



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	23 rd June 2022
Report Title	Review of Audit Scotland Reports
Report Number	HSCP22.050
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Amy Richert Senior Project Manager Arichert@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	Appendix A – NHS in Scotland 2021

1. Purpose of the Report

- 1.1. The purpose of this report is to draw the attention of Committee members to relevant reports published by Audit Scotland which have relevance for the ongoing work of the Risk, Audit and Performance Committee, Integration Joint 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.
 - NHS in Scotland 2021

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
 - a) Note the recommendations made by Audit Scotland in the 'NHS in Scotland 2021' report.
 - b) Note the other reports listed in Section X which have recently been published and may be of interest to members.



RISK, AUDIT AND PERFORMANCE COMMITTEE

3. Summary of Key Information

- 3.1. The Auditor General's report, '[NHS in Scotland 2021](#)' (Appendix A) published by Audit Scotland examines the NHS response to the COVID-19 pandemic during 2021 and the subsequent recovery plans for the NHS in Scotland. This is relevant to the RAPC due to both NHS Grampian being a parent organisation for the Health and Social Care Partnership and a key partner. Many NHS services are also devolved to the Aberdeen City health and Social Care Partnership (ACHSCP) or hosted by the ACHSCP.
- 3.2. There is one recommendation for the Scottish Government within the report and nine recommendations for NHS Boards. These nine recommendations are.
- Work with partners in the social care sector to develop a long-term, sustainable solution for reducing delayed discharges from hospital.
 - publish data on performance against the clinical prioritisation categories, to enable transparency about how NHS boards are managing their waiting lists.
 - work with patients on an ongoing basis to inform the priorities for service delivery and be clear on how services are developed around patients' needs.
 - take a cohesive approach to tackling health inequalities by working collaboratively with partners across the public sector and third sector and be transparent on how it will do this.
 - Improve the availability, quality and use of workforce data to ensure workforce planning is based on accurate projections of need.
 - Monitor and manage risks around the impact of additional work outlined in the NHS recovery plan on the NHS workforce, to make sure recovery does not negatively affect staff wellbeing.
 - communicate widely with the public on changes to how services are delivered so that people are aware of how best to access services and monitor the effectiveness of that communication.
 - prioritise the prevention and early intervention agenda as part of the recovery and redesign of NHS services, to enable the NHS to be sustainable into the future.
 - improve the availability, quality and use of data on primary, community and social care so that service planning is based on accurate measures of existing provision and demand
- 3.3. The above recommendations represent a fair reflection of the actions needed to support the NHS to continue to deliver services and recover from COVID-



RISK, AUDIT AND PERFORMANCE COMMITTEE

19 in 2022. There are no areas where consideration is not already being made within local planning either at an NHS Grampian level through the NHS Grampian Plan for Our Future or at an Aberdeen City level through the ACHSCP's Strategic Plan 2022-2025 and the accompanying workforce plan currently in development.

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.

4.5. Other

5. Links to ACHSCP Strategic Plan

- 5.1.** The recommendations made by the Auditor General in their report, 'NHS in Scotland' 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 the 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.

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

This is linked to following risks on the Strategic Risk Register;



RISK, AUDIT AND PERFORMANCE COMMITTEE

- Risk 1
Cause: The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.
Event: Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care.
Consequence: There is a gap between what is required to meet the needs of local people, and services that are available; consequences to the individual include not having the right level of care delivered locally, by suitably trained staff; consequences to the sector include investments made in services that will not be fully utilised and thereby risks to sustainability; and consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting
- 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 9;
Cause: Impact of Covid19 has accelerated and accentuated long-term workforce challenges
Event: Insufficient staff to provide patients/clients with services required.
Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.”



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

This report draws attention to recommendations made in the NHS Scotland report which are relevant to the RAPC and ensures these have been noted



RISK, AUDIT AND PERFORMANCE COMMITTEE

and considered. These are specifically linked to wider mitigations in place around the identified risks.

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