Commissioning ■
Long Term and Creative Contracts Focus ■	Review Range of Independent Advocacy ■	Transform of Commissioning Approach ■

INFRASTRUCTURE

Countesswells HSCP Services ■	Primary Care Premises Plan Review ■
--	--



DEFINITION OF KEY METRICS

INCREASE HOSPITAL AT HOME BY 50%

Average Overnight Beds Occupancy - This is a snapshot position, taken at midnight each night of the occupied beds within the selected wards/hospitals. An average of this figure over the defined period is then used.

Average Overnight Beds % - The figure calculated for the above metric is then divided by the available beds within the wards (total beds available for use), to determine the occupancy %.

SOCIAL CARE PATHWAYS STRATEGIC REVIEW - IMPLEMENTATION PLAN BY NOV 2022

Delayed Discharges - This is the total number of delay episodes within the given QTR, for standard delays only. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **These are Aberdeen City delays only.**

Bed Days Monthly - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **These are Aberdeen City delays only.**

Unmet Needs - This figure is from ACHSCP and is the total number of care searches which have been defined as clients with unmet needs. This is the number of care searches open for more than 14 days.

Unmet Needs Weekly Hours - This is the number of weekly care hours assessed as required for unmet needs care searches. These are hours that have not been provided.

REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

Clients Supported - This is the total number of admissions to SOARs wards for the given time period. SOARs wards include are defined as the following wards and Woodend Hospital: Links Unit, Morningfield House, Orthopaedic Rehab, Neruo Rehab, Stroke Unit East, Stroke Unit West

Occupancy % - Calculated similarly to Hospital and Home occupancy by taking the midnight snapshot occupied beds divided by the total available beds in each ward. This is then averaged out across the six wards.

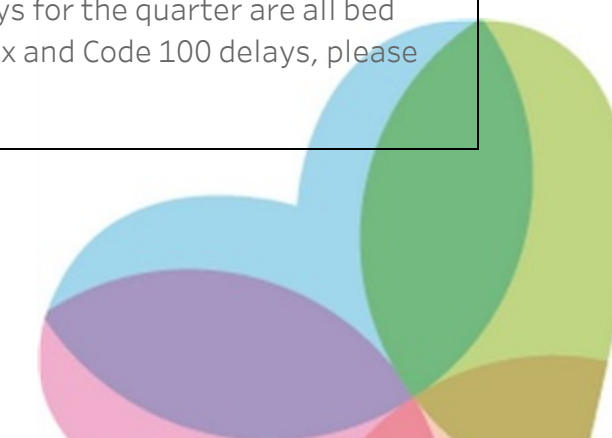
Length of Stay - This figure is the average length of stay within the ward for all patients (not just city patients), from the ward start date to the ward end date. **This is not overall admission time to discharge.** Patients who move wards will be included in this figure.

Delayed Discharges - This is the total number of delay episodes within the given QTR.. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

Bed Days Monthly - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

MHLTD TRANSFORMATION

Complex and Code 100 Bed Days - For each delay episode coded as Complex or Code 100, the Bed Days Monthly are the number of days within the month for which the patient was delayed. Complex delays coded as ward or care home closures are excluded. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. For definitions of Complex and Code 100 delays, please visit ISD Scotland. **These are Aberdeen City delays only.**





RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	9 th August 2023
Report Title	Review of Audit Scotland Reports
Report Number	HSCP 22.0
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Name: Paul Mitchell Chief Finance Officer PaulMitchell@AberdeenCity.gov.uk
Consultation Checklist Completed	
Appendices	Appendix A – Scotland’s Response to Covid-19

1. Purpose of the Report

- 1.1. The purpose of this report is to draw the attention of Committee members to reports published by Audit Scotland which have relevance for the ongoing working of the Risk, Audit and Performance Committee, Integration Joint Board and the Health and Social Care Partnership.
- 1.2. Audit Scotland produce a range of local and national reports on the performance and financial management of Scotland’s public bodies. The following report has been reviewed and identified as specifically relevant for Committee members.

- [Scotland’s Response to Covid-19](#)

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
 - a) Note the recommendations made by Audit Scotland in the “Scotland’s Response to Covid-19” report.



RISK, AUDIT AND PERFORMANCE COMMITTEE

3. Summary of Key Information

- 3.1.** Covid-19 is the biggest fiscal and policy challenge faced by the Scottish Government, councils and other public bodies since devolution with the impact on public finances being unprecedented.
- 3.2.** The Audit Scotland report outlines the fiscal context these public bodies have been operating in since March 2020 and provides a high-level analysis of their financial response to the Covid-19 pandemic.
- 3.3.** The report considered: -
- How decisions were made about where the Covid-19 funding should be spent,
 - The challenges of fast-paced and high-volume decision-making about public spending,
 - The effectiveness of the governance and management of the financial response, and
 - How money flowed through the system.
- 3.4.** There are two recommendations specific to the Scottish Government and three for the Scottish Government, councils, NHS boards and integration authorities: -
- Scottish Government: -
 - Review the financial decision-making processes during the pandemic, and
 - Review and collate the completed finance accountability framework forms.
 - Scottish Government, councils, NHS boards and integration authorities: -
 - Improve the transparency of public finances to support scrutiny of Covid-19 funding and spending measures,
 - Continue to monitor and report on fraud and errors arising from Covid-19 business support payments, and
 - Work together to learn lessons from the financial response to the pandemic.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.5.** The above recommendations reflect a fair reflection of the actions required to learn from the pandemic and develop robust processes to improve public sector response to future crises.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

This report does not indicate any change in policy or service which would have any impact on those with protected characteristics and is not strategic as defined within the Fairer Scotland Duty.

4.2. Financial

There are no specific financial impacts as a result of this report.

4.3. Workforce

There are no specific workforce impacts as a result of this report.

4.4. Legal

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

5. Links to ACHSCP Strategic Plan

- 5.1.** The recommendations made by the Auditor General in this report “Scotland’s financial response to Covid-19” are in line with our strategic aims as determined by the ACHSCP Strategic Plan 2022-2025

6. Management of Risk

6.1. Identified risks(s)

There is a risk that RAPC is not aware of Reports published by Audit Scotland where content would be relevant to the remit of the Committee. This report addresses this risk.



RISK, AUDIT AND PERFORMANCE COMMITTEE

6.2. Link to risks on strategic or operational risk register:

Risk 2

Cause: IJB financial failure and projection of overspend

Event: Demand outstrips available budget

Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.

Risk 4

Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance

Event: Relationships are not managed in order to maximise the full potential of integrated & collaborative working.

Consequence: Failure to deliver the strategic plan and reputational damage

Risk 5

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.



Consequence: This may result in harm or risk of harm to people.



RISK, AUDIT AND PERFORMANCE COMMITTEE

6.3. How might the content of this report impact or mitigate these risks:

This report draws attention to recommendations made in the Audit Scotland report which are relevant to the RAPC and ensures there have been noted and considered. These are specifically linked to wider mitigations on place around the identified risks.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Scotland's financial response to Covid-19



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
June 2022

Contents

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Key messages	4
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1. Deciding the public financial response	10
2. Managing overall financial implications	21
3. Managing Covid-19 public spending programmes	26
Endnotes	40
Appendix	41

Audit team

The core audit team consisted of:
Richard Robinson,
Ashleigh Madjitey,
Becki Lancaster,
Garry Quigley and
Thomas Charman
under the direction of
Mark Taylor.

Key facts

	The amount of Covid-19 Barnett consequentials provided to the Scottish Government by the UK Government since March 2020	£14.4 billion
	The amount the Scottish Government has allocated to its Covid-19 response in 2020/21 and 2021/22	£15.5 billion¹
	The estimated amount spent by the Scottish Government on its response to Covid-19, between March 2020 and December 2021	£11.8 billion
	The number of Covid-19 spending announcements made by the Scottish Government, between March 2020 and March 2022	300+
	Total Covid-19 funding allocated to health and social care in 2020/21 and 2021/22	£5.7 billion
	Total Covid-19 funding allocated to business support in 2020/21 and 2021/22	£5.2 billion
	Total Covid-19 funding allocated to councils by the Scottish Government in 2020/21 and 2021/22	£1.8 billion

Covid-19: Barnett formula and Barnett consequentials



Notes:

1. £1.1 billion funded through reprioritisations and the Scotland Reserve.
2. At UK Government spending reviews, the Barnett formula also takes into account the percentage of departmental budgets that relate to devolved spending.

Key messages

1 The Scottish Government worked collaboratively and at pace with local and UK government to direct significant public spending in difficult circumstances. It is critical that lessons are learned about what worked well, and what did not to improve the public sector response to any future crises.

The Scottish Government worked with councils, NHS boards and other public bodies to take financial decisions and distribute funding. They had not prepared for the unprecedented scale and speed of the financial response required. Existing financial processes were stretched, and some processes needed to be set aside or significantly modified so that money could quickly get to where the Scottish Government considered it was most needed.

2 The Scottish Government streamlined governance arrangements to direct funds quickly, but it is hard to see how some financial decisions were reached.

Records of decision-making are not collated centrally, and we could not always see how data and other intelligence was used to inform funding allocations. It is also unclear how spending announcements link to budgets and subsequent spending. Once announced, funds were designed using the available data but the extent and quality of data varied.

3 The Scottish Government directed a large proportion of funding to councils and other public bodies who had existing systems and local knowledge to enable them to spend quickly.

Although councils and other public bodies were involved in designing individual funds, the extent to which they shaped the overall financial response was limited. Delivering Covid-19 funding placed a considerable resource burden on councils and public bodies.

4 The Scottish Government has managed its overall budget effectively but some Covid-19 funding remains unspent.

The Scottish Government maintained a balanced budget and has, to date, broadly allocated additional UK funding to Covid-19 measures in Scotland. Up to December 2021, the Scottish Government spent an estimated £11.8 billion on its Covid-19 response. At the end of 2020/21 over £2 billion was added to reserves by the Scottish Government, councils and health and social care integration authorities. Using reserves to manage spending between years is good financial management, but there is a risk it will not be clear how Covid-19 funding held in reserves is spent over time.

5 It is vital for transparency and financial planning that the Scottish Government and other public bodies are clear about how one-off Covid-19 funding has been spent, including where spending commitments may last for several years.

Public services faced financial pressures before the pandemic. Covid-19 funding was used to ensure the financial sustainability of councils and other public bodies. But now Covid-19 specific funding from the UK Government has ended, pre-existing pressures must be balanced alongside continuing spending demands related to the Covid-19 response and recovery.

6 More work is needed by the Scottish Government to show how the wide range of Covid-19 spending measures have worked together to address the harms caused by the pandemic.

To date, there has been limited evaluation of the financial response. Such an evaluation will be challenging due to information not always being available or centrally collated. Information on how quickly money reached those it was intended to help and the difference it has made is limited. It is critical the Scottish Government collect relevant data to understand the difference its interventions have made, and to plan for a recovery that meets its wider national priorities.

Recommendations

The Scottish Government should:

- Improve the transparency of public finances to support scrutiny of Covid-19 funding and spending measures by:
 - publishing comprehensive Covid-19 financial reporting information which clearly links budgets, funding announcements and spending levels
 - continuing to identify and fill gaps in spending and performance data in areas such as business support.
- Review financial decision-making processes during the pandemic to:
 - identify elements of good practice from streamlined decision-making procedures to be maintained and integrated into existing processes
 - learn lessons and consider how financial management and budget processes can be reformed to improve in-year financial reporting
 - determine how it can better use data when making financial decisions quickly.
- Review and collate the completed finance accountability framework forms ([paragraphs 38–43](#)) to understand the extent to which they were completed, how spending decisions relate to each other and their collective impact alongside UK measures, and to inform any future assessment of the impact of the financial response.

The Scottish Government, councils, NHS boards and integration authorities should:

- Improve the transparency of public finances to support scrutiny of Covid-19 funding and spending measures by:
 - collecting, drawing together and analysing Covid-19 funds data to establish how much money was spent, where, and how quickly it was issued and received
 - reporting through their accounts and management information how Covid-19 funding held in reserves has been spent, and the extent to which Covid-19 funded spending commitments will exist in future years

- reviewing their medium-term and longer-term financial plans to reflect the ongoing impact and financial consequences of the pandemic. This should include the longer-term impact on resources and potential costs of continuing to support citizens and restore lost income.
- Continue to monitor and report on fraud and error arising from Covid-19 business support payments to ensure that processes are working in practice, funds are allocated correctly, and steps are taken to recover funds paid in error.
- Work together to learn lessons from the financial response to the pandemic by:
 - collecting and sharing findings from their response, including financial information to demonstrate the impact the spending has had and to allow others to benefit from good practice
 - considering what systems should be in place to enable consistent spending information to be collected while minimising the administrative burden
 - collectively understanding the ongoing challenges and longer-lasting impacts of the pandemic which will allow them to work together to recover
 - developing robust processes which will improve the public sector response to future crises or other cross-cutting issues, such as climate change and child poverty
 - evaluating whether Covid-19 spending delivered the desired outcomes.

Introduction

Background

1. Covid-19 is the biggest fiscal and policy challenge faced by the Scottish Government, councils, and other public bodies since devolution. The effect on Scottish society has been wide-reaching and unequal, and the impact on public finances unprecedented. Staff across the Scottish public sector have worked hard for over two years to respond to, and minimise the impact of, the pandemic. While the emergency phase has now passed, the Scottish Government, councils and other public bodies continue to direct public spending in response to the pandemic at the same time as developing and implementing plans for funding recovery. The impact on public finances will continue for many years.

2. All Auditor General and Accounts Commission work relating to Covid-19 and public finances more generally can be found on our [Covid-19 e-hub](#).

About this report

3. This report outlines the fiscal context in which the Scottish Government, councils and public bodies have been operating since March 2020 and provides a high-level analysis of their financial response to the Covid-19 pandemic. It draws on evidence gathered from across the public sector as well as previous Accounts Commission and Auditor General reports to make judgements about the overall financial response. These reports were published at different points throughout the pandemic and we are aware that the response is continuing.

This report considers:

- how decisions were made about where Covid-19 funding should be spent
- the challenges of fast-paced and high-volume decision-making about public spending, in a context of financial uncertainty and existing policy commitments
- the effectiveness of the governance and management of the financial response
- how money flowed through the system from the UK and Scottish governments to people, public services and organisations, and how the impact of spending has been evaluated.

4. We gathered our evidence from across the Scottish public sector, including the Scottish Government, the Convention of Scottish Local Authorities (COSLA) and a sample of ten public bodies.¹ Because of the large number of Covid-19 spending programmes, we also selected a sample of ten Covid-19 funds to allow a more in-depth look at some areas of Scottish Government spending and to track funding as it flowed through the system to recipients. Further details about the sampling methodology are given in the [Appendix](#).

5. Throughout the report we talk about three aspects of public spending, namely:

- **Announcements** – made by the Scottish Government about how it plans to spend public money in response to the pandemic.
- **Allocated** – the amount set out by the Scottish Government in budget documents or revisions. These are formal authorisations of how the Scottish Government intends to spend its budget.
- **Actual spending** – the money ultimately spent on Covid-19 programmes. The Scottish Government records payment to other public organisations as actual spending. These bodies then direct the funds towards Covid-19 measures. This may mean that these funds have not yet necessarily been paid to the people or organisations they are intended to support. We have reported actual spending to December 2021. The actual spending data we use for 2021/22 is estimated spending for the first nine months of the year.² The Scottish Government will publish provisional actual spending data for the full 2021/22 financial year in June 2022.

1. Deciding the public financial response

The Scottish Government responded quickly to a very difficult situation

The pandemic has required an unparalleled financial response from all levels of government

6. The public health crisis caused by Covid-19 has had a profound effect on every aspect of Scottish society. Throughout the pandemic, the Scottish Government, councils and other public bodies have had to make decisions quickly and manage public finances in a fast-moving and unpredictable environment.

7. The Scottish Government has allocated £15.5 billion to its Covid-19 response in 2020/21 and 2021/22. So far, it has reported estimated actual spending of £11.8 billion up to December 2021 on measures related to the pandemic.³ This was funded mainly through additional **Barnett consequentials** arising from UK Government spending on Covid-19, alongside reallocations within its underlying budget. Total spending for all of 2021/22 will be reported by the Scottish Government later this year.

8. Since March 2020, the Scottish Government has announced over 300 separate spending measures relating to Covid-19, many of which directly affected the finances of councils and other public bodies. [Exhibit 1 \(page 11\)](#) shows that more funding was announced immediately ahead of the country entering periods of restriction.



Barnett consequentials

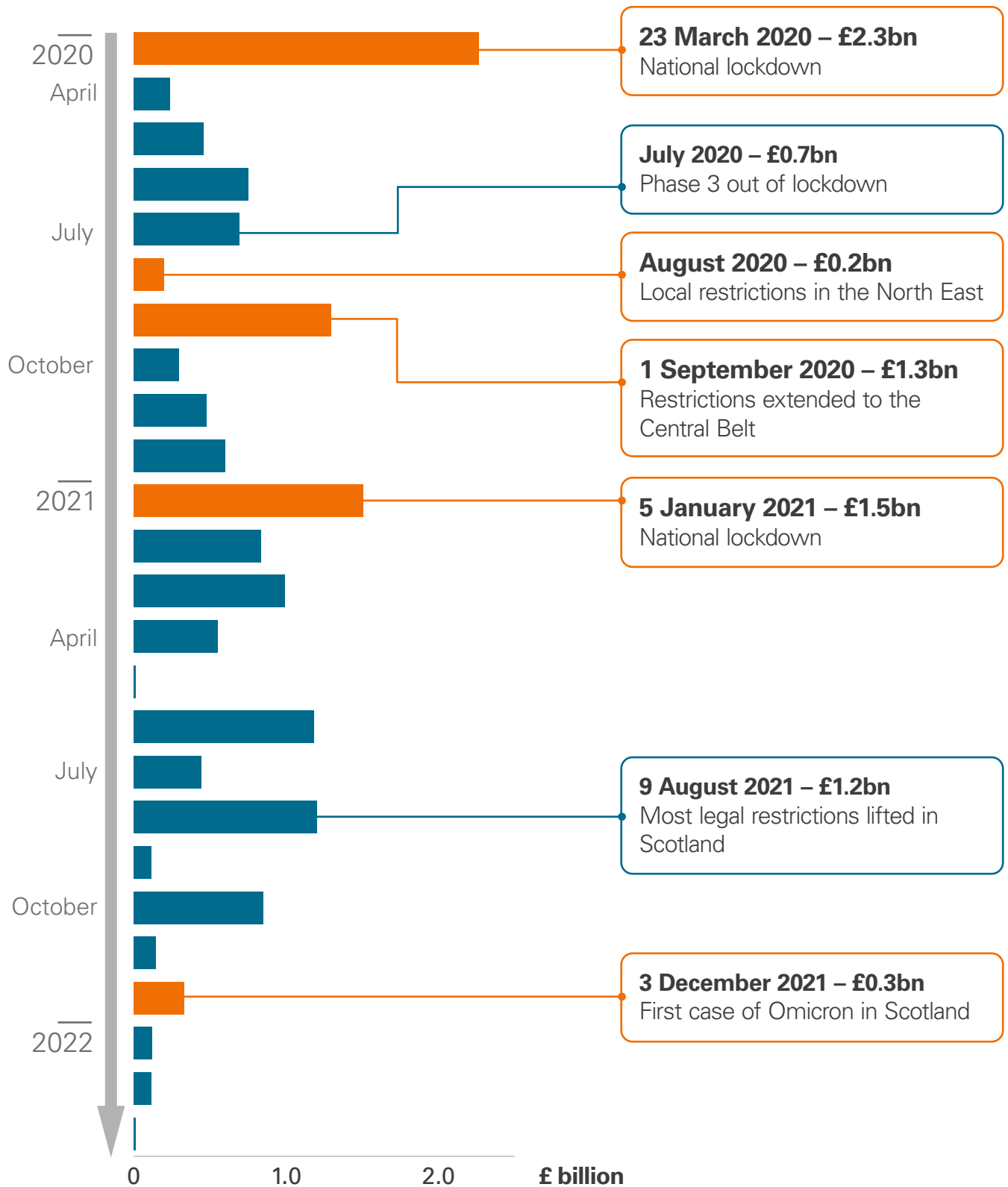
Additional funding comes to Scotland when the UK Government spends money in England in a devolved policy area. The Scottish Government receives this funding in the form of Barnett consequentials and has flexibility in deciding how to allocate this funding.

Our [briefing on the operation of the fiscal framework](#) gives more information on how the Scottish Government is funded.

Exhibit 1.

Scottish Government spending announcements

The Scottish Government announced increased levels of Covid-19 spending when the country was entering new restrictions.



Source: Scottish Government announcements, Audit Scotland analysis


The Scottish Government's decision-making framework focused its pandemic response on four harms

9. In April 2020, the Scottish Government published its [Coronavirus \(Covid-19\): framework for decision-making](#) in which it defined four interrelated harms of the pandemic ([Exhibit 2](#)). This four harms framework set the intention for the Scottish Government's decisions about how to respond to the pandemic, including those with financial implications.

Exhibit 2.

The four harms of the pandemic

The Scottish Government defined four harms of the pandemic which informed its decisions, including those with financial implications.

 The Four Harms	Examples of funding	Actual spending 2020/21, £m
Direct health	Covid-19 has caused direct and tragic harm to people's health, reflected in hospital and intensive care admissions and the number of deaths.	Personal Protective Equipment 448 Test and Protect 130 NHS Louisa Jordan 57
Indirect health	The virus has had a wider impact on health and social care services and how people are using those services in both the short and longer term.	Social care 196 Primary care 62 Mental health services 7
Societal	Restrictions introduced to reduce the direct harms of the virus have caused broader societal harms (eg, the disruption to education and increased levels of mental ill-health).	Communities' hardship fund 50 Free School Meals and Community Food 56 Digital inclusion for learning 24
Economic	All aspects of the economy from the provision of goods and services to taxes to fund public services, employment and income levels have been affected.	Covid-19 business support (including non-domestic rates relief) 3,418 Support for rail 421

Source: Scottish Government, Audit Scotland analysis

10. The Scottish Government set out its intentions and priorities for Covid-19 spending through regular briefings to the public and Parliament. These initially focused on health and business priorities. As the pandemic progressed, these briefings increasingly focused on the economy and wider societal harms.

The UK Government's schemes influenced the Scottish Government's financial response to the pandemic

The Scottish Government worked closely with the other governments in the UK when developing their response

11. When making decisions about the restrictions to impose on their populations, the countries of the UK worked closely together through a four-nations framework. This approach supported some consistency across the UK while allowing each government's response to reflect its judgement on the challenges faced at each point.

12. The Scottish Government worked closely with **HM Treasury** to understand the funding available. It sought more certainty on Barnett consequential and discussed additional **fiscal flexibilities** that it considered necessary. At key stages of the pandemic the Scottish Government was having daily calls with HM Treasury.

UK Government spending programmes were a key component of the pandemic response

13. The UK Government has supported Scottish citizens and businesses through UK-wide spending programmes. These have been an important element of the pandemic response and include:

- the Coronavirus Job Retention Scheme (furlough) which ran between March 2020 and September 2021 and supported 911,900 Scottish jobs, affecting 26 in 100 working age people in Scotland
- the Self-Employment Income Support Scheme which provided 175,000 self-employed people in Scotland with grants totalling £1.7 billion
- the Coronavirus Business Interruption Loan Scheme and the Bounce Back Loan Scheme which provided £4.1 billion of loans to 99,792 businesses in Scotland. The Future Fund also provided 23 loans valued at £8.3 million to businesses in Scotland
- the Eat Out to Help Out scheme which helped support 4,775 hospitality businesses in Scotland throughout August 2020, with the value of discount claimed totalling £42.9 million.

HM Treasury

UK Government department responsible for delivering public finance policy, including distributing funding to the Scottish Government.

Fiscal flexibilities

Financial powers that the Scottish Government and councils have to help them address specific local circumstances.

The Scottish Government had to consider UK Government support as it decided how to respond financially to the pandemic

14. We found that consideration of the schemes operating elsewhere in the UK was an important component of the Scottish Government's decision-making. The Scottish Government clearly understood that some restrictions (for example a full lockdown) would be very difficult to implement without related UK Government financial support being in place.

15. The needs of the pandemic were similar across the UK and so a similar response was often required. In our [Tracking the impact of Covid-19 on Scotland's public finances](#) report, we describe how the Scottish Government allocated the 2020/21 Covid-19 Barnett consequential broadly in line with the UK spending from which they arose.

16. The Scottish Government amended some schemes in ways it considered best suited Scotland's needs. For example:

- The £50 million hardship fund was for councils to use flexibly to support their resilience and hardship funds, whereas in England the funding was intended to support council tax relief.
- The UK Government launched a scheme to compensate councils for the loss of income experienced due to Covid-19. This scheme was delivered slightly differently in Scotland, and COSLA helped to determine how the £200 million fund operated, including how funding was distributed among councils.

17. The Scottish Government also developed specific schemes for Scotland to help fill gaps it saw in how existing Covid-19 financial support met local needs. For example:

- **Pivotal Enterprise Resilience Fund** – enterprise agencies delivered this fund to businesses vital to local economies. The enterprise agencies developed the fund to fill gaps in pre-existing UK Government business support funds.
- **Moray and Glasgow Localised Restrictions Funds** – the Scottish Government provided additional support to businesses in Moray and Glasgow while they remained under restrictions for longer than other parts of Scotland.

Scottish ministers' overarching commitments to spending Covid-19 funding made budget management more complex

18. The Scottish Government committed to spending all Covid-19 Barnett consequential on its pandemic response and announced:

- in March 2020, that all business support Covid-19 Barnett consequential would be applied to Scottish business support measures

- in March 2020, that all health and social care Covid-19 Barnett consequential allocations would be applied to health and social care in Scotland
- in November 2020, that all funding derived from Covid-19 Barnett consequential allocations would be applied to Covid-19 spending.

19. Implementing these commitments meant that the Scottish Government needed to understand the details of the Barnett consequential allocations. The speed of change of the pandemic and the timing of announcements meant that the Scottish Government had to make some decisions based on figures that were provisional or lacked the full details. This made managing budgets and commitments more difficult.

The Scottish Government and councils streamlined their governance arrangements to help them respond more quickly to the crisis

20. In the [Auditor General's report on the audit of the 2020/21 Scottish Government Consolidated Accounts](#), he concluded that the Scottish Government had strengthened aspects of its governance arrangements to allow faster decision-making in response to the Covid-19 crisis.

21. Internal audit activity within the Scottish Government was redirected towards the Covid-19 response and some audit and assurance staff were redeployed into key areas (such as health finance and Covid-19 business support). This was to enable internal auditors to advise on new practices and frameworks, support assurance activity and help maintain a clear audit trail of decisions. This redeployment of internal auditors limited the level of internal audit scrutiny of how key spending decisions were made within the Scottish Government, as it prioritised other activities during the emergency phase of the pandemic. Although this is reasonable, given the need to redeploy staff in a pandemic, internal audit should consider how it will retrospectively consider Covid-19 spending in its future plans. Internal auditors in Scottish Enterprise and South of Scotland Enterprise carried out reviews as grants were developed as part of their control arrangements.

22. The [Accounts Commission's Local Government in Scotland Overview 2021](#) found that councils made swift changes to governance arrangements at the start of the pandemic. This involved some councils suspending meetings and others creating specific Covid-19 committees. Since then, councils have continued to adapt and now offer online and hybrid meetings.

Internal audit

carry out a range of tasks in order to provide an independent and objective evaluation of an organisation's financial and business activities.

The urgency of the pandemic required changes to normal financial decision-making processes

23. The necessary speed of the response to the pandemic meant that some standard decision-making processes were not possible, such as the use of governance boards and options appraisals. These processes enable more considered and robust decision-making but take longer. In some cases, the Scottish Government would announce a response to a problem within hours or days of it arising.

24. Often **Cabinet** made the high-level decisions about where funding should be directed, drawing on advice from the Scottish Government **executive team**. Government officials then developed the spending proposals in consultation with the relevant Cabinet Secretary. The relevant **accountable officers** (the permanent secretary, directors-general and public body chief executives) were then responsible for delivering the proposal.

It took too long for the Scottish Government to establish some governance arrangements

25. There was no overall Covid-19 expenditure governance board to collate and review the collective impact of financial decisions. Financial decisions were considered through existing governance structures such as management teams, assurance committees and the Scottish Government audit and assurance committee. But it is not always possible to follow how decisions were monitored and scrutinised.

26. Some **directorates**, such as health finance, quickly altered existing structures to manage the financial response, while others, such as business support, developed new structures. New structures evolved throughout the pandemic, although some key structures were only formalised almost a year after the pandemic started, including:

- a Covid-19 Business Resilience and Support Directorate in March 2021, to oversee a collective response to Covid-19 and the resulting economic shock
- a Business Support Governance Group and a steering group in early 2021, to assess levels of assurance and improve delivery of business support grants respectively
- an Information Governance Board in summer 2021, to oversee the collection and retention of information on the Covid-19 response.

The way that public bodies engaged with their stakeholders had to change

27. The situation meant that the Scottish Government and public bodies had to change how they engaged with their stakeholders. They needed to build on existing relationships and develop new ones, and the success of this engagement varied. Some bodies and groups felt that their needs

Cabinet

The Cabinet is the main ministerial decision-making body of the Scottish Government. Cabinet Secretaries are responsible for different areas of government business.

Executive team

The executive team is the senior civil servant group within the Scottish Government. It is responsible for implementing the policies of the Scottish Cabinet.

Accountable officers

Officials within the Scottish Government and public bodies who are responsible for the finances and performance of their portfolio.

Directorates

The Scottish Government is organised into a number of directorates, each of which has responsibility for a different policy area.

were not addressed and highlighted a need for better engagement with stakeholders when designing future support. The Scottish Government and public bodies should capture what worked well and what didn't to inform future engagement.

- For business support funds the Scottish Government established two groups in March and April 2020. Membership included COSLA, the Improvement Service, SOLACE (Society of Local Authority Chief Executives) and local authority directors of finance. These groups helped shape the guidance and eligibility criteria of early business support. They were formalised from March 2021 through the Business Support Steering Group, which was established to manage and review existing funds and help develop new funds. This group included representatives from COSLA, chief executives of the public bodies delivering the grants, council economic development officers and Scottish Government economists. The Scottish Government told us it also had regular engagement with the business sector.
- The Scottish Council for Voluntary Organisations (SCVO) worked closely with officers and ministers to deliver the Wellbeing Fund. This was developed in partnership with Scotland's 32 **third sector interfaces**.
- In November 2020, the Scottish Parliament's Economy, Energy and Fair Work Committee published a report [Covid-19: Impact on businesses, workers and the economy and pre-budget scrutiny](#). It included feedback from some bodies who felt consultation with businesses by enterprise agencies could have been better. This included Women's Enterprise Scotland, who said they were not asked to contribute to the development of support or the appropriateness of mechanisms in place, and the Highland Food and Drink Club, who felt the consultation process had been poor in comparison to the tourism sector.
- The Scottish Government did not involve relevant stakeholders before allocating funding for parts of the £350 million Supporting Communities Fund.

28. The Auditor General and Accounts Commission's [Community empowerment: Covid-19 update](#) reported that community planning partnerships and the voluntary sector were vital in supporting and empowering people and communities to support the most vulnerable in society during the pandemic. In areas where existing relationships were stronger, some communities were able to provide a faster and more targeted response. This enabled rapid allocation of funding to well-established organisations supporting those most affected by Covid-19.

Third sector interfaces

provide a single point of access for support and advice for voluntary organisations in each local authority area.

It is difficult to establish a clear and transparent decision-making trail for some funds

29. The scale, breadth and pace of funding announcements created challenges for the Scottish Government in maintaining a clear audit trail of decisions. From the start of the pandemic, it told staff that they were bound by existing financial guidance and that all decisions had to be evidence-based, transparent, accountable and legal.

30. Despite this, for many of our sample funds we found it difficult to see how some financial decisions were reached because information is held across different parts of the organisation and was not always recorded consistently. The extensive temporary redeployment of staff during the pandemic has also made it difficult to follow past decisions.

The data available to support quick financial decisions varied

31. Some Scottish Government directorates and partners have well-established processes for understanding the costs they will face, and they used data well to help assess the funding needed through the pandemic. For example, health finance drew on its financial monitoring of NHS boards. However, for some of our sample funds it was difficult to see how data was used to determine the overall amount of funding initially directed towards an issue. For example, it is not clear how or if the Scottish Government used data to determine the overall funding allocation for the £350 million Supporting Communities funding package.

32. Once the Scottish Government allocated funding to a specific area of support, it then used available data to inform and design funds. At times it was limited by the information available. Looking at a sample of Covid-19 funds we found that:

- the **Settlement Distribution Group** met frequently and used available data to determine individual council funding allocations, for example Department for Work and Pensions (DWP) data to determine individual council funding allocations for managing the Food Fund
- Skills Development Scotland used actual and forecast data on modern apprenticeships, showing a 73 per cent reduction in placements by September 2020, to inform the creation of the Apprenticeship Employment Grant
- the Scottish Government and councils used non-domestic rates (NDR) data to identify over 27,000 businesses that operate in high-risk settings and would be eligible for capital support for ventilation improvements. This helped manage potential over-spending and informed analysis when considering an expansion of the fund
- an evaluation by the Scottish Government of early business support found that a lack of data on smaller businesses fuelled gaps in support and a reliance on the rates system.

The Settlement Distribution Group

is an existing joint group attended by Scottish Government, COSLA and local authority officials. The SDG considers any new local government funding and distribution, while providing a forum for officials to discuss future issues. Decisions taken at the SDG are then passed to COSLA leaders and Scottish Ministers for approval.

33. Effective use of good-quality data is key as the Scottish Government, councils and public bodies plan for a recovery that meets their wider priorities. Good data allows more accurate financial forecasts and makes budget management easier. It can also alert decision-makers to the challenges facing their constituents, the extent of future funds needed and the effectiveness of interventions. The Scottish Government should review its pandemic financial decision-making processes to determine how it can better use data when making financial decisions quickly.

34. The Accounts Commission's [Local Government in Scotland: Overview 2022](#) highlights the need for better data to support decision-making and target resources.

The Scottish Government considered equalities at a high level when deciding how to respond to the pandemic, but did not always clearly document the expected impact of spending decisions on equalities outcomes

35. The Scottish Government expressed a clear overarching intention for Covid-19 spending to be aligned with **National Performance Framework** outcomes. Our analysis of sample funds found that while the intended outcomes of individual funds were clear, there is little mention of specific links to the National Performance Framework, the four harms or equalities priorities.

36. The Scottish Government carried out equality impact assessments (EQIAs) for its overall response to the pandemic, for example for the route map out of lockdown in July 2020 and when it moved to local restriction levels in October 2020. These were to assess the impact of restrictions on particular groups rather than the impact of the subsequent spending decisions.

37. In March 2022, the Auditor General and Accounts Commission's briefing on [Scotland's economy: Supporting businesses through the Covid-19 pandemic](#) highlighted that the Scottish Government used the overarching EQIA, completed in October 2020, when developing business support grants. In late 2021, the Scottish Government completed a series of EQIAs on individual business support funds. These showed that general business funding supported specific demographic groups – such as younger people working in hospitality, leisure and retail that were over-represented in certain areas of the labour market.

The Scottish Government introduced a useful process to inform financial decision-making, but it was not used consistently nor was the information collated

38. The Scottish Government had to manage a volatile budget and ensure that it had the funding to meet the commitments it was making throughout the pandemic. To help with this, it quickly introduced a new expenditure assessment and approval process, the Finance Accountability Framework (FAF), in mid-March 2020.

National Performance Framework

Launched by the Scottish Government and COSLA in 2018. The NPF sets out 11 long-term outcomes for Scotland, underpinned by 81 indicators against which progress can be measured.

39. The FAF applied to the Scottish Government and public bodies but not councils, as these have their own governance arrangements. Central to the FAF is a form that must be completed to record the approval by accountable officers and the Scottish Government's chief financial officer for all spending over £1 million that is not already in the budget. It must then be signed off at a ministerial level by the relevant Cabinet Secretary, the Cabinet Secretary for Finance and the Deputy First Minister.

40. We reviewed assessments and approvals for a sample of funds. We found the FAF provided detailed information that supported good financial decision-making and budget management, for example on:

- how spending would be funded and what could be reprioritised to fund it
- the impact if spending did not go ahead
- similar schemes in the UK
- longer-term financial implications.

The FAF does not include a prompt on how the proposal would address the four harms or contribute to National Outcomes that would demonstrate a clearer link between spending and priorities.

41. Completed FAFs are retained by the directorate responsible for the spending and are not collated centrally. The forms hold a wealth of information about the intention and expected impact of spending programmes. This could have been better used, for example to inform reviews of the overall impact of Covid-19 spending on particular groups and to allow the Scottish Government to learn lessons for future spending.

42. The Scottish Government cannot confirm that all spending over £1 million outside the budget has an associated completed and approved form. An internal audit report, in the summer of 2020, found cases in which FAFs were not completed as required and recommended that the Scottish Government raise awareness of the process. Internal audit also recommended that the Government should monitor FAF completion rates, to provide assurance that the correct processes have been followed. This monitoring has not happened yet.

43. The Scottish Government should review and collate the completed FAFs to understand the extent to which they were completed, how budget decisions relate to each other, their collective impact alongside UK measures, and to inform any future assessment of the impact of the financial response.

2. Managing overall financial implications

The Scottish Government managed its overall budget well, but struggled to maintain transparency, which limited scrutiny

44. The Scottish Government had to manage an uncertain and quickly changing budget, making sure it could meet the financial commitments made throughout the pandemic. The initial response required large amounts of additional public spending without a clear understanding of how this would be funded. As the pandemic progressed, the Scottish Government monitored expected funding and spending closely, allocating available funding while keeping within overall budget limits.

45. In total, over the two years of the pandemic the Scottish Government has allocated £15.5 billion in its budgets to its Covid-19 response. This was funded largely from £14.4 billion of Barnett consequentials arising from spending on Covid-19 in **devolved areas** in England. The remaining £1.1 billion has been funded by redirecting existing budgets and from the **Scotland Reserve**.

46. As the Scottish Government moves into the recovery phase of the pandemic, it is becoming increasingly hard to define what is, and is not, Covid-19 spending. Recovery from the pandemic is closely linked to other wider government goals, such as economic development. The UK and Scottish budgets for 2022/23 do not include any specific Covid-19 funding. Nonetheless, transparency over spending and budget management processes will remain vital.

Episodic budget management and scrutiny processes are not designed for high levels of change

47. During the pandemic, the Scottish Government had to adapt its budget to respond to the needs of the pandemic and the additional funding it received from the UK Government. This was challenging for a **budget management** process that operates through episodic updates.

48. Since March 2020, the Scottish Government has made over 300 spending announcements on its Covid-19 response. These announcements were not envisaged when the budget was developed in February 2020, so they were subsequently included in formal budget revisions during the year. The Scottish Government published an additional Summer Budget Revision in May 2020, in response to the scale of changes to the budget in early 2020/21.⁴

Devolved areas

Areas of spend that the Scottish Government has responsibility over. This includes areas like education, health, and transport.

Scotland Reserve

The process whereby any underspend in the Scottish Budget can be carried forward to be used in future years. It is capped at £700 million.

Budget management

The Scottish Government publishes its proposed budget in the winter prior to the new financial year. It is then scrutinised by Scottish Parliament through a multi-stage budget process.

The episodic budget revision process allows the Scottish Government to make changes to its spending plans (as set out in the Scottish Budget) during the year. Usually these are produced twice a year, in the autumn and spring.

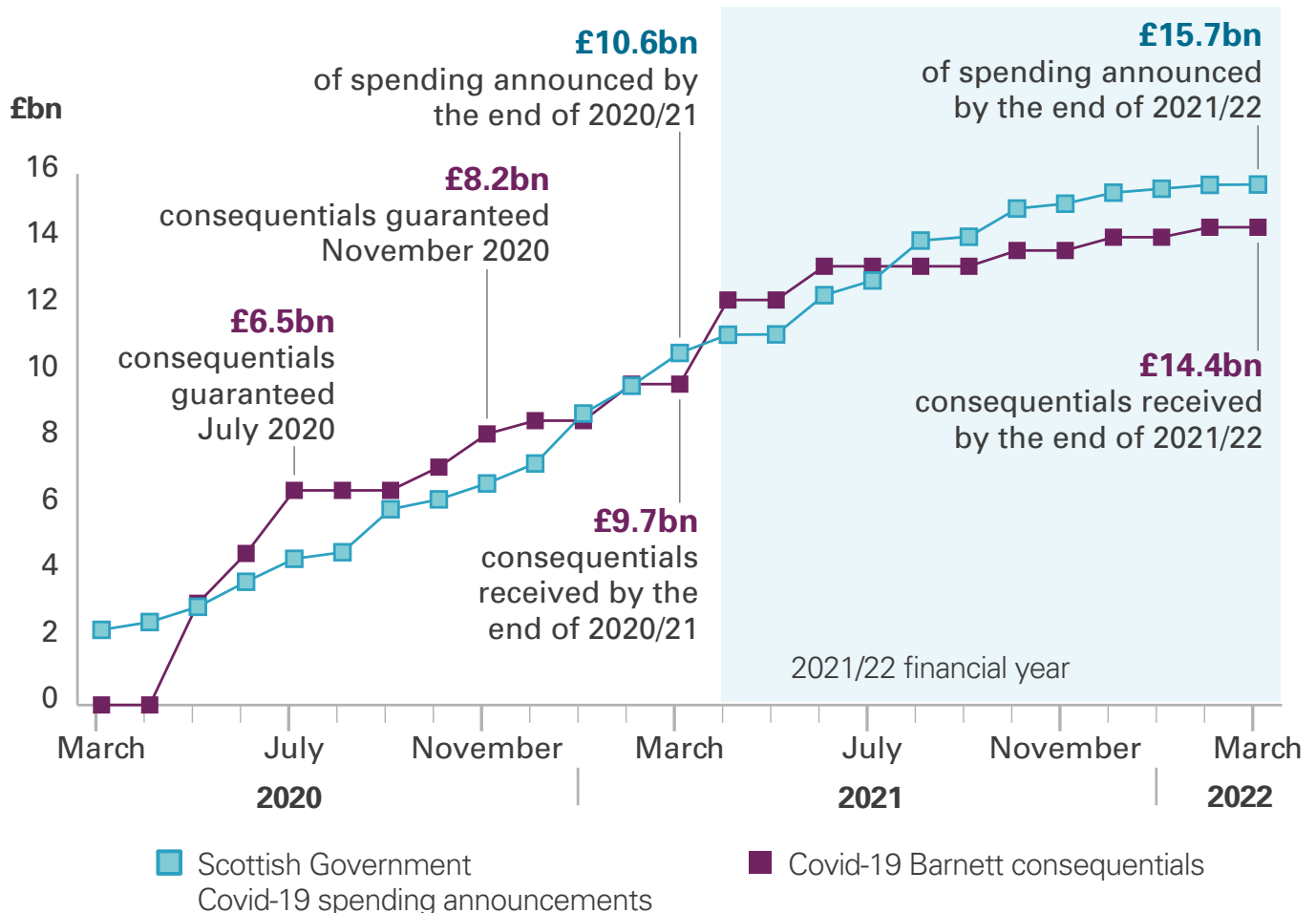
The Scottish Government has announced more spending than it has received in funding

49. In the initial weeks of pandemic, the Scottish Government announced more Covid-19 spending than was covered through Covid-19 Barnett consequentials. Over the summer of 2020, following additional funding from the UK Government, the Scottish Government's spending announcements amounted to less than the confirmed Barnett consequentials received. From January 2021 announcements tracked available funding more closely. The Scottish Government has announced more spending than it has received in additional funding since July 2021, with the difference funded through redirecting some existing budgets and the Scotland Reserve ([Exhibit 3](#)).

Exhibit 3.

Scottish Government spending announcements and Covid-19 Barnett consequentials received since March 2020

The Scottish Government received £14.4 billion in Covid-19 Barnett consequentials during the pandemic and has announced £15.7 billion of spending.¹



Note 1. The Scottish Government announced slightly more spending than it allocated in its budgets (£15.5bn), this is because some details changed as funds were developed and costs were confirmed.

Source: UK Government Block Grant Transparency, Scottish Government announcements and Audit Scotland analysis

50. From July 2020, the UK Government temporarily changed the way it provided funding to Scotland through the Barnett consequential. Instead of Covid-19 Barnett consequential being generated from spending decisions in England, the UK Government guaranteed the amount it would give before confirming the change in UK spending. This gave the Scottish Government more certainty about the funding it would have to respond to the pandemic. Funding was only guaranteed for 2020/21 and was provided through a series of announcements during the year.

The Scottish Government, councils and other bodies worked well together to respond to the pandemic

The Scottish Government allocated significant additional funding to public bodies to enable key front-line services to keep operating

51. During the pandemic many services, such as routine medical appointments and economic development work, could not continue, especially during periods of extreme restrictions. Where activity was paused, resources were diverted to the front-line response. The Scottish Government protected existing budgets throughout the pandemic which meant that public bodies retained most of their capacity as restrictions eased. It allocated additional funding to bodies to allow them to keep offering their normal services or do more of what they usually do. For example:

- Significant amounts of funding were directed to the NHS to manage the increase in patients. This was managed through existing systems in the Scottish Government and NHS boards. The Scottish Government provided clear guidance on how spending should be monitored and reported. Detailed reporting and forecasting from NHS boards allowed the Scottish Government to provide funding as required.
- The Scottish Government gave funding to councils and other bodies to allow them to keep operating despite losing income because of the pandemic, for example from leisure centres or parking. Councils could then direct this funding towards their operating costs.

The Scottish Government directed a large proportion of funding to partners who had the existing systems and local knowledge to deliver funds

52. Much of the Covid-19 budget was allocated to financial support schemes intended to quickly tackle the four harms. These new funds needed to be developed and distributed at speed. The Scottish Government relied on partners, such as the NHS, public bodies, councils and charities, it considered best placed to manage delivery ([Exhibit 4, page 25](#)). For example:

- NHS National Services Scotland (NHS NSS) had an existing responsibility to source personal protective equipment (PPE) for the NHS; this was expanded to include social care throughout the

pandemic. It also had the expertise to build the NHS Louisa Jordan and operate the vaccination booking system. We have published briefing papers on [PPE](#) and the [vaccination programme](#). The Auditor General's report on the [2020/21 audit of NHS NSS](#) found that the organisation was integral to Scotland's response to the pandemic.

- Business support funding was managed through local government (£3.9 billion) and enterprise agencies (£563 million) that already had details of businesses through the non-domestic rates databases and staff experienced in providing grant funding. We published a [briefing paper on business support funding](#) in March 2022.
- Charities were responsible for distributing more than £115 million of the Scottish Government's £350 million Supporting Communities Fund through their existing networks. The Accounts Commission and Auditor General's [Community empowerment Covid-19 update](#) reported that the voluntary sector was vital in supporting people through the pandemic and existing strong relationships allowed for a faster response.

53. Once decisions were made by the Scottish Government to provide additional funding, such spending was managed by councils and other public bodies through existing processes alongside other elements of their budgets.

The Scottish Government relied on established systems within councils and public bodies to detect and prevent fraud within its business support schemes

54. The Scottish Government accepted a higher-than-normal fraud risk for its business support grants because of the speed at which they were set up and the need to make payments quickly. It relied on its delivery partners' existing arrangements to manage the increased risk and tasked partners with checking that applicants were eligible for grants. Over the course of the year the Scottish Government worked closely with partners and took action to minimise the fraud risk.

55. The Scottish Government estimated that in 2020/21 fraud and error in the business support schemes accounted for approximately £16 million to £32 million, representing no more than one to two per cent of payments. The Auditor General's report on the [2020/21 audit of the Scottish Government Consolidated Accounts](#) concluded that the Scottish Government's estimate of fraud and error was reasonable. It recommended that the Scottish Government:

- regularly assess and improve its estimates of fraud and error in Covid-19 grant schemes
- assure themselves that controls to detect and prevent fraud and error are working in practice
- ensure regular public reporting to satisfy high levels of public interest in this area.

Councils played an important role in delivering grants on behalf of the Scottish Government, putting a significant strain on their resources

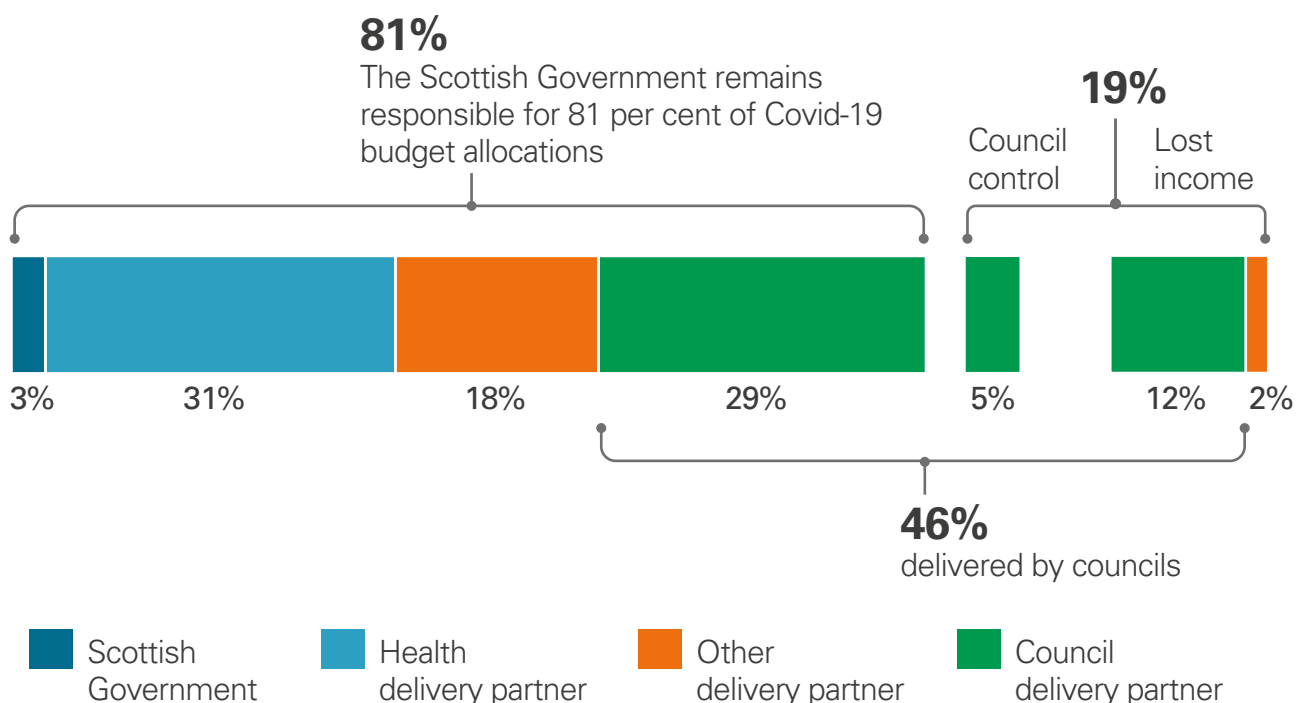
56. Councils agreed to administer a wide range of funds announced by the Scottish Government, resulting in significant resourcing challenges. Although the Scottish Government provided support to help cover the cost of administering the funds, the large volume of work required during some stages of the pandemic resulted in a significant increase in councils' workload. This was particularly problematic for smaller councils.

57. The need to issue funding quickly meant reporting requirements were lessened and decided upon by different parts of the Scottish Government. This led to differences in the type of management information available. As the Scottish Government and councils review their pandemic spending they should consider what systems should be in place to enable consistent spending information to be collected while minimising the administration burden.

Exhibit 4.

Who controlled the Covid-19 financial response in 2020/21?

Although delivered by partners, the Scottish Government was responsible for determining what 81 per cent of Covid-19 funding was used for.



Note: Funding was distributed to councils and other public bodies to support loss of income due to Covid-19. There was limited flexibility in how this could be allocated locally, but it had to go towards recouping any loss of income caused by Covid-19. NDR relief is included in local government lost income.

Source: Scottish Government, Audit Scotland analysis

3. Managing Covid-19 public spending programmes


The Scottish Government had spent £11.8 billion on its Covid-19 response up to December 2021

58. The Scottish Government spent £8.8 billion in 2020/21 and an estimated £3.0 billion in the first nine months of 2021/22 on its Covid-19 response. This has been funded mostly through Barnett consequentials ([Exhibit 5](#)).

59. The full year data for 2021/22 is not yet available, but the Scottish Government has allocated a total of £6 billion in Covid-19 funding for the whole financial year; it therefore had £3 billion left to spend between January 2022 and March 2022. In 2020/21, the actual amount spent is less than the £9.5 billion allocated in the budgets because of lower-than-projected demand for some support schemes and some Covid-19 Barnett consequential allocations being received towards the end of the financial year.

Exhibit 5.

Scottish Government Covid-19 funding, budgets and actual spending in 2020/21 and 2021/22

 (£bn)	Consequentials	Budget	Actual
2020/21	8.6	9.5	8.8
2021/22	5.8 ¹	6.0	3.0 (to December 2021) ²
Total	14.4	15.5	11.8

Notes:

1. Includes £1.15 billion that was carried outwith the Scotland Reserve into 2021/22.

2. Estimated actual spend from March 2021 to December 2021. The full 2021/22 spending information will not be available until the Scottish Government publishes its provisional outturn report in June 2022.

Further detail on the 2020/21 position is available in [Tracking the impact of Covid-19 on Scotland's public finances: a further update](#), Audit Scotland, September 2021.

Source: UK Government Block Grant Transparency, Scottish Government, Audit Scotland analysis

60. Between March 2020 and December 2021, the Scottish Government estimates it has so far spent:

- £3.6 billion of £6.2 billion (59 per cent) of Covid-19 Barnett consequentials related to UK Government health and social care spending directly to health and social care budget lines
- £4.5 billion of £4.5 billion (100 per cent) of Covid-19 Barnett consequentials related to UK Government business support schemes directly to business support funds.

Over time, Scottish Government spending moved from direct, targeted measures to wider public sector support

61. Over time, the Scottish Government's measures have increasingly changed from highly targeted, specific interventions to wider support for public services and recovery measures ([Exhibit 6, page 28](#)). This reflects its assessment of need at different phases of the pandemic. This also means that it has become harder to classify and identify Covid-19 spending over time.

62. Initially Covid-19 spending was closely managed and often tied to specific funding (such as individual Barnett consequentials identified by the UK Government). Increasingly, Covid-19 spending and existing spending priorities have run alongside each other. For example, the Scottish Government's spending to support economic recovery from the pandemic sits alongside its wider economic priorities and outcomes, most recently set out in [Scotland's National Strategy for Economic Transformation](#).



63. Such an approach recognises the relationship between spending measures across the four harms. For example, supporting a business may also support families, prevent mental health issues, and make it more likely that staff self-isolate if required to do so. This change in approach has emerged over time. In December 2021, the Scottish Government announced £375 million to support businesses through the Omicron phase of the pandemic. It confirmed that £100 million of this was funded from expected Covid-19 Barnett consequentials resulting from health spending in England.⁵ This was intended to support businesses affected by cancellations arising from new restrictions and to limit both health and economic harms.

64. The Scottish Government announced commitments on how it would spend Covid-19 consequentials early in the pandemic ([paragraph 18](#)). It would help transparency if the Scottish Government explained the changes to these commitments and was clear about its developing approach. This would help Parliament scrutinise how funding was spent throughout the pandemic.

Exhibit 6.

The focus of spending through the phases of the pandemic

As spending announcements shifted from direct and immediate targeted measures to wider support for public services and the economy, tracking funds became more complex.

	 Phase	 Nature of announcement
2020	Initial lockdown March – June 2020 The start of the national lockdown in March 2020 through to the first steps out of lockdown.	£3.7 billion Over 94 per cent of spending announced was direct and targeted to respond to the immediate impact of Covid-19. Therefore, it was clearly defined as Covid-19 spending. This included 24 specific business support funds and business rates relief, together totalling nearly £3 billion of the £3.7 billion announced.
	Summer easing July – August 2020 The summer easing of restrictions across the country.	£0.9 billion There were fewer spending announcements over this period, with over 80 per cent of measures announced targeted towards helping businesses.
	Second wave September 2020 – March 2021 Regional restrictions reintroduced at different points culminating in a second national lockdown in January 2021.	£6.0 billion The balance of spending shifts towards supporting health and social care and other public services through just under 80 separate announcements. The tracking of spending becomes more complex as Covid-19 spending increasingly supports services and pay awards, with financial management and discretion over spending arrangements passing to NHS boards, councils and others.
2021	Emerging from the pandemic April – November 2021 Restrictions were gradually relaxed across Scotland with different council areas progressing through the level systems.	£4.5 billion Over 70 per cent of this total amount was allocated to health and social care. It becomes increasingly difficult to distinguish between Covid-19 and non-Covid-19 funding, as public services manage the indirect impact on normal services alongside direct Covid-19 effects. Over 63 per cent of funds announced were geared towards supporting recovery from the pandemic.
	Omicron December 2021 – March 2022 Some restrictions reintroduced over Christmas then gradually eased.	£0.6 billion The majority of this was to support businesses deal with the reintroduction of restrictions with £375 million supporting four different funding announcements.
2022		

Source: Audit Scotland, based around the Scottish Government's announcements

The Scottish Government does not have complete information on actual spending across the range of its Covid-19 programmes

65. The main areas of Scottish Government spending on the Covid-19 response were:

- business support (including sectoral support) – £3.4 billion in 2020/21 and £1.2 billion to December 2021/22
- health and social care – £2.8 billion in 2020/21 and £862 million to December 2021/22
- local government – £1.2 billion in 2020/21 and £502 million to December 2021/22
- transport – £646 million in 2020/21 and £247 million to December 2021/22.

66. Much of this funding was delivered by councils and other public bodies, including the £4.6 billion business support funding. [Exhibit 7 \(page 30\)](#) shows how the funding flowed from the Scottish Government to intended recipients, sometimes through delivery partners. For the purposes of comparing its own spending against budget, the Scottish Government treats these funding payments as spending in accordance with established accounting requirements, although at that point the funds will not have reached the recipient.

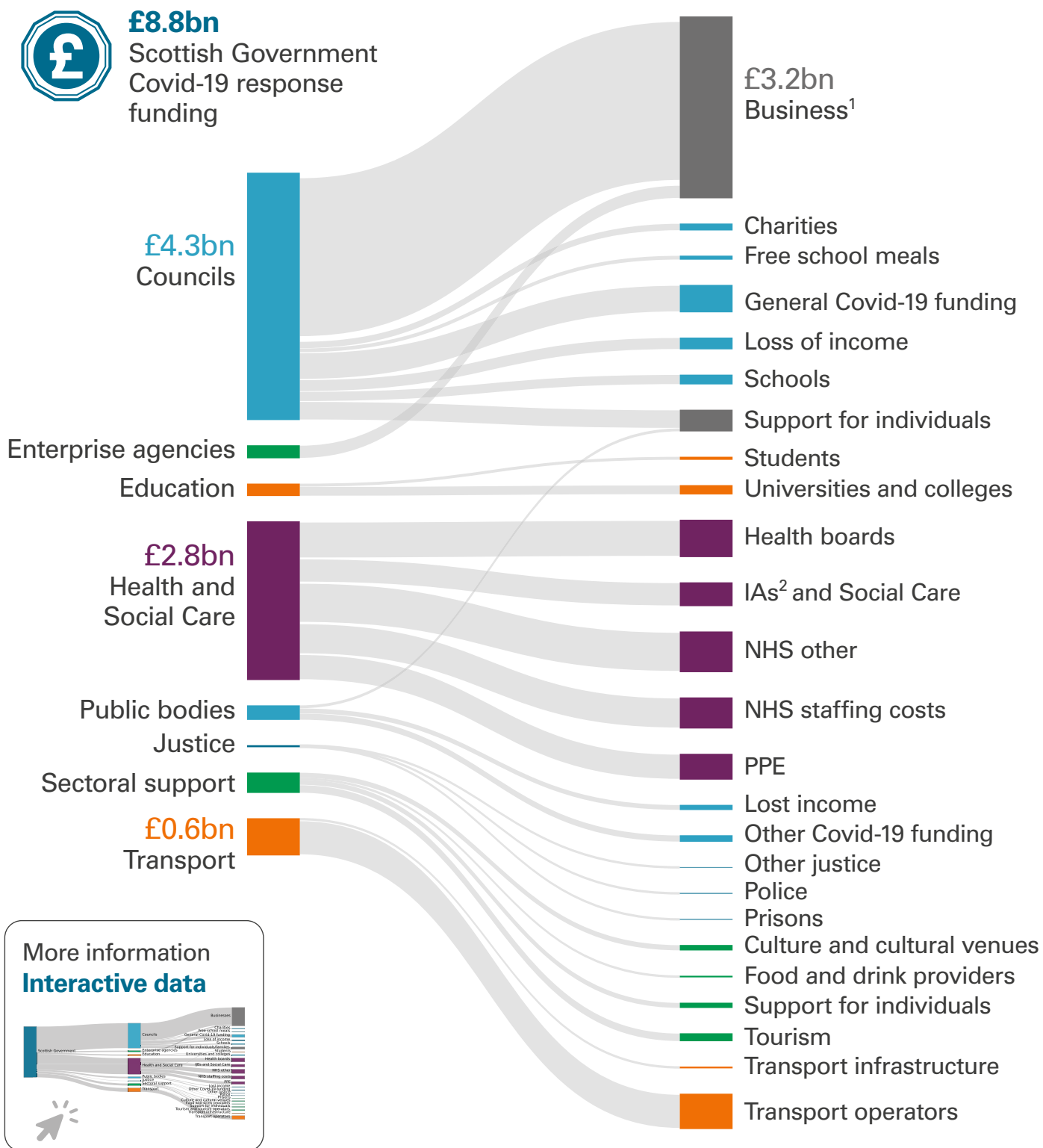
67. These timing and classification differences mean that it is not straightforward for the Scottish Government to track how much of the funding provided has ultimately been spent by the public bodies administering it. The Scottish Government's budget management focuses on the funding it has provided. It would need to seek and collate additional information from the relevant councils and other public bodies to know how much of the funding provided has actually been spent at any point in time. While the Scottish Government has compiled such information for some spending programmes, it does not have complete information on actual spending across the range of its Covid-19 programmes. Scottish Government budgets are managed within individual portfolio areas which did not record Covid-19 spending consistently.

68. The Scottish Government also had difficulties in tracking actual spending because its budget processes were not designed to separate specific spending in areas across portfolios. Covid-19 funding was allocated to directorates, such as health or the economy, as part of their overall funding. Directorates applied judgement over what constituted Covid-19 spending and managed over- and under-spends as part of their overall spending. Covid-19 spending is not a budgetary or accounting classification and so is not consistently recorded by the Scottish Government.

Exhibit 7.

Flow of spending on Covid-19 response by the Scottish Government in 2020/21

The Scottish Government’s main areas of spending in 2020/21 were business support (through councils and other delivery partners), health and social care, and councils.



Note 1. The remaining business support funding is shown as sectoral support in this exhibit

Note 2. IA – integration authority

Source: Scottish Government 2020/21 actual spending data, Audit Scotland analysis

69. The Scottish Government has set out priorities which will rely on understanding spending and performance information across several portfolios, for example, tackling inequalities, and addressing climate change. The Scottish Government should consider the lessons learned from Covid-19 for such issues. Priorities that aim to address cross-cutting and deep-seated issues need financial processes that can easily identify and analyse relevant spending programmes across government.

The Scottish Government recognises the challenge of financial transparency

70. The Scottish Government recognises many of these issues in its [Scottish Exchequer Fiscal Transparency: Discovery Report](#). It gathered the views of fiscal data users as part of the report with the aim of improving the transparency of the information it publishes. The report found that:

- there are over 40 different regular financial outputs published by ten government departments or public bodies
- information on frontline spending and outcomes is fragmented and poorly signposted with poor linkages between budgets, actual spending and outcomes
- because of differing publication timescales, it is difficult to track decisions between documents
- published data is inconsistent with differing labels, levels of detail, and portfolio-naming conventions.

71. The Scottish Government plans to use the information gathered to improve how it presents and publishes existing financial information. This work is ongoing through its commitment to financial transparency in [Scotland's Open Government action plan: 2021 to 2025](#). The ambitions set out in the discovery report will not be implemented until 2025, and we will monitor progress through our audits.

The Scottish Government and councils used tools, such as reserves, to smooth Covid-19 funding between years

72. The Scottish Government, councils and **integration authorities** have used tools such as reserves to smooth Covid-19 spending over time. This is partly because some Covid-19 Barnett consequential were received late in the financial year and because the demands placed on available funds will often continue into future years.

73. Spreading Covid-19 funding over financial years allows public services to spend money to address the harms caused by the pandemic at the time they judge to be most appropriate. Using reserves to achieve this smoothing is sensible and is an important component of good financial management.

Integration authorities

The Public Bodies (Joint Working) (Scotland) Act 2014 required councils and NHS boards to work together to deliver health and social care services to local people. The aim of the integration authorities is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.

74. Reserves are used in this way every year, not just when there are exceptional circumstances like a pandemic. Because of this, it is not always possible to clearly separate Covid-19 funding in reserves from other funding moved between years. At a high level, the main measures used to smooth funding between 2020/21 and 2021/22 included:

- the Scottish Government using the Scotland Reserve to carry forward £426 million into 2021/22. This included both Covid-19 and non-Covid-19 funding. The Scotland Reserve is capped at £700 million in total.
- councils adding £1.2 billion to their reserves. This was a 46 per cent increase on the previous year, largely attributable to Covid-19 funding received from the Scottish Government late in the 2020/21 financial year.
- integration authorities increasing their reserves by £437 million. This was an increase of 304 per cent, partly due to unspent Covid-19 funding.

75. The Scottish and UK Governments also agreed to defer £1.15 billion of 2020/21 funding to the 2021/22 Scottish budget. This was because the last tranche of additional funding was announced relatively late in the financial year. This was in addition to amounts carried in the Scotland Reserve.

76. Some of the estimated £8.8 billion that the Scottish Government spent on Covid-19 programmes in 2020/21 will be held in these reserves to be used in 2021/22 and later years. For example, £145.5 million of Covid-19 funding announced by the Scottish Government for additional teaching capacity to support Covid-19 would be recorded as Scottish Government spending when it is passed to local councils, albeit that some councils might not spend it until a later date. As a result, we cannot confirm that all Covid-19 funding was spent on the Covid-19 response. The amount of Covid-19 funding being carried from 2021/22 to 2022/23 in reserves will not be known until later this year.

It is important that the Scottish Government and local government explain clearly how they are using Covid-19 funding in reserves

77. Of the £2.1 billion Covid-19 funding carried from 2020/21 into 2021/22 and beyond, £900 million has been earmarked for continuing Covid-19 spending programmes ([Exhibit 8, page 33](#)). But it is not always clear how reserves will be used:

- In their accounts, councils have earmarked at least £650 million and integrated joint boards £149 million of their reserves for the continuing Covid-19 response. The level of detail in the accounts varies and so we consider this to be an underestimate. COSLA report that funding is fully committed for 2021/22 and 2022/23.
- We have previously reported that the £237 million **capital funding** and £41 million of **financial transactions** from the UK Government

Capital funding

For spending that in the main results in a physical asset, for example a new building.

Financial transactions

A form of capital expenditure that can only be used for loans and equity investments to the private sector.

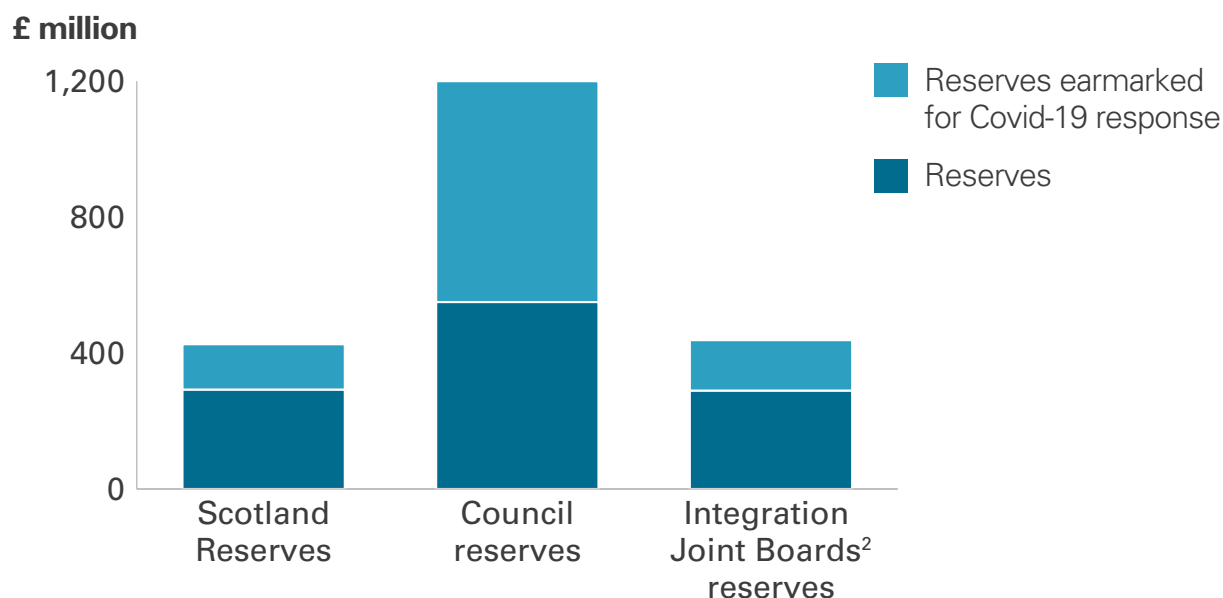
held back to 2021/22 will be used to support the overall capital budget rather than specific Covid-19 spending.

78. Tracking how Covid-19 funding is ultimately spent will become more difficult over time. Nonetheless, the Scottish Government, councils, integration authorities and others should set out clearly in their annual reports and accounts and other publications how Covid-19 funding carried forward through reserves is being spent. This is essential to maintain transparency and to enable effective ongoing democratic and public scrutiny.

Exhibit 8.

Covid-19 funding in reserves at the end of 2020/21

It is difficult to see how over £1.1 billion of Covid-19 funding was spent after it was put into reserves.¹



Notes:

1. £1.15 billion of deferred Covid-19 Barnett consequentials were carried over from 2020/21 to 2021/22 outwith the Scotland Reserve.
2. Integration Joint Boards are integration authorities which can hold reserves. This covers 30 of the 31 integration authorities in Scotland.

Source: Audit Scotland

Not all funding that the Scottish Government allocated to councils had reporting requirements which makes tracking Covid-19 funding more difficult.

79. Late allocations of £800 million of Covid-19 funding between February and March 2021 from the Scottish Government to councils contributed to the substantial increase in reserves. Some of this was for specific purposes, such as free school meals, while some was for councils to spend on general Covid-19 support or to cover lost income.

80. Although the Scottish Government can describe what the money was provided for, it was not directed in the same way as specific grant funding. COSLA monitoring data shows that less than half of funding provided to councils in the second wave of the pandemic had reporting requirements attached, compared to over 80 per cent during the initial lockdown and close to 100 per cent at other points.

81. Councils and integration authorities are often best placed to understand and respond to need in their local communities. It is likely that as the recovery from the pandemic continues, needs will differ between areas and spending measures to support Covid-19 recovery will vary. It is important that councils and integration authorities are clear in their accounts about how money is spent and the rationale for decisions.

Understanding how Covid-19 spending works alongside ongoing spending commitments is critical to financial sustainability

82. Increasingly, as Scotland moves into the recovery stages of the pandemic, the Scottish Government, councils, and public bodies will need to understand how one-off, non-recurring Covid-19 funding has worked alongside the rest of their budgets. This will help them to understand and respond to the financial risks ahead, as significant Covid-19 funding is no longer present.

83. Additional Covid-19 spending programmes have protected the financial position of public services in the short term. The Scottish Government largely maintained existing budgets and directed additional funding to areas it considered to be facing significant additional demands. However, the underlying financial sustainability pressures previously facing many public services remain and have undoubtedly been exacerbated by the pandemic. Given the underlying financial pressures, it will be critical that the available funding is managed closely to enable recovering public services to operate sustainably.

Some spending decisions have created ongoing commitments which will continue without additional Covid-19 funding

84. The UK Government's 2022/23 budget did not include any specific Covid-19 funding for Scotland, although total funding was higher than pre-pandemic years. This means that the Scottish Government will need to continue to fund commitments that were initially funded from Covid-19 moneys from its core budget, including:

- £145.5 million annually for 2,400 new teachers and 750 support staff who were recruited during the pandemic to be offered permanent positions
- £120 million for mental health recovery and renewal in 2021/22, including recruiting new staff

- £17.3 million to provide free bus travel to all under 22s from 31 January 2022, benefiting 930,000 young people
- £53.2 million to support continuing costs arising from the pandemic for the police, prisons, community justice, and courts services in 2022/23.

85. These commitments will sit alongside any spending on recovery and other priorities. The Scottish Government will need to make difficult decisions about how to prioritise its spending and address any underlying sustainability issues through its upcoming financial planning.

Financial sustainability challenges remain in NHS boards and councils

86. The Auditor General's [NHS in Scotland 2021](#) highlights that the NHS was not financially sustainable before the pandemic and rising costs of delivering services and additional spending commitments have added to these pressures.

87. Dealing with the pandemic had an impact on NHS boards' ability to make efficiency savings. The Scottish Government allocated £102 million to 14 NHS boards in 2020/21 to enable them to break even. It has also committed to providing additional funding for NHS boards in 2021/22. While this ensured that the NHS achieved a financial balance throughout the pandemic, it has not addressed the underlying issues.

88. Similarly in councils, the challenges that existed before March 2020 continue but with more intensity as inequalities have widened and financial pressures have increased. The Accounts Commission's [Local Government in Scotland: Financial overview 2020/21](#) highlights that, excluding additional Covid-19 funding, councils have seen a real terms reduction in funding from the Scottish Government of 4.2 per cent since 2013/14. The rest of the Scottish Government budget has seen an increase in funding over the same period.

89. Council accounts show that they received £500 million less income from sources such as leisure trusts, parking and school meals because of Covid-19 restrictions. The Scottish Government provided one-off funding to local government to offset any reductions in councils' income arising from non-domestic rate reliefs (£972 million) and other sources (£200 million). As the economy recovers post-Covid-19, it will be important for councils to understand and continue to report on the underlying effect on their local economy and income.

90. The Scottish Government, NHS boards and councils should work to understand which costs incurred because of the pandemic will continue into future years, and what impact the pandemic and subsequent removal of Covid-19 funding will have on their medium-term and longer-term financial plans.

It is important that the Scottish Government evaluates its overall financial response to the pandemic, including collecting the necessary information

There has been some evaluation of individual Covid-19 spending programmes

91. Evaluation of programmes is important to help the Scottish Government and public bodies to understand the impact Covid-19 spending has had, and what challenges remain as the country moves into recovery. We found that three of the ten sample spending programmes had been evaluated to some extent:

- The Scottish Government produced an interim report on the findings of a lessons learned exercise on business support between April 2020 and April 2021, reflecting on the things that worked well and that could be improved. A separate monitoring and evaluation report considered UK and Scottish Government support for businesses in Scotland. It found that a higher proportion (82 per cent) of businesses who received additional Scottish Government support felt that it helped them continue trading compared with those that received only UK Government support (65 per cent).
- The Scottish Government interviewed councils delivering the council element of the Food Fund (£15 million) in May 2020. This work highlighted concerns about rural issues, volunteer availability issues and a desire to be better informed about other Scottish Government funds. This learning informed the development of a further fund to support low-income families.
- The Scottish Government and voluntary sector partners evaluated the open application process part of the Wellbeing Fund (up to £34 million). It detailed the types of projects, their locations and the type of communities helped. Feedback from respondents highlighted the benefits of existing relationships and a need for better coordination across the emergency funds.

The amount and quality of the information from these evaluations is variable and was often not considered when the schemes were developed.

92. Given the number of initiatives and tight timescales involved, it was not practical for the Scottish Government to implement the normal reporting and monitoring arrangements. These would have placed additional strain on public sector capacity.

93. In March 2022, the Auditor General and Accounts Commission published the briefing [Scotland's economy: Supporting businesses through the Covid-19 pandemic](#) which provided an overview of how Covid-19 business support funding was delivered during the pandemic. It found that there was not enough focus on the need for good-quality data, below an aggregate level, on the use of funds when they were initially paid to businesses. As a result, and because some businesses received funds from more than one funding stream, it is not currently possible to determine the exact number of businesses that received support below an aggregate level.

94. The Scottish Government is currently undertaking a data-cleansing exercise which should improve its ability to analyse business support data. This exercise has so far resulted in the Scottish Government publishing additional data on the number of grants over £100,000 and a breakdown of some schemes by payment date and local authority.⁶

95. We have seen from our sample funds that the extent to which the Scottish Government monitors individual Covid-19 spending varies. Some programmes reported daily, weekly, monthly or at the end of the project. The type of data required from the Scottish Government varies over time and by body. The information is collated by the business area responsible for the fund.

96. It is important that the Scottish Government collates the information it has collected and uses it to make better decisions about how to direct future funding.

The need to spend quickly to respond to the pandemic was a key driver of decisions, but information on how quickly money was spent is limited and not collated

97. Officials and stakeholders across government worked hard to quickly develop Covid-19 funding streams and were challenged by ministers to open access to support funds as quickly as possible. Business groups have highlighted to us that the time it took to receive funding varied across council areas depending on the systems and resources available.

98. Information on the time taken between applying for funding and receiving support was not centrally collated by the Scottish Government. Where it does exist, it is held by the directorate or public body responsible for the fund. From the information we have received we have been unable to determine any overall statistics about the time taken for funds to reach recipients. For example, it is not possible to determine the time taken for applications for the Pivotal Enterprise Resilience Fund to be processed because the information allowing that analysis was deleted for data protection reasons. The contract between the technical platform operator and Scottish Enterprise included a standard clause specifying that data, which included time stamps, was deleted when the fund closed.

99. Seven of our ten sample funds included an application process. We established the time between ministers announcing the funding and the applications process opening, and reviewed the limited information held on the time it then took applicants to receive funding ([Exhibit 9, page 39](#)). The time between an announcement and the application process opening varied from zero to 49 days. Six of the seven funds had information on time between application and the first recipient receiving support, but only the Business Ventilation Fund had information on the average application process period. In April 2022, as part of its ongoing business support data-cleansing exercise, the Scottish Government published some payment date information for business support funding.⁷ This information is now available for around £988 million of the £4.6 billion spent on business support.

100. The pace at which recipients were able to access Covid-19 support should be a key component of any evaluation by the Scottish Government and its delivery partners. This will provide assurance that the higher-level risk accepted to distribute funds quickly was worth while. Public bodies should consider that any contracts for future urgent spending include the ability to collect and keep data on speed of spending.

It is important that the Scottish Government evaluates the overall effectiveness of its Covid-19 spending programmes as the uncertainty of the pandemic subsides.

101. Although Scottish Government support has been essential for the NHS, businesses, and individuals, the Government has not carried out an overall assessment of its spending on Covid-19. This means that it does not yet have a full understanding of how well it directed its funding to those who most needed it and the impact this had. Some information may be held at a directorate or fund level, and it is important that this is pulled together to provide a better understanding of overall impact.

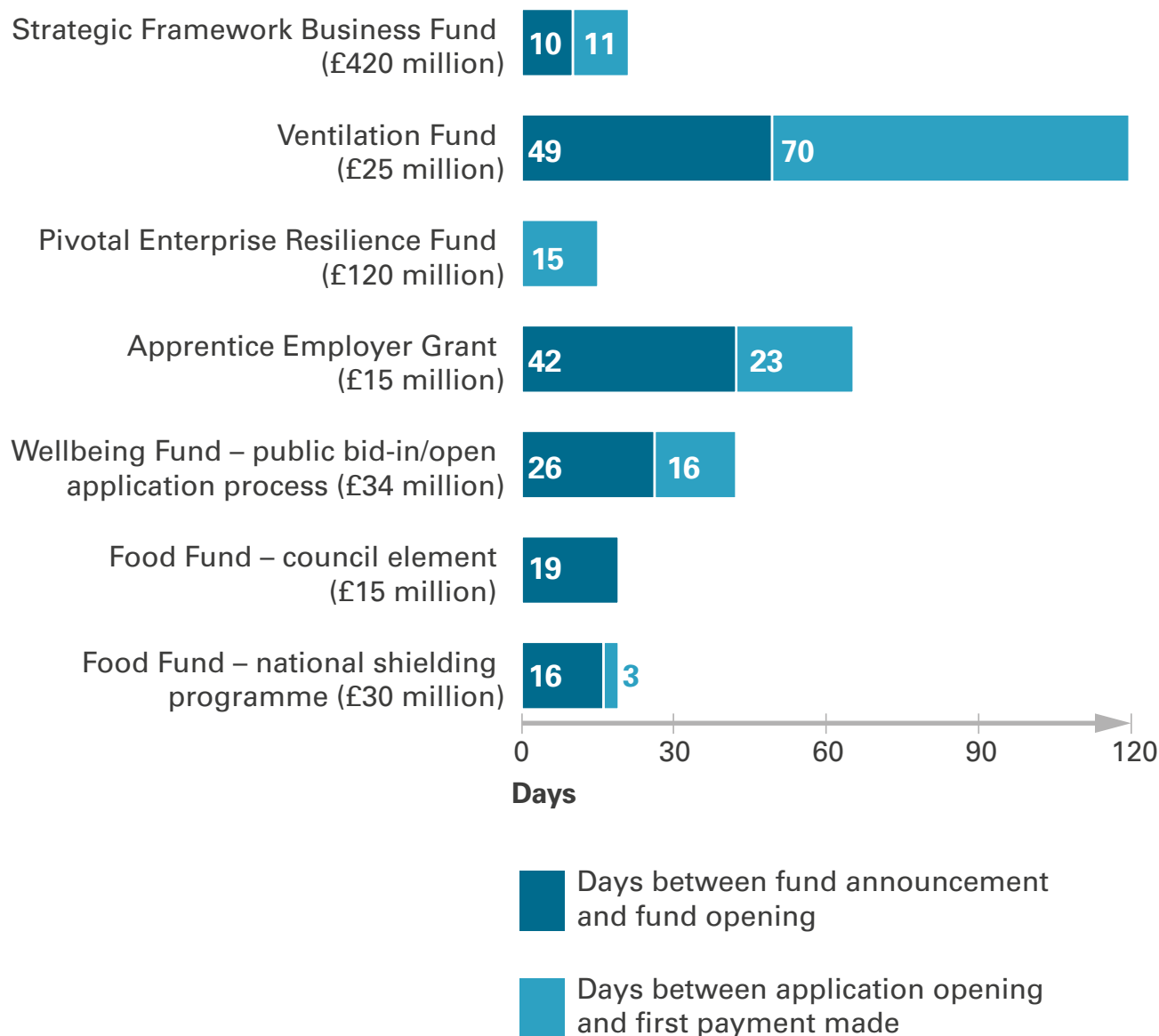
102. In December 2020, the Scottish Government reported on the impact of Covid-19 on the long-term trends in the National Performance Framework. The pandemic has slowed and, in some cases, reversed progress across many of Scotland's National Outcomes. The impact on National Outcomes is likely to be long term. The Scottish Government was already facing a significant challenge to improve outcomes in Scotland and Covid-19 has made this more difficult, having exacerbated inequalities and put additional pressure on public finances.

103. As Scotland emerges from the pandemic, the Scottish Government will need to understand which interventions were successful and which were less so. Being able to understand the themes of, and lessons from, Covid-19 spending will be vital in developing its response to recovery.

Exhibit 9.

Time between Covid-19 support announcements, funds opening and first payments

In most cases, Covid-19 funds did not start accepting applications on the day the Scottish Government announced support.



Notes:

1. The exhibit shows the initial value of sample funds and not final expenditure.
2. The Business Ventilation Fund was an adaptation fund, rather than emergency support in response to restrictions. Claimants were reimbursed for costs after work was completed. It was paid retrospectively to businesses.
3. The council element of the Food Fund started issuing support before funding was allocated, with councils using their resources to support those in food poverty.

Source: Audit Scotland sample fund analysis

Endnotes

- 1 We sought information from Creative Scotland, Highlands and Islands Enterprise, Skills Development Scotland, Scottish Enterprise, South of Scotland Enterprise, Transport Scotland, VisitScotland, Scottish Funding Council, Sportscotland and Historic Environment Scotland.
- 2 [Finance and Public Administration Committee: Finance Update](#), Scottish Government, April 2022.
- 3 Ibid.
- 4 [Summer Budget Revision 2020 to 2021](#), Scottish Government, May 2020.
- 5 [Letter from the Cabinet Secretary for Finance and Economy to the Convener](#), December 2021.
- 6 [Coronavirus \(COVID-19\): business support funding interim experimental statistics – number of grants of £100,000 or over](#), Scottish Government, March 2022
- 7 [Business support payment date data](#), April 2022.

Appendix

Sample funds methodology

The Scottish Government announced over 300 funding packages to help support individuals and businesses during the pandemic, covering all ministerial portfolio areas. Overall, an audit of this nature can only provide generalised conclusions about the overall management of funds, rather than detailed conclusions on the management of all individual funds.

To enable a more in-depth analysis of how decisions were made and how funds were managed we selected a sample of ten individual funds. We looked at how the fund was developed, how decisions were made, spending versus announcements, delivery partner arrangements, reporting and risk management.

The funds were selected to ensure a spread of portfolio areas, delivery partners, and value. The funds selected were from a range of points in time across the pandemic.

Fund	Date announced	Value ¹	Spending area	Partners
Additional funding for health				
Additional funding to NHS boards to help deal with the health impact of Covid-19.	2020/21 Autumn and Spring budget revision	£1.6bn ²	Health	NHS boards
Additional funding for Lost Income Fund				
Funding to compensate councils and council trusts for lost sales, fees and charges from services such as sports centres and parking charges.	8 October 2020 ³	£200m	Communities and local government	Councils
Food Fund (national programme)				
National contractor appointed to deliver food packages to individuals who were advised to shield to protect them from Covid-19.	18 March 2020	£30m	Communities and local government	National contractor
Food Fund (councils)				
Funding to councils to support households struggling to access food because of the pandemic. Councils were given some flexibility over how funding was used.	18 March 2020	£15m	Communities and local government	Councils
				Contd.

Fund	Date announced	Value ¹	Spending area	Partners
Wellbeing Fund (public bid-in)				
Fund administered by a coalition of third sector partners to distribute grants between £5k and £10k to small and local organisations for projects improving mental and physical health, addressing food and financial insecurity, and increasing employment opportunities.	18 March 2020	Up to £34m	Communities and local government	Voluntary sector partners
Additional funding for rail services				
Funding to the rail franchises to help deal with the loss of revenue because of the impact restrictions had on passenger numbers.	1 March 2020	£441m	Transport	Transport Scotland
Apprenticeship Employer Grant				
Grants of between £3.5k and £5k to encourage employers to recruit young apprentices.	1 December 2020	£15m	Business	Skills Development Scotland
Pivotal Enterprise Resilience Fund				
Small to high value grants to businesses that play a vital role in the national and local economies.	30 April 2020	£120m ⁴	Business	Enterprise agencies
Business Ventilation Fund⁵				
Eligible businesses received grants of up to £2.5k per premises to compensate for work carried out to improve ventilation and air quality.	28 September 2020	£25m	Business	Councils
Strategic Framework Business Fund				
Payments to businesses who were impacted by restrictions. Grants ranged from £1.4k to £3k depending on value of business property and whether premises were closed or remained open with modifications in place.	23 October 2020	£420m	Business	Councils

Notes:

1. This is based on the initial value of each of the funds.
2. This is the total allocation to health boards in the two budget revisions. We focused on how the allocation of additional Covid-19 funding was issued to health boards.
3. £90 million was announced in October 2020 and this increased to £200 million in January 2021.
4. £45m to this fund in April 2020, with an additional £75m provided through two funding announcements in May.
5. The Business Ventilation Fund was an adaptation fund, rather than emergency support in response to restrictions. Claimants were reimbursed for costs after work was completed.

Scotland's financial response to Covid-19

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