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A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

17 November 2022

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 23 NOVEMBER 2022** at **1:00 PM**, which you are requested to attend.

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST (IF ANY)**
3. **MINUTES** (Pages 5 - 10)

   Argyll and Bute Integration Joint Board held on 21 September 2022
4. **MINUTES OF COMMITTEES**

   (a) Clinical and Care Governance Committee held on 26 October 2022 (to follow)

   (b) Finance and Policy Committee held on 28 October 2022 (Pages 11 - 14)

   (c) Audit and Risk Committee held on 9 November 2022 (Pages 15 - 16)
5. **CHIEF OFFICER'S REPORT** (Pages 17 - 24)

   Report by Chief Officer
6. **STRATEGIC WORKFORCE PLAN 2022 - 2025** (Pages 25 - 82)

   Report by Head of People Planning, Analytics and Reward
7. **STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 2 (2022/23)** (Pages 83 - 102)

   Report by People Partner
8. **WHISTLEBLOWING STANDARDS REPORT** (Pages 103 - 178)

   Report by Director of People and Culture
9. **ARGYLL AND BUTE HSCP PERFORMANCE REPORT - NOVEMBER 2022** (Pages 179 - 192)

   Report by Head of Strategic Planning, Performance and Technology
10. **ARGYLL AND BUTE HSCP ANNUAL PERFORMANCE REPORT 2020/21** (Pages 193 - 224)

    Report by Head of Strategic Planning, Performance and Technology
11. **CHIEF SOCIAL WORK OFFICER REPORT 2021/2022** (Pages 225 - 262)

    Report by Chief Social Work Officer

12. **CLIMATE CHANGE REPORTING 2021/22** (Pages 263 - 278)

    Report by Head of Finance and Transformation

13. **FINANCE**

    Reports by Head of Finance and Transformation

    (a) Budget Monitoring - 6 Months to 30 September 2022 (Pages 279 - 294)

    (b) Medium Term Financial Plan 2023-2026 (Pages 295 - 308)

    (c) Audited Annual Accounts 2021/22 (Pages 309 - 386)

14. **DATES FOR THE FORTHCOMING YEAR (TO FOLLOW)**

    Report by Business Improvement Manager

15. **DATE OF NEXT MEETING**

    Wednesday 25 January 2023

Argyll and Bute HSCP Integration Joint Board (IJB)

Contact: Hazel MacInnes Tel: 01546 604269

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held BY MICROSOFT TEAMS on WEDNESDAY, 21 SEPTEMBER 2022

Present: Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Amanda Hampsey, Argyll and Bute Council (Vice Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Lead AHP, NHS Highland
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Medical Director, NHS Highland
Elizabeth Higgins, Lead Nurse, NHS Highland
Fiona Hogg, Director of Human Resources and Organisational Development, NHS Highland
Kenny Mathieson, Public Representative
Julie Hodges, Independent Sector Representative
Alison McGrory, Interim Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Kirstie Reid, Carers Representative, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
David Gibson, Chief Social Worker / Head of Children & Families and Justice, Argyll and Bute HSCP
Lorna Jordan, Principal Accountant, Argyll and Bute Council
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
David Ritchie, Communications Manager, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Angus MacTaggart and Betty Rhodick.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 24 August 2022 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Strategic Planning Group held on 8 September 2022

The Minutes of the meeting of the Strategic Planning Group held on 8 September 2022 were noted.

(b) Strategic Planning Group held on 8 September 2022 - Link to Argyll and Bute Community Directory

The Argyll and Bute Integration Joint Board noted the link to the Argyll and Bute Community Directory, a valuable resource mapping 1300 services across Argyll and Bute which would assist users to access services in their locality.

(c) Audit and Risk Committee held on 13 September 2022

The Minutes of the meeting of the Audit and Risk Committee held on 13 September 2022 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer reflecting on the wide range of activity taking place both in Argyll and Bute and nationally. The report expressed sadness at the death of Her Majesty the Queen; highlighted a recent Cabinet Secretary visit to Bute; an update on the HSCP's vaccination programme; operational challenges including a number of vacant GP contracts; good news stories; and staffing updates including the appointment of Morven Moir as Head of NHS Finance.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Chief Officer dated 21 September 2022, submitted)

6. FINANCE

(a) Budget Monitoring - 4 Months to 31 July 2022

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 31 July 2022 and a forecast for the year. The report also provided an update on the delivery of the savings programme and utilisation of reserves.

Decision

The Integration Joint Board noted –

1. that there was a small forecast revenue overspend of £575k as at 31 July 2022 and that it was anticipated that the HSCP would be able operate within budget in the current year;

2. progress with the savings programme and confirmation of £2.8m in savings delivered, 46% of target;

3. that earmarked reserves of £3m had been committed for spend in 2022/23; and

4. that at the time of writing the net cost of the revised local authority pay offer was not known but was expected to add a further cost pressure to Social Work Budgets.

(Reference: Report by Head of Finance and Transformation dated 21 September 2022, submitted)

7. HEALTH CARE FRAMEWORK FOR ADULTS LIVING IN CARE HOMES

The Board gave consideration to a report providing an introduction to the NHS Highland response to the recently published Healthcare Framework for Adults Living in Care Homes.

Decision

The Integration Joint Board noted –

1. the publication of the Health Care Framework for Adults Living in Care Homes (June 2022); and

2. the planned approach to response to Healthcare Framework for Adults Living in Care Homes by the Care Home Oversight function.

(Reference: Report by Lead Nurse for Care Homes and Care at Home dated 21 September 2022, submitted)

8. ARGYLL AND BUTE CHILD POVERTY ACTION PLAN REVIEW 2021-2022

The Board gave consideration to a report presenting the current Child Poverty Action Plan Review 2020 – 2021 setting out the current situation in terms of child poverty in Argyll and Bute and making particular reference to areas such as children's rights, sustainability and the challenges facing island communities.

Decision

The Integration Joint Board noted the content of the review.

(Reference: Report by Head of Children & Families and Justice dated 21 September 2022, submitted)

9. YEAR 2 (2021/22) ANNUAL REVIEW OF THE CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2020 - 2023

The Board gave consideration to a report presenting the first annual review of the Children and Young People's Service Plan 2020-2023. The review reported on performance and progress to date in delivering the outcomes set out to achieve.

Decision

The Integration Joint Board noted –

1. that both NHS Highland and Argyll and Bute Council were jointly and equally responsible for children's services planning;

2. Argyll and Bute's Children and Young People's Services Plan 2020-2023 Year 2 review for the period 2021/22; and

3. the submission of the Children and Young People's Services Plan Year 2 review to Scottish Government as per the legislative requirement.

(Reference: Report by Senior Manager Child Health and CMHS dated 21 September 2022, submitted)

10. PUBLIC HEALTH ANNUAL REPORT 2021-2022 AND LIVING WELL MID STRATEGY REPORT 2019-2022

The Board gave consideration to a report outlining the Public Health activity in Argyll and Bute to prevent ill-health and improve health and wellbeing outcomes for the population. The detail of the report covered the Public Health Team Annual Report for 2021-2022; Living Well Mid-strategy Report for 2019-2022; and an update on the strategic approach to prevention in the Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. noted the reports on Living Well 2019 – 2022 and Public Health Team activity in 2021-2022;

2. noted the strategic approach to prevention in Argyll and Bute; and

3. endorsed the role of the IJB in providing leadership to prevent health and social care problems from arising.

(Reference: Report by Interim Associate Director of Public Health dated 21 September 2022, submitted)

The Integration Joint Board took a short comfort break from 2.35pm to 2.45pm.

11. GUARDIAN SERVICE ANNUAL REPORT

The Guardian Service Annual Report was before the Board for noting.

The Board were advised that the report circulated with the agenda was not the correct version of the report and that a verbal summary of the Annual Report would be provided at the meeting, with the correct version being circulated to the Board following the meeting and published with the Minutes.

Decision

The Integration Joint Board noted –

1. the verbal summary of the Guardian Service Annual Report; and

2. that the Guardian Service Annual Report 2021-22 would be circulated to members of the Board following the meeting and would be published with the Minutes.

(Reference: Verbal summary of Guardian Service Annual Report 2021-22)

12. NATIONAL CARE SERVICE CONSULTATION RESPONSE

A response to the National Care Service (Scotland) Bill consultation, which had been submitted to the Scottish Government, was before the Board for noting.

Decision

The Integration Joint Board noted the content of the response.

(Reference: Response to National Care Service (Scotland) Bill consultation, submitted)

13. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 23 November 2022 at 1.00pm.

The Integration Joint Board resolved in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 to exclude the press and public for the following item of business on the grounds that it was likely to involve the disclosure of exempt information as defined in Paragraphs 6 and 9 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973.

14. ACQUISITION OF KINTYRE CARE CENTRE

The Board gave consideration to a report in respect of the acquisition of Kintyre Care Centre.

Decision

The Integration Joint Board agreed the recommendations within the submitted report.

(Reference: Report by Head of Finance and Transformation; and Head of Adult Services dated 21 September 2022, submitted)

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Agenda Item 4b

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE held BY MICROSOFT TEAMS on FRIDAY, 28 OCTOBER 2022

Present: Councillor Amanda Hampsey (Chair)

Kenny Mathieson Graham Bell

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children, Families and Justice, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
Stephen Whiston, Head of Planning, Performance and Technology, Argyll and Bute HSCP
Fiona Broderick, Staffside, Argyll and Bute HSCP
Gillian Mccready, Service Improvement Officer, Argyll and Bute HSCP
Debbie Shaw, Service Improvement Officer, Argyll and Bute HSCP
Belen Ramos, Service Improvement Officer, Argyll and Bute HSCP
Fiona Thomson, Lead Pharmacist, NHS Highland
Lynsey Innis, Senior Committee Assistant; Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Sarah Compton-Bishop.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Finance and Policy Committee, held on 5 August 2022 were approved as a correct record.

4. BUDGET MONITORING - 6 MONTHS TO 30 SEPTEMBER 2022

The Committee gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 30 September 2022 and a forecast for the year. The report also provided an update in respect of the delivery of the savings programme and the reserves position.

Decision

The Finance and Policy Committee –

1. Noted that there is a relatively small forecast revenue overspend of £737k as at 30 September 2022 and that it is anticipated that the HSCP will be able to operate within available resources in the current year.

2. Noted progress with the savings programme and confirmation of £3.3m in savings delivered, 55% of target.

3. Noted that earmarked reserves of £4.7m have been committed.

4. Noted that the net cost of the revised local authority pay offer is not known but is expected to add a further cost pressure to Social Work Budgets.

5. Noted that the Scottish Government are in the process of clawing back Covid Reserves (Circa £2m) and have reduced the Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

6. Noted that Primary Care Improvement Programme plans now require to be amended to reflect reduced resource.

(Reference: Report by Head of Finance and Transformation, dated 28 October 2022, submitted)

5. FINANCIAL RISKS 2022/23

Consideration was given to a report which provided an update on the perceived financial risks facing the HSCP which could have an impact upon financial performance during 2022/23.

Decision

The Finance and Policy Committee –

1. Considered the 2022/23 financial risks identified for the HSCP as at 30 September 2022 and noted the mitigations.

2. Noted the risk of clawback of reserves and in-year funding reductions.

3. Noted that financial risks will continue to be reviewed every two months.

(Reference: Report by Head of Finance and Transformation, dated 28 October 2022, submitted)

6. TRANSFORMATION PROGRAMME UPDATE

The Committee gave consideration to a report which provided a high level overview of the Transformation Programme and a summary of the key pieces of work and projects underway.

Decision

The Finance and Policy Committee –

1. Noted progress with the Transformation Programme and provided scrutiny in connection with progress and direction of the programme and its priorities.

2. Endorsed the proposal to take forward the development of two strategic business cases.

(Reference: Report by Head of Finance and Transformation, dated 28 October 2022, submitted)

7. PROGRESS UPDATE - CHILDREN, FAMILIES AND JUSTICE TRANSFORMATION PROGRAMME BOARD

The Committee gave consideration to a report which provided a summary of the Children, Families and Justice Services financial and savings position as at 30 September 2022, the current challenges to delivery of savings and an overview of the planned actions to progress the outstanding savings.

Decision

The Finance and Policy Committee –

1. Noted the progress in respect of Children, Families and Justice savings as at 30 September 2022.

2. Noted the actions planned to recover the outstanding savings proposals.

(Reference: Report by Chief Social Work Officer, Head of Children, Families and Justice, dated 28 October 2022, submitted)

8. PROGRESS UPDATE - OLDER ADULTS AND COMMUNITY HOSPITALS BUDGET AND SAVINGS PROGRAMME

Consideration was given to a report which provided a summary of the Older Adult and Community Hospitals services financial and savings position as at 1 October 2022, the current challenges to delivering services, remaining on target for budget allocation and spend and an overview of the planned actions to progress the outstanding savings.

Decision

The Finance and Policy Committee –

1. Noted the overview of budgets in this area.

2. Discussed the ongoing challenges to delivering services for older adults post pandemic within allocated budgets.

3. Noted the progress in respect of Older Adult and Community Hospital savings programme to date (should now be referred to as Health and Community Care).

4. Noted the actions planned to support service delivery and progress of the Unscheduled Care Programme within Argyll and Bute.

(Reference: Report by Head of Adult Services – Health and Community Care, dated 28 October 2022, submitted)

9. DATE OF NEXT MEETING

The Finance and Policy Committee noted that their next meeting was scheduled to take place on Friday, 25 November 2022.

Agenda Item 4c

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held BY MICROSOFT TEAMS on WEDNESDAY, 9 NOVEMBER 2022

Present: Councillor Kieron Green (Chair)

Susan Ringwood

Councillor Douglas Philand

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
Geraldine Collier, HR People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council
Pauline Gillen, Audit Scotland
Kyle McAulay, Audit Scotland

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:-

Sarah Compton-Bishop, NHS Highland Non-Executive Board Member
John Steven, Carers Representative, NHS Highland

2. DECLARATIONS OF INTEREST (IF ANY)

There were no declarations of interest intimated.

3. AUDITED ANNUAL ACCOUNTS 2021/22

The Committee gave consideration to a report presenting the Audited Annual Accounts of the Integration Joint Board for 2021-22. The report noted that the accounts had been subject to independent audit by the external auditors, Audit Scotland.

Decision

The Audit and Risk Committee –

1. Noted that Audit Scotland had completed their audit of the annual accounts for 2021-22 and had issued an unqualified Independent Auditor's Report.

2. Considered the 2021/22 Annual Audit Report prepared by Audit Scotland.

3. Approved the draft Letter of Management Representation to Audit Scotland.

4. Recommended the Audited Accounts to the IJB for approval at their meeting on 23 November 2022.

(Reference: Report by Head of Finance and Transformation, dated 9 November 2022, submitted)

4. DATE OF NEXT MEETING

The Audit and Risk Committee noted that the next meeting would be held on Tuesday, 13 December 2022.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **23 November 2022**

Title of Report: **Chief Officer Report**

Presented by: **Fiona Davies, Chief Officer**

The Integration Joint Board is asked to:

- Note the following report from the Chief Officer

Introduction

I would like to welcome you to my Chief Officer Report for November and my thanks to those of you who have commented on the new format of the report which I introduced at the August IJB meeting. We are continuing to develop the report and feedback from the public and staff is very welcome.

In this month's report I would like to thank everyone involved in the autumn/winter COVID-19 and Flu vaccination programme for the amazing job they are doing. There are a whole host of people involved including the Vaccination Programme Team, support staff, volunteers and our GPs and staff who are delivering the programme on many of our islands. I would encourage everyone who is eligible to take up the offer of a vaccination as this will help protect our local communities.

I have also included a short summary from the National Care Service Forum which took place on 3 October and was attended by a wide range of individuals and organisations, including representatives from the HSCP. This is such an important development by the Scottish Government and it is key that the HSCP continues to feed in to the overall process around the proposals for the National Care Service.

In the operational challenges section I have outlined the pressures that our care at home services are under and the steps we are taking to further support providers. I would also like to personally thank our providers and carers for the work they are doing every day for their local communities.

Our Winter Plan for this year has also been developed and this will ensure that there is additional focus on areas of operational pressure to support the resilience of our service delivery over the winter pressures period.

I attended this year's Scottish Health Awards which took place on 3 November and I was delighted that there were two finalists from Argyll and Bute. The Arrochar GP

Surgery team were up for the People's Choice Award and also the Top Team Award. In the Innovation award category Rory Munro from the Public Health Team was selected as a finalist for his work on the Island COVID testing pathways. Rory and the Arrochar team just missed out on the night on winning an award but my congratulations go to them for making it to the final and highlighting the amazing work they have been doing for the people of Argyll and Bute.

HSCP Updates

Thank you to the Autumn/Winter Vaccinations Team

We would like to thank the Vaccination Programme Team, support staff, volunteers and our GPs and staff (who are delivering the programme on many of our islands) for doing an incredible job in delivering the Autumn/Winter vaccination programme.

The vaccination programme is definitely off to a strong start and the teams have been making immense progress in a very short space of time. I'm mindful that while we focus on our seasonal vaccinations that it is equally important to highlight our full vaccination program and the importance of this in protecting our whole community.

If you have any questions about alternative clinics or rearranging appointments then please contact the Service Delivery Centre Helpline on: 08000 320 339. The line is open Monday to Friday, 9:30am to 5:00pm. Alternatively you can email the Vaccination Enquiry Hub at nhsh.covidvaccine@nhs.scot or reschedule online using the National Vaccination Portal.

National Care Service Forum

Representatives from the HSCP attended the National Care Service Forum which was held on 3 October. The event, which was led by the Scottish Government, was attended by a range of individuals and organisations including those with lived experience, unpaid carers, HSCP representatives, the Scottish Social Services Council, Third Sector, Trade Unions and Scottish Government Ministers and representatives. This was the first in a number of forums and it focussed on three themes:

- theme 1: The National Care Service- what's this all about?
- theme 2: Why the National Care Service is everyone's business
- theme 3: You said, we heard - but have we got that right? Exploring what people think, what they've said and if we've understood.

During the day there were a number of discussions in relation to the growth in the demand for social care, making the sector fit for the future, learning what is working well, workforce challenges, the proposed model for the National Care Service and how it should be implemented. Please click here for further information on the Scottish Government's proposals for the National Care Service.

Winter Plan

The HSCP's Winter Plan is developed every year and pulls together the key elements which support the resilience of our service delivery over the winter pressures period. We work very closely with our partners as part of this approach and the plan will be regularly updated and further developed in response to any evolving operational requirements.

The key aims of the Winter Plan are:

- Enhance community supports and adopt a home first approach
- Admission avoidance
- Timely Discharge including planned date for discharge
- Anticipatory Care Planning
- Organisational and service resilience
- Staff safety and well being
- Ensure we take into consideration a wide range of risks that may impact including adverse weather, impact of staff ill health and industrial action.

A number of processes have also been put in place to monitor the Plan and these include:

- The Adult Huddle meets two times a week focusing on safety, flow and delayed discharges
- The Winter Planning Group will meet weekly (extending the Tuesday Huddle) from late October and escalations will come to the Senior Leadership Team
- A delayed discharge group which will meet weekly across Argyll and Bute

NHS Highland Whistleblowing Champion Visit

We would like to thank Albert Donald, NHS Highland Non-Executive Director and Whistleblowing Champion, on his recent visit to the HSCP in October. Bert visited a number of locations including Islay, Jura and Lochgilphead and met with a number of staff both individually and in groups. The Chief Officer accompanied him during his time in Argyll and Bute.

Urgent and Unscheduled Care Programme Board

On 2 June 2022 the Scottish Government launched a new programme to support the delivery of Urgent and Unscheduled Care Collaborative across all NHS Boards in Scotland. This links in with the national improvement initiatives under the banner of *Right Care, Right Place, First time.*

NHS Highland has therefore reviewed its Programme Boards and has set up an Urgent and Unscheduled Care Programme Board which will cover the whole of the Board area. This Board will be chaired by the Argyll and Bute Chief Officer.

Service Updates

The HSCP's Clinical Pharmacy Team recently welcomed Ian Rudd, NHS Highland Director of Pharmacy, to Argyll and Bute where he met with teams across the HSCP. The Pharmacy Teams assist patients to gain the maximum benefit from their medicines in all care settings and specialist clinical input is also provided to mental health and chemotherapy services. During his visit Ian was pleased to hear praise for the team's contribution to patient care and to the wider healthcare team.

Within Primary Care the Pharmacotherapy Service to GP practices is provided by a mixture of staff based within surgeries and also remotely from the Pharmacy Hub in Helensburgh. The Hub is a new development this year and helps in ensuring that an equitable service can be delivered across the whole of the HSCP. There are a wide range of colleagues working in the Hub including Pharmacists, Pharmacy Technicians and Pharmacy Support workers.

Future conversations will take place around workforce planning, education and training developments to ensure that the team can continue to provide a sustainable and resilient service and develop to take on new roles particularly around Virtual Wards, Care homes and Mental Health & Addiction Services.

Operational Challenges

Argyll and Bute HSCP Care at Home Services

Like other HSCPs across Scotland we are facing significant recruitment and retention challenges in providing sustainable care at home services. There are a number of reasons for these challenges including competition for staff from employers in other sectors and budget pressures due to rising fuel costs and the cost of living.

We have been actively looking into how additional support can be given to care at home services and we have identified and approved a number of proposals. These include an hourly rate increase in the pay for staff, changes to the way of working in our localities to develop a more inclusive partnership approach and we are also looking at the frequency of how we pay providers for the work they do to help them.

We have been in communication with all providers in relation to these proposals and meetings have been held with them to discuss the proposals in more detail. We are hopeful that this will help address some of the challenges they are experiencing and help them sustain and develop their business going forward.

We would like to thank all our providers and carers for the work they are doing every day for the people who use our care at home services.

National Updates

Winter vaccines for remaining priority groups

Over-50s were able to book their winter vaccines from 24 October protecting them from COVID-19 and flu and easing pressure on the NHS this winter. Those aged 50-64 can book an appointment on the NHS Inform website making it simple to

arrange a time which suits them. Appointments can also be rescheduled online – with a national helpline available for those without internet access. Further information is available here.

Preparing the NHS for Winter

Additional funding of £8 million for overseas nurse recruitment and increased flexibility for Health Boards to retain staff are among new measures to support the health and care system through what is anticipated to be an extremely challenging winter. Health Secretary Humza Yousaf has outlined a number of actions for the coming months backed by more than £600 million of funding. Further information is available here.

A new story for Dementia

People with dementia and their carers will be at the forefront of improving the help and support they receive as a National Conversation is launched on the condition.

This will be the first step towards a new dementia strategy. People living with dementia, their families and carers will be given the opportunity to spell out what is important to them, what needs to change, and how to build on the first dementia strategy in 2010. Further information is available here.

Suicide Prevention Strategy

Suicide prevention will be ramped up as the Government and COSLA publish a 10-year strategy to tackle the factors and inequalities that can lead to suicide.

The strategy will draw on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families. Further information is available here.

Good News

Marshall Dialysis Unit

On Thursday 6 October, The Marshall Dialysis Unit at Victoria Hospital on the Isle of Bute was officially opened by Mrs Ann Polea, one of the founders of Bute Kidney Patients Support Group and in attendance were representatives from the HSCP, The Dr J N Marshall Island of Bute Memorial Trust and the Bute Kidney Patients Support Group.

The new unit, which has been operational since November 2021, is part of Victoria Hospital Renal service and will benefit patients living on the Isle of Bute, who will no longer have to travel for dialysis treatment to Inverclyde. The unit has been funded by The Dr J N Marshall Island of Bute Memorial Trust and Bute Kidney Patients Support Group, along with successful local community fundraising.

The unit has space to dialyse up to three patients at one time, reducing the need for some patients having to travel to Inverclyde for treatment and care. You can read the full press release here.

Scottish Health Awards

The Scottish Health Awards took place on 3 November and there were two finalists from Argyll and Bute. The Arrochar GP Surgery team was up for the People's Choice Award and also the Top Team Award. In the Innovation award category Rory Munro from the Public Health Team was selected as a finalist for his work on the Island COVID testing pathways. Although both just missed out on the night on winning an award we would like to congratulate them on making it to the final and thank them for the work they are doing for the people of Argyll and Bute.

Scottish Health and Care Experience Survey

The results from the latest Scottish Health and Care Experience (HACE) Survey from Public Health Scotland were recently published and highlighted large percentages of positive feedback from the public in Argyll and Bute about their experiences at their GP Practices.

77% gave a positive rating to the overall care provided by a GP practice. When asked about the last time they needed to urgently see or speak to a doctor or nurse from their GP practice, 93% of those surveyed gave positive feedback on the length of time they had to wait. There was a 74% positive feedback rating for getting to speak to a Doctor at a GP Practice, 84% for getting to speak to a Nurse, and 86% for a Pharmacist at a GP practice.

During their appointments, 89% felt they were listened to and 88% felt they were treated with compassion and understanding. 89% of people said it was easy to contact their GP Practice in a way that they wanted

The last couple of years have been a really challenging time for GP Practices as they have had to adapt how they deliver services due to the COVID-19 pandemic. We were delighted to see such positive feedback from the public and would like to thank all GPs and their staff for everything they are doing for their communities. You can read the full press release here.

Faster Access to Physiotherapy Services

The HSCP has secured funding to pilot a mobile phone application called Phio App which can be used for managing musculoskeletal (MSK) injuries. The App is a clinically-led digital MSK condition assessment tool that is accessible 24/7 and provides patients with remote access to the right care faster. The aim is to improve health outcomes, the patient experience, reduce appointment waiting times and help meet the increased demand for physiotherapy services.

As part of the trial the App is available to everyone across Argyll and Bute currently on the HSCP's physiotherapy service waiting list and patients will receive an invitation by letter to access the service. Further information is available here.

Staffing Updates

Primary Care Manager - We are delighted to welcome Patricia Morrison, Primary Care Service Manager, to the Argyll and Bute Primary Care team. Patricia comes to us from NHS Greater Glasgow & Clyde with a wealth of experience in primary care, including contracting and regulatory issues and Out of Hours. She will be the key link between practices and the HSCP and will provide specialist advice to the HSCP on all matters relating to General Practice.

Clinical Governance Manager – Margo Howatson has joined the HSCP as the new Clinical Governance Manager, Margo comes to us from her previous role in NHS Orkney where she worked as a Clinical Nurse Manager. Although new to Argyll and Bute Margo is familiar with NHS Highland having worked as an Advanced Nurse Practitioner in Primary Care. Welcome to the team Margo.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 23 November 2022

Title of Report: Workforce Plan

Presented by: Kevin Colclough

The IJB is asked to:

- The Integration Joint Board is asked to formally approve the 3 year Workforce Plan for the Argyll & Bute HSCP and;
- To note and approve the governance and reporting arrangements in relation to oversight of the actions contained within the plan

1. EXECUTIVE SUMMARY

All NHS Boards and Health and Social Care Partnerships (HSCPs) were commissioned by Scottish Government to develop and publish a 3 year Strategic Workforce Plan. A strategic workforce plan has been developed for the Argyll and Bute HSCP and is attached to this paper for formal approval by the Integration Joint Board.

2. INTRODUCTION

The Workforce Plan intends to draw together and monitor key actions to assist the Argyll and Bute Health and Social Care Partnership (ABHSCP) ensure we have the right people with the right skills in place, at the right time, to deliver our future services. The workforce plan is aligned to the 2022-2025 Joint Strategic Plan for ABHSCP.

The plan also reflects the recently published National Workforce Strategy for Health and Social Care and will contribute, where possible, to the implementation of many of the actions included in that strategy.

3. DETAIL OF REPORT

The National Workforce Strategy for Health and Social Care in Scotland (March 2022) confirmed the requirement of a 3 year Workforce Plan. This replaced the requirements set out in An Integrated Health and Social Care Workforce Plan for Scotland (December 2019).

Further guidance was released in DL 2022 (09) (April 2022). Boards and HSCPs were asked to submit a copy of their plan to the Scottish Government by 31 July 2022. ABHSCP Workforce Plan 2022-2025 was submitted to the

Scottish Government and feedback received on 4th October 2022. Revisions have been made where we are able to do so with actions defined to support the ambitions moving forward. The feedback from Scottish Government will continue to be considered in the annual review of the workforce plan as and when service delivery models are reviewed and revised and we are in a position to be more accurate with the future workforce projections.

The plan has been developed through collaboration and consultation with clinical and professional leads, our people professionals, service leads and managers and discussions with the independent social care sector through Scottish Care representatives in the Argyll and Bute Health and Social Care Partnership.

Final publication was due by 31st October 2022 with Annual revisions to plans to be submitted to Scottish Government by the end of October each calendar year. We have agreement from Scottish Government, in line with other boards and HSCPs to publish following the IJB meeting closest to that date.

Further guidance is to be released regarding the way in which revisions are to be drawn.

Delivery of the workforce plan, as outlined within, will be overseen by the Strategic Workforce Planning group, which sits within the Transformation Boards structure. Each theme contained with the workforce plan actions section will have a separate working group containing members with the right knowledge, skills and resource to progress the actions drawn from all partners, ABC, NHSH and third/independent sectors, where practicable.

The Strategic Workforce Planning Group will report on a bi-annual basis to the IJB with operational activity reporting through the current staff governance structures and SLT.

4. RELEVANT DATA AND INDICATORS

The workforce plan utilised staff data and projected need.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This contributes to all IJB strategic objectives.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No financial impact for this paper.

6.2 Staff Governance

This paper notes the governance route for the Strategic Workforce Planning Group

6.3 Clinical and Care Governance

Professional advisory is in place within the Terms of Reference of the Strategic Workforce Planning Group with any related activity supported by the Clinical and Care Governance Framework.

7. PROFESSIONAL ADVISORY

The workforce plan has had significant staff involvement.

8. EQUALITY & DIVERSITY IMPLICATIONS

This plan will ensure a diverse workforce to meet the needs of a diverse population.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

In line with requirement.

10. RISK ASSESSMENT

Workforce remains a strategic risk for the IJB and this plan would seek to address this through its implementation.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

TBC

12. CONCLUSIONS

Further to feedback from the Scottish Government this plan is presented to the IJB for final approval with a request to retain oversight for implementation.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name Kevin Colclough
Email kevin.colclough1@nhs.scot

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A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

Strategic Workforce Plan

2022-2025

Contents

1. Introduction

Welcome to Argyll and Bute Health and Social Care Partnership's (ABHSCP) Strategic Workforce Plan for 2022-2025. The Plan is intended to support the Joint Strategic Plan for ABHSCP covering the same time period with a view to ensuring we have the right people with the right skills in place to deliver remobilised services following the pandemic.

The workforce plan reflects the impact that COVID 19 has had, and continues to have, on services and the workforce in particular. Whilst the pandemic has had a significant impact on the workforce there are a number of positive opportunities that have made, and continue to make, a difference in how we can work within a remote and island health and social care partnership.

This Strategic Workforce Plan also reflects the recently published National Workforce Strategy for Health and Social Care and will contribute, where possible, to the implementation of many of the actions included in that strategy. The action plan at the end of this document will mirror the 5 Pillars approach outlined in the National Workforce Strategy.

The actions set out in the workforce plan are the starting point in ensuring that we have the required workforce to achieve the strategic ambitions laid out in the Joint Strategic Plan enabling People in Argyll and Bute to live longer, healthier independent lives. The plan will be refreshed on an annual basis as actions are fulfilled and new actions are developed. As we build towards a more refined partnership approach to workforce planning across ABHSCP the action plan will be updated and refreshed.

2. Background and Context

In common with all employers, employees within the Argyll and Bute Health and Social Care Partnership are critical to the delivery of services and our strategic ambitions. One of the highest level risks within the Corporate Risk Register, therefore, is focussed on workforce recruitment and retention:

> inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers.

Effective workforce planning across the partnership is vital to mitigate this risk and this workforce plan is the starting point.

Health and Social Care Partnerships are required to publish a 3 year workforce plan by 31 October 2022 which aligns with both the NHS Scotland Recovery Plan and the National Workforce Strategy for Health and Social Care. Whilst the publication of a workforce plan is a requirement, it is vital for the delivery of the Joint Strategic Plan 2022-2025 that a strategic workforce plan is developed that supports the attraction, recruitment, development and retention of the workforce required to deliver the Joint Strategic Plan and enables the ongoing sustainable delivery of services in the future. Workforce planning is a key part of the Strategic planning process, with workforce development and mitigations to workforce risks being seen as a key driver for strategic change.

3. Methodology

Workforce planning within the ABHSCP has hitherto been led by the individual employer for a particular workforce. Through the development of this plan we have begun to work together as employers within the partnership through workforce planning discussions with managers and the development of engagement sessions with leaders in the ABHSCP.

The national workforce planning guidance issued in the Scottish Government Directors letter of 1 April 2022[1] does not prescribe a specific workforce planning methodology. Both employers within the partnership, however, adopt a similar approach to workforce planning that:

- Assesses the current workforce
- Assesses future workforce requirements
- Develops an action plan to fill the gap between present and future.

Argyll and Bute Council workforce planning colleagues also adopt a risk based approach to future workforce planning based on an assessment of impact and likelihood in relation to:

- Ageing workforce
- Recruitment
- Succession planning
- Skills

This provides an overall risk rating with the higher risk services receiving more targeted and frequent workforce planning support. This approach will be adopted across both employers within ABHSCP in the future as we continue to develop a more refined partnership approach to workforce planning.

The development of this workforce plan has been based around engagement sessions with managers, independent sector providers, professional leaders, staff-side representatives and the Integration Joint Board. These sessions identified the strategic drivers for change, challenges and risks to stabilising and retaining the existing workforce, as well as any workforce changes expected in the future and actions required. The aim of the workforce plan is to summarise the key points from those engagement sessions and develop an action plan.

Delivery of the actions contained within will be overseen by a Strategic Workforce Planning group that will be developed within the governance structure of the Transformation Programme, detailed later in this plan.

This Strategic Workforce Plan covers the workforce involved in providing all the services delivered or purchased within the remit of the ABHSCP and therefore includes independent providers within both primary and social care. It does not, however, include services commissioned from NHS Greater Glasgow and Clyde.

[1] DL 2022 (09) National Health and Social Care Workforce Strategy: Three Year Workforce Plans https://www.sehd.scot.nhs.uk/dl/DL(2022)09.pdf

4. National Workforce Strategy for Health and Social Care

The Scottish Government published the National Workforce Strategy for Health and Social Care on 31 March 2022 that sets out a national framework to achieve the vision for a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The strategy outlines an overarching framework for activity at national level that supports boards and HSCPs to plan and deliver the workforce required for the future. It sets out the changing demands on the health and social care workforce and uses the 5 pillars of the workforce journey as a framework for action. The 5 pillars are:

Implementation of the National Workforce Strategy will take place at both national and local levels, with local implementation being driven through the workforce plans developed by HSCPs and NHS Boards. The action plan within this workforce plan, for example, will by laid out using the 5 pillars as a framework for action. Where input to national actions are required, or relevant, they will be included in the actions within this plan. Some key national actions with direct relevance to this workforce plan are:

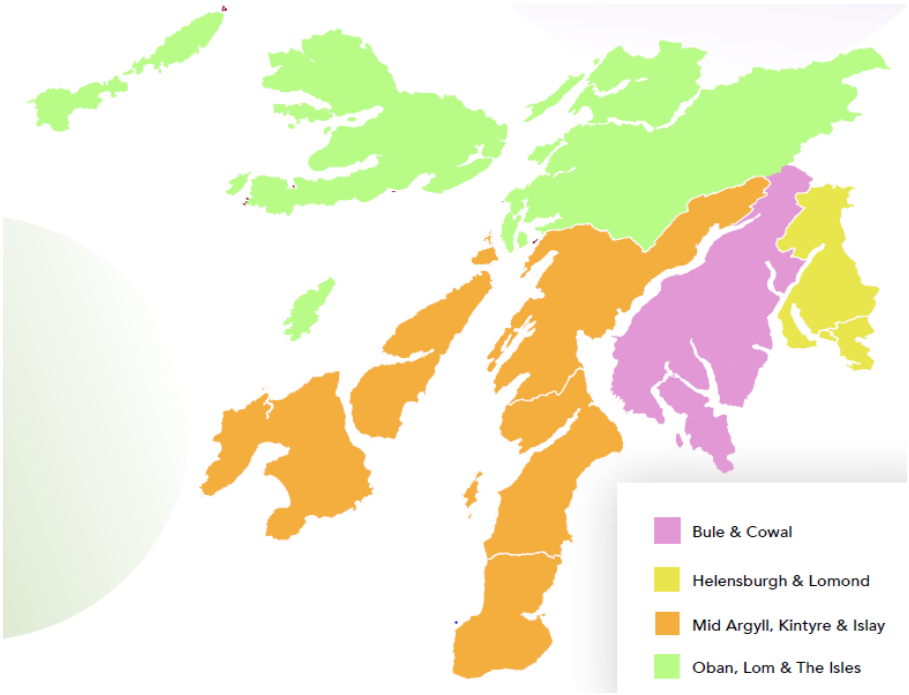
Plan	Attract	Train	Employ	Nurture
• Develop a Remote and Rural Recruitment Strategy by the end of 2024 • Analyse the detail in 3 year workforce plans ensuring the analysis is considered in policy development	• Work with SSSC and partners to promote careers opportunities in Social Care and deliver policies in developing the workforce • Expand the reach of employability programmes • Funding to territorial health boards for International recruitment leads	• Increase funded places for nursing and midwifery by over 8% across all training pathways • Develop the social work advanced practice career pathway • National clinical skills for pharmacists programme for independent prescribing	• Recruit 320 additional CAMHS staff. • Work with UK Govt to develop partnerships with individual countries which will support direct access to international labour markets • Work with HSCPs and providers to identify how SG can support local social care campaigns	• Provide financial investment to help Health and social care staff with their emotional needs • Launch a national leadership development programme for all different levels within health and social care organisations and influence culture change through this

5. Overview of A&B

Geography

Argyll and Bute is the second largest Council area in Scotland by area (after Highland), with the third lowest overall population density in Scotland (after Highland and Na h-Eileanan Siar). Our geography covers some 2,500 square miles and encompasses a range of rural, very remote rural and populated islands. This presents a variety of challenges to the sustainability of health and care services as well as an increase in the cost of service delivery. Working with our communities and staff we strive to provide the vast majority of our health and care services within Argyll and Bute close to people's communities.

ABHSCP is divided into four locality planning areas:



Within three localities, there are further divisions into 'local areas' which consist of groupings of natural geographical communities and/or service provision. Workforce challenges and risks can often vary across different localities with western and Island areas being particularly difficult to recruit to, although Helensburgh being more relatively well connected with the central belt faces competition from the Greater Glasgow HSCPs. Planning may sometimes be necessary for smaller areas within a locality e.g. for one island.

Helensburgh is relatively well-connected via land transport links with the central belt and is the only settlement classified as 'Urban'. The geography includes 23 inhabited Islands connected to the mainland through ferry and air services. 69% of the population live in 'very remote' areas (either rural or small towns).

Services

In Argyll and Bute, the HSCP delivers and purchases a broad range of services covering all aspects of health and social care. Our main health and care facilities in Argyll and Bute include 6 community hospitals, an Acute Hospital and 21 Care Homes for older adults. The full range of children's, adults and justice social work services are also provided along with a wide range of social care services.

Included in the remit of the HSCP are:

- NHS services; Community hospitals; Acute Care; Primary Care (including GPs); Allied Health Professionals, Community Health Services, Maternity Services
- Public Health services including the Prevention agenda
- Adult services including care homes, care at home and other services for older adults;
- Services for people with learning disabilities;
- Mental Health Services
- Children & Families social care services

- Children's Health Services and Child and Adolescent Mental Health Services
- Alcohol and Drug Services
- Gender Based Violence
- Child and Adult Protection
- Justice Services

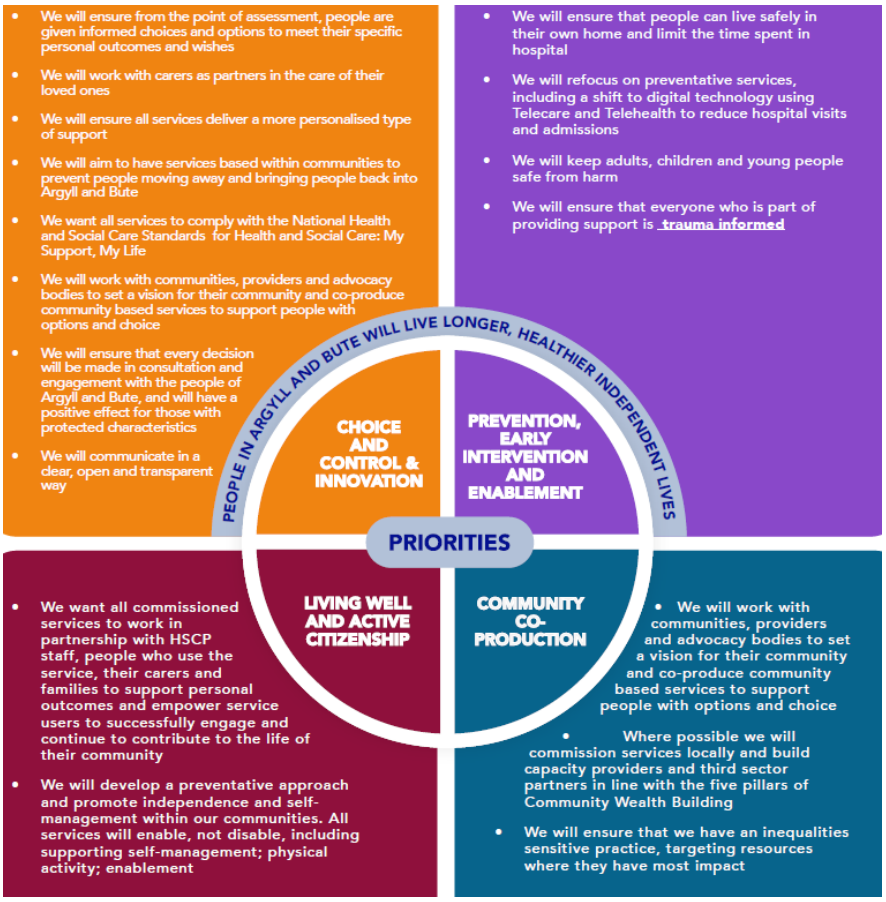
In bringing together all these services within one partnership and one strategy we aim for services to work closer together so that people receive the right level of care at the right time from our workforce of professional staff and can move through services easily.

Argyll and Bute HSCP works very closely with NHS Greater Glasgow and Clyde Health Board, from whom we commission acute hospital and specialist services for emergency, elective and outpatient services.

Joint Strategic Plan[2]

[2] It should be noted here that NHS Highland is currently developing a 5 year strategy (Together We Care). The people ambitions within that document will have a positive impact on health staff within Argyll and Bute with actions taken under that strategy feeding into actions contained within this workforce plan. For further information see the NHS Highland Workforce Plan.

Argyll and Bute Health and Social Care Partnership published its 3 year Joint Strategic Plan in June 2022 which lays outs the vision, priorities, commissioning intentions and strategic objectives for the partnership as shown below.



The Joint Strategic Plan also outlines the objectives and priorities for the next three years for each of the service areas, with the intention that each employee and every service will work towards our ultimate vision. This workforce plan contains key workforce drivers, challenges and actions for most of these service areas, which will support the workforce in meeting the objectives and priorities.

Financial Position

The Argyll and Bute Health and Social Care Partnership is required to operate within the resources it has available to it and on a financially sustainable basis. The partnership has set a balanced budget for

financial year 2022/23 and is currently developing longer term finance and investment planning. It is important that the strategic priorities and objectives of the HSCP align with its budget.

Overall the HSCP has faced significant financial challenges in recent years and these are now being addressed. The financial position is improving and our services are being better funded by government, this gives us increased scope to consider how we develop and transform our services and invest in the longer term.

Approved Budget 2022-23

The approved budget for 2022-23 outlines our plans to spend the funding allocated to us, totalling £320.9m for the year. The HSCP is benefiting from recent commitments from the Scottish Government to better fund and priorities Health and Social Care Services. Almost all of our funding comes from Scottish Government to the two partner bodies, NHS Highland and Argyll and Bute Council who then allocate it to the HSCP.

The HSCP has set an expenditure budget for the year which balances to the available resources. However, this requires £3.9m of savings to be delivered in year in order to achieve financial balance. This on-going need for efficiency and cost improvements is driven by on-going inflation, demand increases and the introduction of new interventions and treatments. The impact of demographic change is an important aspect of this challenge, as our population ages health and care needs increase materially while the working age population is reducing in our area.

We seek to ensure that our savings plans improve efficiency and reduce costs in ways which minimise the impact on service users and the wider community. The expenditure budget is allocated across a wide range of services throughout Argyll & Bute and with external providers, particularly related to Hospital Services in NHS Greater Glasgow & Clyde.

- The financial plan assumes a level of growth in workforce numbers. This is difficult to quantify at present but includes:
  - Increase in workforce size to narrow gap between current budgeted establishment and actual staffing (reduced vacancies);
  - Reduce reliance on temporary and agency staff to implement more cost effective, stable and sustainable staffing models;
  - Some transition from commissioned services to direct delivery of service;
  - Additional growth in 2022/23 budget and use of non-recurring reserves balances not yet fully reflected in staffing establishment; and
  - Cost and demand pressures allowed for will require additional staffing.

It is likely to be the case that some of the savings programme will require reductions in staffing which will in part offset the increases referred to above. The Workforce plan seeks to outline how the HSCP can seek to address the workforce challenge over the medium term.

6. Demographics

The Joint Strategic Plan contains an analysis of the demographics, life circumstances and health and wellbeing status of the Argyll and Bute population. The following is a brief summary of that analysis.

- The 2020 mid-year population estimate for Argyll and Bute is 85,430, a 3.6% decrease since 2010, with the number of deaths registered higher than the number of births each year since the early 1990s.
- In particular, the population of working age has decreased and is projected to continue to do so. Alongside this, the population of those under 16 has decreased and this is also projected to continue.
- There is a lower ratio of people of working age to other ages in remote and rural areas
- In contrast, the population of those aged 75 and over has increased each year since 2002 with 11.7% of the population aged 75+ compared to 8.6% in Scotland as whole. The number of people aged 75+ and 85+ is projected to continue to increase over the next 10 years.
- Bute and Cowal have the highest proportion of people aged over 65

Life Circumstances

Within the Argyll and Bute population 9.7% are estimated to be income deprived and, therefore, more likely to experience poorer health and wellbeing. Deprivation within rural areas is likely to be hidden by the mixed socio-economic status of small rural areas. 17% of those under 16 are estimated to be living in relative poverty. Minimum income standards are high in remote, rural and island areas, largely due to fuel costs, currently a significant issue for those living and working in Argyll and Bute.

There are increasing numbers of those living alone, currently over 1 in 5 people. Lack of affordable housing is a significant problem in some areas with high rates of second homes, empty properties and older housing stock in some areas.

Seasonal differences in population due to high levels of tourism and increased length of stay in second homes mean fluctuating demand for services across the year.

Increases in the numbers within the population with limiting conditions means an increase in the number of unpaid carers, with a potential impact on their own health and wellbeing. As many as 12,000 people aged 16+ provide unpaid care within Argyll and Bute. In addition, there is a high and increasing rates of dependency (looking after younger or older relatives) compared to the rest of Scotland. This has potentially significant issues for workforce retention in the area.

Health and Wellbeing Status

Alongside behavioural issues such as drug/alcohol use and smoking which are more prevalent in deprived areas, the increasing proportion of the population in the older age brackets provide a number of challenges.

- Increasing numbers of people with care needs
- Tackle (reduce) inequalities in health and wellbeing
- Management of people with one or more long-term conditions
- Prevention of long-term conditions
- Under-diagnosis of certain conditions
- Accessibility of services for those with sensory conditions
- Mental health support e.g. through mental health first aiders, trauma informed communities and training in suicide prevention.

7. Labour Market Analysis

As with many economies in the developed world, Scotland's population is ageing. By 2045, the number of people of pensionable age in Scotland is expected to increase by 20.6% (205,800 people), whilst the working-age population is projected to decline by 2.4% (84,400 people). This suggests the possibility for a tighter labour market in future and an increasing dependency ratio.

As noted above the number of people aged 65 and above is increasing in Argyll and Bute at a greater rate than the rest of Scotland. In addition, based on population projections, the Argyll and Bute dependency ratio will be 81% in 2043, compared to Scotland's 60%, creating a tighter labour market in the region compared to the rest of Scotland.

Ongoing Brexit concerns, and COVID-19 considerations, create heightened uncertainty regarding the supply of migrant labour from the EU and further afield. Argyll and Bute with its large Tourism and Agriculture, Forestry and Fishing sectors, has faced challenges replacing migrant labour in certain sub-sectors and locations. In 2019, EU citizens were 4% of all employees, compared to 6% for Scotland as a whole.

The impact of short term holiday lets on the labour market cannot be over-estimated, both in terms of lack of available/affordable housing and long term lets for inward migrating workers, but also in terms of removing local residents from the labour market who can make more money from holiday lets than working, for example, in social care or health care support roles.

In the Argyll and Bute Growth Deal, 4,400 job openings are forecast to be created across all sectors from 2021 to 2024. The number of people required in the region is forecast to increase by 900 from 2021 to 2024 due to expansion in the labour market. The replacement requirement of 3,500 people will also create a need for labour.

The working age population (16-64) within the region has decreased by 4% (2,200) over the last 10 years to 50,500, of which 13.2% are aged 60-64. This decrease is projected to continue.

1,400 people were unemployed with a further 1,700 economically inactive but declaring they wanted to work, this being a potential labour market to be explored.

Net out-migration of young people is a long-standing and significant issue as **young people move out of the region** to pursue education and career opportunities in the rest of Scotland and further afield.

HIE's research (including Argyll and Bute) on the attitudes and aspirations of young people aged 15-30 illustrates **an increasing commitment to staying in the region** (55% want to stay in the region up from 43% in 2015). Around three in five (59%) believe that young people who leave will return to the region when the time is right.

Almost two-thirds (64%) would like to work in the Highlands and Islands (including Argyll and Bute) in future but cite a number of economic and social factors that need to be in place to facilitate this. The top four economic factors cited by young people were good pay levels, high quality jobs, a low cost of living and opportunities for career progression. Quality of life, availability of affordable housing and access to good healthcare are the top three social factors.

In the Highlands and Islands (including Argyll and Bute) 57 per cent of businesses overall had experienced some form of labour shortage. Labour shortages across the region were felt most acutely in the Tourism sector with 68 per cent experiencing some form of shortage .

In summary, the reducing working age population, will impact on replacement labour across Argyll and Bute, including staff working within ABHSCP and commissioned services, as well as our ability to recruit to existing vacancies. Young people are more inclined to stay in the area which is good news for recruiting a younger workforce, but we must adapt our entry and career pathways to take advantage of the opportunity this represents, enabling them to become qualified professionals within health and social care where required and providing them with a career in health and social care to whatever level they are able or wish.

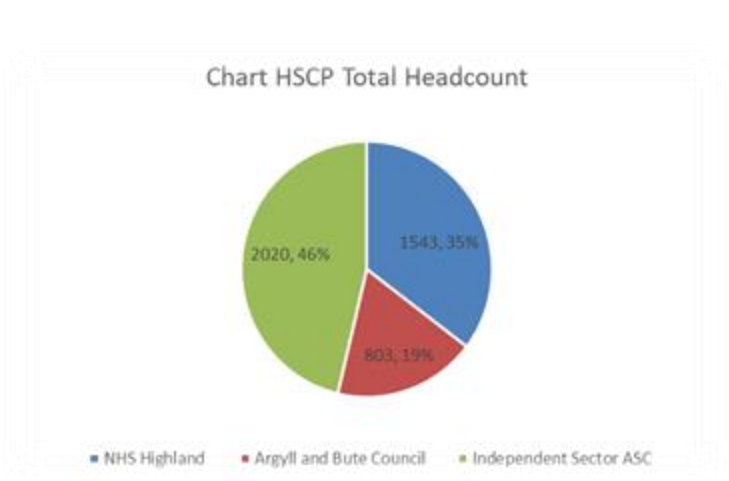
8. Workforce Analysis

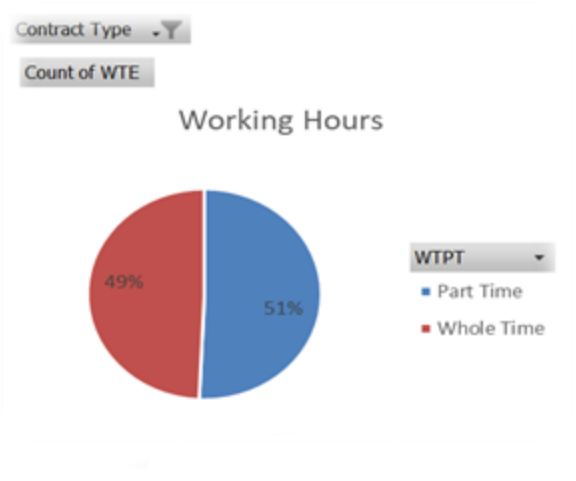
We have tried wherever possible to deliver an integrated dataset for the whole of the ABHSCP workforce in this analysis. Where that has not been possible we have shown the data for each employer separately but are committed to working towards a holistic integrated data set.

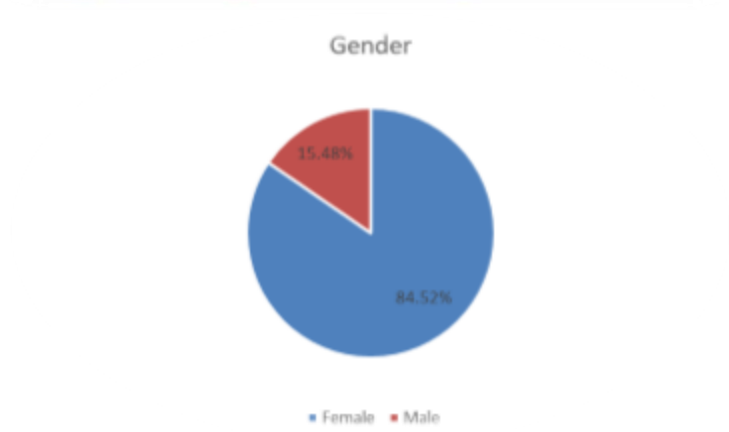
The total ABHSCP workforce extends beyond NHS Highland and Argyll and Bute Council as the two main employers within the partnership, and includes the workforce employed across both primary

and social care by commissioned service providers. Below charts demonstrate an approximate breakdown of the workforce in ABHSCP across employers, with around half being employed by the independent sector.[3]

The makeup of the ABHSCP workforce is shown below.







[3] Note this only includes independent social care providers. There is insufficient information available in relation to the primary care workforce, an issue Scottish Government has committed to addressing the National Workforce Strategy for Health and Social Care.

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	416	336.75
ALLIED HEALTH PROFESSION	179	138.37
DENTAL SUPPORT	43	29.98
HEALTHCARE SCIENCES	29	25.73
MEDICAL AND DENTAL	48	28.84
MEDICAL SUPPORT	2	1.43
NURSING/MIDWIFERY	668	556.88
OTHER THERAPEUTIC	41	35.79
PERSONAL AND SOCIAL CARE	475	356.44
SENIOR MANAGERS	6	6.00
SOCIAL WORK	166	150.41
SUPPORT SERVICES	273	194.67
Grand Total	**2346**	**1861.30**

[4]

The ABHSCP workforce as can be seen is predominantly female with a high proportion of part time hours on permanent contracts. The largest proportion of the workforce is the nursing and midwifery job family, closely followed by social care and administrative services.

Social Work and Allied Health Professions are key professional groups with relatively small numbers spread across small, dispersed teams in remote and island locations.

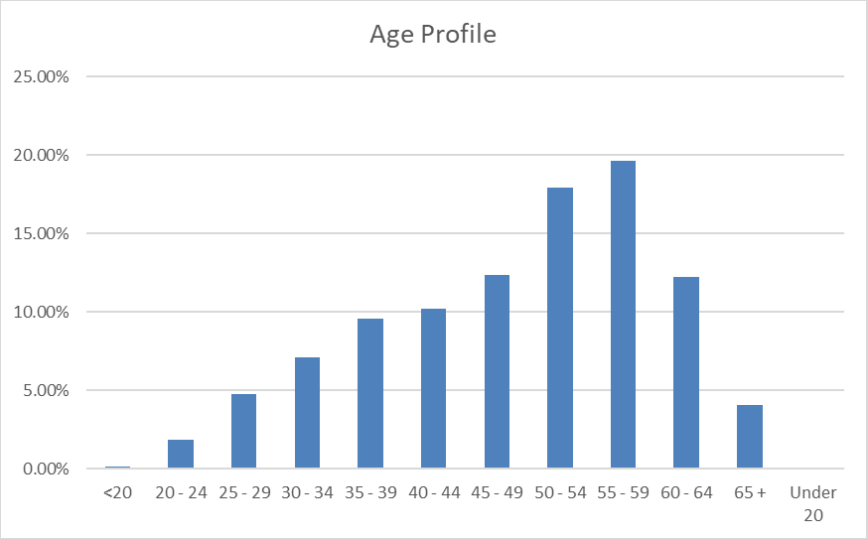
In common with the wider population with Argyll and Bute the workforce within ABHSCP is increasingly concentrated in the higher age ranges. The risks this poses to the ongoing delivery of services are significant and include

- Loss of knowledge, skill, and experience.
- Increased absence rates due to a greater potential for long term conditions
- Greater tendency to have a dependency for older parents who are living longer or grandchildren

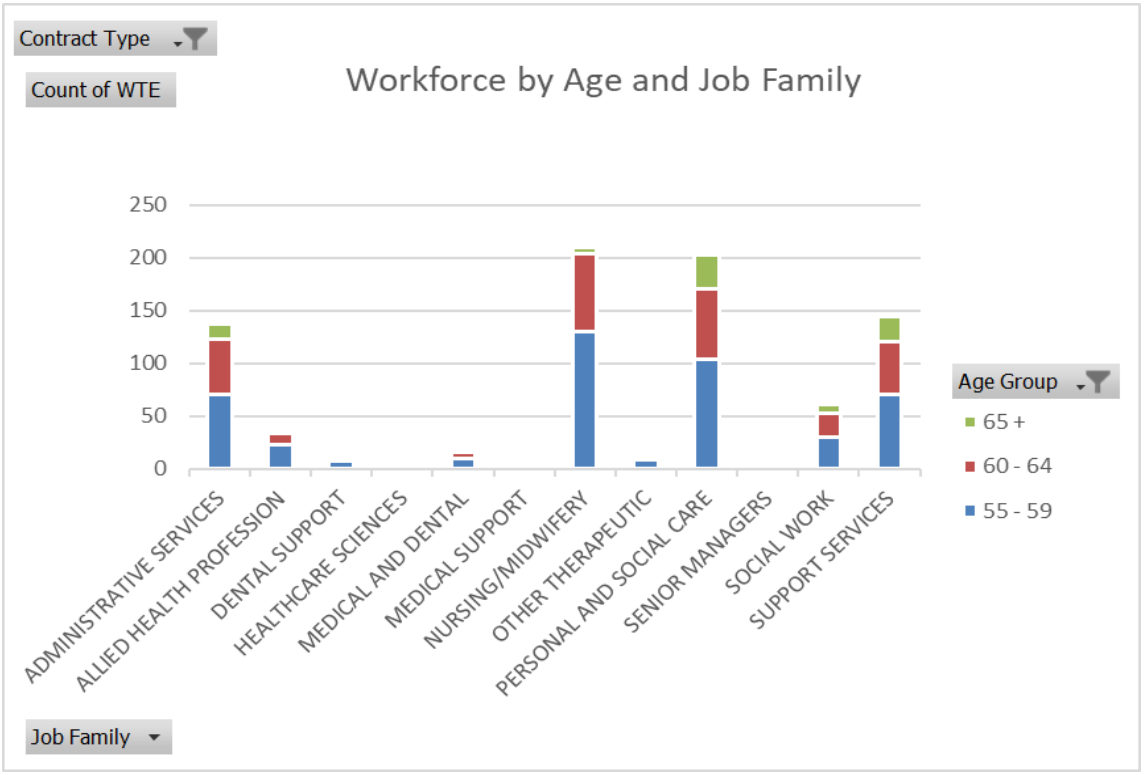
It is vital that the employers across the ABHSCP are aware of the current age profile, average retiral age across job families and projected retirals, in order to deploy targeted retention or succession planning work in good time to avoid shortfalls in service, particularly in remote and island areas where the fragility of small teams is high.

Graph below shows that over 50% of the workforce are over the age of 50 with a third over the age of 55 and over 14% over the age of 60.

[4] Note Social Work has been added as a job family in its own right here and includes social workers, social work assistants and referral assessment officers.

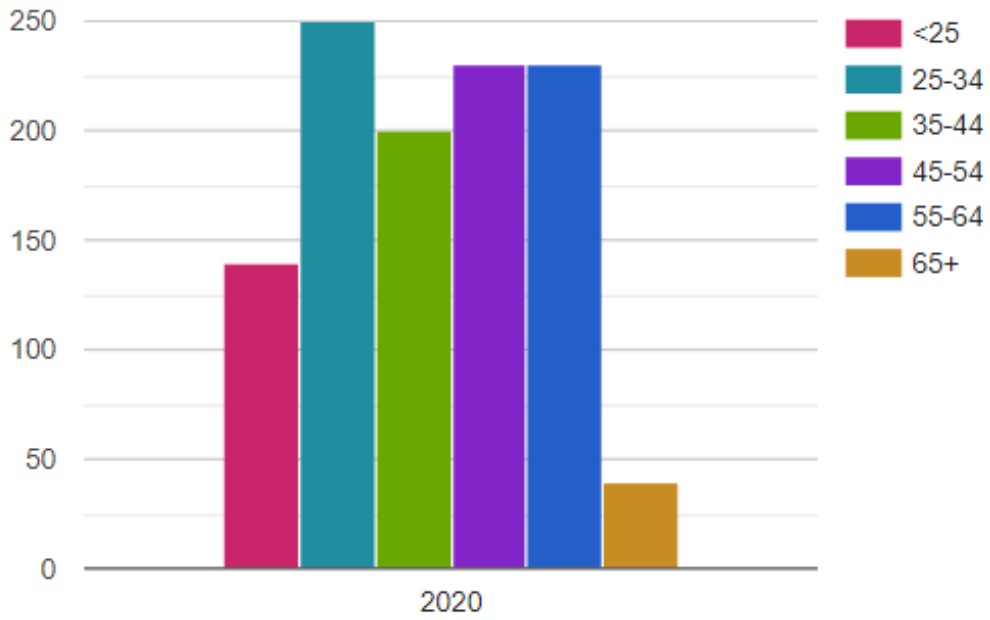


Those age over 55 by job family with high numbers in both nursing/midwifery and within social care. As a proportion of the overall headcount of each job family, support services has the highest percentage of employees aged over 55 with over 50%. These roles tend to be in lower pay brackets with significant levels of manual labour and also tend to have higher average retiral ages. This may be further impacted with the current and ongoing cost of living crisis and the subsequent impact on workforce availability noted above.



Private Sector Age Profile

There is a similar age profile issue within the independent social care sector in Argyll and Bute, with roughly a quarter of the workforce over the age of 55.



Average retiral ages vary across the professions and job roles. Homecarers, for example had an average retiral age of 68 with social workers, nurses and allied health professionals retire on average at the age of 62.

Row Labels	<20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Under 20	Grand Total
ADMINISTRATIVE SERVICES		12	25	33	45	38	50	76	71	52	14		416
ALLIED HEALTH PROFESSION		5	12	19	18	32	32	25	23	11	2		179
DENTAL SUPPORT		1	2	5	4	6	7	7	7		4		43
HEALTHCARE SCIENCES			2	3	5	5	2	4	4	2	2		29
MEDICAL AND DENTAL			1	1	7	4	7	10	10	6	2		48
MEDICAL SUPPORT							1		1				2
NURSING/MIDWIFERY		16	44	58	64	58	92	125	130	74	6	1	668
OTHER THERAPEUTIC		1	1	6	4	4	6	6	8	3	2		41
PERSONAL AND SOCIAL CARE	1	4	14	27	51	43	62	97	109	71	33		512
SENIOR MANAGERS							2	1	3				6
SOCIAL WORK		2	2	10	6	26	9	24	25	17	8		129
SUPPORT SERVICES	2	2	8	5	21	24	20	46	70	51	23	1	273
Grand Total	**3**	**43**	**111**	**167**	**225**	**240**	**290**	**421**	**461**	**287**	**96**	**2**	**2346**

Currently 93 employees across the HSCP are over the average retiral age for their job family/profession and at risk of leaving immediately, with a further 226 at risk of retiral over the next 4 years, with the biggest numbers in nursing, social care and administrative services.

Vacancy Data

On average throughout May, the independent care home sector was running with vacancy rates of roughly 7%, based on a census of care homes, adult care home and care homes for older people. This equates to approximately 140 employees.

A snapshot of current vacancies within Argyll and Bute is shown below.

Job Family	WTE Vacancies
Administrative Services	67.08
Allied Health Professions	29.69
Healthcare Sciences	2.00
Medical and Dental	12.30
Nursing and Midwifery	94.25
Other Therapeutic	7.00
Senior Managers	2.20
Social care	146.33
Social Work	29.20
Support Services	23.87
Grand Total	413.92

The vacancy snapshot shows the biggest number of vacancies are in social care and nursing with relatively high levels in Allied Health and Administrative Services.

There are currently significant numbers of social worker (29.2 WTE), home carer (42WTE) and social care workers (12WTE) as well as nursing and midwifery vacancies across ABHSCP.

The ABHSCP has ongoing recruitment challenges across all job families and roles. The list below highlights some of the most critical and challenging recruitment areas but is by no means exhaustive.

- Mental health nursing
- Consultants in Psychiatry specialties
- General Practitioners
- Social workers
- Social care workers (in house and independent sector)
- Physiotherapists
- Occupational Therapist
- Care at home workers (in-house and independent sector)
- Consultants in both general medicine and general surgery

Recruitment challenges are driven by a number of different factors, some unique to different job roles, others unique to different localities, but there are many commonalities. A number of challenges have been noted in the labour market analysis above, a shrinking working age population, reduced numbers of young people entering the labour market (with the notable exception of Oban where the younger population is growing), and general competition across the labour market.

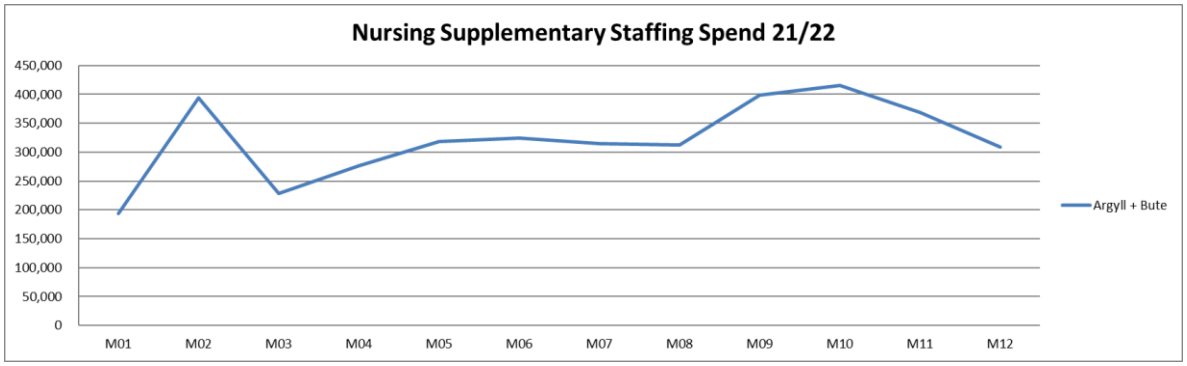
Specific issues for recruitment within the ABHSCP include

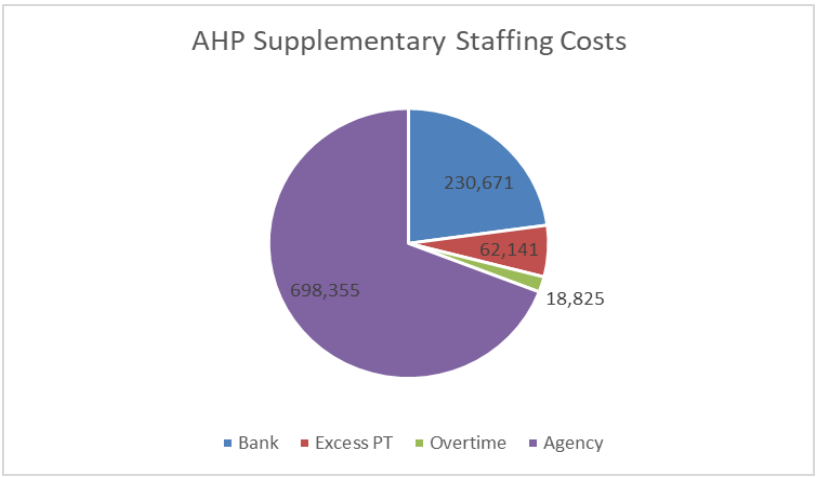
- Reputation and misconception of social care as a career

- Lack of affordable housing, higher proportion of second homes and competition with high earners re-locating to A&B for lifestyle
- The out of hours/on-call commitment across all professions in smaller remote/island teams can be onerous, although work has been done within Social Work to improve the position
- Funding models for particular roles, particularly in social work, fail to take account of the challenge of recruiting to part time, fixed term roles within small and remote teams.
- Interest over time in specialist roles when remote and Island areas need generalists with a broad range and depth of experience.

Supplementary Staffing

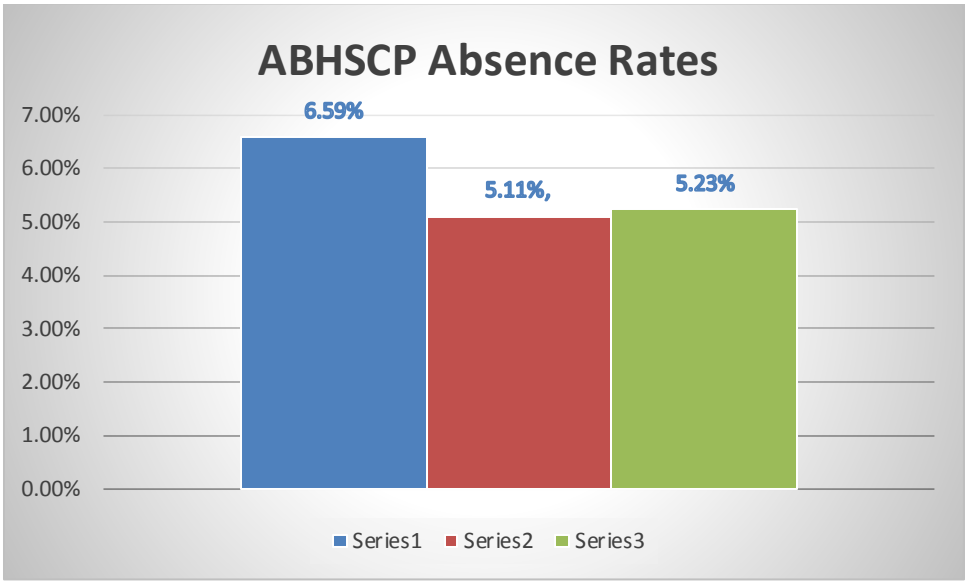
There is a clear reliance on supplementary staffing, shown below, caused by an inability to recruit substantively linked to national shortages in across job families as well as ongoing sickness and covid related absence. There will be continued scrutiny of the appropriate use of bank and agency staff and use of overtime and additional hours. NHS Highland is actively progressing initiatives, both locally, regionally and nationally to ensure better workforce supply and the creation of a more resilient workforce.





Sickness Absence

STILL WORKING ON AN INTEGRATED DATA SET



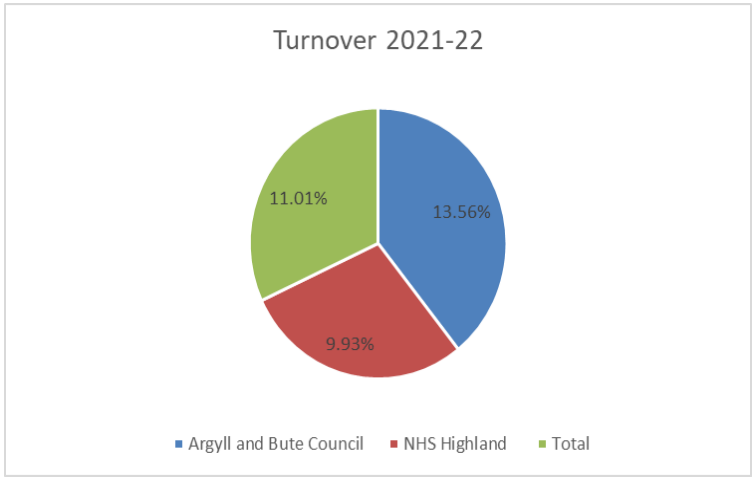
Absence rates across the HSCP are shown above both for the individual employers and for the HSCP as a whole. ABC employees within the HSCP had a 6.59% absence level for the year to March 2022 compared to 5.11% within NHS Highland. Work is ongoing to provide comparator data at a more granular level within the HSCP.

We do know, however, that absence rates vary across professions and when combined with COVID absences (excluded from the above figures due to recording differences) a significant issue with sickness absence becomes more apparent.

Work continues across both employers to support managers with both long and short term absence issues within their teams.

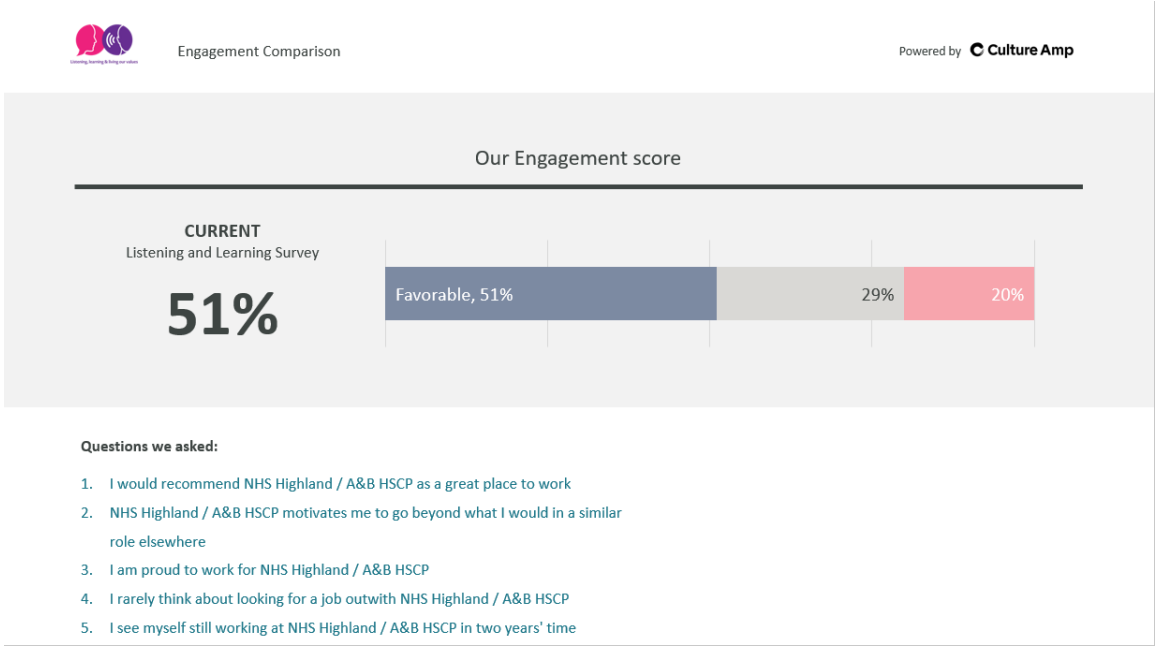
Turnover

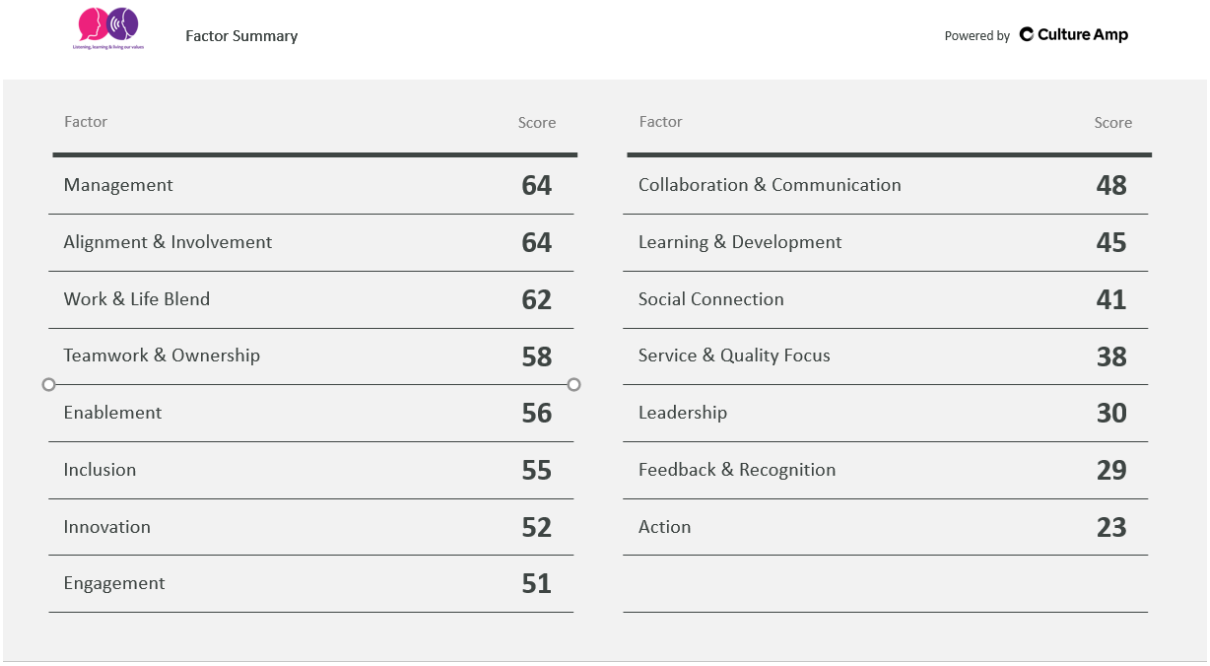
The turnover rate for the ABHSCP is shown below sitting at 11% overall. The higher level of turnover within A&B Council is driven largely by turnover within social care with two thirds of leavers working in that area. Argyll and Bute Council have recently launched an online exit questionnaire which will improve data on reasons for leaving enabling issues to be identified and addressed. NHS Highland will be launching a similar approach later this calendar year.



Culture, Health, and Well-being

At the start of summer 2021, the ABHSCP undertook a Listening and Learning Survey as part of the response to the Culture Review. Employees from both employers were given the opportunity to take part in the survey, although the response rate was low at 38%. The high level results of the survey are noted below.





Factor	Score
Management	64
Alignment & Involvement	64
Work & Life Blend	62
Teamwork & Ownership	58
Enablement	56
Inclusion	55
Innovation	52
Engagement	51

Factor	Score
Collaboration & Communication	48
Learning & Development	45
Social Connection	41
Service & Quality Focus	38
Leadership	30
Feedback & Recognition	29
Action	23

A Management Reflections exercise was undertaken in response to the results from the Listening and Learning Survey, in addition to the establishment of a Culture and Wellbeing Group. A detailed action plan has been developed by the senior leadership team based around three themes as follows

- Joint Working, Communication and Governance
- Roles and Responsibilities
- Capacity

Employees across the Partnership have access to Employee Assistance Programmes that support employees across a number of areas.

The Guardian Service is available for all employees working in Argyll and Bute – both from the Council and the NHS. The service is independent and confidential and is for staff to discuss matters relating to patient and service user care and safety, whistleblowing, bullying and harassment, and workplace grievances. The guardians are external to the HSCP and provide information and emotional support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service can be accessed 24/7.

A further Listening and Learning survey will be undertaken in January/February 2023.

Another focus area for both employers since 2019 has been to ensure colleagues are supported to stay physically and mentally healthy and have access to services when they become unwell and are helped to stay at work or return to work successfully when they are able to.

For NHS Highland, throughout the pandemic, much focus has been on supporting the tactical elements, such as our Employee Assistance Programme, investing in additional psychology resources within our Occupational Health Team and practical support for rest, nutrition, and fluids. We've developed our Menopause policy and resources and are working on a Toolkit to support colleagues and managers. Our Together We Care strategic ambition to Nurture Well will see us deliver our holistic

health and wellbeing strategy and plan, around 3 key areas of Mental Health, Physical Environment and Stress and Workload with a diagnostic currently underway, working with colleagues and key partners to ensure this meets the current and future needs of our workforce.

For Argyll and Bute Council

9. Common Workforce Drivers

In common with many HSCPs and Boards, ABHSCP faces a challenge in maintaining a suitably trained workforce over the next 5-10 years. Demographic patterns have a direct impact on the available workforce and have created an imbalance between the supply and demand in critical services. For certain professions it continues to be extremely difficult to recruit the right staff in the right quantities.

Direct engagement with a range of professional leads and managers either through workforce plans, workshops, one-to-one meetings and workstreams we have enabled the identified key drivers and the workforce challenges that need to be addressed through this strategy. Common workforce drivers and challenges that span multiple job families have been themed below:

Common Drivers
Embedding the NHS Highland Workforce Planning Cycle
Defining key data metrics and associated outcomes
Delivering new models of care services and within financial limitations
Diversification of workforce
Roster efficiencies
Post covid treatment backlog
Embracing changes in technology
Changing demographics, both workforce and population
Health and Care (Staffing) (Scotland) Act 2019
Increasing the future workforce pipeline/grow our own
Alternative roles in areas experiencing long term vacancies

Common Challenges/Risks
Attraction & Recruitment
Retention – high turnover / staff moving between services
Lack of succession planning and workforce planning
Accommodation both for employment and placements (lack of affordable housing)
Age profile of workforce
Work/life balance
Lack of career entry pathways / apprenticeships
Reduction in student numbers
Poor utilisation of the careers framework to support career long learning and development and transitions between roles
Financially constrained environment / management of fixed term posts
Reliance on supplementary workforce / roster gaps / pressures on existing staffing
The availability, validity and reliability of workload tools
Predicated Absence Allowance (PPA) only allocated to Nursing
Lack of ability to support staff training and development, no protected learning time
Impact of inability to sustain independent contractors' services

10.Strategic Workforce Risk

Following engagement with services across geographical areas and professional job families we have identified common themes where there are areas of challenge that will impact on our current and future workforce and the way we plan our services. Taking into account the data nationally, regionally and locally the key themes below outline strategic risks that span multiple job families and working environments.

Risks	
Island Challenges	Argyll and Bute has 23 inhabited Islands, none of which are connected by road to the mainland and require ferry or air services to reach. This poses a number of significant challenges in the delivery of health and social care services for the partnership, including the availability of accommodation for incoming employees noted above. Further workforce specific issues include • Professional isolation and difficulties in providing support and professional supervision • Skills maintenance through narrow breadth and depth of caseloads across all registrant job roles. • Different personality of Islands not taken into account when recruiting • Sustainability of teams due to size, age profile and ongoing vacancies on, for example, Coll, Tiree and Mull

	• Service and workforce model that works on the mainland not always suitable for Islands. • Temporary funding models do not support service delivery and workforce recruitment to Islands. The partnership has explored a number of different initiatives to support recruitment and workforce development over the last year. Community engagement sessions with prospective candidates were held in Mull, giving the candidates the opportunity to experience Island life and recognise that the community are willing to invest in them. Specific work is being led by the Chief Officer to deliver a sustainable service delivery model for the Isle of Coll. This includes scoping alternative job roles and targeted recruitment drives based around the lifestyle on the Island is also in progress. Similar challenges in Highland Health and Social Care Partnership are being addressed with a Small Isles model which is being explored as a possible option in ABHSCP. Rotations from the Islands through Lorn and Isles RGH is being considered to maintain skills for island practitioners.
Accommodation	Although noted above as a significant risk within the recruitment section, the extent of the accommodation risk within the ABHSCP cannot be overstated and presents itself in a number of different ways • Lack of affordable housing for sale for incoming employees resulting in failed offers of employment • Lack of long term lets for incoming employees resulting in failed offers of employment • Lack of short/medium term lets for those who are on placement within ABHSCP to enable them to undertake the placement, with placements then being held in other HSCPs/Boards. • The issue is more acutely felt in remote and especially Island areas where there is a more dispersed population and housing. Urgent action is being taken at a local multi-agency level and within Argyll and Bute Council as this is critical to the wider economic growth of the region. In addition, local initiatives, such as work to secure short term lets through Housing Associations to support incoming employees, is also being piloted within Oban and explored as on the Island of Coll.

	There is, however, a risk of those short term lets extending due to the shortage of long term lets and the competition within the house buying market. Action is, however, required at Scottish Government level to support remote and island boards and HSCPs with this issue, where it is most acutely felt. The development and implementation of the new National Centre for Remote and Rural Health and Social care is a very welcome development but needs to be supported by a parallel development of the underlying infrastructure to support inward migration to remote, very remote and Island areas.
Flexibility in retirement	Despite the age of our workforce and the risks to experience, skill and knowledge retention that this poses, the ABHSCP does not have significant flexibility in providing options for those who wish to retire but continue working within the partnership. There are number of challenges around this: • Financial constraints • Backfill recruitment to part-time posts • Lack of suitable job roles for those wanting to retire flexibly • Operational requirements and culture of replacing like with like Employers across the partnership have or are working towards more flexible retirement options. NHS Highland has recently introduced a flexible retire and return policy which will enable managers to support employees wishing to continue in alternative roles post-retirement. Argyll and Bute Council are reviewing the eligible age for flexible retirement.
COVID impact and aftermath	The cumulative impact of COVID on the workforce cannot be underestimated and we continue to live with and manage the virus on a day to day basis through employee sickness absence and self isolation due to contracting the virus. The pandemic has been a traumatic experience for many of our frontline staff who have faced • the death of clients and patients, • working with additional PPE requirements and extended shifts for a long period of time,

	• shortages across teams on a regular basis leading to additional hours and overtime, • dealing and continuing to face backlogs of cases • contracting the virus themselves and dealing with the physical and mental aspects of that These issues are on top of existing vacancy and recruitment challenges. Support mechanisms through teams and the more formal EAPs are in place to support employees with these issues but they take their toll on health and wellbeing over the protracted time of the pandemic, with staff feeling exhausted. This has and will continue to have an impact on the retention of employees as we progress over the coming few years. We continue to see more complex presentations in patients and service users as a result of not attending at the initial onset of symptoms. This increases the levels of patient acuity in hospitals and the time taken to care for those patients and further impact on employees. We continue to see increases in mental health referrals as a direct result of the pandemic and the effects of successive lockdowns on social isolation, health and the economy. The staffing challenges in this sector have been noted above. There will be a potential need to develop new services to support those most affected by COVID, for example, initially for Long Covid patients through our AHP team.
Cost of Living crisis	The impact of the cost of living crisis brings a number of potential risks, some of which may be unclear and others where the timescale of the impact of the risk may not be immediate. The biggest initial impacts are being seen in remote, very remote and Island areas where cost of fuel has a proportionally bigger impact and in roles where wages are lower. In a geography where we already face competition from the tourist sector where earnings can be higher than many social care roles the cost of living crisis will only increase the recruitment and retention challenges faced. Most significant impact on care at home sector, both in house and independent providers, where employees are having to spend greater amounts on fuel for travel than they are able to claim back due to the rapid rise of fuel prices. This will

	have an impact on retention within an already vulnerable sector and we have already had anecdotal accounts of employees moving to a role in a care home and others leaving the sector all together. Potential impact on health of population and increased requirement for health and social care but this is as yet undefined.
Population demographic	Risks relating to the demographics of the population have been noted above but are summarised again here. The population of Argyll and Bute is shrinking with an increasing proportion of the population over the age of 65. This creates a number of different challenges for the HSCP. • Increased demand on health and social care services • Reduction in the working age population • Increased age of our own workforce
Employee health and wellbeing	Trends in sickness absence over the last 2 years are difficult to identify for a number of reasons • Levels of COVID related absences impacts on overall numbers through different recording practices • At points through the pandemic lockdowns reduced absence due to lower levels of contact in the population • Remote working also reducing levels of interaction and opportunities for infections to spread We do know, however, from managers that staff are tired, burnt-out and exhausted particularly in areas where they have been directly in the front line of dealing with the pandemic, for example, social care. Both employers within the partnership have Employee Assistance Programmes that support staff in a number of areas. The Guardian Service is available for all employees working in Argyll and Bute – both from the Council and the NHS. The service is independent and confidential and is for staff to discuss matters relating to patient and service user care and

	safety, whistleblowing, bullying and harassment, and workplace grievances. The guardians are external to the HSCP and provide information and emotional support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service can be accessed 24/7. As noted above, a further Listening and Learning survey will be undertaken in October 2022.
Recruitment challenges	Recruitment challenges across all professional groups, social care and other key workforce area were highlighted above. There are differences across localities and job families but the common issues are restated below. Specific issues for recruitment within the ABHSCP include • Reputation and misconception of social care as a career • Lack of affordable housing, higher proportion of second homes and competition with high earners re-locating to A&B for lifestyle • The out of hours/on-call commitment which in smaller remote/island teams can be onerous • Funding models for particular roles, particularly social work, fail to take account of the challenge of recruiting to part time, fixed term roles within small and remote teams • Labour market competition, particularly with tourism sector. • Interest over time in specialist roles when remote and Island areas need generalists with a broad range and depth of experience

11.Strategic Workforce Action Plan

In order to mitigate against the challenges noted throughout this workforce plan and the strategic workforce risks above, the following strategic actions will be taken forward as part of a programme of work with oversight through the Strategic Workforce Planning group. These are grouped here by the proposed working groups that will undertake the work.

Topic	Action	Outcome	Measuring Success or Target	Timeline
Developing Fundamentals through partnership	Develop a regular huddle in partnership with Skills Development Scotland, Developing the Young Workforce, Further and Higher education providers, council education service and workforce planners/Talent/Workforce Development representatives from ABC and NHSH. Develop the infrastructure required to deliver the actions from the workforce plan specifically setting	Develop shared solutions that meet local workforce needs by providing employment opportunities and career development for young people in the local community. Professional and operational representation influencing the	% increase in under 25 age profile	**Draft Terms of Reference and Membership agreed by December 2023** **Draft Terms of Reference and Membership**

Topic	Action	Outcome	Measuring Success or Target	Timeline
	up the Strategic Workforce Planning Group as part of the Transformation Programme Implement the partnership approach to workforce planning, sharing best practice across employers using a workforce planning cycle and risk assessment to target additional support for managers. Develop the infrastructure required to support work experience and placements across all roles within the partnership	strategic direction responding to service need. Agree priority areas to work collaboratively to agree an integrated service plan setting out workforce, performance and finance. Agree a single, consistent approach, plan and supporting materials for engagement with schools and offering volunteering and work placement opportunities across NHS Highland	Increased level of delivery against the agreed WFP actions Increased level of manager engagement in WFP planning training / % of completed integrated service plans % increase in requested for workexperience placements	**agreed by December 2023** **Agreed number of integrated service plans in place - 31 July 2023** **Review in 12 months**
Attracting the Future Workforce	Baseline current activity against the Investors in Young People Framework and use the framework to drive activity based on best practice on attraction and employment of young people Working alongside DYW colleagues develop a coordinated approach to raising awareness of the wide range of health and social care careers through engagement sessions in schools for both pupils and guidance teachers	Define strategy and actions to support in the recruitment and retention of young people. Implement these actions to progress to Investors in Young People Accreditation. Support young people to stay in the area by developing innovative pathways across a range of roles	% increase in under 25 age profile Achieve Investors in Young People Accreditation	**July 2023** **Review in 12 months**

Topic	Action	Outcome	Measuring Success or Target	Timeline
	Commission work to understand what could attract workers into A&B HSCP from outside the area and use it to refine attraction work across the partners, including commissioned services. Build on the #abplace2b brand to develop a partnership approach for recruitment campaigns for all roles, including commissioned services and continue to build on the partnership approach to social media recruitment campaigns for adult social care Maximise the benefits of the international recruitment agenda within NHS Scotland to fill key workforce areas	that support education in local area. Develop and promote career pathways across all job roles within the HSCP and the varied entry routes to those pathways. Support managers to design job roles to support operational need and support career development. Action plans to overcome the barriers and challenges in attracting workers to the A&B HSCP Evaluate current international recruitment and then build expand for a small number of key hard to fill posts.	% increase in under 25 age profile Pathways developed and visible internally and externally. Increased applications and appointments from our targeted recruitment and social media posts Increased applications and appointments from our targeted recruitment	**31 March 2023**
Developing the Future Workforce	Develop peer support and mentor networks across the partnership to ensure there is adequate infrastructure for apprentices coming into the HSCP	Define strategy and actions to support in the recruitment and retention of young people.	% increase in apprenticeships	**Launch Apprenticeship**

Topic	Action	Outcome	Measuring Success or Target	Timeline
	Implement the actions from the Young Persons Guarantee and use the YPG framework to drive actions planning for the future. Maximise use of foundation, modern and graduate apprenticeship frameworks as entry pathways for young people Consider using multi-skilled generic care assistant roles as an alternative pathway approach to supporting young people into professional roles Develop approaches to graduate sponsorship and identify key roles to pilot the approach Develop an approach to the use of CESR posts to develop the future consultant workforce	Implement actions to progress to Investors in Young People Accreditation. Implement a single, consistent approach to apprenticeships across NHS Highland, to ensure we are maximizing use of these roles, have consistent roles and responsibilities to support them Working with local and national professional leads, managers, education and training providers and develop a range of roles and career pathways and access points for professional roles and grow your own.	Agreement of our strategy for apprenticeships Increase no. of training opportunities offered and delivered Develop a plan for engagement and activity for access to training and employment, working with public health and community and third sector partners	**Strategy in line with academic calendar 2023** **Review 31 March 2023**
Developing the current workforce to meet future needs	Review the current Growing our Own scheme and implement changes to create opportunities Work across the partnership to develop leaders of the future in health, social work and social care enabling a broad understanding of the managing the system	Create additional opportunities from school leaver exploring the opportunity to develop a pathway to support people to access manager posts	% reduction in turnover of under 30s entering into the NHS Toolkit created, piloted and evaluated.	Ongoing with review at **July 2023**

Topic	Action	Outcome	Measuring Success or Target	Timeline
	Develop a succession planning approach for key roles in the partnership that gives equality of opportunity to all Ensure there is a sufficiently resourced education infrastructure to enable professional development across all job roles Complete assessment of readiness across the partnership for the Health and Care (Staffing) Act implementation in April 2024. Extend the use of the OU courses for nursing and social work for those with a desire to progress their careers	Develop and embed succession planning toolkit. Ensure education numbers are documented in workforce plans. Feed into the NHS Highland wide self-assessment reporting template	Number of high risk posts will documented succession plan and actions. Template completed for all relevant job families	
Alternative workforce roles and models	Implement and maximise use of Retire and Return policy Continue to develop route to grow your own: assistant practitioner roles to support the registered workforce, generic multi-skilled community care roles a non-registrant career pathway, expand the use of advanced practice across all professional roles Assess and consider the use of Medical Associate roles	Ensure a collaborative approach with potential retirees and managers to ensure Services can continue to provide with the correct skills Work to develop flexible, appropriate roles for those working into retirement		Ongoing with review at **July 2023**

Topic	Action	Outcome	Measuring Success or Target	Timeline
Wellbeing and culture	Progress actions agreed through the Argyll and Bute Culture and Wellbeing group Analyse i-matter survey results and agree any further actions required Undertake a further Listening and Learning survey in October 2022 covering the whole of the partnership Analyse progress from previous culture survey and refine approach and develop additional actions as required.	Compare with survey results from previous years Compare with survey results from previous years	All actions progressed % change in response rates, Employee Engagement Index Score and team action plans. % change in response rates. Actions from previous year completed	Ongoing with review at **July 2023**
Accomodation	Review own accommodation use and develop a strategic approach to its use to improve successful recruitments and support placements. Open an active dialogue with Scottish Government through the workforce plan as one of the biggest barriers to recruitment in Argyll and Bute Establish a multi-agency approach to tackling the affordable housing situation across the geography tailoring solutions to the particular locality as required. For example Working in partnership with	Strategic approach established to support new recruits and placements. Collaborative approach established to ensure partnership working to provide the right services for our workforce Ensure a joined-up approach across the health and social care system to address underlying issue	Reduction in the loss of student placements and onboarding due to accommodation issues. Working collaboratively with partner organisations secure short/medium and long term lets for HSCP employees	Ongoing with review at **July 2023**

Topic	Action	Outcome	Measuring Success or Target	Timeline
	Shelter Continue to explore options in each locality to work with housing associations	Develop a project proposal for implementation next year with a view to bringing empty homes in A&B into use and prioritise their use for health and social care staff		

Appendix 1: Key Detail by Profession (NHS Argyll & Bute Workforce)

PHARMACY SERVICES		
Workforce Summary	**Drivers**	**Risks**

Headcount 39, WTE 34.3
 	
94.9 % Permanent, 5.1% Fixed Term
 	
2 fixed term contracts
 	
71.8% Whole Time, 28.2% Part Time
 	
42.2% over 50 years old
 	
7.7% over 60
 	
8.8% under 30
	These are aimed at transforming the role of Pharmacy across all areas of practice
	• **Achieving Excellence in Pharmaceutical Care:** Focusing on achieving excellence in improvement and integration of the provision of NHS pharmaceutical care, supporting the contribution of pharmacist and pharmacist technicians, enhancing roles and working together with other health and social care practitioners, to improve the health of the population
	• Regional project for Implementation of HEPMA and Wellsky (Pharmacy Stock Control systems)
	• Cancer Service Developments
	• Community Pharmacy contract changes by the Scottish Government
	  ○ Additional services Pharmacy First; Pharmacy First Plus
	  ○ Additional PGD (Patient Group Directives)
	  ○ Flu Vaccination Programme and Travel Vaccination Programme
	• Redesign of Mental Health Services
	• Primary Care Modernisation/Pharmacotherapy
	  ○ Care at home and Care Home service developments
	  ○ Drug related death and chronic pain service developments
	• Pharmacy Education and Training developments - Undergraduate and Post Graduate
	• Pharmacy Technician Education and Training Developments
	• National Pre-Registration Pharmacy Technician Programme (PTPT)
		• In comparison to medicine and nursing, there is little national planning done on Pharmacy workforce projections
		• Retirements this year, with multiple further potential retirements within the next 5 years
		• Additional Designated Prescribing Practitioner (ADPP's) required to provide sufficient mentorship to the IP's in training
		• Short supply of ADPP's in Highland leading to patchy Pharmacy First Plus service with a lack on continuity of access to the service
		• Increased Acute pharmacy workforce risk due to increase in activity and introduction of new services (Covid, Vaccinations)
		• Managed service Foundation Pharmacists workforce is inadequate to fill the current vacancies and will not meet the requirement to fill any new roles
		• New opportunities for pharmacists living in Highland to work remotely across the UK (e.g. employment within the pharmaceutical industry)
		• Future changes to regulation of pharmacists and pharmacy technicians by General Pharmaceutical Council
		• Severe lack of Pharmacists (including locums) is resulting in unscheduled closures of community pharmacies. Patients are then severely affected as they are unable to access a pharmaceutical service from their pharmacy of choice on that day.

Challenges		
Overall NHS Highland Pharmacy Services face an increased demand due to the development and redesign of services compounded with an increase in the number and complexity of medicines. • The delivery of a Pharmacotherapy Service based on expansion of Pharmacists and Pharmacy Technicians working in Primary Care • Delivering a seven day service in Acute hospitals with a funded five day service • Maintaining cancer pharmacy services against increasing demand • Recruitment, development and retention of pharmacists and pharmacy technicians in technical services e.g QA and Cytotoxic Chemotherapy production		

- Recruitment to remote and rural locations is challenging and increasingly impacted by rising house prices and lack of supply of rental properties
- Community pharmacy contractors are not NHSH employed resulting in difficulty with co-ordinated action across managed and contracted pharmacy services
- Lack of ability to support staff training and development
- Increased demand on time for Education and Training of student pharmacists against the requirement to deliver clinical services
- Increasing length of experiential learning placements for undergraduate pharmacy students
- Intake of Pharmacists to primary care requiring significant training for primary care work
- Health and Care (Staffing) (Scotland) Act 2019 and the validity and reliability of need to be developed
- National tactical plan for pharmacy across the sectors is a barrier to delivery
- Nationwide increased demand for pharmacists and pharmacy technicians due to the development of roles in the managed service and other areas
- Lack of national, dedicated and resourced recruitment pipeline for pharmacy support workers with recruitment and training being unstructured, ad-hoc and on the job
- Pharmacist Independent Prescribers required to provide an enhanced service to patients to further reduce the workload burden on GP's
- Lack of space in GP practices for Clinical Pharmacists to delivery face to face services

MEDICAL AND MEDICAL SUPPORT SERVICES

Workforce Summary	Drivers	Risks / Challenges
Headcount 41, WTE 23.0 85.4% Permanent, 14.6% Fixed Term 6 fixed term contracts 39.0 % Whole Time, 61.0% Part Time 71.2% over 50 years old 17.8% over 60 0% under 30 46.3% Female, 53.7% Male	• General Medical Services Contract • Clinical Prioritisation of Planned Care • Redesign of Urgent Care • Extended role for PH consultants • Cancer care • Regional solutions to service provision, Radiology, Psychiatry • Job Planning • GP Contract implementation • Primary Care Improvement Programme • Vaccination Transformation Programme • Remobilisation of GP Practice activity following COVID • Physician roles expansion to be explored • explore the use of Clinical Development Fellowships to support the wider medical workforce and train the future medical workforce	• Difficulty recruiting • Funding insufficient to deliver the aims of the primary care contract • Inequitable service provision due to staff vacancies and inability to recruit. • Changes to JD working hours will impact on rotas and service provision • Junior doctor shortages/ rotation for junior doctors • Locum costs / consistent service • workforce impact of recent changes to pension schemes • out of hours cover - GP no longer obligated to deliver out of hours services / NHS to cover provision Fri 5pm-Mon8am or weekday evenings 6pm-8am • Fragility of staffing in GP practices/sustainability in particular out of hours services • Lack of information on Primary care workforce • Anecdotal age profile of GP workforce • Challenges recruiting GPs with the requisite depth and breadth of experience to rural practices • Challenges recruiting to all roles in the Primary Care Improvement programme, especially in remote locations where roles are part time.

		• Significant impact of lack of accommodation on recruitment to roles • Funding levels under PCIF, along with practice size and remoteness, impact on ability to development of an HSCP staffing model for Community treatment and Care services
ALLIED HEALTH PROFESSIONALS		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 172, WTE 139.5 94.3 % Permanent, 5.7 % Fixed Term 8 fixed term contracts 47.1 % Whole Time, 52.9% Part Time 34.3% over 50 years old 8.5% over 60 11.1% under 30 88.4% Female, 11.6% Male	• Need to develop portfolios/pathways to attract GPs , ANPs , and advanced AHPs and nurses in to Primary Care • Diversification of workforce, increasing the pipeline • Health and Care Staffing Act Implementation • PMO Roster efficiencies/ implementation of eRostering • Unscheduled Care • Enhancing Community Services • Mental Health Strategy • Outpatient redesign (all patient facilities for community hospitals, acute, inpatient services) • Once for Scotland Rehabilitation strategy • SG AHP workforce review • Primary Care modernisation programme	• Clinical risks associated with non-compliance with professional registration ongoing training commitments - impact is on quality of care. • AHP Professions have fragile staffing levels • In the community specifically Dietetics, OT, Physio, Podiatry, Speech and Language Therapy • Podiatry (only 30 students graduating this year normally 100 and 27 employed by GGC already) • Increasing demand for AHP services and no commensurate workforce increase Nationally. • Lack of strategic approach to education and development opportunities and pathways • Lack of protected time for training • Lack of standardised approach to learning needs analysis and coherent priorities for development support to deliver and transform service • No local Higher Education providers offer AHP qualifications • No HEIs currently offer distance learning options to reach registration • Podiatry - 170 vacancies across NHS Scotland Boards and not counting private practice. Skills level not as previous years due to covid limitations during education • Workforce not established to provide backfill for planned leave and absences. Lack of agencies staff as expensive alternative workforce • Poor utilisation of the careers framework to support career long learning and development and transitions between roles • Lack of skills and capacity within the workforce in research. QI and education

NURSING		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 622, WTE 520.5 95.7% Permanent, 4.3% Fixed Term 27 fixed term contracts 52.9% Whole Time, 47.1% Part Time 49.7% over 50 years old 11.9% over 60 10.1% under 30 90.7% Female, 9.3% Male	• Palliative & end of life care provision • Vaccination Transformation programme • Excellence in Care • Transforming Nursing Roles • PMO Roster efficiencies / implementation of eRostering • International recruitment	• Long term gaps in band 5 provision • Unsufficiant pre-registration nursing places • Demographic analysis of workforce shows high percentage of nursing staff can retire in next 2 years if they choose to do so • Ongoing reliance on locum and agency staff • Reassignment of staff • Demand uncertainty given the ongoing risks of the pandemic including interdependencies • Nursing/ District Nursing Workforce availability • Management of and impacts of fixed term posts (COVID funded) • High levels of vacancies particularly in smaller rural teams • Lack of affordable housing in some areas e.g. Skye and Lochaber • Challenges in recruitment and retention of NMAHP advanced practice posts • Inability to provide consistent skills mix in rosters across the week
MIDWIFERY		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 44, WTE 36.5 93.3% Permanent, 6.7% Fixed Term 3 fixed term contracts 32.7 % Whole Time, 67.3% Part Time 52.7% over 50 years old 5.1% over 60 13.7% under 30 100% Female, 0% Male	• PMO Roster efficiencies / implementation of eRostering • Best Start - the Continuity of Carer model • Proposed pathway between services in Dr Gray's Hospital and Raigmore Hospital • Redesign of Raigmore Hospital Maternity Unit/Community Hubs • Increase in demand for home births and out of hours midwifery service provision	• NHS Highland currently has a registered midwife vacancy rate of 22% with vacancy rate in North Highland area being the higher than A&B. The main consultant obstetric unit has a vacancy rate of 27% with rate being as high as 40% in some of the smaller remote and rural Community Midwifery Unit teams. This poses a risk for sustainability of out of hours services and provision of local birth service in the CMUs and community areas • Supply model of newly qualified midwives not meeting demand. National shortage of midwives, so very competitive market across Scotland • Ratios of experienced midwives to newly qualified midwives (Raigmore) • Midwives being attracted into higher banded posts such as Health Visiting and Family Nurse Partnership

		• Workforce availability including bank and agency • High levels of vacancies particularly in smaller rural teams • Lack of affordable housing in some areas e.g. Skye and Lochaber
HEALTHCARE SCIENCE		
Workforce Summary	**Drivers**	**Risks/Challenges**
Headcount 28, WTE 24.5 92.9 % Permanent, 7.1% Fixed Term 2 fixed term contracts 75.0% Whole Time, 25.0% Part Time 34.3% over 50 years old 8.5% over 60 10.7% under 30 67.9% Female, 32.1% Male	• Equipment changes and additions • Standardisation of working practices across the network • Increased demand - automation, rural service, home monitoring devices for patients • Online (NearMe) clinics	• Diverse workforce covering many disciplines • National/international shortage of some professions • Capacity/protected time to train staff
PSYCHOLOGY		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 7, WTE 6 100% Permanent, 0% Fixed Term 0 fixed term contracts 42.9% Whole Time, 57.1% Part Time 70% over 50 years old 26.7% over 60 0% under 30 85.7% Female, 14.3% Male	• Psychological Therapies Improvement plan – 3 year plan • Recovery and Renewal fund • increase capacity in primary care • Integration psychological services • Increase capacity in services to address lower tier PT • Meeting the PT Waiting Times Standard • Clearing waiting lists	• Lack of available Psychology workforce • Data accuracy issues around waiting times and services • Systems and infrastructure supporting patient pathways need development • Data inaccuracies contribute to difficulties in waiting list management for the right service • Inability to recruit to posts impacts on service provision • Patients on wrong pathway risk delays in care • Fixed term funding for some services
DENTISTRY SERVICES		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 48, WTE 36.9	• Remobilisation of dental services • Anticipation of Scottish Government changes to GDP contract	• Recruitment challenges compounded by early retirements

95.9% Permanent, 4.1% Fixed Term 2 fixed term contracts 45.8% Whole Time, 54.2% Part Time 41.3% over 50 years old 5.4% over 60 6.3% under 30	• Oral health improvement • Equitable provision of services post remobilisation • Opportunities to reintroduce trainee Dental Nursing posts to the PDS establishment.	• Insufficient number of Dentists to meet the demand for NHS services due to delayed graduation of current final year students to 2022 • Funding for General Dental Practitioners has not yet returned to the pre-covid arrangements • Timescale required to increase skill mix through mobilising greater numbers of Hygienist/Therapists • Difficulty in providing accurate workforce data on GDP contractors to understand independent provision • Lack of provision of routine care • Accessing and funding additional training to upskill the workforce
Social Work and Social Care		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount475, WTE 356.44 38% Whole Time, 62% Part Time 61% over 50 years old 21% over 60 4% under 30 91% Female, 9% Male	• Social Work protective statutory duties increasing • Community led hubs • Unscheduled and scheduled care • Increasing complexity of care in community • Recovery of Services coming out of COVID pandemic • Ongoing management of COVID in both services and the workforce • Continued focus on infection prevention and control • Development of mobile response team within Care at Home • Establishment of nursing leadership roles to provide oversight and support for Care Homes • Maximising and continuing to develop partnership approaches with independent social care sector in, for example, attraction and recruitment • Impact of unidentified and unmet health care needs on the demand for service • Consideration of NCS and implications • Mental Health redesign • Social Work Management structure review	• Retirals in anticipation of NCS and aftermath of COVID • Adult Social Work identity lost in Health and Social Care landscape • Difficulty in recruiting for a number of reasons, including national shortages of social workers. • Short term funding and allocation model compounds national shortages for remote and island based social work teams. • Lack of recognition both in training and recruitment of remote and island practice as a specialism in its own right • No distant islands/remote teamchers allowance equivalent for social work • Training access for remote and island teams, where smaller generalist teams need a broader range of training with impact on service provision • Current approach to grow your own needs considered creating trainee SW posts to retain those that have completed their training. • Registration requirements of social care workforce • Longstanding recruitment challenges in independent sector • Ongoing management of services with COVID absences • Recruitment to all social care roles, including social care in the independent sector

		• Reduction in the availability of care home beds • increases in demand • High turnover within Care Homes. • Waiting list for adult social care qualifications (HNC/SVQs) for SSSC •
ADMINISTRATION		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 284, WTE 222.4 94% Permanent, 6% Fixed Term 18 fixed term contracts 44.7% Whole Time, 55.3% Part Time 49.5% over 50 years old 15.9% over 60 6.7% under 30 89.1% Female, 10.9% Male	• Finance new approach to band 3 recruitment - not insisting on qualification but offering the opportunity to train on the job - more generalist role can work across 'silos' • eHealth potential restructuring, are currently in an 'agency spiral' as can't recruit skilled staff (wages), exploring automation including chatbots • eHealth, future switch from server based to Cloud based infrastructure will impact on roles and training requirements • Procurement adopting national structure, band 4 will be starting point and will lose 2s and 3s, becoming more strategic than operational • People & Change - people partners, changes to structure of people services, changes to recruitment including international recruitment post • Public Health - focus on anchor organisation role, refugees	
SUPPORT SERVICES		
Workforce Summary	**Drivers Summary**	**Risks/ Challenges Summary**
Headcount 200, WTE 147.1 99.5% Permanent, 0.5% Fixed Term 1 fixed term contract 37% Whole Time, 63% Part Time 59.9% over 50 years old 26.9% over 60 8.9% under 30 63.5% Female, 36.5% Male	• New roles in Estates - multi-trade skilled workers and a new C&G qualification to train them • Employability and Refugee agenda for entry level roles.	• Ageing workforce • Competition from private sector for skilled workforce

Appendix 2: Workforce Drivers, Challenges, Risks by Service Area

REMOBILISATION		
Drivers	**Risks/Challenges**	**Actions**
• NHS Scotland Recovery Plan • Growing backlog of patients waiting much longer • Requirement to develop the role of Public Health services • Ongoing need for enhanced infection prevention and control measures • Impact of unidentified and unmet health care needs on the demand for service • Harness opportunities to embed and enhance new ways of working, e.g. virtual consultations using Near Me	• Uncertainty about how the pandemic will develop and the potential impact on future surges • Ongoing sickness absences both non-COVID and those caused by COVID-19 variants continuing within the community • Burnout of workforce due to dealing with vacancies and absences within small teams • Unable to fill vacancies, particularly within social care • Supporting staff to take time and are supported to rest and take annual leave • Sustainability of workforce post COVID with retirals, recruitment challenges and skill mix problems	• Develop a centralized booking service to ensure patient pathways are appropriate and access is improved for patients • Continue to develop, embed and normalize use of virtual consultation technology • Further develop Near Me infrastructure and work with NHS GG&C to support pressure specialties
CHILDRENS SERVICES – Resources		
Drivers	**Risks/Challenges**	**Actions**
• Continue to realign the service to support the aims of The Promise. • New national framework for workforce development once published to effectively support employees. This will require a change in culture and a change in the way that managers lead their teams. • Become a trauma informed service training • Ongoing roll out of The Promise will continue to have an impact the direction and objectives of the team • The national refugee situation will impact the team over the next 1-5 years. • The strategic focus of the service will likely see an increase in investment in certain areas of the team such as fostering and adoption	• Attracting suitable applicants to management roles, particularly within the Oban area. • Age profile of the team could pose future risk should a number of people look to retire at the same time. • High reliance on casual staff and are actively looking at ways to reduce this however positives re use of use of casual posts prior to applying for a permanent post with benefits for employee and employers in terms of retention • Residential teams 12 hour shift patterns is too long for both the children and the team. Reducing this could also help the impact that the role has on individuals	• Ensure training plan remains in place, relevant and on track, and that training is accessible • Ensure the requirements of the first phase of The Promise are delivered and embedded into the culture of the team and that managers have the tools to lead the teams in this way. • Action on the reduction of use of casual staff, whilst retaining some of the benefits of this as a pathway to career.

• Review of number of children's houses and potential upskilling requirement should part of the workforce required to be redeployed. • Upskilling workforce to reduce the number of children being placed with external care providers.		
CHILDRENS SERVICES – Maternity Services		
Drivers	**Risks/Challenges**	**Actions**
• Ensure that the service is able to meet the safe staffing legislation (2019) taking into account the current and future workforce and workload, the context where the maternity service practices and the national drivers impacting on care. • Recognition that the preventative role of universal services is the single greatest return of investment, impacting on the future physical and mental health of our population. • The midwifery led service, is progressing well in meeting the maternity policy direction for care to be person centred through a continuity of care model, provide care close to home bringing services around the woman in their home or in local hubs (CMU) using Near me and remote monitoring to enhance care, and that strives to keep mothers and babies together. • While services across Argyll have often developed iteratively in response to the needs of women and families, as an early adopter for the Best Start (SG 2017) the draft model for care has been developed utilising a structured approach. Once implemented in full it will support the dispersed service model to be resilient, sustainable, support career development and promote safety by supporting flexible working.	• Agreeing and embedding model for Maternity & Newborn care. The services across 5 localities were developed iteratively. Agreed parameters and a sustainable model for services is currently being coproduced with midwives across A&B initially before taking to wider teams with a view to implementation over the next 3 years. • Rostering all midwives to attend GGC for 75 hours in 18 months. All midwives are required to be skilled across all areas of midwifery practice; in addition, there is also Mandated Core mandatory training for midwives. Midwives in remote and rural areas of Highland and GGC are required to meet addition 75 hours clinical exposure this is not currently achieved. This will be focused around the skills required to maintain services in Argyll and Bute as well as to provide continuity that is central to Maternity Policy. • Consolidating and developing skills to support future workforce. New midwifery proficiencies (NMC 2019) require further skills to be developed across HSCP. This requires substantive practice development hours for Midwifery in Argyll and Bute which have provisionally been agreed with North Highland. The consultant midwife role supports the clinical skills and evidence based practice. • Workforce demographics (10 midwives can potentially retire in the next three years in the west of Argyll and	• All midwives meet the guidance for clinical exposure (75 hours 12-18 months) in a way that supports them in their current and future roles. Beyond orientation future outcomes to be SMART and agreed with manager during PDP. • To systematically plan and monitor the implementation of the final model for maternity care utilising improvement methodology, that supports a dispersed model for dinical development within each portfolio area: Public health (GIRFEC, inequalities, Perinatal mental health, bereavement care,) Education and training, Infant feeding, Digital (Badgernet, Near Me remote monitoring) HAI & infection control. • To develop role for consultant midwife using backfill to create during the next 2 years of HOM secondment underpinned by robust establishment setting. • To meet continuity of carer for all women as per national guidance in a way that meets the needs of the workforce and the women and families. • Increase resource around practice education/practice development in Argyll and Bute • Ensure all audit around examination of the new-born is robust within a sustainable model

• Provision of Maternity Services to 23 Inhabited Islands with 3 permanent on-island resident midwives.	Bute). Maintain the current level of successful recruitment where students and new midwives are supported to work and develop skills supported by experienced midwives who feel valued and supported. • Move to retrospective rostering Maternity policy drivers requiring greater flexibility to provide person centred care through a continuity model with care being provided as close to home as possible. The current model is provided as on call over and above working day. There is a move to try to implement this within substantive hours. This is a challenge for all boards and a SLWG is being developed nationally with partnership to define models. • Greater expectations of service: implementation of perinatal mental health pathways, bereavement care pathways, postnatal contraception over and above maternity and neonatal reform. • Develop the hub on Islay as part of the Kintyre and Islay midwifery team to ensure a positive working environment for the team with close links and support from their team in Kintyre. • Develop equity of scanning services across Argyll and Bute with radiography lead. •	
COMMUNITY JUSTICE		
Drivers	**Risks/Challenges**	**Actions**
• Action to reduce the backlog of cases following the pandemic • Initiatives driven by temporary ring-fenced funding, e.g., Bail, diversion, Covid recovery • Requirement in small remote teams for generalist staff, who need increasing levels of specialist training • Additional training required for Risk management (LSCMI) and court reports	• Scottish Government targeted/ring-fenced funding models do not take into consideration rural service delivery and make it difficult to deliver what is expected. • Lack of specialist teams like larger urban areas means generic posts are required to cover all parts of the service adding to the challenge of recruiting to temporary posts. Attendance at multiple specialist	• Review recruitment process to eradicate any unnecessary delays, particularly where funding for the post is based on short term funding from Scottish Government. • Consider alternative approach to short term contracts by considering permanent contracts with initial external funding and then redeployment to areas of need to reduce recruitment challenges, improve continuity and greater job security

	training courses increases service delivery difficulties substantially • Short term funding for posts, combined with delays in recruitment and limited training dates available mean it is often 3-4 months into the term of the funding before delivery can start. • Intervention and risk management training is required across the team but there are barriers to accessing the nationally accredited training programme both in terms of the practical accessibility and technology, and through the delivery method with impact on small teams in remote areas and equity of service across Scotland. • There are often difficulties recruiting to roles based in more remote westerly areas of the geography • Temporary professional social work workforce is not practicable in remote and island areas. •	
PUBLIC HEALTH		
Drivers	**Risks/Challenges**	**Actions**
• The next 12 months will be a period of stabilisation and ongoing remobilisation as we emerge from COVID. We require to be able to step up / step down services in the event of further COVID pandemic pressures. We anticipate an increase in demand on all teams and the need to meet the requirements of the following: • • Remobilisation of core activities / return to pre COVID service levels – all teams (and related services) • Local public health priorities emerging from COVID including social mitigations, poverty work, DPH annual report recommendations	• Demand uncertainty given the ongoing risks of the pandemic including interdependencies (e.g. step down and step up) • Period of uncertainty given remobilisation of services and new developments locally and nationally (see strategic drivers above) • Impact of funding / resource constraints (e.g. that current resources will not be retained or delayed and resourcing impacts in other parts of the system impacting on recruitment e.g. delays to evaluation of new posts) • Management of and impacts of fixed term posts (COVID funded) – by Sept 2022 (or earlier) • Management of fixed term posts in Health Improvement posts (Health Improvement bundle or wider funded)	• Benchmarking by peer review our workforce and associated plans with other Boards. • Map staff skills to assist with skills mix planning, agile working. • Develop our succession planning modelling and ensure plans are in place for potential retirement, vacancies, and support career development. • Develop scenario planning to review unforeseen circumstances and map pathways of support. • Actively support and manage career progression (assessment and planning) – for individuals and the system e.g. to reduce system bottlenecks to career development (e.g. teams with flat management / progression structures), actively support staff in their career

• Local strategy: review will be required as a result of the development of the NHS Board strategy / public health strategy; remobilisation plan / AOP 2022/23; Community Planning Partnership strategic intentions • National and regional developments (PHS, NoS, 'Once for Scotland') and e.g., PHS providing intelligence support to the team and community planning. This is likely to be a considerable workforce we could make use of and align to our workforce planning (PHACTs, LFIT, LIST) • National strategies (new and remobilisation) • National workforce planning strategy: (influencing through our operational activities but specifically address) • Revisiting the specialist public health workforce arrangements taking into account learning from COVID-19, to support the renewal of the public health system and progressing the implementation of the National Public Health workforce planning plan. • Developing an effective workforce planning system which enables the public health workforce to predict future capacity, and capability requirements along with identifying gaps and pressure points. • Review Antimicrobial Stewardship, Health Protection and Infection Prevention and Control Workforce with a draft strategy being issued for consultation early February 2022, and the final strategy being published at the end of March 2022 (understood to be on hold). • Supporting the development of a further programme of work in relation to Public Health Leadership and Succession Planning in Scotland.	• Recruitment to senior positions (principally CPH / Public Health Specialist levels) • Staff health and wellbeing and specifically recovery from COVID (short and medium term) • Resilience of functions within all teams but specifically: Faculty of Public Health Educational Trainer(s) and Supervisor(s); support to Partnership arrangements (Violence against Women, Green Health Coord, Alcohol and Drug Partnerships) • Risk of staff moving on or temporary cover requirements (maternity leave, retirement, job change, career development or gaps due to ill health / COVID impacts) • Funding and funding models e.g. short term funding (HPT/HIT) for staffing and programmes	development / growing our own (recognising these needs impact across teams and across different timeframes). • Work with other teams in NHS to ensure efficient and effective use of skills e.g. support for commissioning and contracting (including finance and monitoring). • Capture the resources gap elsewhere in the system over which we have less control e.g. through Lead Agency model – which equates to unmet need e.g. in supporting children's integrated services in Highland area due to reduction in Health Improvement staff in the Highland Council. • HPT - Plan to evaluate the experience of the expansion of clinical fellows in health protection. • Increase the profile of health protection as a career choice for nurses. • Support those colleagues in training to explore public health as a career / speciality e.g., ScotGem and medical students. • Develop a revised / cross Directorate Learning and Development Plan – to improve education and career pathways ensuring provision of relevant skills and training (this will include ensuring all key staff are trained in the workforce planning 6 steps and tools and ensuring workforce planning is embedded in our every-day work). • Maximise access to and support for staff wishing to apply for the UKPHR specialist register (practitioner and specialist) and ensure that these developments align with our grow your own opportunities within NHSH at all levels i.e., career developments at practitioner and consultant levels. • Advocate for an expansion of the Specialist Training programme through an increase in National Training Numbers (NTNs) (all specialities). • Maintain and focus on staff health and wellbeing – particularly recovery from the impact of COVID

• Establishing a Public Health Workforce Development Programme to build workforce quality, capacity and capability to ensure high standards of public health practice, maintained through a culture of learning, qualifications, registration, and regulation for the public health workforce. • Establish a programme of work to review and support public health workforce recruitment which addresses some of the current challenges. • Public Health – Population and Morbidities projections (this will be updated on behalf of the Board and will influence public health planning) • Concerted moves and plans towards career development and registration and regulation for the public health workforce		
ADULT CARE SERVICES		
Drivers	**Risks/Challenges**	**Actions**
• Recovery of Services coming out of COVID pandemic • Ongoing management of COVID in both services and the workforce • Continued focus on infection prevention and control • Development of mobile response team within Care at Home • Establishment of nursing leadership roles to provide oversight and support for Care Homes • Long Covid services development • Maximising and continuing to develop partnership approaches with independent social care sector in, for example, attraction and recruitment • Transformation of Services programme boards • International recruitment	• Ongoing management of services with COVID and general absences • Recruitment to all social care roles, including social care in the independent sector • Sustainability of islands services on a number of Islands, including Coll and Tiree • Skills maintenance and potential isolation of Island based employees • Lack of accommodation across the area is a significant barrier to recruitment especially but not limited to Islands • Age profile of Island based workforce • Post pandemic fatigue and workforce wellbeing • Sustainable medical staffing at Lorn and Isles Hospital • Recruitment to professional roles across the area, but in particular adult social work, physiotherapy and Occupational Therapy	• Remove barriers which are preventing people from accessing jobs within the service. For example, current JDPS's (job descriptions) are not user friendly and we are looking to review and simplify them by December 2022 • Promote the adult social care as a career to try and attract a new potential workforce and showcase the opportunities for development. – by March 2023 • Review the current Growing our Own scheme and implement changes to create opportunities from school leaver to qualified officer including exploring the opportunity to develop a pathway to support people to access integrated manager posts.

	• Out of hours social work provision and onerous on-call requirements at senior level • Significantly onerous on-call requirements in many professions, including but not limited to radiography, mental health • Pressures on care at home provision due to vacancies, absence and ongoing covid absences. • Nursing shortages in care homes • Risk of just moving employees between employers and not growing the overall sector workforce, particularly in social care, but this is also a risk in other services and professions where private sector provision exists. • Staff isolation on the Islands • Fuel costs impacting on ability to carry on working within care at home has a differential impact in remote service locations where distance between client visits is greater • Failed employments in independent social care sector and wasted costs of training/induction • Difficulties recruiting to more specialist roles at Lorn and Isles, for example cardiac physiology, specialist radiography. • Inability to recruit generalist Consultant physicians and surgeons and gaps in middle grade medical positions • Unable to get full allocation of junior doctors leaving gaps across the rota and requirement to backfill with locums • Increasing number of overseas graduates applying for roles who need more supervision in a large teaching hospital before being ready to deploy in an RGH with the range of activity seen in Lorn and Isles and with a developed education infrastructure to support • No nurse manager at Lorn and Isles • Unable to provide breadth of training exposure to medical trainees at all levels resulting in little conversion rate to Consultant level	

	•	
MENTAL HEALTH SERVICES		
Drivers	**Risks/Challenges**	**Actions**
• Mental Health Strategy 2017-2027 • Health and Care Staffing Act • Stability of inpatient services • Reducing Psychological Therapies waiting times • Reduce levels of unmet need	• Urgent and emergency care pathway and impact on acute inpatient ward. • Recruitment to Consultants and Junior doctors remains challenging • Shortage of Mental Health Officers, with recruitment, retention and age profile issues for this role with no recognition of the enhanced status of the role. • Specialist gaps in psychological therapies services given recruiting to each of these as standalone services would be unrealistic. • No third sector mental health providers within the area • No home treatment services which could reduce admissions • Recruitment to community and addiction teams tends to be from other teams into more specialist roles which has been more challenging recently.	• Develop a specific mental health grow your own campaign supporting candidates from outwith the HSCP. • Develop/Implement a Mental health advanced nurse practitioner model, recruiting 4.9WTE MH ANPs to mitigate junior doctor gaps and vacancies within inpatient services. • Develop Band 4 mental health assistant practitioner to lead health care assistants. • Review skill mix for urgent and emergency care team aim of increasing the sustainability of the team through use of assistant practitioner roles • Build a structure within the community teams that provides opportunity for learning and development and promotion, such as grow your own from health care support workers through to advanced practice. • Development of advance nurse practitioner roles within specialist services • Consider the role of MHO within the HSCP as a senior practitioner in line with other HSCPs across Scotland to develop the career pathway and improve recruitment and retention to this key role.
PRIMARY CARE (GENERAL PRACTICE)		
Drivers	**Risks/Challenges**	**Actions**
• GP Contract implementation • Primary Care Improvement Programme • Vaccination Transformation Programme • Remobilisation of GP Practice activity following COVID	• Sustainability of Island GP practices and in particular out of hours services • Lack of information on Primary care workforce • Anecdotal age profile of GP workforce	• Complete recruitment and establishment of vaccination teams • Recruit to primary care nursing posts for community treatment and care • Review of sustainable services on the Island of Coll. • Establish sustainable GP out of hours service for Jura

	• Challenges recruiting GPs with the requisite depth and breadth of experience to very remote and island practices • Challenges recruiting to all roles in the Primary Care Improvement programme, especially in remote locations where roles are part time. • Significant impact of lack of accommodation on recruitment to roles • Remote and island related challenges of accessing training for, for example, pharmacotherapy. • Funding levels under PCIF, along with practice size and remoteness, impact on ability to development of an HSCP staffing model for Community treatment and Care services	

Integration Joint Board **Agenda item:**

Date of Meeting: 23rd November 2022

Title of Report: Staff Governance Report for Financial Quarter 2 (2022/23)

Presented by: Geraldine Collier, People Partner, A&B HSCP.

The Integrated Joint Board is asked to:

- Note the content of this quarterly report on the staff governance performance in the HSCP
- Take the opportunity to ask any questions on people issues that may be of interest or concern;
- Endorse the overall direction of travel, including future topics that they would like further information on.

1. EXECUTIVE SUMMARY

1.1 This report on staff governance performance covers financial quarter 2 (July-September 2022) and the activities of the Human Resources and Organisational Development (HROD) teams.

2. INTRODUCTION

2.1 This report focuses on the staff governance actions that support the HSCP priorities and the Staff Governance Standard

2.2 In the context of health and social care integration, we also consider the following:

- Adopting best practice from both employers
- Development of joint initiatives that support integration
- Compliance with terms and conditions and employing policies

3. PROGRESS & CHALLENGES

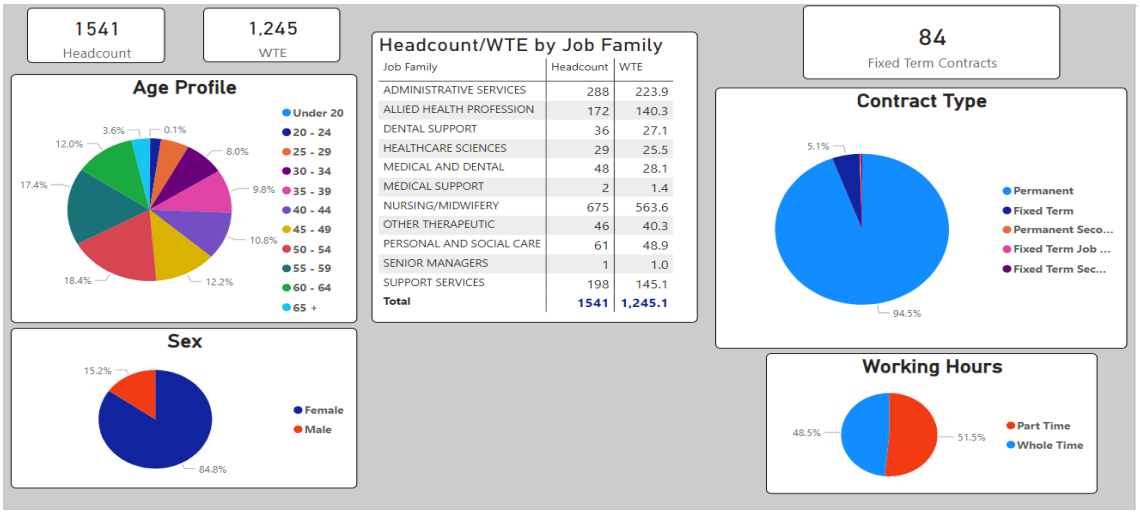
The following sections report progress and challenges against the Staff Governance Standard headings; Well Informed, Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently and Continuously Improving. These themes overlap in parts with Culture and wellbeing as an overarching principle permeating all that we do in all areas of work.

3.1 WELL INFORMED

3.1.1 Staff communication updates continue weekly with information on key issues of interest to staff via Council and NHSH Staff Communications.

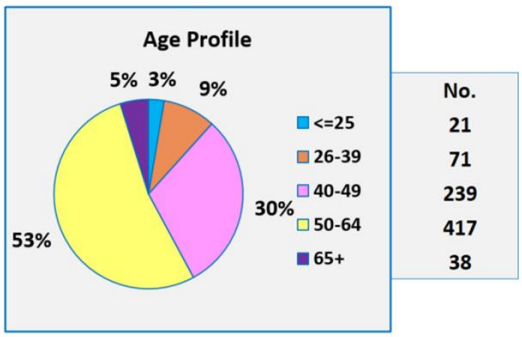
3.1.2 As reported last quarter, work is underway to improve data capture and analytics across the partnership to better inform workforce decisions and data reporting. The below demographic data is provided from NHS and Council systems. This will be improved and integrated as system development improves and will be reported on an ongoing basis.

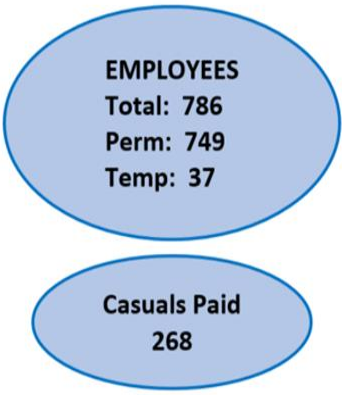
NHS data (end Q2) – WTE is 37.5.hours



*Previous reports only showed fixed term contracts that were due to end in the next 90 days. The above shows all fixed term contracts. Of the 84 fixed term contracts 26 are due to end in the next 3 months.

Council data (end of Q2)- WTE is 35 hours





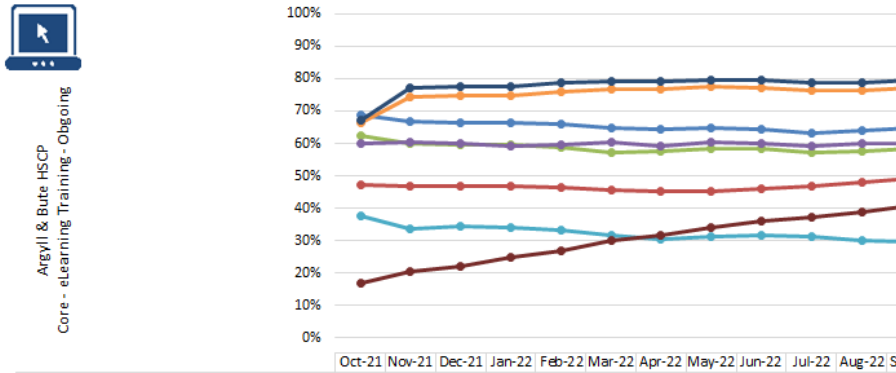
	Female		Male	
	Full-time	**Part-time**	**Full-time**	**Part-time**
Permanent	316	332	78	23
Temporary	11	20	5	1
	327	**352**	**83**	**24**

3.2 APPROPRIATELY TRAINED

Statutory and Mandatory Training

3.2.1 Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers and there is an NHSH wide focus on improving performance on completion of mandatory training.

3.2.2 The tables below show high levels results with more detailed analysis available in appendix 1.



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Equality & Human Rights	69%	67%	66%	66%	66%	65%	64%	65%	65%	63%	64%	65%
Fire safety	47%	47%	47%	47%	46%	46%	45%	45%	46%	47%	48%	49%
Safe Information Handling	62%	60%	60%	60%	59%	57%	57%	58%	58%	57%	58%	59%
Moving & Handling (Module A)	60%	60%	60%	59%	60%	61%	59%	60%	60%	59%	60%	60%
Violence & Aggresion	38%	34%	34%	34%	33%	31%	30%	31%	32%	31%	30%	30%
Why Infection Prevention Controls Matter	66%	74%	75%	75%	76%	77%	77%	77%	77%	77%	77%	77%
Hand Hygiene	67%	77%	78%	78%	79%	79%	79%	80%	80%	79%	79%	80%
Public Protection: Everyone's Responisbility	17%	20%	22%	25%	27%	30%	32%	34%	36%	37%	39%	41%

3.2.3 Despite the focus on statutory and mandatory training there is little improvement this quarter. The summary is provided in the table above and appendix 1 has a detailed breakdown.

3.2.4 Over the last year, Why Infection Prevention Controls matter, Hand hygiene and Public protection have improved notably with the other training remaining fairly stagnant and compliance with violence and aggression training notably decreasing. The focus on accurate data capture and removing barriers to compliance continues and improvement of statutory mandatory training is a key deliverable for HSCP.

3.2.5 To assist, a video has been developed raising awareness of statutory and mandatory training and has been circulated and promoted through professional groups. StatMan training on Turas - YouTube This short video explains what needs to be completed, how often to refresh learning and how to check records are up to date.

3.2.6 Section 3.2.11 of the Quarter 1 Staff Governance report caused some confusion and queries last quarter. Although, this section referred to management development training specifically, it read to imply that no face to face training was taking place by NHS. This is not the case. Necessary, face to face, statutory and mandatory training continues to be delivered, namely, violence and aggression, fire safety and manual handling. The details of the training delivered in Quarter 1 and quarter 2 are provided as an additional appendix – Appendix 6

3.2.7 For Council employees the Training stats for FQ2 were unavailable at the time of writing the report due to a software issue. This will be reported when the issue is resolved.

3.2.8 Appendix 2 shows Appraisals Performance Data for NHS staff within Argyll and Bute HSCP and this has improved slightly from last quarter (20-22%). It is anticipated that this will continue to improve with compliance now reported monthly to SLT and as we move towards year end, as historically this was the deadline.

3.2.9 Within the council, the Quality Conversations survey has now concluded and analysis is being undertaken. This will be reported once complete. This approach replaces PDP's and responds to the employee ask for a less formal, more continuous approach to personal development. The results will give a base line indication of employee and manager relationships and measure the impact of this new approach. The outcome of this will be reported next quarter

Leadership and Management Development

3.2.10 For NHS employees the Corporate Induction process is currently being reviewed and developed and is expected to be available from the beginning of 2023. This will be appropriately tailored for A&B to ensure that all managers and employees have the information they require to support and settle in to their new role. To support embedding of local induction information will be made available to supervisors, managers and leaders on the standards, their roles and guidance available.

3.2.11 The NHS 'Essential in Management' course (for those new to supervisory, management, leadership roles) is currently being developed and will be piloted in National Treatment Centre, Inverness end Nov and Beg of Dec. It is expected to be a 3 day programme and following pilot and review this will be launched across the board including A&B from Q4.

3.2.12 NHS Leading to Change officially launched on the 3rd October and replaces project lift provision as a new leadership platform offering useful resources, events and programmes to support leadership at all levels. All staff communication has been circulated for staff to sign up and benefit from the wealth of support and information available.

3.2.13 As reported last quarter the council management and leadership development programmes are all currently under review and an update will be provided next quarter.

Mentoring Programme

3.2.14 The mentoring programme continues to be promoted and the feedback from those paired is very positive, feeling the benefits of this support, both personally and professionally. Mentoring is a valuable way to develop and support managers and leaders across the partnership. As a Highland wide initiative data is being collated for each area. The uptake as mentors and mentees will be reported in future reports along with any evaluation information.

3.3 TREATED FAIRLY AND CONSISTENTLY

Culture and Wellbeing

3.3.1 During this FQ2 period the Council has introduced a number of Wellbeing Initiatives – which have included the Active Care Service (an offer of a referral to Health Assured for support in the first week of absence), Webinars from Simply Wellness. More details are available here: New wellbeing events and services – My Council Works

3.3.2 The councils new 'recalibrate programme' commenced on 27th October 2022. This is a 12 week programme intended to deliver transformational results and focus on a range of lifestyle subjects, designed to help build healthy habits that support positive health and wellbeing.

3.3.3 There is no Q1or Q2 report from the Cultural oversight group, as this group has not met. There is a planned meeting of the People & Culture programme board on the 7th October to consider a wider programme of work.

3.3.4 The A&B Culture and Wellbeing Group, plan to meet following the wider People and Culture Programme Board.

3.3.5 A courageous conversation e-learning module has been developed and piloted. Following feedback and final adjustments this will be launched. Employees will then have the option to utilise this learning platform or attend a virtual session, if they would find this more useful.

HSCP Guardian Service

Table 1

	Patient safety	Behaviour Relationships	System process	B&H	Management	Total
Council	0	0	0	0	0	0

NHS	3	2	4	5	10	24
HSCP	3	2	4	5	10	24

Table 2

	Q1 2021	Q1 2022	Q2 2021	Q2 2022
Council	5	4	6	0
NHS	15	11	5	24
HSCP	**20**	**15**	**11**	**24**

3.3.6 Table 1 shows Quarter 2 data and highlights there has been an increased contact in Quarter 2, which may have been related to visits resuming. Table 2 shows comparison to last year and last quarter and shows Q2 2022 is significantly higher than the same period last year. However it should also be noted that Covid measures were more prevalent last year at this time.

3.3.7 In Q2 it was notable that there was no contact from Council employees and the Guardian services are keen to increase their visibility in council sites to ensure employees are aware of their provision. The annual figures (provided last quarter) showed proportionate distribution across council and NHS which is not evident this quarter.

3.3.8 The categories of contact remain fairly consistent with Management issues accounting for the highest number. All employees are being supported and informed of their options to support resolution. A monthly integrated meeting with the Guardian Service representatives allows for any issues or trends across A&B HSCP to be discussed and informs future actions.

Attendance

3.3.9 HSCP NHS absence levels have continued to increase slightly from last quarter and reflect the levels evident the same time last year, Appendix 4a. The percentage absence for NHS employees, for Quarter 2 are;

- July: 5.20%
- August: 5.27%
- September: TBC% (Confirm prior to committee when available)

3.3.10 The Council data at Appendix 4b, is showing an up and down picture in absence levels during FQ2. In June 2022 the average for HSCP was 2.49 days lost per FTE per month. This increased in July to 2.88 but then decreased slightly to 2.65 in August. In September it rose again slightly to 2.71. These continuing levels of absence are impacting on the resourcing of teams and services

3.3.11 There is an additional rolling graph at Appendix 4c, showing a comparison of Covid-related and non-Covid related absence within Council employees. The number of non-Covid related absence remains

higher than that of Covid-related cases in FQ2, as was similar to FQ1. There was a significant rise in COVID related absences in July but this has reduced again during August and September

Return to Work Interview Data (Council Staff) FQ1 2022/23

3.3.12 Return to work has an 100% completion target within 3 days of the employee returning to work. The overall average for FQ2 was **41%**, which is an improvement on the previous quarter (31%) but needs to improve significantly. To support completion, there have recently been changes made to the process to make it easier to use for managers. Some short videos have also been created to walk manager's through these new processes. It is anticipated, that this will improve the overall statistics.

	Children, Families and Justice			Health and Community Care			Acute and Complex Care			Strategic Planning and Performance		
	FQ1	FQ2	+/-	FQ1	FQ2	+/-	FQ1	FQ2	+/-	FQ1	FQ2	+/-
No. of RTWIs completed	1	2	1	24	48	24	5	5	0	40	47	7
No. of RTWIs not completed	0	1	1	49	83	34	14	45	31	31	46	15
% completed	100%	67%	-33%	33%	37%	4%	26%	10%	-16%	56%	51%	-6%

3.3.13 The data for NHS RTW is not currently available as this is linked with the roll out of SSTS, after which the information will be available.

Redeployment

3.3.13 All NHS vacancies are considered for redeployment as they arise. The HR team continue to work in partnership with the Area Manager and Staffside/TU Rep in securing permanent, temporary and shadowing opportunities.

3.3.14 The table below shows the NHS trend over the last year of people joining the redeployment list and being appropriately redeployed.

Argyll & Bute	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Capability	0	0	0	0	0	0	0	0	2	0	0	0
End of Fixed Term	7	10	10	1	1	1	1	1	16	1	3	3
Health	0	0	0	1	0	1	0	0	9	0		
Org Change	40	40	40	16	17	16	15	15	16	22	14	19
Other	10	10	10	0	0	0	0	0	4	2	0	0
A&B Sub-Total	**57**	**60**	**60**	**18**	**18**	**18**	**16**	**16**	**47**	**25**	**17**	**22**
A&B Grade Protection	*0*	*0*	*0*	*22*	*22*	*22*	*22*	*22*	*9*	*30*	*22*	*35*
Argyll & Bute Total	**57**	**60**	**60**	**40**	**40**	**40**	**38**	**38**	**56**	**55**	**39**	**57**

3.3.15 Within the council there have been no employees on the redeployment register in the last year.

Employee Relations (ER)

3.3.16 Quarter 2 has shown a decrease in NHS case management activity from Q1 with a number of cases closed since the last report and compared to the same period last year. Numbers remain relatively low across the workforce see table below with previous quarters shown for comparison purposes.

3.3.17 As requested last quarter, data is being collated to report trend analysis and throughput in future reports. For this quarter the high level data is available below showing 2 grievances concluded and two opened in the quarter and 3 Dignity at work issues concluded with one remaining open at the end of September.

	Sept 21	Dec 21	Mar 22	June 22	Sept 22
Grievance	5	4	2	3	3
Conduct	2	2	1	4	0
Capability	0	0	0	0	0
Dignity at work	2	2	3	4	1
Total	9	8	6	11	4

3.3.17 HSCP Council Disciplinary and Grievance cases are consistently low. In Q2 There were three new grievances lodged, one disciplinary case concluded and one appeal ongoing.

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4. INVOLVED IN DECSIONS

4.1 Employee Engagement

4.1.1 The employee engagement working group meetings have been going well, initially focusing on Listening and Learning, Management Reflections and I-matter processes resuming activity to improve employee engagement and associated actions. Discussions will inform a programme of activity for the forthcoming year and will be shared once developed.

5. CONTINUOUS IMPROVEMENT

Resourcing: Recruitment and Redeployment

5.1 The Communications Team continues to support the recruitment challenges experienced across Argyll & Bute:

- An Argyll and Bute Recruitment face book page has been created to promote social care recruitment (in house and external provider vacancies) - link here,
- Created a video to promote the Primary Care Manager post which led to a successful appointment
- Targeted marketing of hard to fill posts on social media

5.3 Appendix 6 shows the recruitment activity over the last quarter and those posts that are difficult to recruit.

6. RELEVANT DATA AND INDICATORS

6.1 Data provided in the relevant sections above

7. WORK PLANNED FOR THE NEXT 3 MONTHS

7.1 Update on work for FQ3

Data provision further developed	Q3
Finalise all materials and ensure process in place to commence Corporate Induction rollout in Q4.	Q3
Finalise materials for Essential in Management course, commence Pilot.	Q3
Employee Culture and Wellbeing groups resumed informed by People and Culture Programme Board	Q3
Workforce Planning Group resumed	Q3
Management development programmes reviewed	Q3
Employee Engagement Focus – developing a programme of activity	Q4

8. CONTRIBUTION TO STRATEGIC PRIORITIES

8.1 This report has outlined how the staff governance work contributes to strategic priorities.

9. GOVERNANCE IMPLICATIONS

9.1 Financial Impact

A reduction in sickness absence will reduce costs.

9.2 Staff Governance

This staff governance report provides an overview of work that contributes to this theme.

9.3 Clinical Governance

None.

10. EQUALITY & DIVERSITY IMPLICATIONS

Equality and Diversity implications are considered within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed.

11. RISK ASSESSMENT

Risks are considered medium. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

12. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Everyone Matters pulse survey was reported in this quarter.

13. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note this quarterly Staff Governance update;
- Take the opportunity to ask any questions on people issues that may be of interest or concern;
- Endorse the overall direction of travel, including future topics that they would like further information on.

14. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	✓
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Jo McDill, HR&OD Officer, Argyll and Bute Council hr-hscp@argyll-bute.gov.uk
Geraldine Collier, People Partner, NHS Highland geraldine.collier@nhs.scot

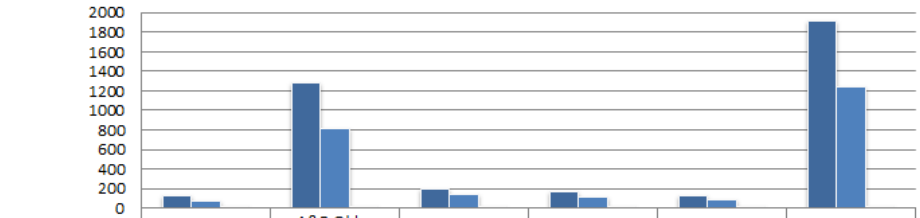
A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Appendix 1a – Argyll & Bute HSCP Performance Compliance Data – Ongoing

Monthly compliance data for each area can be access via Sway presentation (click here) and monthly reports published on intranet (click here).

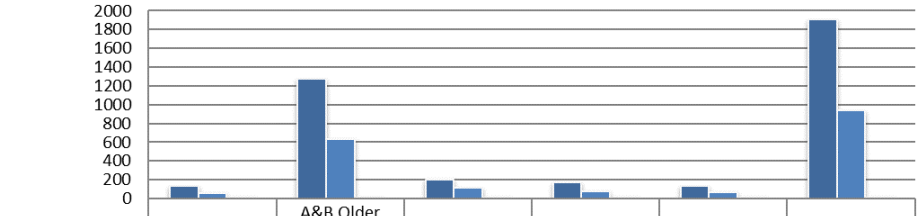
The charts below show the A&B HSCP compliance percentage at the end of September 2022.

Equality and Diversity



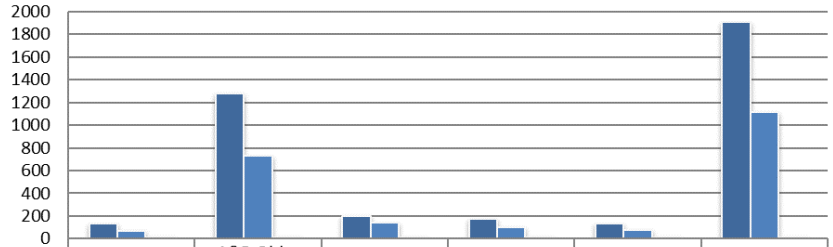
	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	130	1278	198	172	131	1909
Total Complete	72	814	144	114	90	1234
Percentage	55%	64%	73%	66%	69%	65%

Fire Safety



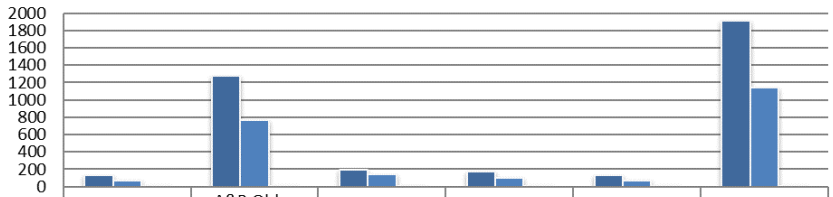
	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total staff	130	1278	198	172	131	1909
Total Complete	54	628	113	79	67	941
Percentage	42%	49%	57%	46%	51%	49%

Safe Information Handling - Foundation



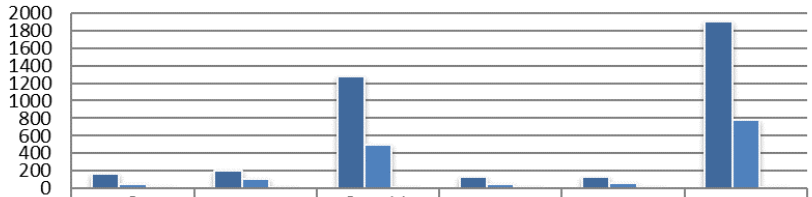
	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	130	1278	198	172	131	1909
Total Complete	67	731	140	104	75	1117
Percentage	52%	57%	71%	60%	57%	59%

Moving and Handling - Module (A)



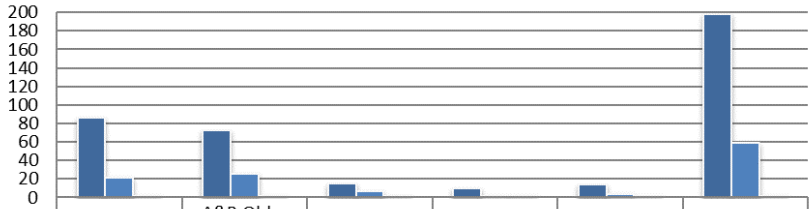
	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	130	1278	198	172	131	1909
Total Complete	65	766	144	101	70	1146
Percentage	50%	60%	73%	59%	53%	60%

Public Protection: Everyone's Responsibility



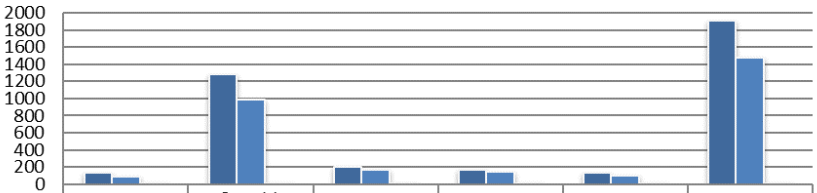
	A&B Children Families & Justice	A&B MH LD & Addiction Services	A&B Older Adults & Hospital Services	Argyll & Bute Central	A&B Primary Care	Grand Total
Total Staff	172	198	1278	130	131	1909
Total Complete	55	108	499	47	67	776
Percentage	32%	55%	39%	36%	51%	41%

Violence and Aggression (Non-Clinical)



	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	86	73	15	10	14	198
Total Complete	21	26	7	1	4	59
Percentage	24%	36%	47%	10%	29%	30%

Why Infection Prevention and Control Matters

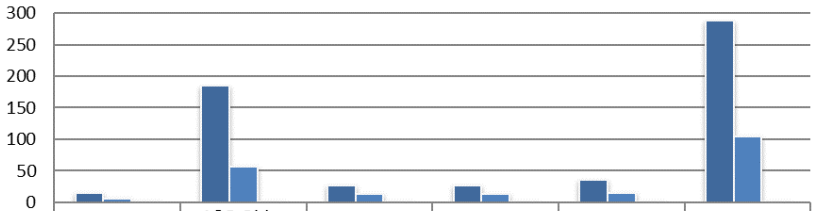


	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	130	1278	198	172	131	1909
Total Complete	88	986	167	139	94	1474
Percentage	68%	77%	84%	81%	72%	77%

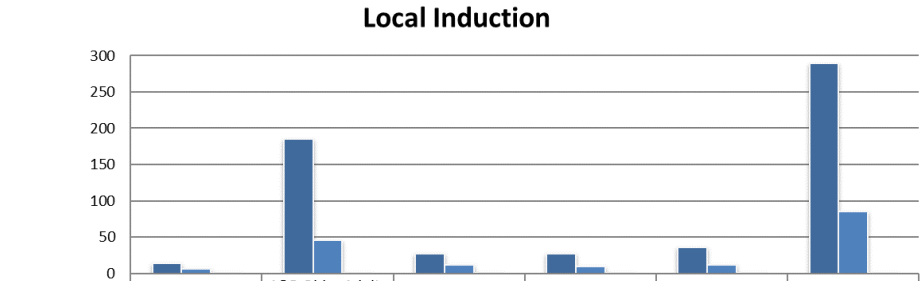
Monthly compliance data for new starts in each area can also be accessed via sway presentation (click here) and monthly reports published on intranet (click here). The new start information is included in the ongoing tables but this allows a more focused overview of the induction process.

Appendix 1b – Argyll & Bute HSCP Corporate and Local Induction Data

Corporate Induction



	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	14	185	27	27	36	289
Total Complete	6	57	13	13	15	104
Percentage	43%	31%	48%	48%	42%	36%

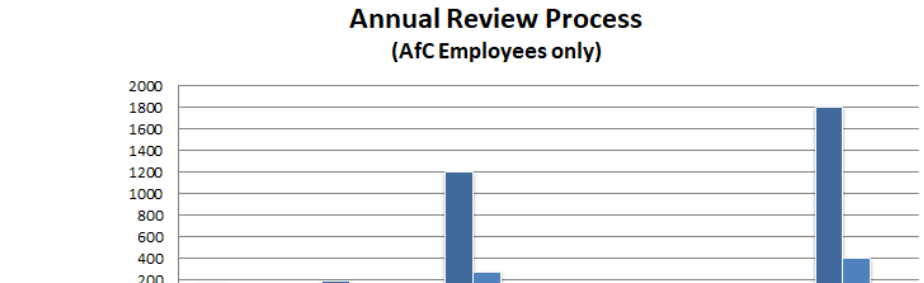


	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice	A&B Primary Care	Grand Total
Total Staff	14	185	27	27	36	289
Total Complete	6	46	12	9	12	85
Percentage	43%	25%	44%	33%	33%	29%

Appendix 2 – Argyll & Bute HSCP Staff Appraisal Data

Monthly appraisal performance data for each area can be access via monthly reports published on intranet (click here).

The chart below shows the completed appraisal within last 12 months at the end of September 2022.



	A&B Children Families & Justice	A&B MH LD & Addiction Services	A&B Older Adults & Hospital Services	A&B Primary Care	Argyll & Bute Central	Grand Total
Total Staff	172	191	1207	112	127	1809
Completed Appraisals	25	47	274	31	22	399
Percentage	15%	25%	23%	28%	17%	22%

Appendix 3 – Argyll & Bute Council Face to Face Training FQ1

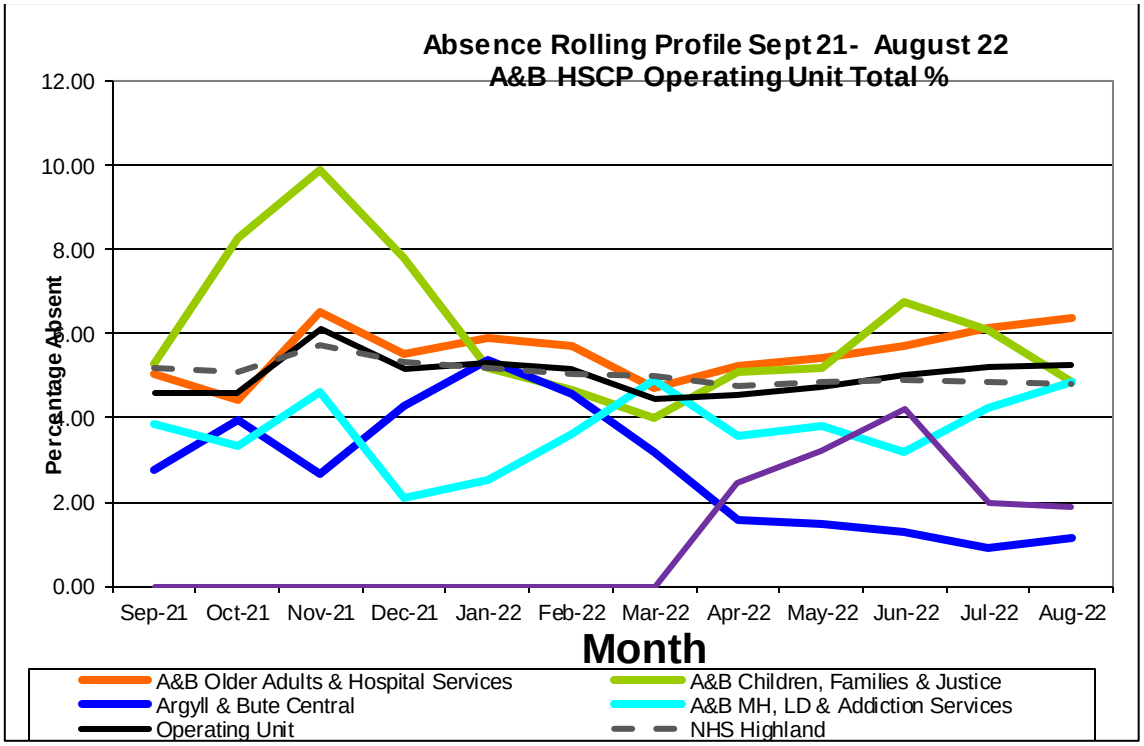
To be added when available

Appendix 4 – Sickness Absence Tables

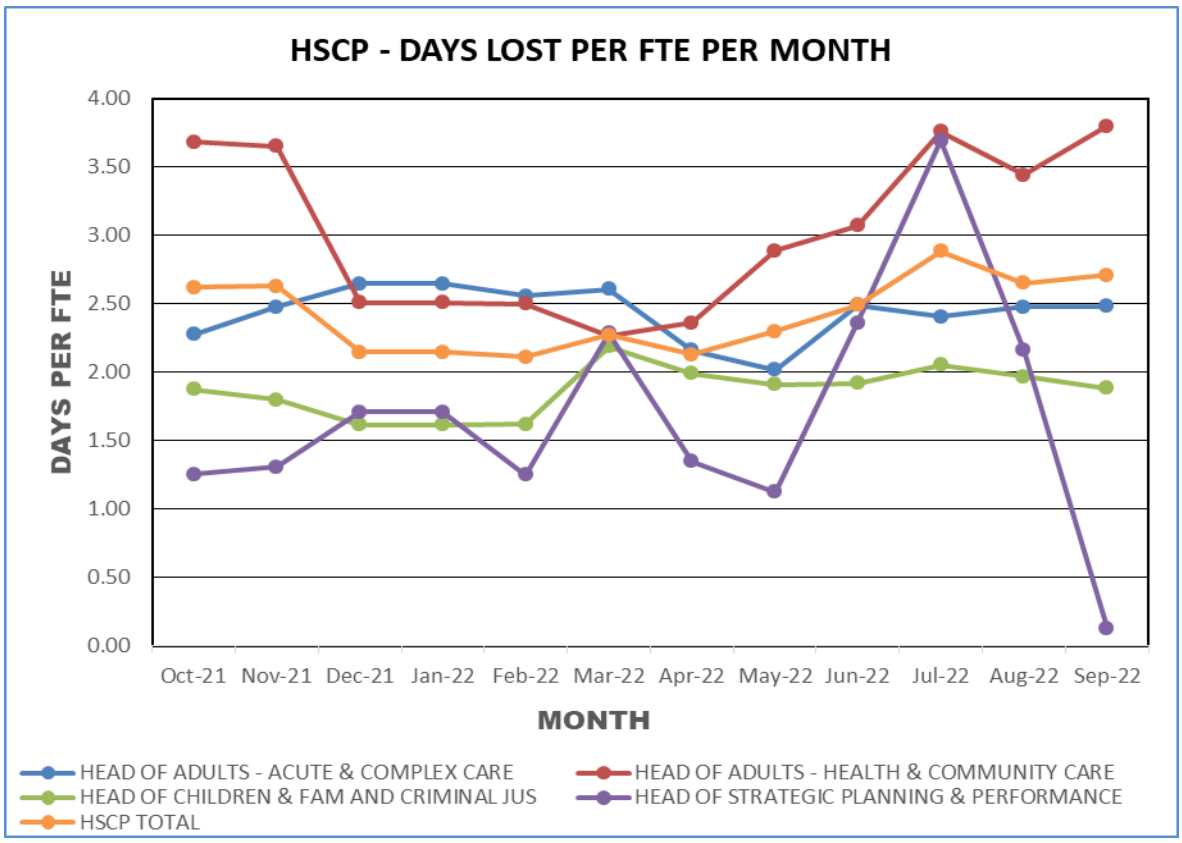
Appendix 4a – NHS Employees

ROLLING PROFILE - A&B HSCP Operating Unit Total %

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
A&B Older Adults & Hospital Services	5.03	4.42	6.52	5.50	5.90	5.71	4.71	5.26	5.43	5.73	6.12	6.37
A&B Children, Families & Justice	5.26	8.28	9.88	7.83	5.19	4.68	3.99	5.09	5.18	6.75	6.10	4.87
Argyll & Bute Central	2.75	3.94	2.67	4.27	5.38	4.57	3.21	1.57	1.49	1.27	0.91	1.17
A&B MH, LD & Addiction Services	3.84	3.35	4.64	2.09	2.51	3.61	4.90	3.57	3.80	3.21	4.22	4.87
A&B Primary Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.45	3.21	4.23	1.99	1.86
Operating Unit	4.59	4.61	6.11	5.15	5.32	5.18	4.45	4.56	4.74	5.04	5.20	5.27
NHS Highland	5.17	5.10	5.73	5.34	5.19	5.04	5.01	4.76	4.83	4.92	4.87	4.80

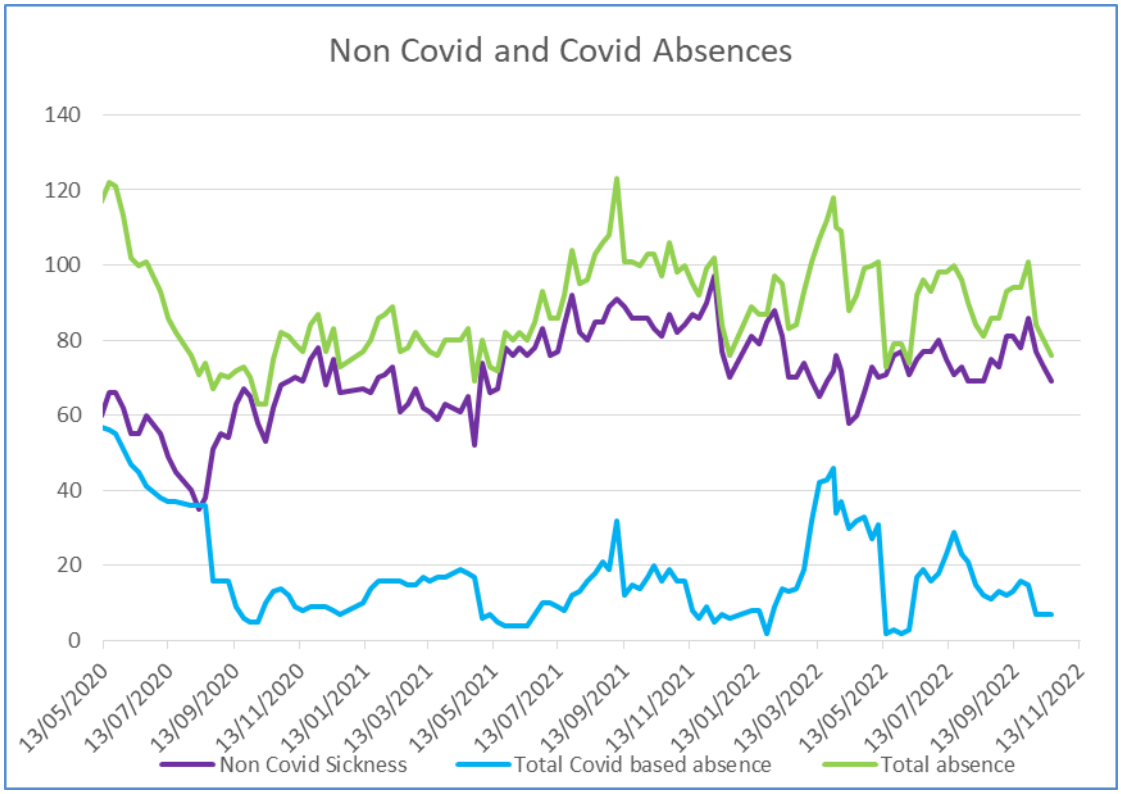


Appendix 4b – **Council Employees**



It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services

4c - **HSCP Council Employees – Non Covid vs Covid Absences**



Appendix 5 – Vacancies

NHS Vacancies

	July		August		September	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	1	3	1	4	4	2
Adult Services WEST	1	12	1	16	1	4
Children & Families	5	2	1	2	1	0
Corporate Services	0	0	0	0	4	0
Totals	7	17	3	22	10	6

Council Vacancies

The breakdown of Council vacancies for Q1 is detailed in the table below.

	Jul 22		Aug 22		Sep 22	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	8	27	8	24	1	14
Adult Services – Acute & Complex	1	9	3	11		7
Children, Families and Justice	7	5	6	4	3	4
Strategy P&P	1		1	2		
HSCP PL3 DIRECTORATE			1			
Totals	**17**	**41**	**19**	**41**	**4**	**25**
	58 (Temp 24) (Perm 34)		**60 (Temp 17) (Perm 43)**		**29 (Temp 12) (Perm 17)**	

Appendix 6 - Face to Face Statman training Health & Safety Q1 and Q2 2022

Quarter 1 stats

Prevention of Violence and Aggression

Module	Number delivered	Staff attended
April 2022		
V&A Half day refresher	2	8
V&A full day induction	4	24
Enhanced T/B for ward/A&E	2	7
V&A restraint (3 day)	1	3
May 2022		
V&A half day refresher	3	20
V&A full day induction	2	11
Enhanced T/B for ward/A&E	2	15
V&A restraint (3day)	1	2
June 2022		
V&A half day refresher	3	12
V&A full day induction	3	17
Enhanced T/B for ward/A&E	3	9
V&A restraint (3day)	1	O

Fire Safety

Module	Number delivered	Staff Attended
Fire		
	0	0
Succoth Ward (1 hr)	2	3
Hotel Services (1 hr)	5	38
Hospital Specific (1.5 hr)	3	19
Succoth Ward (1 hr)	6	10
Public Dental (1 hr)	1	8

Moving and Handling

Module	Number delivered	Staff attended
April – June 2022		
B-F Induction	5	20
Competency Assessment	3	13
Inanimate Load Handling (Mod B)	1	3
Module B-C	0	0

Face to Face Statman training Health & Safety Q2 2022

Prevention of Violence and Aggression

Module	Number delivered	Staff attended
July 2022		
Half day refresher	1	9
V&A 1 day induction		
Enhanced T/B for ward/A&E		
V&A MH restraint (3day)		
Aug 2022		
Half day refresher	3	22
V&A 1 day induction	3	16
Enhanced T/B for ward/A&E	2	6
V&A MH restraint (3 day)		
Sep 2022		
Half day refresher	3	11
V&A 1 day induction	2	16
Enhanced T/B for ward/A&E	6	14
V&A MH restraint (3day)		

Fire Safety

Module	Number delivered	Staff Attended
Fire		
Hospital Specific MACHICC(1.5 hr)	2	18
	0	0
Succoth Ward (1 hr)	4	3

Moving and Handling

Module	Number delivered	Staff attended
July – September 2022		
B-F Induction	4	15
Competency Assessment (CA)	7	19
Inanimate Load Handling (Mod B)	2	16
Module B-C (induction done alongside B-F)	1	3
Module B (induction done alongside B-F)	2	6
Keyworker	1	4

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NHS Highland

Meeting:	**Argyll & Bute Integrated Joint Board**
Meeting date:	**24 November 2022**
Title:	**Whistleblowing Standards Reports**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of People and Culture**
Report Author:	**Fiona Hogg, Director of People and Culture**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well	X	Nurture Well	X	Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

Attached are the Whistleblowing Standards Q1 report (April - June 2022) and Q2 report (July - September 2022) as well as the final version of the Annual Report and Abridged Annual report covering the period 1 April 2021 to 31 March 2022, which was the first year of the standards.

These are provided to give assurance to the IJB of our programme and performance against the Whistleblowing Standards which have been in place since April 2021.

2.2 Background

All NHS Scotland organisations including Integrated Joints Boards and Health and Social Care Partnership are required to follow the National Whistleblowing Principles and Standards with effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of these requirements, a report is required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

2.3 Assessment

The Argyll & Bute Integrated Joint Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland, including through ensuring both quarterly and annual reporting is presented and robust challenge and interrogation of this takes place.

Considerable thought and engagement has gone into the Annual Whistleblowing Standards report over recent months, to ensure that the report is comprehensive and easy to access, as well as covering all the requirements set out above.

The report is designed to be able to read in it's entirety, but also to provide a shortened version for colleagues which will include the infographic and executive summary, along with the links to past reports and the contact and information page.

Bert Donald, our Whistleblowing Non-Executive Director has been involved in the review and shaping of the report, along with input from a range of colleagues, the Area Partnership Forum and Staff Governance Committee. Bert also carried out another series of visits across Argyll & Bute in October 2022 to promote the Whistleblowing Standards and encourage speaking up.

The annual reports were extensively referenced and shared during our Speak Up Week activities from 3 - 7 October 2022.

During Speak Up week, our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. Our INWO liaison held daily sessions and recorded these on key topics such as Speaking Up, Praising and Positive feedback, Listening and responding to concerns, Quality, care and Safety concerns and a round up of all the weeks key messages and activity. There was also a series of local and national resources, press releases and social media postings shared.

We are working on our own internal Whistleblowing policy guidance, as part of the final audit action, but as we are now involved in developing national guidance and tools as part of a working group, we have paused our local activity The Q1 Whistleblowing report for the period 1 April 2022 to 31 July 2022 and the Q2 Whistleblowing report for the period 1 August 2022 to 31 October 2022 are included in the pack for assurance review. We have seen new cases raised and a number of cases concluded, but we continue to focus on improving our timescales to resolve cases.

We continue to receive and progress cases and are now considering how we can start to add learnings and trends to the reports now we have had a few more cases to report on and will include this in the Q3 report.

The Quarter 3 report will be available for the March 2023 meeting.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

This report proposes moderate assurance is taken, with the refinement of our processes making good progress. Our outstanding cases are substantial and complex but are being taken seriously. It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training which began in August 2022, as well as enhanced reporting now we have more data and to continue progress made to ensure cases are progressed in a timely manner and we are targeting giving substantial assurance with the next report in March 2023.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature.

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

3.5 Data Protection

The report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No specific impacts.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

Duties to involve and engage external stakeholders are carried out where appropriate:

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

The Annual report was presented in draft format for feedback and comments at Area Partnership Forum on 26 August 2022 and the Staff Governance Committee on 7 September 2022.

The final papers were presented as below:

- Annual report and Q1 report - NHS Highland Board, 27 September 2022
- Annual Report, Q1 and Q2 report - Area Partnership Forum on 28 October 2022
- Annual Report, Q1 and Q2 report - Staff Governance Committee on 9 November 2022

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Annual Whistleblowing Report 2021/2
- Appendix 2 - Summary Annual Whistleblowing Report 2021/2
- Appendix 3 - Quarterly WB report, April - June 2022
- Appendix 4 - Quarterly WB report July - September 2022

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NHS Highland
Annual Whistleblowing Report

1 April 2021 – 31 March 2022

Listening, learning & living our values

Contents

Listening, learning & living our values

NHS Highland Whistleblowing Standards 2021/22 Infographic

10,500 colleagues

Key Geographical areas include Caithness, Sutherland, Skye, Lochaber, Inverness, Helensburgh, and Oban

14 concerns raised, **5** of these were whistleblowing.
3 of these were concluded by end of March 2022.

- 1 Stage 1
- 4 Stage 2
- 4 Safety and Quality
- 1 System Pressures

Bert, our Whistleblowing Non-Exec, travelled

1,158 miles

from Campbeltown to Caithness.

18 one-to-one conversations for advice
19 team and individual briefings

3 completed training for line managers
25 completed training for senior managers
104 completed the overview module

2 all-colleague Ask Me Anything Sessions in April 2021 and February 2022, with 4 further weekly update posts.

Partner Survey Results

on Whistleblowing Awareness

Aware of Standards

Aware of Responsibilities

Aware of Where to Get More Info

from 248 responses

Executive Summary

This is NHS Highland's first annual Whistleblowing report, following the launch of the Whistleblowing Standards in April 2021. Over this year, we have had **14 concerns raised**, 5 of which were taken forward under the Standards and 3 of which have completed.

The attached report sets out how we have gone about promoting the standards and managing concerns and also includes some case studies and additional data and how we had an Internal Audit to ensure we had implemented them as best we could.

We have welcomed the Standards as another way to invite challenge and address concerns as a learning organisation. Moving forward, this is built into our 2022-7 Strategy and we have included details of how this is embedded in our 2022/3 Annual Delivery Plan.

Across the year, our Executive Lead has been personally involved in oversight of all cases and in the promotion of the standards, supported by our Whistleblowing Non Executive Champion has been proactive in visiting our huge board area and promoting the Standards to our colleagues. Using our Independent Speak Up Guardians to be the Confidential Contacts ensures independence and builds trust.

We have been able to use the Standards to address some longstanding challenges, but we have also had areas for development which we continue to address, including ensuring timely resolution and that people do not confuse the Standards with HR processes.

Our history and context

NHS Highland has had a turbulent few years following on from the incidents raised by Whistleblowers, that led to the **Sturrock Review in 2018.** We are fortunate that Culture and Speaking Up has been firmly on our agenda ever since and welcomed the creation and launch of the Whistleblowing Standards to further support this agenda.

It has been particularly important for us to **engage with our colleagues and partners** on what Whistleblowing is and is not, given that history, to ensure that the primary focus is on the risk of harm or wrongdoing in relation to the services we deliver, it is not specifically about bullying or inappropriate behaviour which on an individual level is addressed through our people processes, unless our failure to address issues (as in 2018) is creating that risk of harm or wrongdoing.

We recognise that the issues of the past have impacted on the trust and confidence that our colleagues have in us, in our willingness and ability to address concerns effectively, and so ensuring we have a level of independence within our processes has been a key factor in our approach to implementing the Standards.

We also have in place our own **Independent Speak Up Guardian Service** which can support colleagues on a wider range of issues, including concerns about behaviours and relationships and individual employment situations, which ensures all concerns can be addressed with clear escalation routes as part of our contract with the service. The Guardians also play a key support and contact role in the Whistleblowing Standards, which ensures our processes and insights are joined up

Our Whistleblowing Approach

We have set out a lot of detail on our approach to the Whistleblowing Standards in our Quarterly reports, and th[illegible] links to these further on. Some of the key elements of our approach within NHS Highland are:

- Provision of a **dedicated phone line for Whistleblowing concerns**, accessible to all in scope of the standards, staffed by our Independent Speak Up Guardians.
- **Independent Speak Up Guardians** as our confidential contacts, again available to all in scope of the standards, not just our employees
- **Recording and tracking of all concerns** via the Guardians, irrespective of where they are raised
- **Ability to refer non Whistleblowing concerns** into our other confidential channels for follow up
- **Visible leadership and promotion** of the Whistleblowing Standards from our Executive team and our Whistleblowing Non Executive with encouragement being given to colleagues to raise concerns
- **Oversight and review of all Whistleblowing activity and decisions by the Executive Lead**, with each case taken forward under the guidance of the relevant Executive Director
- **An implementation group to oversee the ongoing promotion of the Standards**, which has representation from our key areas, as well as our council partners, contract managers, estates and procurement, GP sub committee, Primary care, staffside, communications, to ensure we are reaching all those who may be in scope of the standards

Our Whistleblowing Approach

NHS Highland have taken a different approach to the confidential contact, as we know that whether based on experience or perception, many of our colleagues do not feel confident to speak up. We want the Standards to be effective and for colleagues to trust in the process and so putting our **independent Guardians** as the confidential contacts felt the right way to proceed.

There is a **dedicated number, as well as email addresses**, to make contact and these are widely promoted across the board area, internally and externally, and through our partners and third parties. We have also included these in press releases and articles on social media and posters.

The other factor in choosing our Guardians to be independent confidential contacts meant that for issues that are not Whistleblowing, **the Guardians can support the colleagues through the Speak Up service** and so everything can be followed up. It is important to stress that **the role the Guardian Service plays is** about making contact, providing support, recording data and follow ups and providing reporting on this. They do not make any decisions about how or whether cases are taken forward, that is the responsibility of the Exec Lead, with whom they make contact as soon as a case is received.

Whilst ongoing promotion of the Standards will always be needed, the fact that within our first few weeks they had received contacts from members of the public, independent GPs and colleagues across our huge geography and many roles and professions, **demonstrated the reach we had achieved.** We also surveyed our partners in January 2022 and **72% knew about the Standards**, with **60% understanding their role** and **65% knowing where to get more information**.

Our Communication & Engagement approach

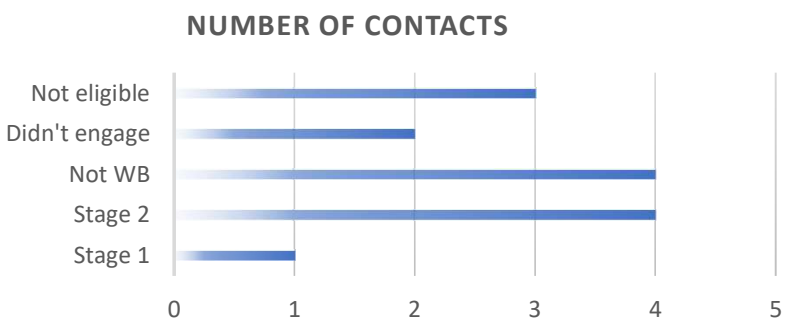
- ✓ We held **briefings for Board, Exec directors and Senior Managers** ahead of the launch and they played a key role in the cascade to their teams through their leadership structures. We also briefed the **Area Partnership Forum, Staff Governance Committee, Argyll & Bute IJB** and **Clinical and Care Governance committee**, **Corporate Services Management Meeting** amongst others.
- ✓ Posters, FAQs and information for teams were shared prior to launch, under our **Speak Up, Listen Up campaign. Press release and social media campaign** in April 2021, follow up focus article in local press in February 2022 and 2 radio interviews. **Our Guardian Service** engages with colleagues, teams and sites on their **Speak Up service** and also their WB role.
- ✓ Whistleblowing featured in **4 of our weekly update emails** to all colleagues in this year and we have held **2 Ask Me Anything** sessions for all colleagues on Whistle-Blowing in April 2021, and February 2022 and Whistle-blowing features in our **Speak Up and Support** posters around all key sites
- ✓ We have had significant input from our **Non Exec Whistleblowing Champion** who carried out **12 days** of visits to **14 locations** from Campbeltown to Caithness in the first year, involving **4 ferry trips** and over **1,100 miles.** He also held **19 team / individual briefings** and had **18 1:1 meetings** with colleagues seeking advice
- ✓ Our **Whistleblowing Implementation group** meets monthly to connect internal and external key stakeholders and to work through ongoing actions to promote the standards across all those eligible to use them.

Listening, learning & living our values

NHS Highland Whistleblowing Process

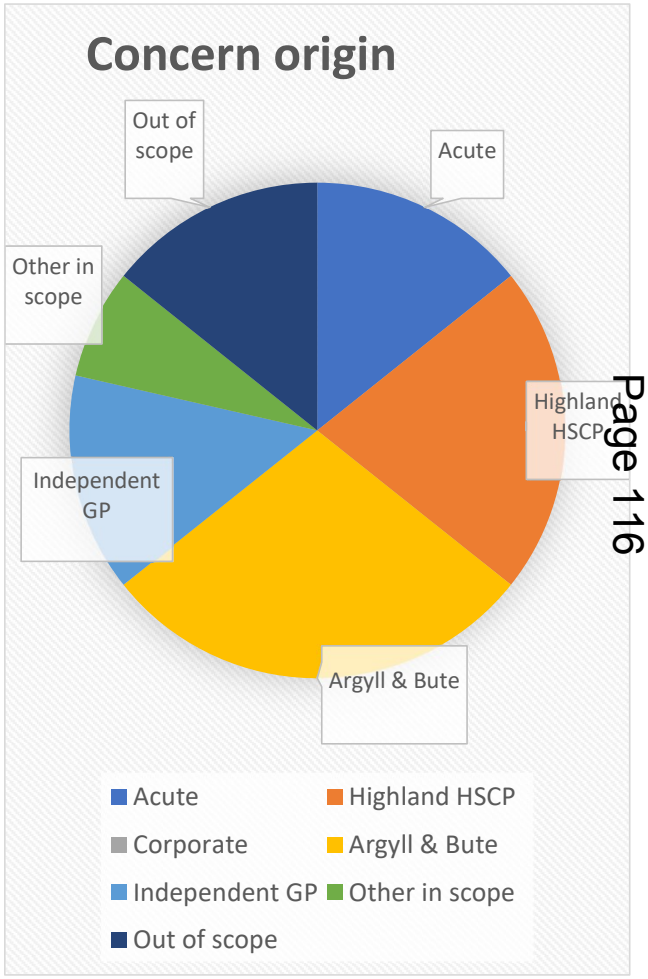
- The Guardians will take the details of the concern and then liaise with Fiona Hogg, as the Board Lead, who will review the concern and agree how it is to be taken forward.
- Concerns which are believed to be Whistleblowing are dealt with at a senior level, to ensure these can be quickly and effectively looked into and any learnings agreed and implemented without delay
- Fiona will discuss with Senior Management / SMEs who is best placed to manage the concern and the stage of the concern. This can either be Stage 1 (addressed informally and quickly within 5 days) or Stage 2 (more complex, should be completed in 20 days, or updates given every 20 days)
- Fiona maintains oversight of all cases throughout the process and liaises with the INWO as appropriate. She also provides advice to the managers hearing the cases, as required.
- Where a case is not believed to be Whistleblowing, following discussion with relevant SMEs as appropriate, Fiona will provide a detailed explanation as to why this is the case, which is provided to the complainant in writing, via the Guardians as the Confidential Contact
- This will include details of how to contact the INWO if not happy with our response, and details of possible alternative ways of addressing their concern
- If the matter is one which the Guardians can address in their Speak Up role (rather than the WB Confidential Contact role), they will also offer that support directly to the complainant
- The Guardians record the data about our WB concerns and cases and ensure they are followed up, so need to be copied into all correspondence.

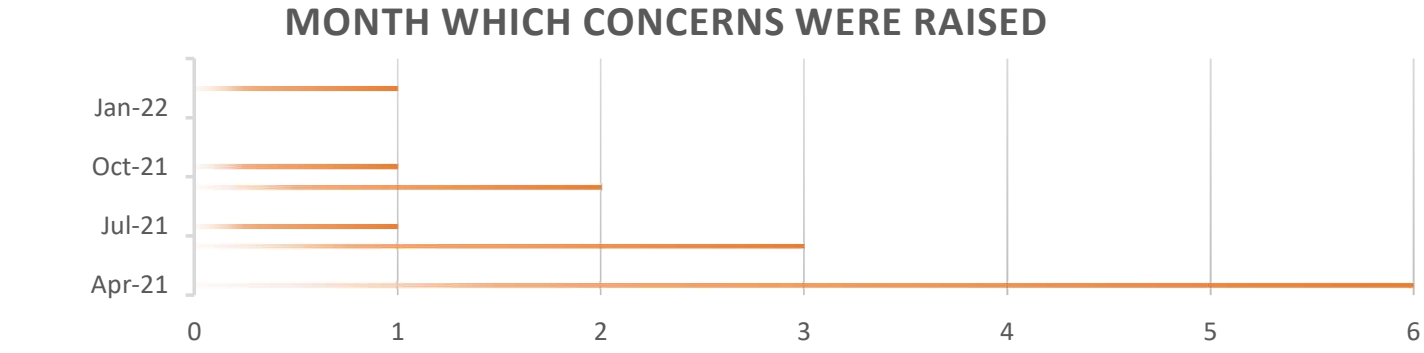
April 2021 to March 2022 – Whistleblowing Concerns raised



	Stage 1	Stage 2	Not WB	Didn't engage	Not eligible
Contacts	1	4	4	2	3

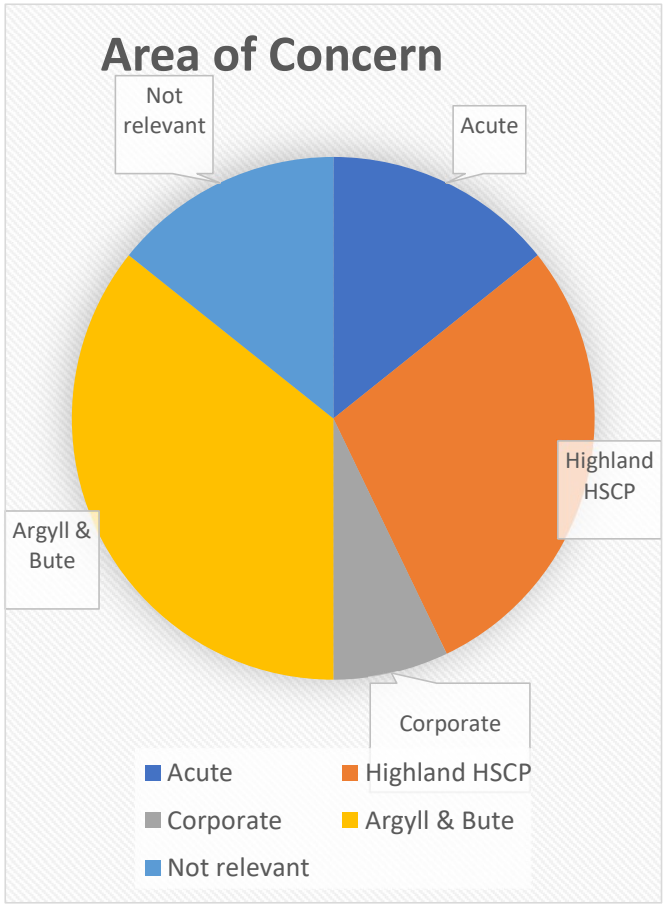
This data sets out all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were higher at the start but have continued throughout and came from a range of sources and areas.

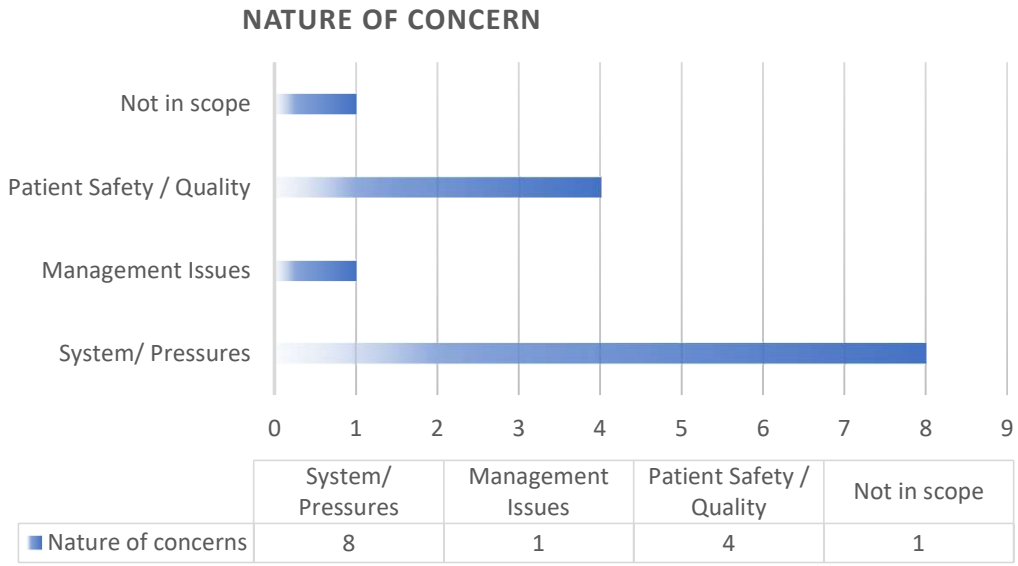




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Concerns raised	6	0	3	1	0	2	1	0	0	0	1	0

April 2021 to March 2022 – Whistleblowing Concerns raised

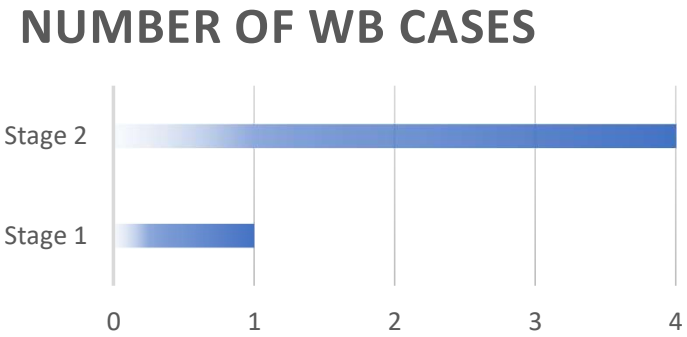




	System/ Pressures	Management Issues	Patient Safety / Quality	Not in scope
Nature of concerns	8	1	4	1

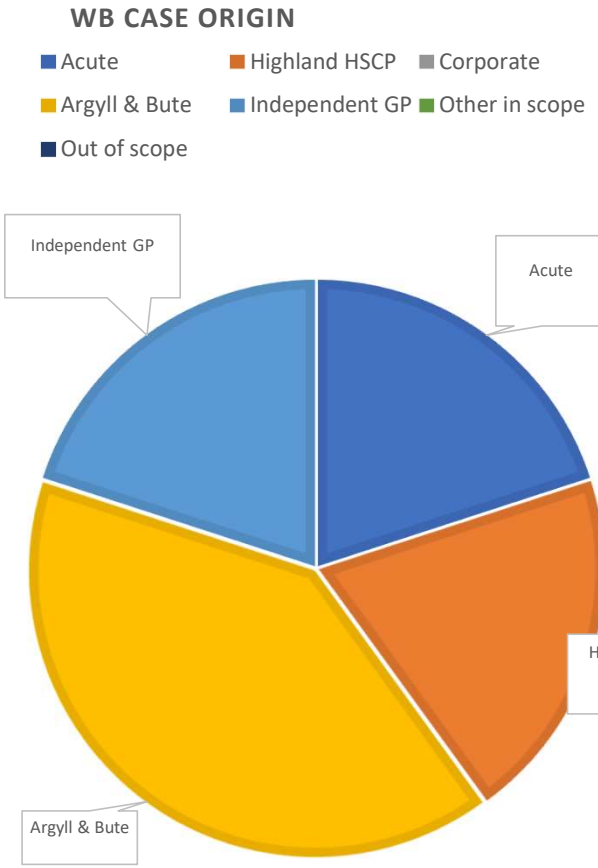
This data also covers all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were received about all areas of NHS Highland, with a slightly higher number in our HSCPs. It also shows concerns were raised mainly about systems and pressures or safety and quality.

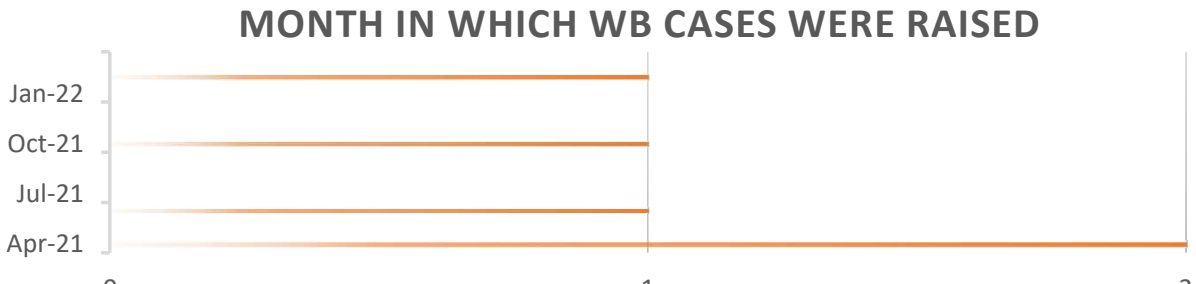
April 2021 to March 2022 - Whistleblowing Cases raised



	Stage 1	Stage 2
Whistleblowing Cases	1	4

This data sets out only cases found to be WB. It shows concerns were higher at the start but have continued throughout and came from a range of sources, with most handled as Stage 2 concerns.

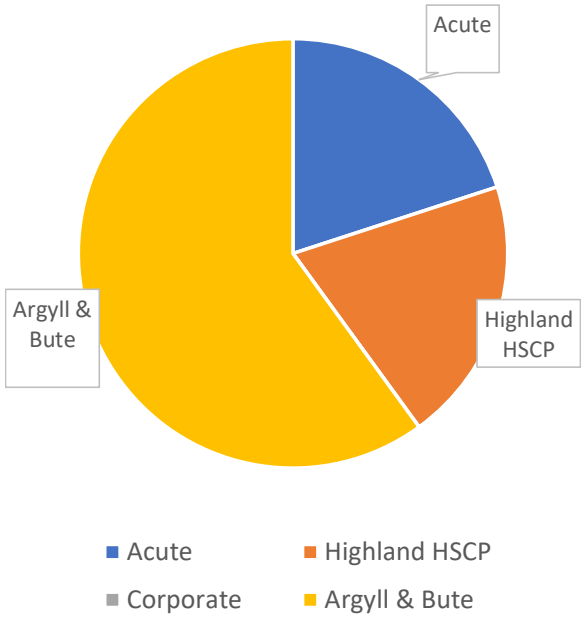




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Raised	2	0	1	0	0	0	1	0	0	0	1	0

April 2021 to March 2022 - Whistleblowing Cases raised

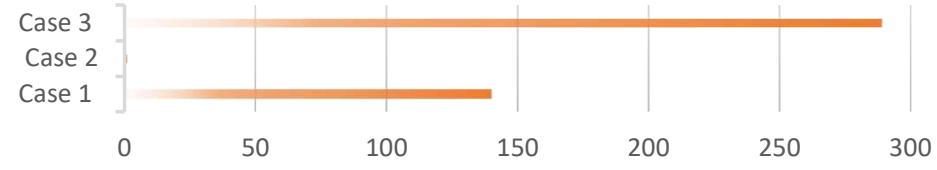
Area of WB case



NATURE OF WB CASES

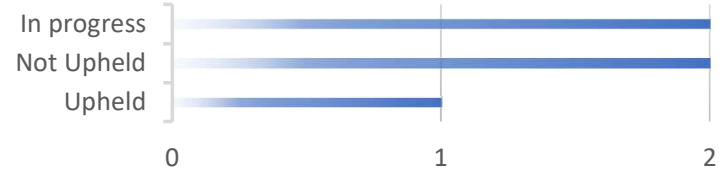
	System/ Pressures	Management Issues	Patient Safety / Quality		
Nature of WB cases	1	0	4		

TIME TO RESOLVE WB CASES



	Case 1	Case 2	Case 3
Days to resolve	140	1	289

OUTCOMES OF WB CASES



	Upheld	Not Upheld	In progress
Outcome of Cases	1	2	2

Again, this is just looking at WB cases. It shows cases involve all areas except Corporate, and are mostly safety and quality related. The time taken to resolve Stage 2 cases is significant. This is due to both complexity and some process delays. We have had 3 outcomes, 2 not upheld and 1 upheld.

Our detailed reporting

All of our past NHS Highland Board reports are available publicly here:

- WB Standards Progress report March 2021
- September 2021 –WB Q1 Covering Paper WB Q1 Apr - Jun 2021
- January 2022 – WB Q2 July - Sept 21
- March 2022 - WB Q3 Cover paper WB Q3 Oct - Dec 21
- May 2022 - WB Q4 Covering paper WB Q4 Jan - Mar 2022

Prior to Board, the reports are reviewed at our Area Partnership Forum, our Staff Governance Committee and our Argyll & Bute Integrated Joint Board, as well as at our WB Implementation Oversight group and by our Executive Directors Group.

The current schedule of reports for 2022 – 2023

- September 2022 – Annual report 2021-2022 and Q1 report April – June 22
- December 2022 – Q2 report July – Sep 2022
- March 2023 – Q3 report Oct – Dec 2022
- May 2022 – Q4 report Jan – Mar 2022
- July 2022 – Annual report 2022-2023

Our Internal Audit

In order to understand how our implementation of the Standards had progressed and to identify areas of improvement, in July 2021 we commissioned an Internal Audit which took place over August and September 2021, and was presented to Audit Committee on 7 December 2021.

Overall the report was a positive one, recognising the extensive efforts which NHS Highland had taken to implement and promote the Standards. As hoped, there were a number of areas for us to focus on, most of which were actioned before the report came to Audit Committee.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making – Completed and added to Q1 final report
3. Feedback on assurance reporting implemented - Completed and added to Q1 final report
4. Development of NHS Highland Whistleblowing Process document – Ongoing, will be launched in Speak up Week
5. Contact details for WB Champion – Completed and added to Internet.
6. Ongoing refinement of Quarterly reporting format and content – Completed in Q3 final report

Our successes

- ✓ We have embraced the Whistleblowing Standards **as a positive opportunity for NHS Highland** to have another channel **to hear and resolve concerns** and **improve our colleague and patient experience.**
- ✓ We encourage people to Speak Up and are open to criticism and challenge as this is a healthy culture, **we do not learn anything from people who agree with us or hold the same views.**
- ✓ The way in which our **Whistleblowing Non Executive Champion** has embraced his role in engaging with the organisation to proactively promote and educate about the Standards is unique and effective. This has been achieved despite the limitations of the pandemic and the geographical challenges for a Board which covers 41% of the land mass of Scotland and includes 35 islands.
- ✓ Our ongoing **proactive communication and engagement, internally and externally**, on the Whistleblowing Standards but also the Speak Up service and other channels of support has been **critical in building trust and awareness** of how to raise concerns.
- ✓ We want to ensure all of our colleagues and partners feel confident to highlight where things are going wrong and for these to be received positively and with a focus on continuing our learning and improvement journey.
- ✓ Our decision to utilise the **Guardian Service** as our Confidential Contacts for the Standards has ensured there is independence, and this will build trust in the process. It also ensures that those concerns which are not Whistleblowing can be addressed under their Speak Up service, without being lost.

Our successes

- ✓ The decision to carry out an **internal audit into our implementation**, right at the beginning of the process, was really helpful in gauging the success of our approach to date and focussing our attention on the areas which we could do better. Taking the opportunity to use the Standards to improve experience and aid our learning has been important to us, and has been a different approach to some other Boards.
- ✓ Our commitment to the Standards has been recognised and we work closely with the INWO and their team. The role which our Non Executive director plays and our embracing of the Standards across the Board is seen as good practice. Our Executive Lead has also been asked to participate in the recruitment process of 2 other Boards Non Executive posts, as the Independent member on the panel.
- ✓ The senior level at which all cases are reviewed and then addressed is also important for us, ensuring there is **consistency of decisions**, as well **as visibility of the issues being raised** and those who are looking into the cases have the ability to act on the information they receive.
- ✓ Whilst we haven't had large volumes of cases, our approach has meant that **we can commission wider reviews of our services and address longstanding challenges**, as a result of what is raised. An example is set out in the case study. This does take time to work through, but our focus is on improving and addressing what can be longstanding and complex problems.

Our successes

Case Study

One of our island GPs (independent contractor) contacted the Guardian Service with a WB concern about **failures in relationships between the Board, GP and community,** which was impacting on the quality and availability of care for residents, and **which had been ongoing for more than 10 years** but not been able to be resolved.

The Guardian Service contacted the Exec Lead, who confirmed that this was a WB concern at Stage 2 and agreed with the Chief Officer that she would take forward the concern, supported by the Exec Lead.

This involved a series of in person meetings and visits, by the Chief Officer, with the GP and their staff, with the community, and with colleagues and managers to agree an **action plan, tackling the service provision, the governance arrangements and finally the relationships**. A working group is now in place to collaborate on designing services collectively and is working effectively and making excellent progress with the community and the GP fully engaged and involved. Governance arrangements are now working well and good progress has been made with resolving relationship issues on all sides. Issues around housing and recruiting a permanent nurse have also been addressed.

This case has been ongoing since October 2021 and is due to close shortly, but throughout the Exec Lead and Chief Officer have been regularly providing 20 day written updates in line with the Standards, as well as meeting online and in person with the GP who raised the concern. We are keen to ensure we resolve concerns in as timely a way as possible, and we do have some work to do on this in other cases, but where issues are complex and longstanding, **getting a proper long term resolution is the priority for us.**

Our Learnings

- There is also much to learn and so it is vital that we evaluate our progress honestly and openly, taking the opportunity to improve when things do not go so well.
- One of our biggest challenges is to ensure that across the organisation, **we build a culture where challenge and difference of opinion is valued and embraced as a tool for reflection, learning and improvement.** This takes time and needs to be role modelled by senior leaders, in how they respond to questioning and challenge and in encouraging and promoting people to speak up and use the Standards where they feel their concerns have not been addressed. **We have made some progress, but there is a lot more to do.**
- There is also work to be done on **further understanding what Whistleblowing is and is not.** The Standards explain it is when someone who works for us or on our behalf raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing. This includes an issue that:
  - has happened, is happening or is likely to happen
  - affects the public, other staff or the NHS provider (the organisation) itself.
- This is **different to a personal complaint or grievance** about an individual employment situation, including bullying and inappropriate behaviour, which are addressed under our people policies and which the Guardian Speak Up service can also support with, although if these were not addressed or were widely experienced and impact on services and care, they may be in scope.
- The Whistleblowing Standards are **not an "HR" process.** The Exec Lead for Whistleblowing is the Director of People and Culture, because of her culture role and responsibilities. There is no link to HR and it is important that this is understood.

Our Learnings

- Whilst some of the principles of investigating complaints used in the people processes can be helpful such as having a terms of reference and ensuring there is no direct connection between the complaint and the manager looking into it, **the Whistleblowing Standards are much more flexible and agile.** The key is to **understand and address the concern quickly and effectively and determine what action is needed.** For more complex issues, an investigating manager or a working group may be needed, but in many cases, the manager looking into the concern will be able to rapidly get to the heart of the issue and understand what is needed.
- This does bring us on to one of our most challenging and enduring issues, **the timescales to address cases.** In some cases, such as the case study just presented, the time is needed to establish a full service review and tackle the issues at the heart of a concern that has been around for many years. **The outcome is the right one and so the time was needed.**
- We also have cases which have taken far too long to conclude, because of **capacity and workload or because the process has become too complex or a follow up has been missed**, and we have to improve in this space. A further awareness session was held in August to ensure our Executive and Senior Management understand their roles and the priority this must take and will be rolled out further.
- The **Standards are new and evolving** and so there will always be cases that arise that challenge us or address situations that were not expected or are complex, like in the next case study The relatively small number of cases also makes it challenging to really spot themes or trends, but this will evolve over time.

Our learnings

Case Study

We received a **WB complaint from an external party**, who worked for a facilities company in a cleaning role, in a non-NHS Highland building. They were not employed, and were not contracted by NHS Highland. We were a tenant for a few areas of the building, renting space. The complaints related to cleaning procedures in two areas which NHS Highland used, a café which we ran with our own staff, and a dental service, again, which we ran with our own staff.

On reviewing the complaint, the concern relating to labelling of trolleys to avoid confusion was immediately addressed and resolved and feedback given to confirm this. However, in reviewing the complaint related to cleaning more widely**, it was felt this was not a concern for NHS Highland to address under WB, as it did not relate to the delivery of an NHS Scotland service**, so it was for the employing organisation to address and they had already done so. Anything relating to patient care and safety was carried out by NHS Highland staff.

The complainant was directed to the INWO, should that decision wish to be challenged. **The INWO reviewed an appeal** and had discussions with NHS Highland, recognising the complexity of the case and that such issues needed to be worked through They ultimately decided that **as NHS Highland treat patients in the facility and the concerns raised could have impacted patient care, we should have treated the case as Whistleblowing** and they asked us to re-examine the complaint, under a monitored referral, which means we confirm to them when it has been completed. This is now underway. This was a really helpful exercise for us to undertake and for future concerns which have this level of complexity, we have some clear guidance on what elements to take into account

Our Strategy and Annual Delivery Plan

In our 5 year **Together We Care, With you, For you** strategy, to which our Annual Delivery plan and Work plan are aligned, Speaking up and Listening and Learning are embedded, as part of our People objective - **To be a great place to work**

There are 2 of our 4 outcomes which particularly support both speaking up and listening, as well as the underlying improvements in skills and processes which will improve experience and create the conditions for colleagues to be confident to tackle any issues locally as they arise.

Outcome 5 - Grow Well – will ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives and receive regular feedback and have a personal development plan.

2 of the 3 intentions here will support us to achieve our aims:

Intention 5b- *Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and addressed*

Intention 5c - *Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk*

Listening, learning & living our values

x

Our Strategy and Annual Delivery Plan

Listen Well – Outcome 6 - Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared.

All 3 of the intentions here will support us.

Intention 6a – *Listen to and work in partnership with all colleagues to shape our future and support decision making and continuous improvement*

Intention 6b - *Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation.*

Intention 6c - *Have robust structures and develop skills in teams for listening, communication, engagement and team working*

We are now taking the actions for our 2022/23 Annual Delivery Plan forward and our progress in delivering these will be overseen by the People and Culture Programme Board.

We will be reshaping our existing Whistleblowing Oversight Group to align to the strategic intentions and to facilitate them to engage in the development and delivery of these key priorities.

Listening, learning & living our values

x

Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 5b

- Design our programme for promoting professionalism
- Embed the civility principles and offer training to support this
- Ongoing promotion of the Whistleblowing Standards and Guardian Speak Up service

Intention 5c

- Deliver recommendations in Health and Safety Annual report reviewing our 2021 performance and compliance risks
- Deliver health and safety leadership and management training to all levels of leadership and management
- Address poor statutory and mandatory training compliance through structured improvement programme

Intention 6a

- Launched our listening and learning panels and undertaken a programme of engagement with them
- Agree our sources of colleague experience data and increase our insight and understanding in this area
- Development of our People Service Centre approach to support colleagues and managers

Listening, learning & living our values

Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 6b

- Review of facility time and partnership working completed
- Increase the numbers of concerns being resolved as part of early resolution
- Introduction to partnership working and the staff governance standards to be core part of induction for all colleagues
- Local Partnership Forums re-established and working effectively and widespread management engagement in partnership working at all levels

Intention 6c

- Team Conversations initiative has been rolled across a range of teams in NHS Highland
- Co-produced values and behaviours standards and guidance are available for colleagues and managers
- NHS Highland leaders demonstrate effective and visible leadership across all levels of their organisation

Listening, learning & living our values

Other priorities for 2022/2023

- Delivering an active programme of activities and awareness raising during the national **Speak Up Week** from 3- 7 October
- Launching our Whistleblowing Annual Report and NHS Highland Whistleblowing procedure to colleagues
- Promoting further take up of the national training on Whistleblowing
- Delivering Whistleblowing awareness sessions to teams and leaders across NHS Highland and partner organisations, following the initial session with Exec Directors / Deputies in August 22
- Continuing to promote awareness of the Standards to partner organisations as well as NHS Highland through our ongoing communication and engagement campaign
- Improving our time taken to resolve cases and further refining and simplifying how these cases are investigated
- Being able to provide more detailed analysis of themes and trends with more cases to review

Contacts and information

- The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Scotland service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.
- There is an excellent website with lots of resources and advice Independent National Whistleblowing Officer | INWO (spso.org.uk)
- There is also training on TURAS learn which it is highly recommended to complete.
  - Whistleblowing : an overview | Turas | Learn (nhs.scot)
  - Whistleblowing : for line managers | Turas | Learn (nhs.scot)
  - Whistleblowing : for senior managers | Turas | Learn (nhs.scot)

To raise a concern, contact the Guardians, as our confidential contacts, either via the WB hotline **0333 733 8448** (Mon – Fri 9 -5) or emailing Julie McAndrew Julie.m@theguardianservice.co.uk or Derek McIlroy Derek.M@theguardianservice.co.uk

Listening, learning & living our values

x

INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER

NHS Highland

Appendices

Listening, learning & living our values

Roles and Responsibilities

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to through leadership, monitoring, Overseeing access and Support.

Board Non-Executive Whistleblowing Champion

This role is taken on by **Albert Donald,** who has been in place since February 2020 and monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role to help us comply with our responsibilities. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer and Executive Lead

This role is taken on by Fiona Hogg, Director of People & Culture. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO and has overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. As Exec Lead, Fiona also has oversight of all of the Whistleblowing cases, decisions and outcomes to ensure consistency.

Roles and Responsibilities

HR Lead

This role is taken on by **Gaye Boyd, Deputy Director of People** and is responsible for ensuring all staff have access to this procedure, as well as the support they need if they raise a concern and ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration, ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns. They must also ensure that managers have the training they need to identify concerns that might be appropriate for the Standards and to manage them appropriately

Its important to note that Whistleblowing is not a process overseen by the HR team and as set out above, it is separate to our main people processes, reflecting the different scope and nature of Whistleblowing complaints**.**

Chief Executive / Executive Directors / Senior Management

Overall responsibility and accountability for the management of whistleblowing concerns lies with the organisation's chief executive, executive directors, and appropriate senior management

Roles and Responsibilities

Managers

Any manager in the organisation may receive a whistleblowing concern. Therefore, all managers must be aware of the whistleblowing procedure and how to handle and record concerns that are raised with them, with their colleagues and with any third party or independent contractors who deliver services on our behalf. All managers are encouraged to undertake the training module available on Turas Learn. However, their first point of contact should be the Guardian Service, they do not take this forward themselves

Union representatives

Union representatives play a key role in supporting members to raise concerns and providing insight into the effectiveness of our systems and processes.

All colleagues

Anyone who delivers an NHS service should feel able and empowered to raise concerns about harm or wrongdoing. They should be trained so they are aware of the channels available to them for raising concerns, and what access to the Standards means.

Roles and Responsibilities

Primary Care

All primary care providers and contracted services are required to have a procedure that meets with the requirements of these Standards. This means that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. NHS Highland colleagues who manage the contracts and relationships with Primary Care will be critical in promoting awareness of the Standards. The first point of contact again is via the Guardian Service

Managers and Supervisors of Students and Trainees

Those who supervise students and trainees who are working in our organisation, but aren't usually employed by us, have a specific responsibility to ensure that they are aware of the Standards and how they can raise a concern.

Volunteer Coordinator

The Standards also apply to Volunteers, who are working in our services. It is important that they are made aware of the Standards and how to raise a concern and access support

WB Champion visits 2021/2

July 2021

- Mid Argyll Community Hospital, Lochgilphead
- Campbeltown Hospital
- Victoria Hospital, Rothesay
- Victoria Integrated Care Centre, Helensburgh

November 2021

- Cowal Hospital, Dunoon
- Lorn and Isles Hospital, Oban
- Iona Community Hospital and Bowmore Court, Mull
- Fort William Health Centre
- Belford Hospital, Fort William

January/February 2022

- New Craigs Hospital, Inverness
- Lawson Memorial Hospital, Golspie
- Community Base, Thurso
- Caithness General Hospital, Wick
- Raigmore Hospital, Inverness

Listening, learning & living our values

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NHS Highland
Annual Whistleblowing Report
Summary

1 April 2021 – 31 March 2022

Listening, learning & living our values

NHS Highland Whistleblowing Standards 2021/22 Infographic

10,500 colleagues

Key Geographical areas include Caithness, Sutherland, Skye, Lochaber, Inverness, Helensburgh, and Oban

14 concerns raised, **5** of these were whistleblowing.

3 of these were concluded by end of March 2022.

- 1 Stage 1
- 4 Stage 2
- 4 Safety and Quality
- 1 System Pressures

Bert, our Whistleblowing Non-Exec, travelled

1,158 miles

from Campbeltown to Caithness.

18 one-to-one conversations for advice

19 team and individual briefings

3 completed training for line managers

25 completed training for senior managers

104 completed the overview module

2 all-colleague Ask Me Anything Sessions in April 2021 and February 2022, with 4 further weekly update posts.

Partner Survey Results

on Whistleblowing Awareness

Aware of Standards

Aware of Responsibilities

Aware of Where to Get More Info

from 248 responses

Executive Summary

This is NHS Highland's first annual Whistleblowing report, following the launch of the Whistleblowing Standards in April 2021. Over this year, we have had **14 concerns raised**, 5 of which were taken forward under the Standards and 3 of which have completed.

The report sets out how we have gone about promoting the standards and managing concerns and also includes some case studies and additional data and how we had an Internal Audit to ensure we had implemented them as best we could.

We have welcomed the Standards as another way to invite challenge and address concerns as a learning organisation. Moving forward, this is built into our 2022-7 Strategy and we have included details of how this is embedded in our 2022/3 Annual Delivery Plan.

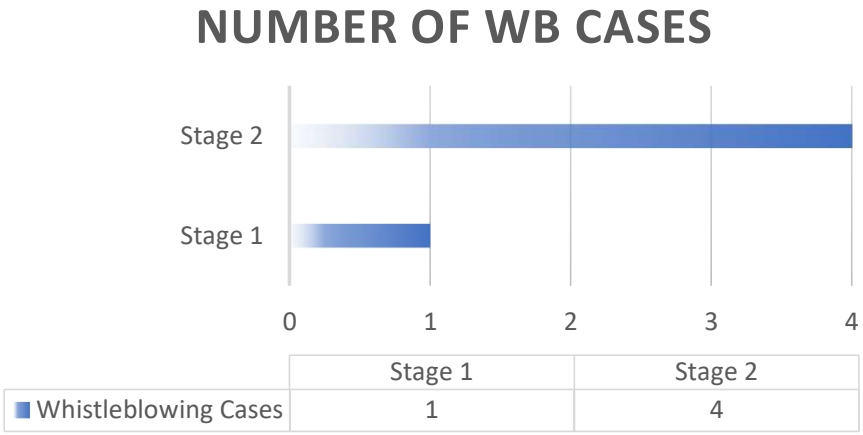
Across the year, our Executive Lead has been personally involved in oversight of all cases and in the promotion of the standards, supported by our Whistleblowing Non Executive Champion has been proactive in visiting our huge board area and promoting the Standards to our colleagues. Using our Independent Speak Up Guardians to be the Confidential Contacts ensures independence and builds trust.

We have been able to use the Standards to address some longstanding challenges, but we have also had areas for development which we continue to address, including ensuring timely resolution and that people do not confuse the Standards with HR processes.

NHS Highland Whistleblowing Process

- The Guardians will take the details of the concern and then liaise with Fiona Hogg, as the Board Lead, who will review the concern and agree how it is to be taken forward.
- Concerns which are believed to be Whistleblowing are dealt with at a senior level, to ensure these can be quickly and effectively looked into and any learnings agreed and implemented without delay
- Fiona will discuss with Senior Management / SMEs who is best placed to manage the concern and the stage of the concern. This can either be Stage 1 (addressed informally and quickly within 5 days) or Stage 2 (more complex, should be completed in 20 days, or updates given every 20 days)
- Fiona maintains oversight of all cases throughout the process and liaises with the INWO as appropriate. She also provides advice to the managers hearing the cases, as required.
- Where a case is not believed to be Whistleblowing, following discussion with relevant SMEs as appropriate, Fiona will provide a detailed explanation as to why this is the case, which is provided to the complainant in writing, via the Guardians as the Confidential Contact
- This will include details of how to contact the INWO if not happy with our response, and details of possible alternative ways of addressing their concern
- If the matter is one which the Guardians can address in their Speak Up role (rather than the WB Confidential Contact role), they will also offer that support directly to the complainant
- The Guardians record the data about our WB concerns and cases and ensure they are followed up, so need to be copied into all correspondence.

April 2021 to March 2022 - Whistleblowing Cases raised



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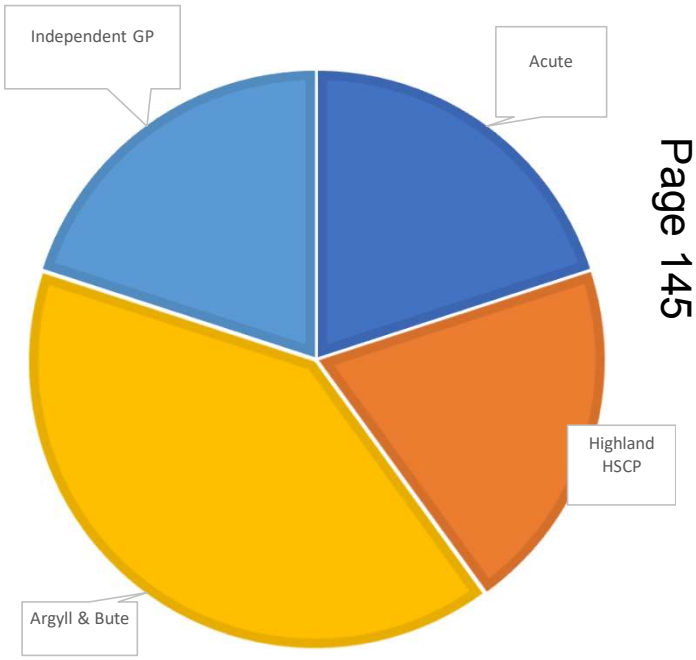

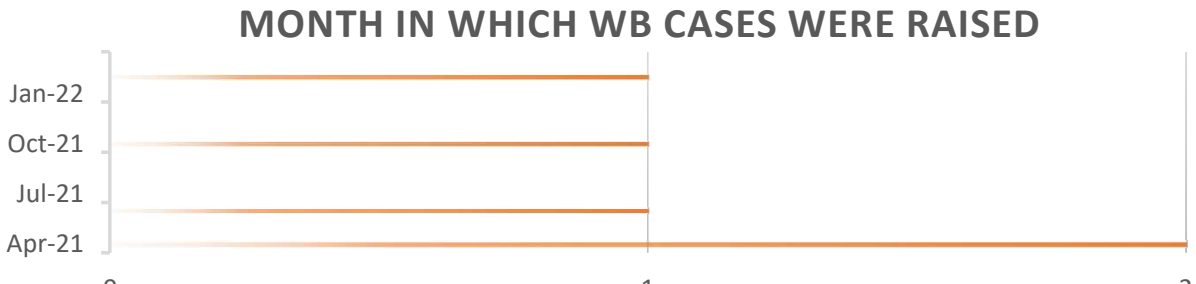

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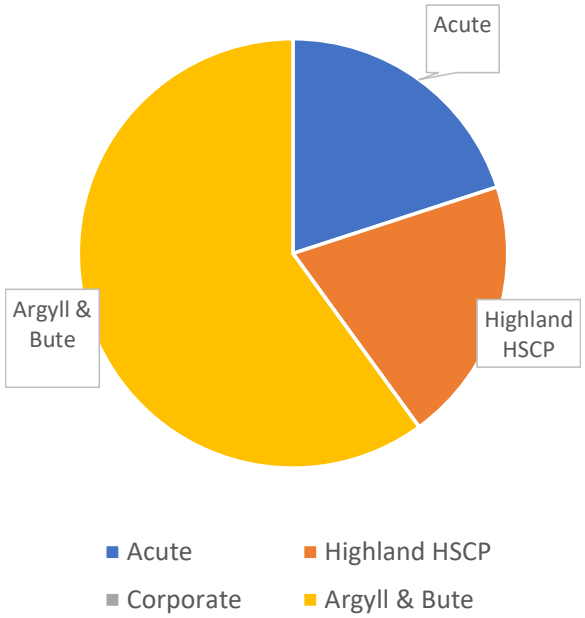

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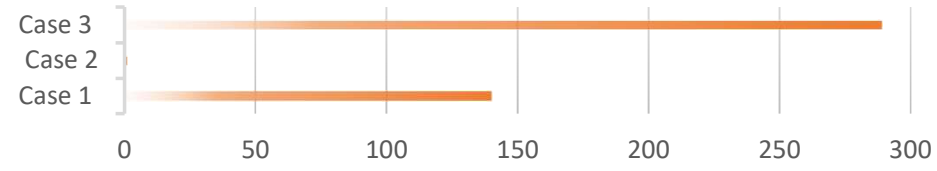

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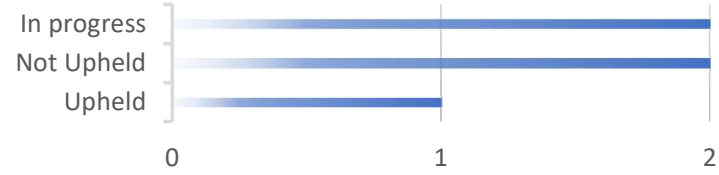
Days to resolve	140	1	289

OUTCOMES OF WB CASES



	Upheld	Not Upheld	In progress
Outcome of Cases	1	2	2

Again, this is just looking at WB cases. It shows cases involve all areas except Corporate, and are mostly safety and quality related. The time taken to resolve Stage 2 cases is significant. This is due to both complexity and some process delays. We have had 3 outcomes, 2 not upheld and 1 upheld.

Our detailed reporting

All of our past NHS Highland Board reports are available publicly here:

- WB Standards Progress report March 2021
- September 2021 –WB Q1 Covering Paper WB Q1 Apr - Jun 2021
- January 2022 – WB Q2 July - Sept 21
- March 2022 - WB Q3 Cover paper WB Q3 Oct - Dec 21
- May 2022 - WB Q4 Covering paper WB Q4 Jan - Mar 2022

Prior to Board, the reports are reviewed at our Area Partnership Forum, our Staff Governance Committee and our Argyll & Bute Integrated Joint Board, as well as at our WB Implementation Oversight group and by our Executive Directors Group.

The current schedule of reports for 2022 – 2023

- September 2022 – Annual report 2021-2022 and Q1 report April – June 22
- December 2022 – Q2 report July – Sep 2022
- March 2023 – Q3 report Oct – Dec 2022
- May 2022 – Q4 report Jan – Mar 2022
- July 2022 – Annual report 2022-2023

Contacts and information

- The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Scotland service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.
- There is an excellent website with lots of resources and advice Independent National Whistleblowing Officer | INWO (spso.org.uk)
- There is also training on TURAS learn which it is highly recommended to complete.
  - Whistleblowing : an overview | Turas | Learn (nhs.scot)
  - Whistleblowing : for line managers | Turas | Learn (nhs.scot)
  - Whistleblowing : for senior managers | Turas | Learn (nhs.scot)

To raise a concern, contact the Guardians, as our confidential contacts, either via the WB hotline **0333 733 8448** (Mon – Fri 9 -5) or emailing Julie McAndrew Julie.m@theguardianservice.co.uk or Derek McIlroy Derek.M@theguardianservice.co.uk

Listening, learning & living our values

x

Whistleblowing Report
Quarter 1 - 1st April 2022 to 30th June 2022

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 1 (Q1) report. The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

NHS Highland Board
The Board plays a critical role in ensuring the standards are adhered to.
Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately
Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this
Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.
Support – providing support to the Whistleblowing champion and to those who raise concerns.

Board Non-Executive Whistleblowing Champion
This role is taken on by **Albert Donald**, who has been in place since February 2020.
The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer
This role is taken on by **Fiona Hogg, Director of People & Culture**, in her executive lead role in Culture and Communications. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

3. Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

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If the complaint is Whistleblowing, then the Director of People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the "Confidential Contact" via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

5. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
    - kept informed as to how the investigation is progressing
    - advised of any extension to timescales
    - advised of outcome/decision made
    - advised of any further route of appeal to the INWO
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

6. KPI Table

The KPI data is taken as at 30th June 2022 for Quarter 1 2022/3.

KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2	100%	2	16
Concerns confirmed as WB concerns	1	50%	1	7
OPEN Concerns under investigation	1	100%	3	3
Stage 1 concerns closed in full within 5 working days	0		0	1
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days	0		0	0
Stage 2 concerns closed later than 20 working days			0	2
Stage 2 concerns still open from prior reports	3		3	3
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				1
% of closed calls upheld Stage 2				1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2				1
% of closed calls not WB			1	9
% of closed calls where Whistleblower chose not to pursue.				2
% of closed calls which were for another Board to pursue	1	50%	1	2

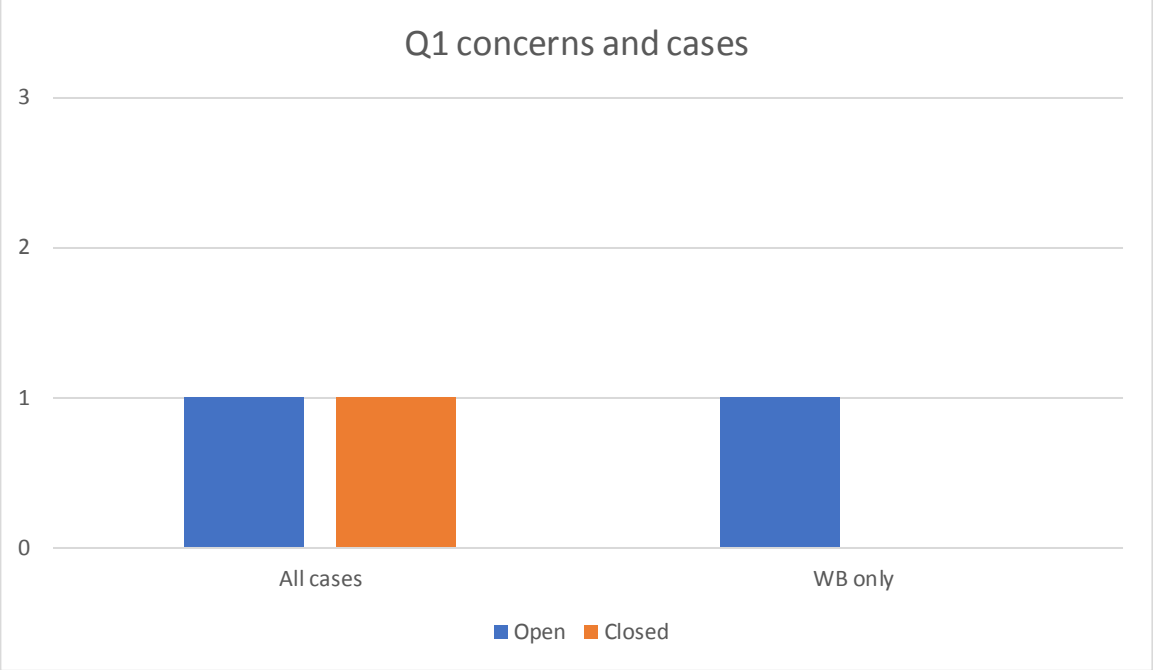
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	1	6
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		0	1

7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1st April 2022 to 30th June 2022.

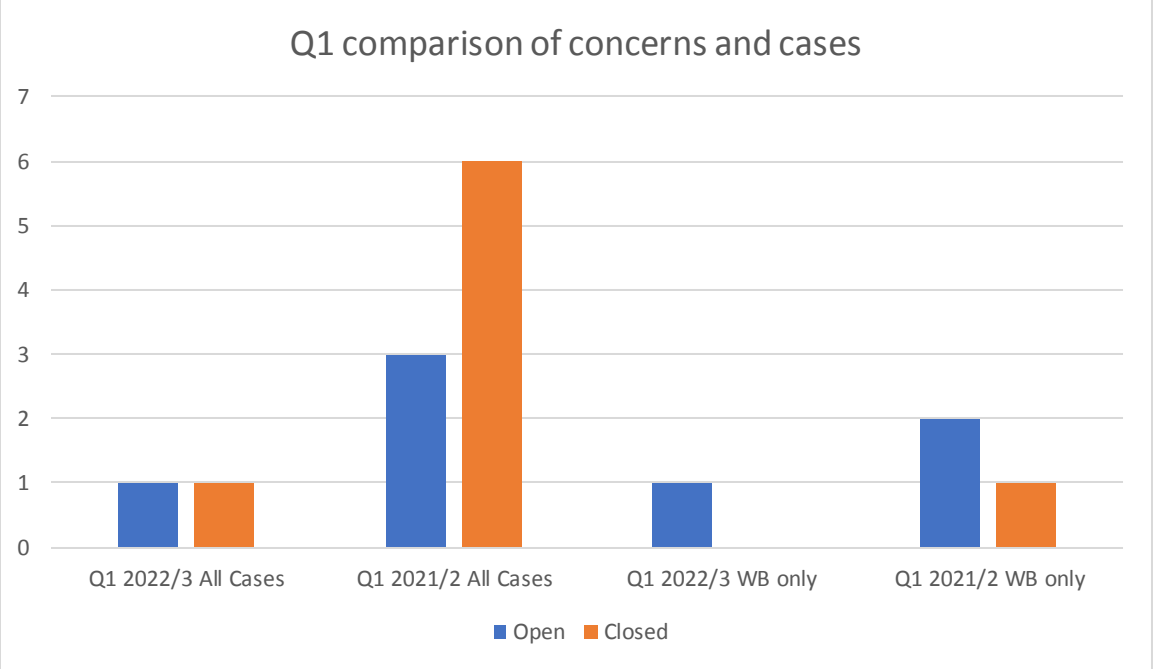
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1

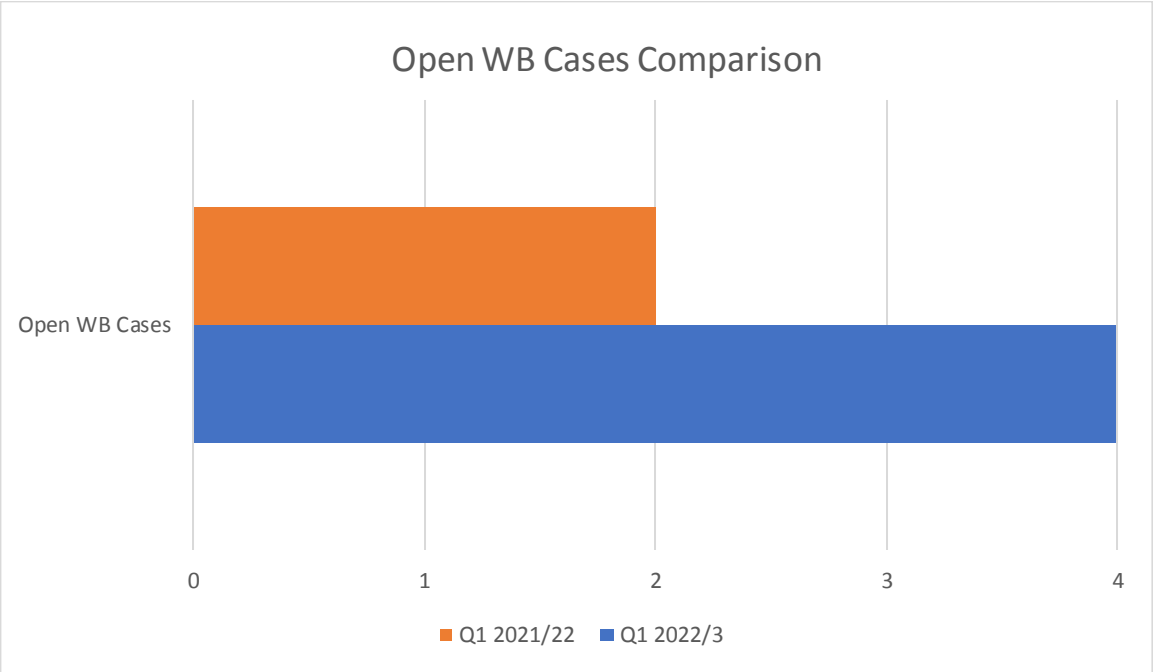


There were 2 concerns raised in Q1, 1 was investigated under stage 2 of the whistleblowing standards and 1 was deemed not to be whistleblowing as it was being overseen by another board but a response was progressed.

Graph 2

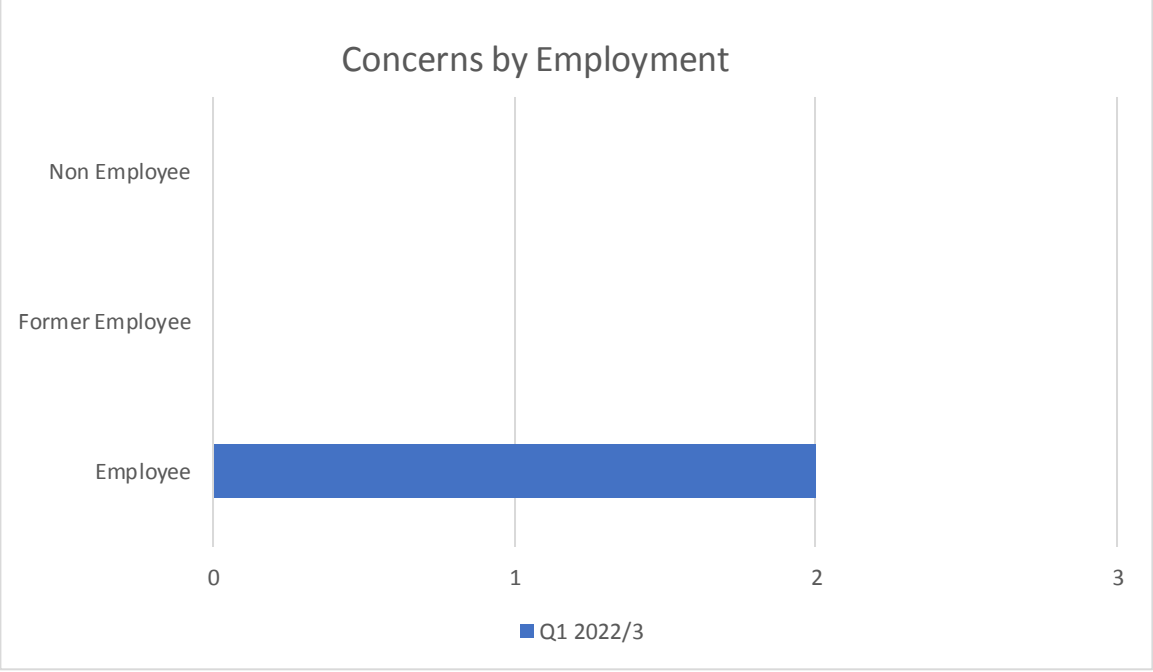


Graph 3



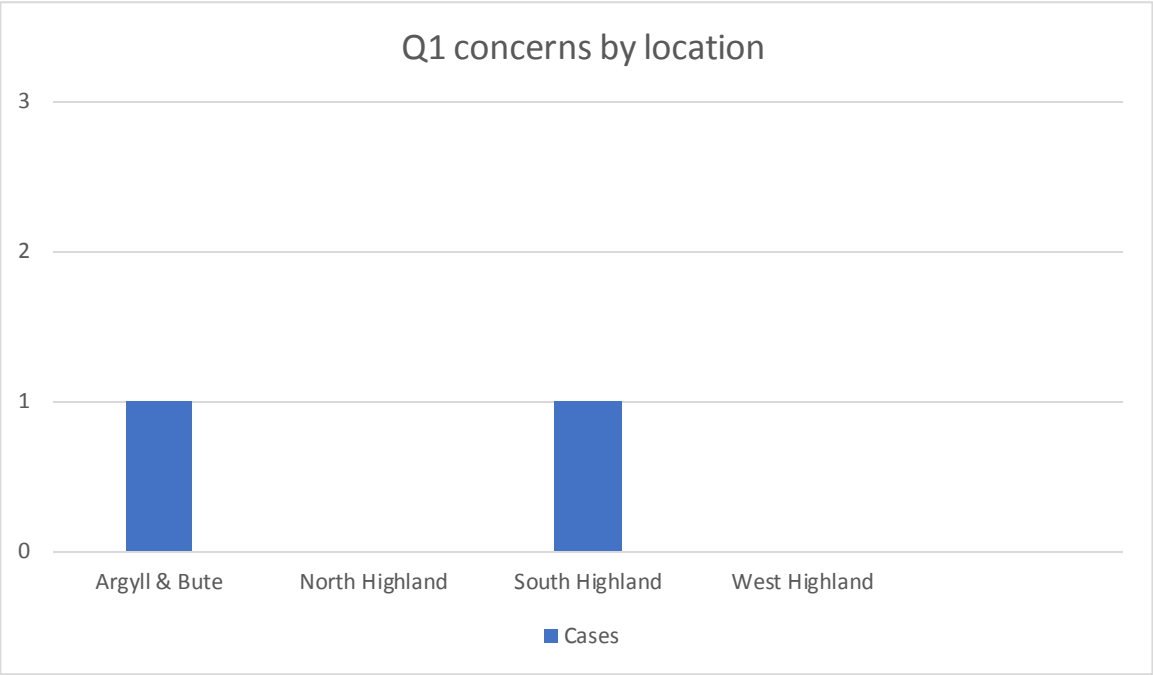
At the end of Q1 there were 3 open cases actively under investigation from 2021-2022 in accordance with stage 2 of the procedures, including the monitored referral which is a reopened case. All cases have appropriate extensions in place for investigation.

Graph 4

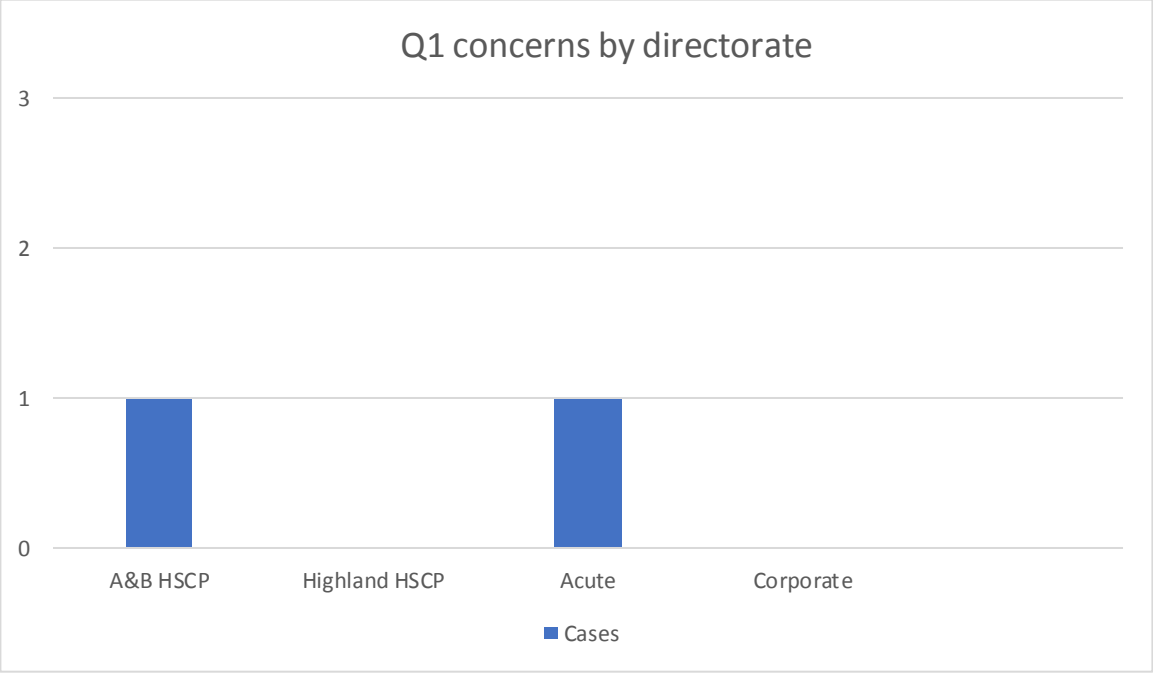


Both concerns were raised by NHS Highland employees, although 1 was anonymous to us, but not to NES who they raised it with.

Graph 5

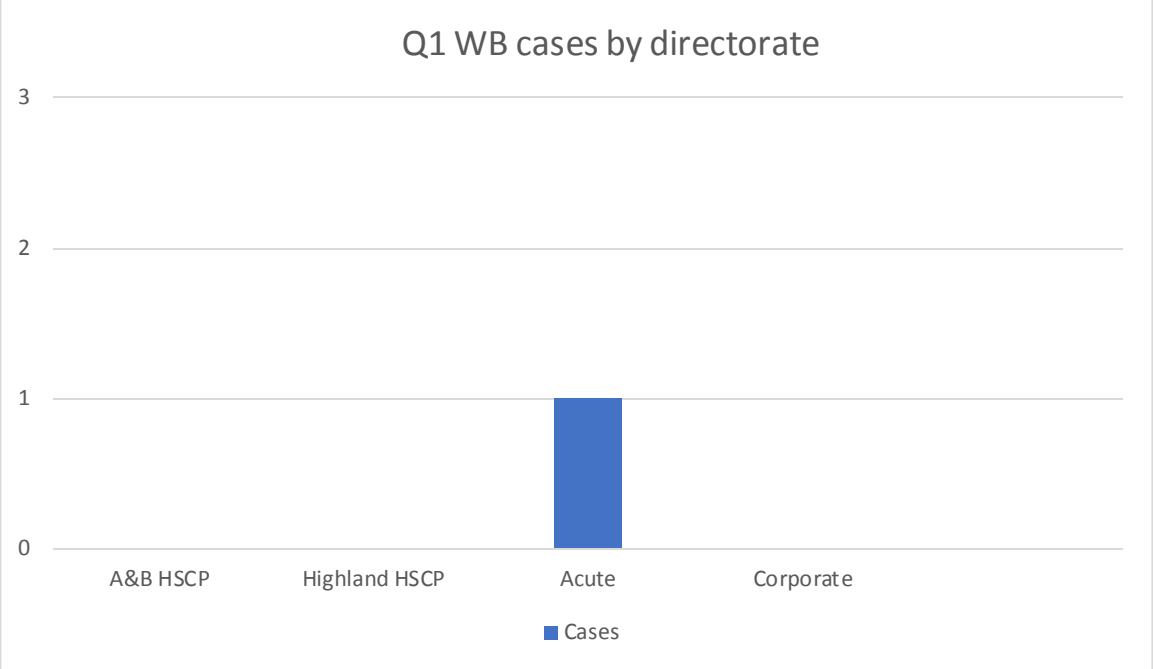


Graph 6

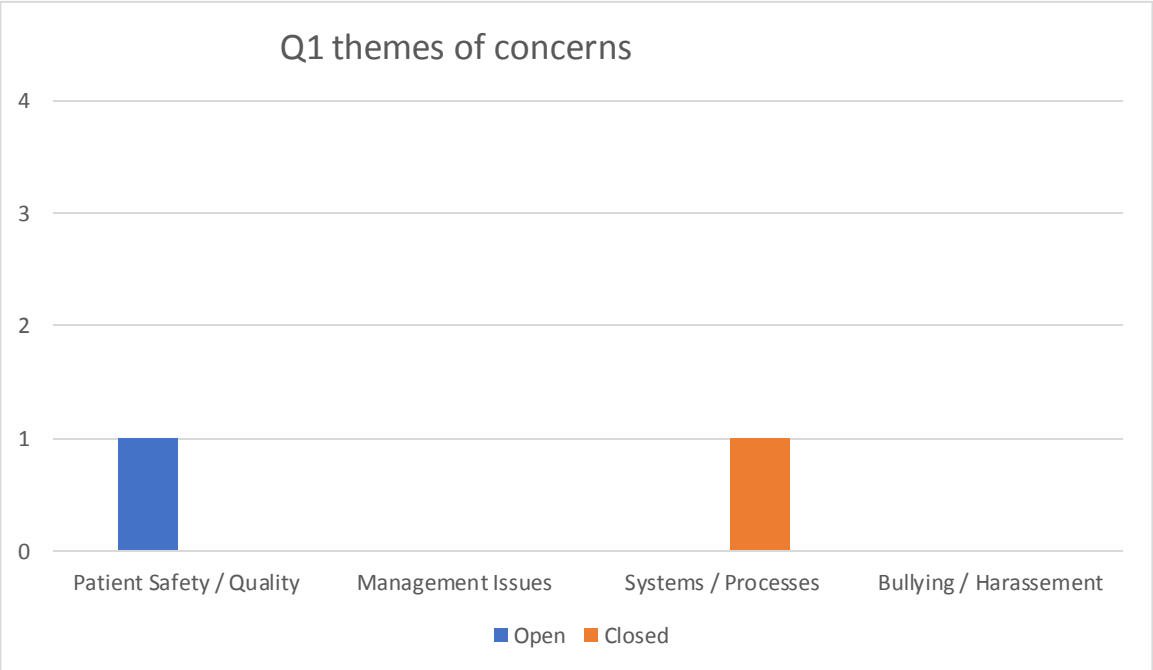


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

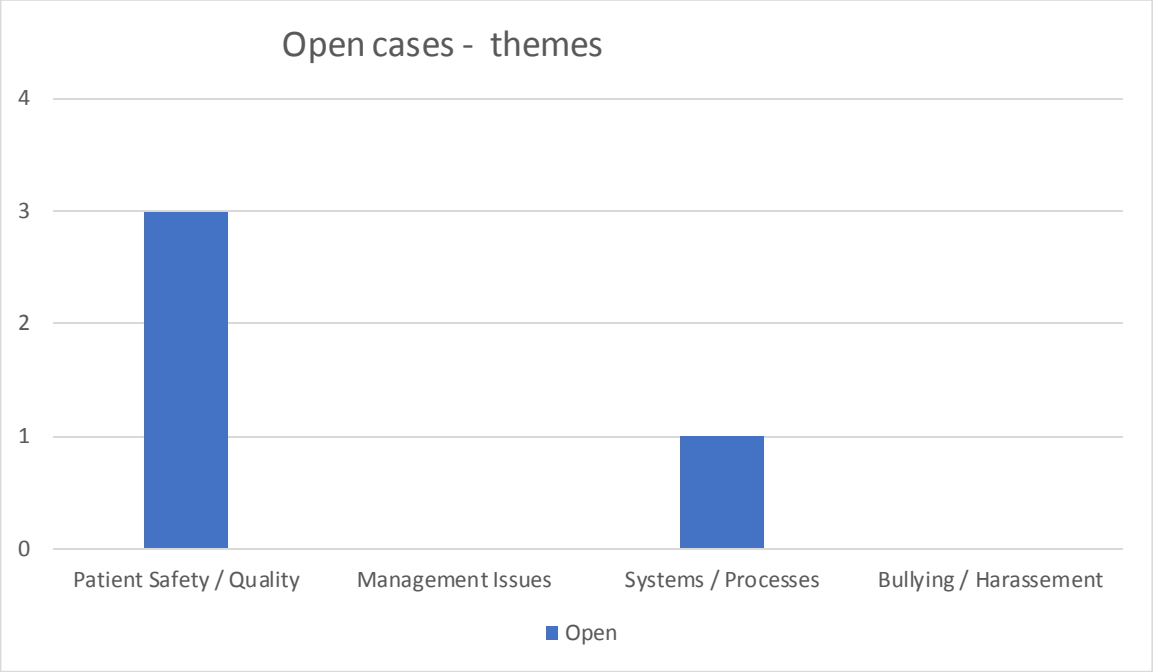
Graph 7



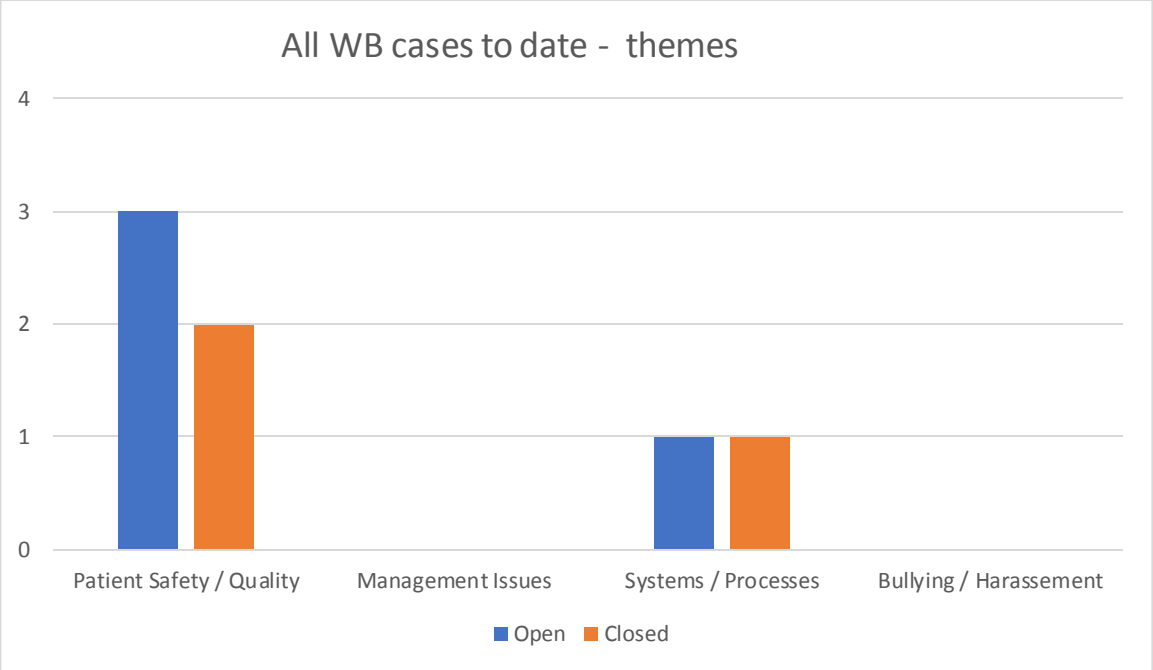
Graph 8



Graph 9



Graph 9



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so. Further data will be collated once survey is sent out to staff.

9. Concerns Received - Average time for a full response

The Whistleblowing concerns in Q1 were received in June and are still open and full investigations are still underway. Further data on timescales will be provided in future reports.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report. Further improvements or changes to service will be considered as cases conclude and additional data gathered.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey were approved at the implementation group And a draft version of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards. This showed that awareness was good amongst respondents, and the details are in the Annual Report.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report.

The National Speak Up Week takes place from 3rd - 7th October 2022 and a programme of visits by the Guardian Service is planned and a range of webinars and online events about Speaking Up and responding to concerns will take place. Internal and External Communications and Media activity, including social media postings will also take place across the week. X

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - to be completed by end November 2022
5. Contact details for WB Champion - Completed January 2022
6. Ongoing refinement of Quarterly reporting format and content - Completed Q3 final report.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland is to be presented to the Board on 27 September 2022 and can be accessed here.
https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/September%202022/Item%2012%20Annual%20Report%202021%202022%20Final%20for%20board.pdf

This report will be widely circulated, including in a summary form and will be sent to the INWO following the Board meeting. The report will also be widely referenced during Speak Up Week, which is from 3rd to 7th October 2022.

15. Summary of Whistleblowing Cases

Quarter 1 Cases

Case 15 CLOSED
This was a case that was raised not with NHS Highland but with NHS Education for Scotland (NES) as the Board responsible for education and employment of medical trainees. Therefore, it is not being dealt with as a Whistleblowing case in NHS Highland, although the matters are being addressed. It is an anonymous concern so we cannot respond to the complainant, but an action plan is in place and changes have been made, overseen by the Director of Medical Education and Chief Officer for A&B HSCP and NES have been kept fully updated and will report back directly to the complainant about the actions taken to address the concerns.

Case 16 OPEN
This is a stage 2 WB concern raised in June 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it kept aware of the investigation process. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This is being overseen by Tracey Gervais, Head of Operations Women and Children's Directorate and Jo McBain Director of Allied Health Professionals and an investigation has taken place. The final report is expected in October. Regular updates are being provided to the complainant.

Cases ongoing from 2021-2022

Case 12 REOPENED - Systems / Processes
This is a monitored referral from the INWO, who asked that we review our decision that the original complaint was not in scope. We agreed to review the case and a manager is now investigating the 3rd party cleaning arrangements and training specifically in relation to a dental facility, as a Level 2 concern. The case has been extended beyond 20 days and regular updates are being provided.

Case 13 OPEN - Patient Safety
This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance and relationship concerns, with a final close down of the WB complaint expected soon, although there is ongoing service redesign activity. Regular updates are being provided.

Case 14 OPEN – Patient Safety
This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it is kept aware of the investigation process. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. Interviews have been completed and a report is being prepared and is expected by early October. Regular updates are being provided.

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Whistleblowing Report
Quarter 2 - 1st July 2022 to 30th September 2022

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

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Stage 1 concerns closed in full later than 5 working days				
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Stage 2 concerns closed later than 20 working days	1		1	3
Stage 2 concerns still open from prior reports	3		3	3
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				1
% of closed calls upheld Stage 2				1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2	1	50%		2
% of closed calls not WB			1	9
% of closed calls where Whistleblower chose not to pursue.				2
% of closed calls which were for another Board to pursue			1	2

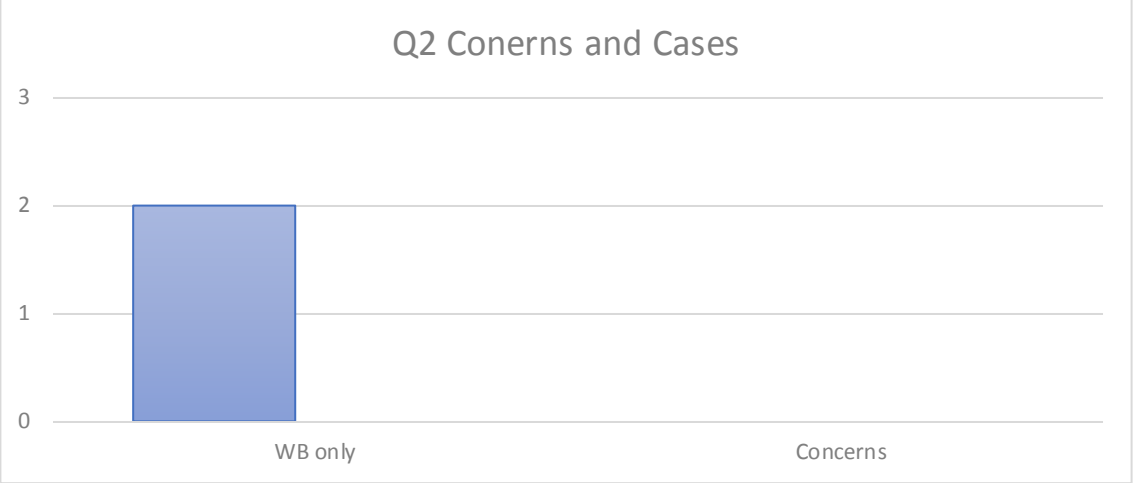
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	2	7
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		0	1

7. Statistical Graphs

The following graphs relate to the Quarter 2 reporting period 1st July 2022 to 30th September 2022.

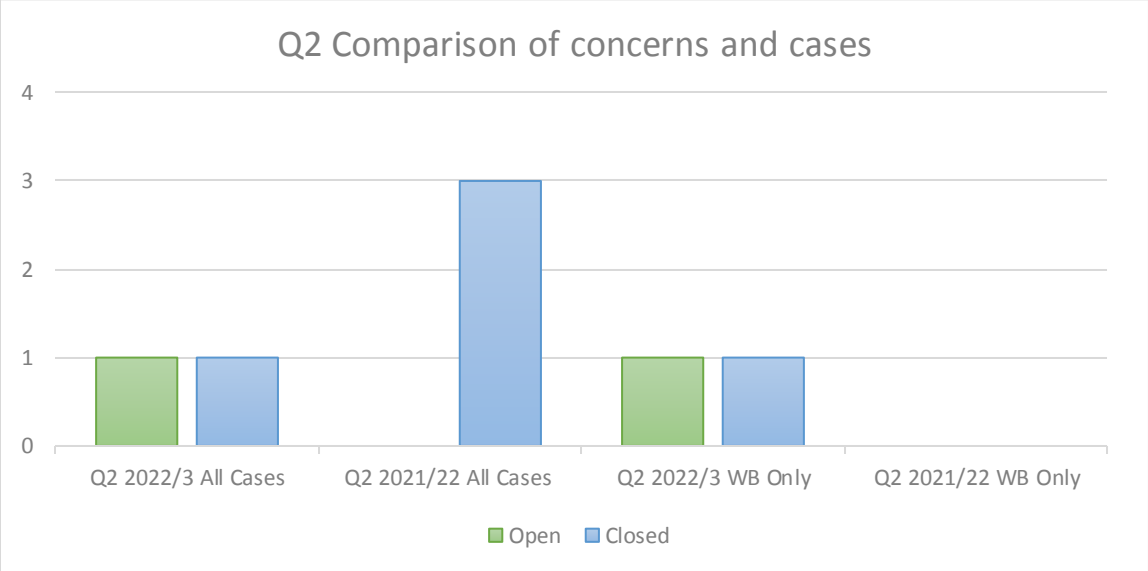
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1

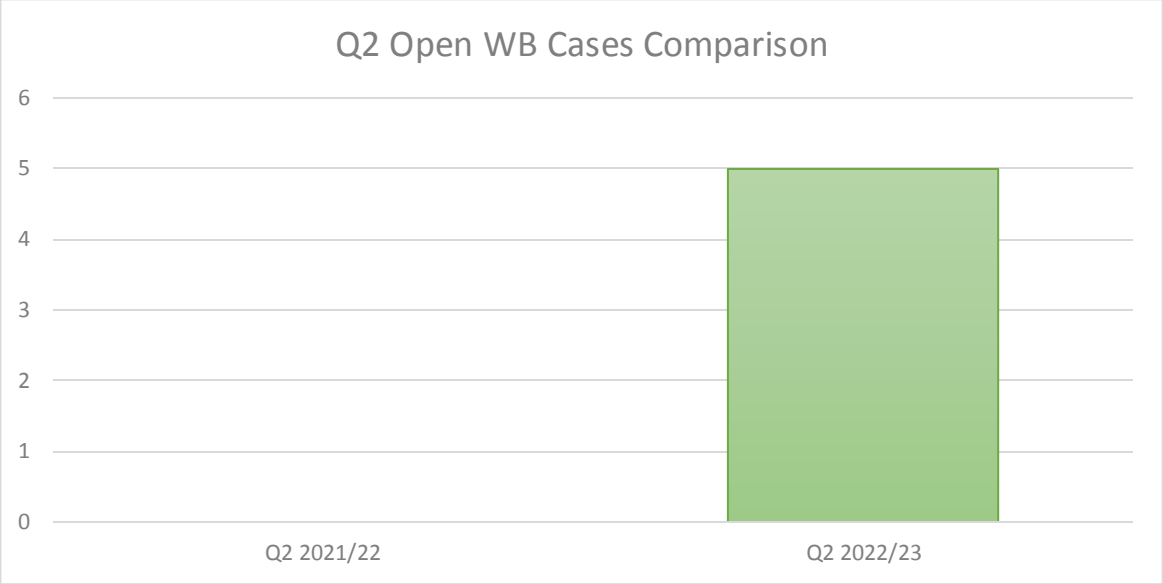


There were 2 concerns raised in Q2, both were investigated under stage 2 of the whistleblowing standards, 1 remains open and 1 was closed within the reporting period.

Graph 2

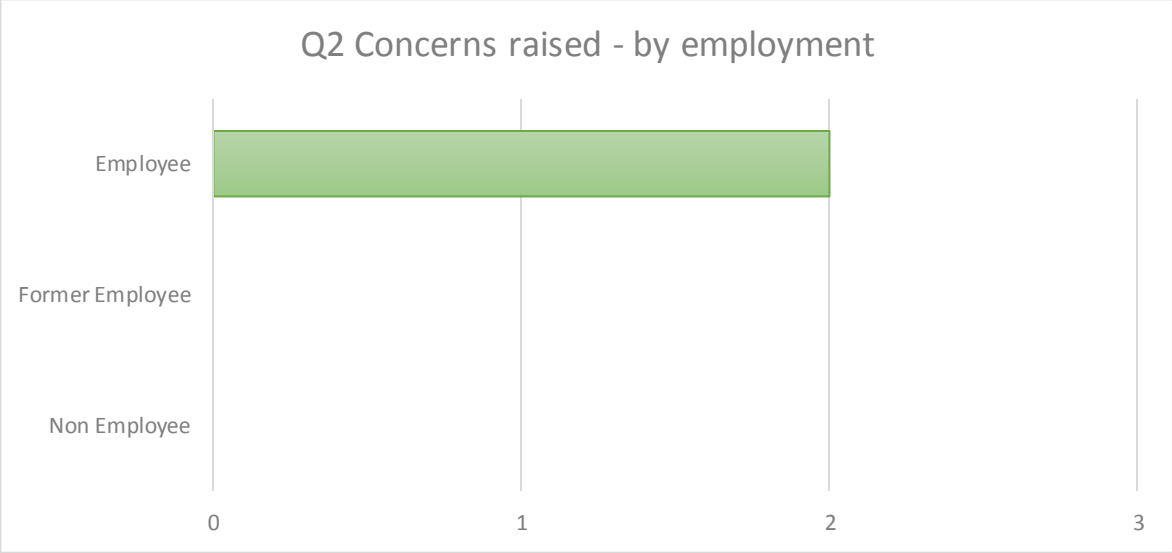


Graph 3



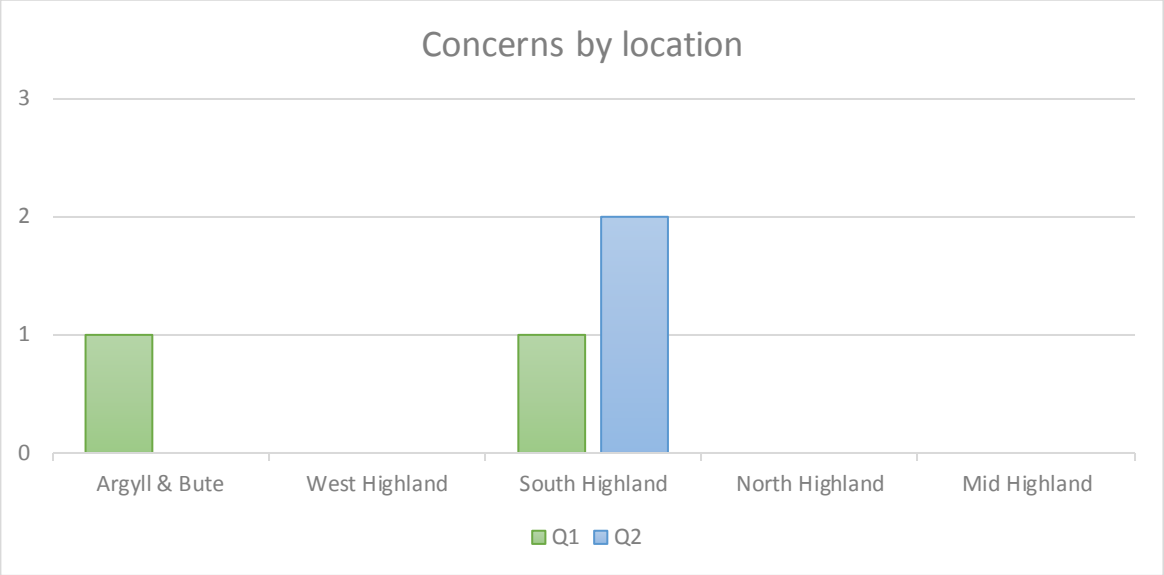
At the end of Q2 there were 5 open cases actively under investigation in accordance with stage 2 of the procedures, including the monitored referral which is a reopened case. All cases have appropriate extensions in place for investigation.

Graph 4

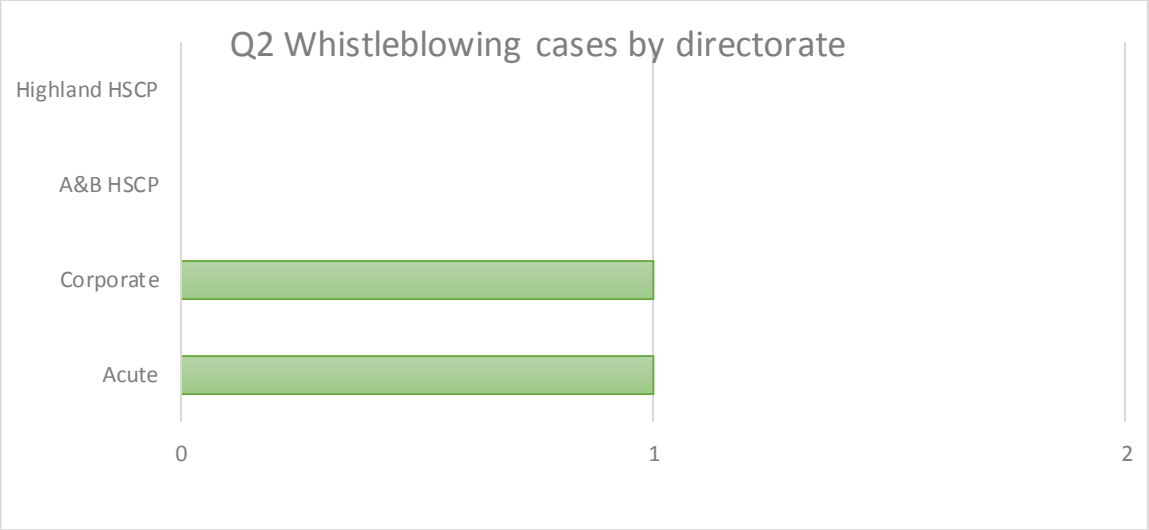


Both concerns were raised by NHS Highland employees.

Graph 5

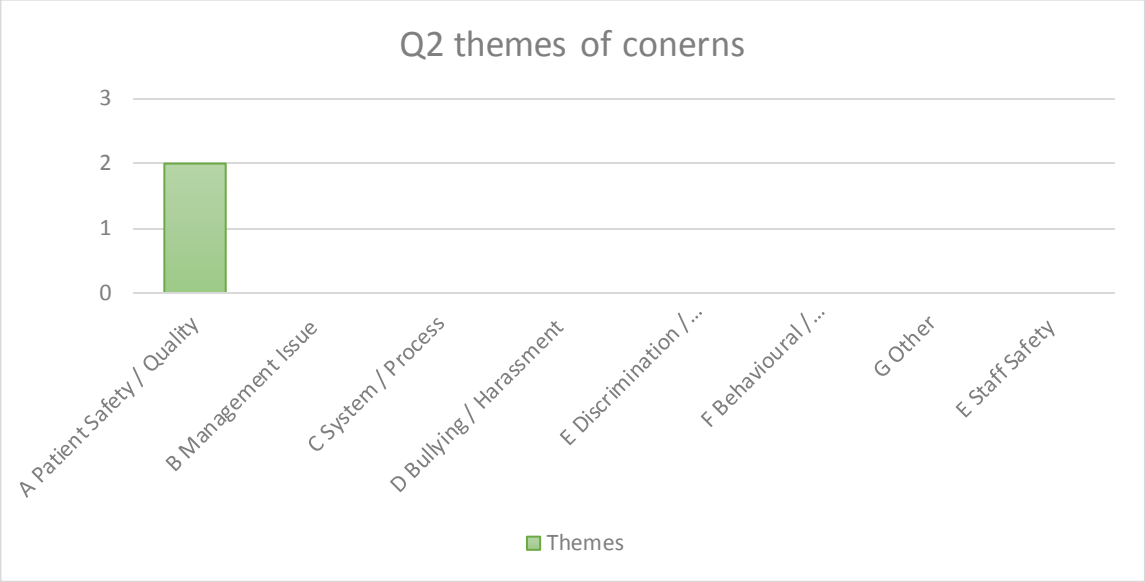


Graph 6

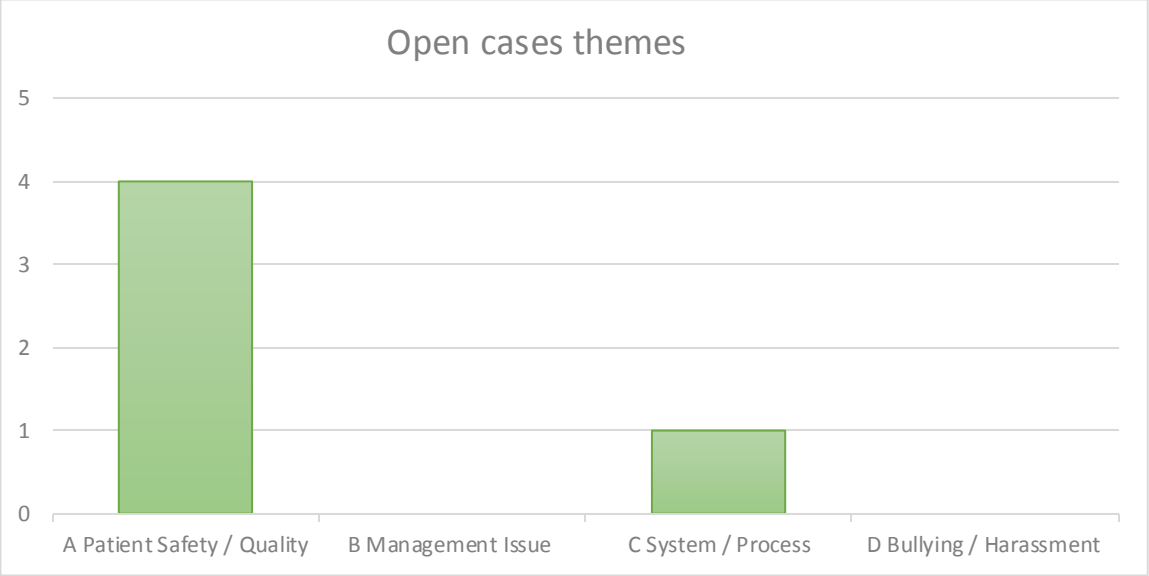


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern. All concerns received in Q2 were WB concerns.

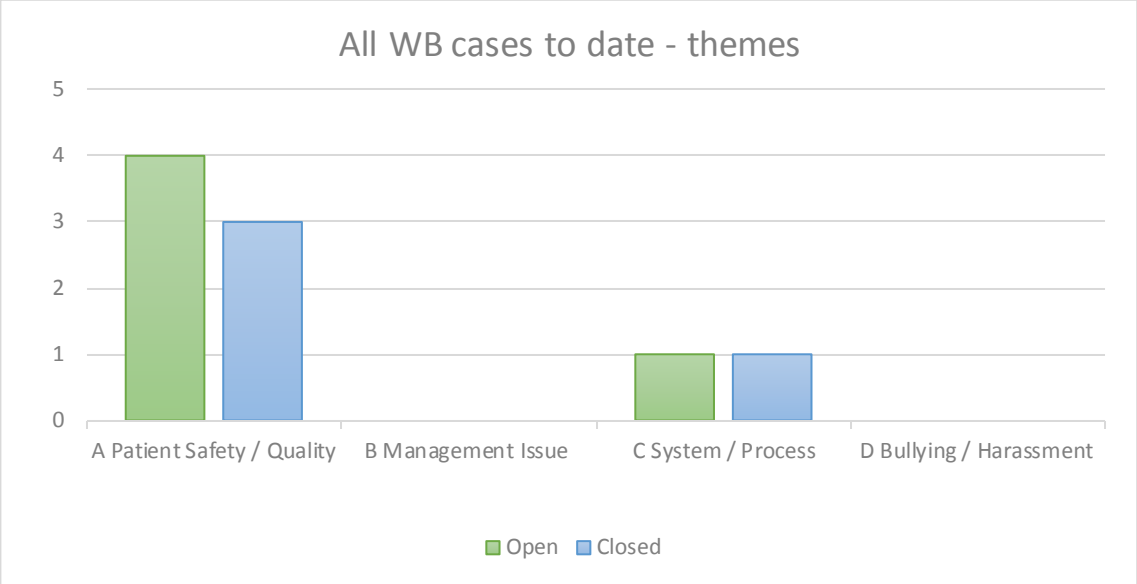
Graph 7



Graph 8



Graph 9



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so. Further data will be collated once the Confidential Contacts meet with individuals and the survey is sent out.

9. Concerns Received - Average time for a full response

The Whistleblowing concerns in Q2 were received in July and September. The July concern was closed at the end of September. The September concern is still open and full investigations are still underway. Further data on timescales will be provided in future reports.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report. Further improvements or changes to service will be considered as cases conclude and additional data gathered.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey were approved at the implementation group and a draft version of the survey is still under review. The Confidential Contacts will make contact with all individuals who have completed the WB process and offer to meet with them to talk about their

experience. Once approved the survey will also go out to all individuals who have raised concerns through this process including WB. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards. This showed that awareness was good amongst respondents, and the details are in the Annual Report.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report.

The National Speak Up Week took place from 3rd - 7th October 2022 and a programme of visits by the Guardian Service was completed successfully and a range of webinars and online events about Speaking Up and responding to concerns also took place. Q3 report will have further detail on whether or not speak up week had an impact on the number of concerns raised.

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - to be completed by end November 2022
5. Contact details for WB Champion - Completed January 2022
6. Ongoing refinement of Quarterly reporting format and content - Completed Q3 final report.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.
https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/September%202022/Item%2012%20Annual%20Report%202021%202022%20Final%20for%20board.pdf

This report will be widely circulated, including in a summary form, and will be sent to the INWO following the Board meeting. The report was also widely referenced during Speak Up Week, which is from 3rd to 7th October 2022.

Summary of Whistleblowing Cases

Quarter 1 Cases

Case 15 CLOSED
This was a case that was raised not with NHS Highland but with NHS Education for Scotland (NES) as the Board responsible for education and employment of medical trainees. Therefore, it is not being dealt with as a Whistleblowing case in NHS Highland, although the matters are being addressed. It is an anonymous concern so we cannot respond to the complainant, but an action plan is in place and changes have been made, overseen by the Director of Medical Education and Chief Officer for A&B HSCP and NES have been kept fully updated and will report back directly to the complainant about the actions taken to address the concerns.

Case 16 OPEN
This is a stage 2 WB concern raised in June 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it kept aware of the investigation process. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This is being overseen by Tracey Gervais, Head of Operations Women and Children's Directorate and Jo McBain Director of Allied Health Professionals and an investigation has taken place. The final report is expected in October. Regular updates are being provided to the complainant.

Quarter 2 Cases

Case 17 CLOSED
This is a stage 2 WB concern raised in July 2022 and was closed in the same reporting period. The concern refers to the CAMHS outpatient waiting and treatment time performance data which was collected and reported for North Highland by NHS Highland to the Scottish Government. This was investigated by Stephen Whiston, Head of Strategic Planning, Performance and Technology. The final report was submitted on the 27/09/22 and the case was not upheld. The complainant was informed of the outcome and provided with the INWO details should they wish to progress the case further.

Case 18 OPEN
This is a stage 2 WB concern raised in September 2022 and is actively under investigation. The complaint relates to the clinical practices and management of processes within the Occupational Health department in NHS Highland. This is being overseen by Diane Fraser, V&A Prevention Manager. An Occupational Health Nurse Lead from another health board is also providing external OH advice to the investigation. Regular updates are being provided to the complainant and the case will require an extension to the 20-day stage 2 period in Q3.

Cases ongoing from 2021-2022

Case 12 REOPENED - Systems / Processes
This is a monitored referral from the INWO, who asked that we review our decision that the original complaint was not in scope. We agreed to review the case and a manager is now investigating the 3rd party cleaning arrangements and training specifically in relation to a dental facility, as a Level 2 concern. The case was extended beyond 20 days and regular updates provided.

Case 13 OPEN - Patient Safety

This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance, and relationship concerns, with a final close down of the WB complaint expected soon, although there is ongoing service redesign activity. Regular updates are being provided.

Case 14 OPEN – Patient Safety

This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it is kept aware of the investigation process. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. Interviews have been completed and a report is being prepared and is expected by early October. Regular updates are being provided.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Clinical & Care Governance Committee **Agenda item:**

Date of Meeting: 26th October 2022

Title of Report: Health & Social Care Partnership- Performance Report (Nov 2022)

Presented by: Stephen Whiston - Head of Strategic Planning, Performance & Technology

The Clinical & Care Governance Committee is asked to:

- Acknowledge performance against target with regards to the Outpatient & Inpatient Long Waiting Times for November and previous month.
- Note the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List
- Note the update with regards to progress with the development of the Integrated Performance Management Framework(IPMF)
- Acknowledge Delayed Discharge performance and forecasting
- Acknowledge progress against CAMHS & Psychological Therapies 18 week LDP standard

EXECUTIVE SUMMARY

New Key Performance Indicators (KPI's) have been established in relation to long waiting times across both inpatient and outpatient specialities for 2022, 2023 & 2024. This report details current performance against the new targets building on previous remobilisation performance. In addition this report also focusses on performance with regards to Treatment Time Guarantee (TTG), Delayed Discharge and CAMHS/Psychological Therapies 18 Week Local Delivery Plan (LDP) Standards with an update on the Integrated Performance Management Framework (IPMF).

1. INTRODUCTION

This report details performance against the six new targets set for reducing Long Waiting Times across Scotland, the focus of which is to eliminate:

- two year waits for outpatients in most specialities by the end of August 2022
- 18 month waits for outpatients in most specialities by the end of December 2022
- one year waits for outpatients in most specialities by the end of March 2023
- two years waits for inpatient/day cases in the majority of specialities by September 2022
- 18 month waits for inpatient/day cases in the majority of specialities by September 2023
- one year for inpatient/day cases in the majority of specialities by September 2024

2. DETAIL OF REPORT

The report details performance for November 2022 with regards to the Health & Social Care Partnership, Greater Glasgow & Clyde and NHS Highland.

3. RELEVANT DATA & INDICATORS

4.1 Long Waiting Times Performance

The table below details current performance against Long Waiting Times targets for August and September 2022 and is extracted from New Outpatient Monthly Management Information. The RAG (Red, Amber & Green) status bar identifies performance against current and future targets.

Performance Indicator	Target	August 2022 (Actual)	September 2022 (Actual)	RAG
Eliminate two year waits for outpatients in most specialities by the end of August 2022	0	0	0	
Eliminate 18 month waits for outpatients in most specialities by the end of December 2022	0	3	3	
Eliminate one year waits for outpatients in most specialities by the end of March 2023	0	6	4	
Eliminate two years waits for inpatient/day cases in the majority of specialities by September 2022	0	0	0	
Eliminate 18 month waits for inpatient/day cases in the majority of specialities by September 2023	0	0	0	
Eliminate one year for inpatient/day cases in the majority of specialities by September 2024	0	0	0	
Total Waits	**0**	**9**	**7**	

(MMI Data- August & September 2022)

The table below identifies the new outpatient speciality waits greater than 1 Year as at 4th September 2022.

Specialities	>1Yr	>18 Months	>2 yrs.	Total
Endoscopy	1	1	0	2
Gynaecology	0	1	0	1
Neurology	1	0	0	1
Pain Management	1	1	0	2
Trauma and Orthopaedic	1	0	0	1
Total Waits	**4**	**3**	**0**	**7**

(MMI Data- 4th September 2022)

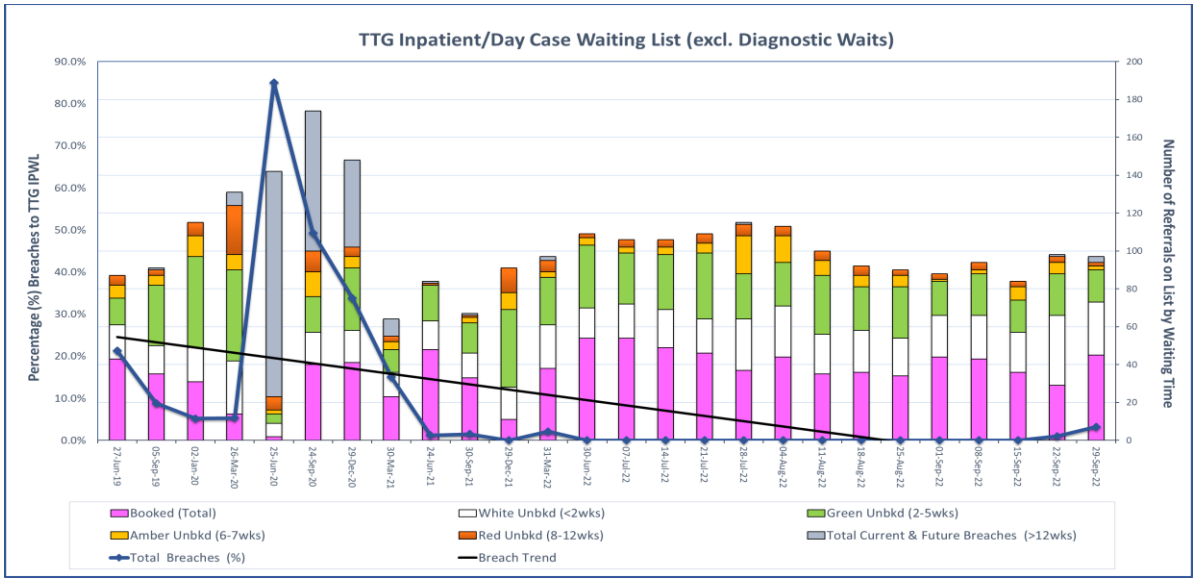
Performance Assessment:

- There are no waits estimated longer than 2 years for current Consultant and Nurse led specialities against a (0) target by August 2022
- With regards to waits longer that 18 months data for September note 3 waits, 1 Endoscopy, 1 Gynaecology and 1 Pain Management for consecutive months against a target of (0) by December 2022
- Performance with regards to outpatients waits exceeding 1 year note (6) August against a reduction of (4) in September, this equates to an overall 40% reduction against the target of (0) for March 2023

4.5 Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List

Argyll & Bute Inpatient/Day Case Activity

The graph below identifies current performance with regards to Inpatient /Day Case -12 week breaches and current overall performance as at 4th August 2022 in Argyll and Bute at LIH, Oban



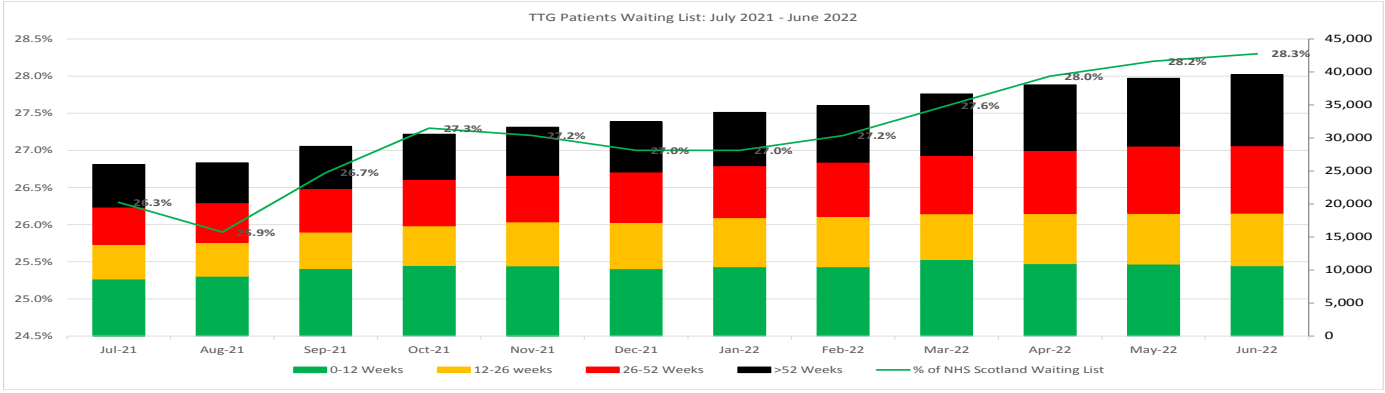
(TTG Performance Report- 4th August 2022)

Performance Assessment:

- Currently 3 breaches with regards to TTG Inpatient/ Day Case waits greater than 12 weeks
- For September (47.4%) booked appointment performance has seen a 9.6% increase at the same time on the previous month August (37.8%)
- NHS Highland Board performance is noted in both **Appendix 1 & 2**

Greater Glasgow & Clyde

The graph below identifies TTG Inpatient/Daycase Patient Waiting Times by Length of Wait (July 2021 – June 2022)



(Greater Glasgow & Clyde Performance Assurance Information- August 2022)

Performance Assessment:

- At the end of June 2022, there were 39,595 patients on the overall waiting list. Of this total 10,776 patients were waiting >1 year, 5,419 were waiting >18 months and 2,810 were waiting >2 years. Targets have recently been set for long waiting patients in each of these time

bands including no patients waiting >104 weeks by end of September 2022 and no patients waiting >78 weeks by September 2023. Local management information shows a further reduction in the number of patients waiting >2 years in that there are currently 2,519 patients waiting >104 weeks as at 27 July 2022.

- Currently 29.9% of the over 12 week's national waiting list at the end of June 2022.

(Trajectories are currently being developed for the new planned care targets that have been set.)

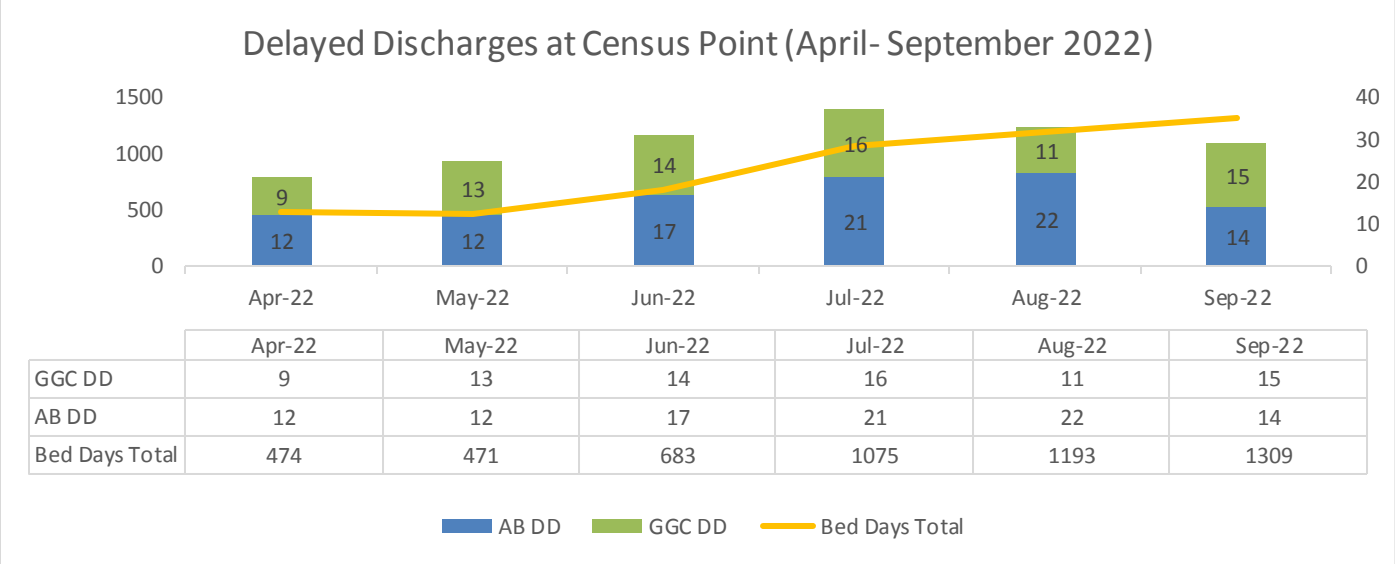
- There are a number of challenges in the adult pathway around Orthopaedics, Urology and Neurosurgery (Spinal) and within paediatrics there are challenges within Ear Nose and Throat and Paediatric Surgery. There is a risk that the targets will not be met without additional capacity.

4.6 Integrated Performance Management Framework (IPMF) Update

- IPMF Development Sessions have been completed with all Service Leads and Heads of Service
- Work for October will focus on bringing together the draft KPI's to form the first iteration of the performance dashboard- analyst will be engaging with Heads of Service and Service Leads to further refine and finalise indicators.
- Target setting will be across November and December with the first draft presented to the Senior Leadership Team in January 2023

5. Delayed Discharge

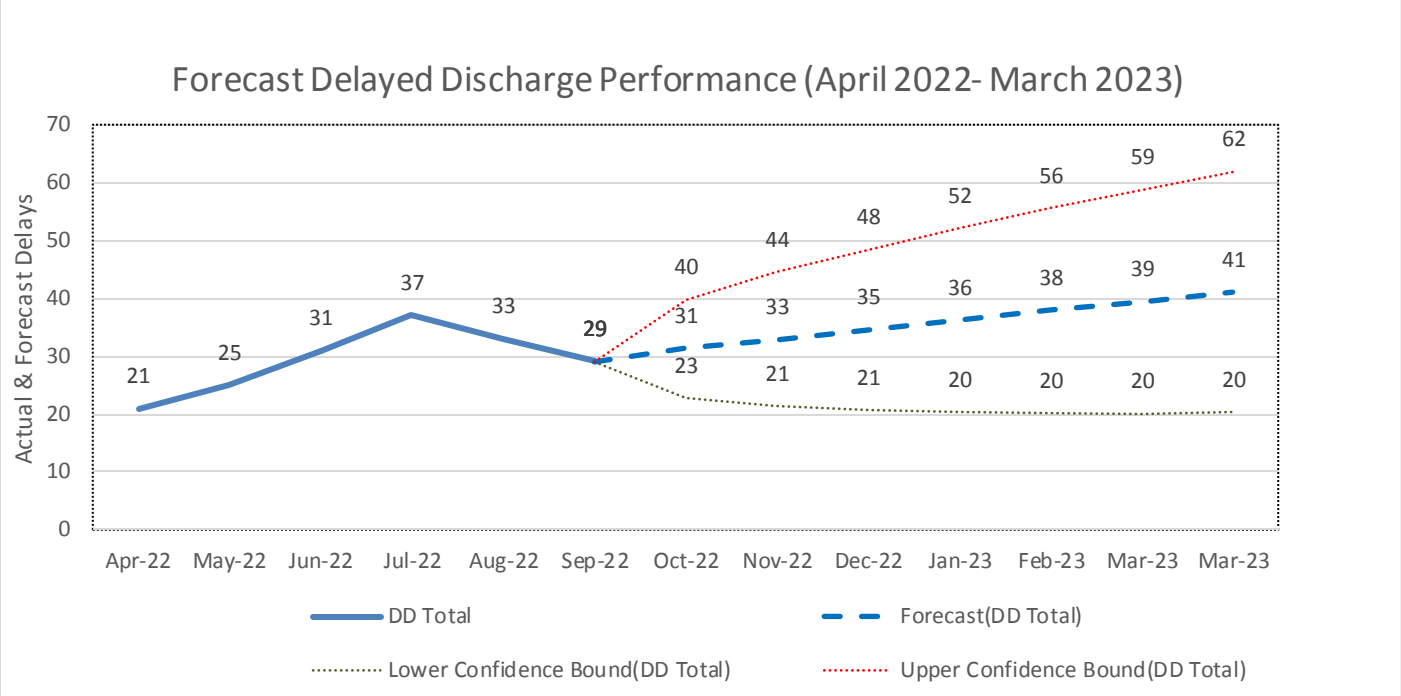
The table below notes performance with regards to the total monthly delays and associated bed days occupied, the local target is 12 and the national target is 0 delays, the data below includes the breakdown of HSCP and Greater Glasgow & Clyde Hospital delays.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
GGC DD	9	13	14	16	11	15
AB DD	12	12	17	21	22	14
Bed Days Total	474	471	683	1075	1193	1309

(Weekly DD Census Reporting April- September 2022)

The data forecasting table below identifies the current total delays data and projects this forward for the rest of the financial year with up and below trend modelling.



(Weekly DD Census Reporting April- September 2022- Excel Forecast Data Smoothing Algorithm)

Performance Assessment:

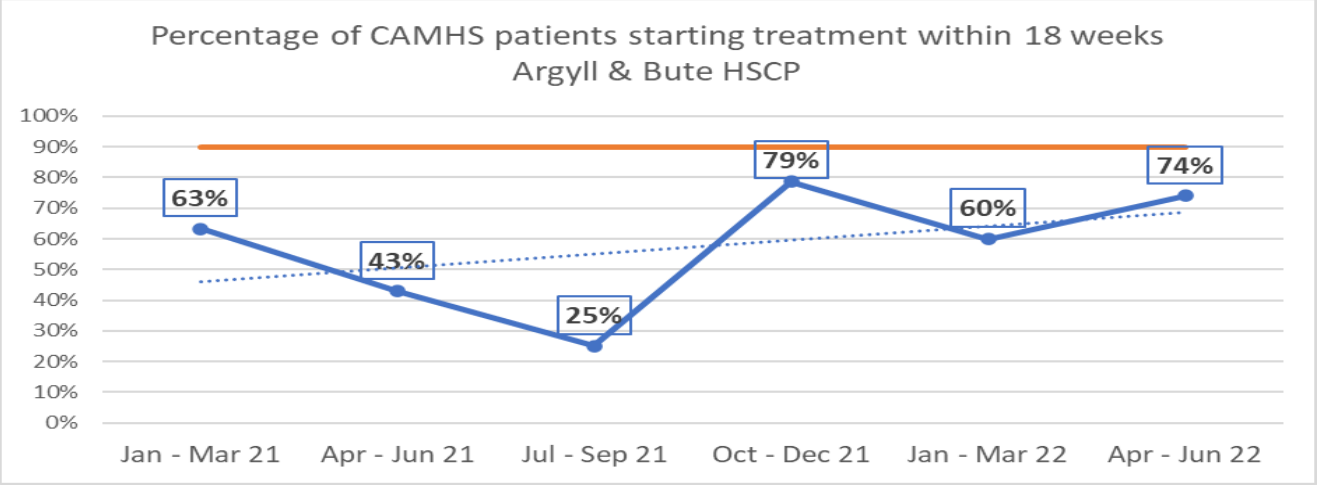
- Performance against the local monthly target of 12 remains consistently above, for both delays in Argyll & Bute Hospitals and Greater Glasgow Hospitals. Alongside this, the data notes that bed days occupied by those delays has significantly increased month on month.
- From April (474) the beds days occupied has seen a 94% increase as at September (1309), effectively identifying that more people are being delayed in hospital for longer
- Argyll & Bute specific delays have an average number of delays (16) this is against an average number of delays for GG&C (13)
- Forecast performance notes the potential for an increasing trend using the current data projected forward to March 2023. This is in-turn modelled against upper and lower confidence boundaries to show a better and worse case scenario, this is not definitive but designed to identify potential future performance informed by actual monthly data.

6. CHILD & ADOLESCENT MENTAL HEALTH & PSYCHOLOGICAL THERAPIES

6.1 CAMHS Waiting Time Performance

Completed Waits

The table below identifies the quarterly percentage of patients starting treatment within 18 weeks from Jan 2021 to June 2022



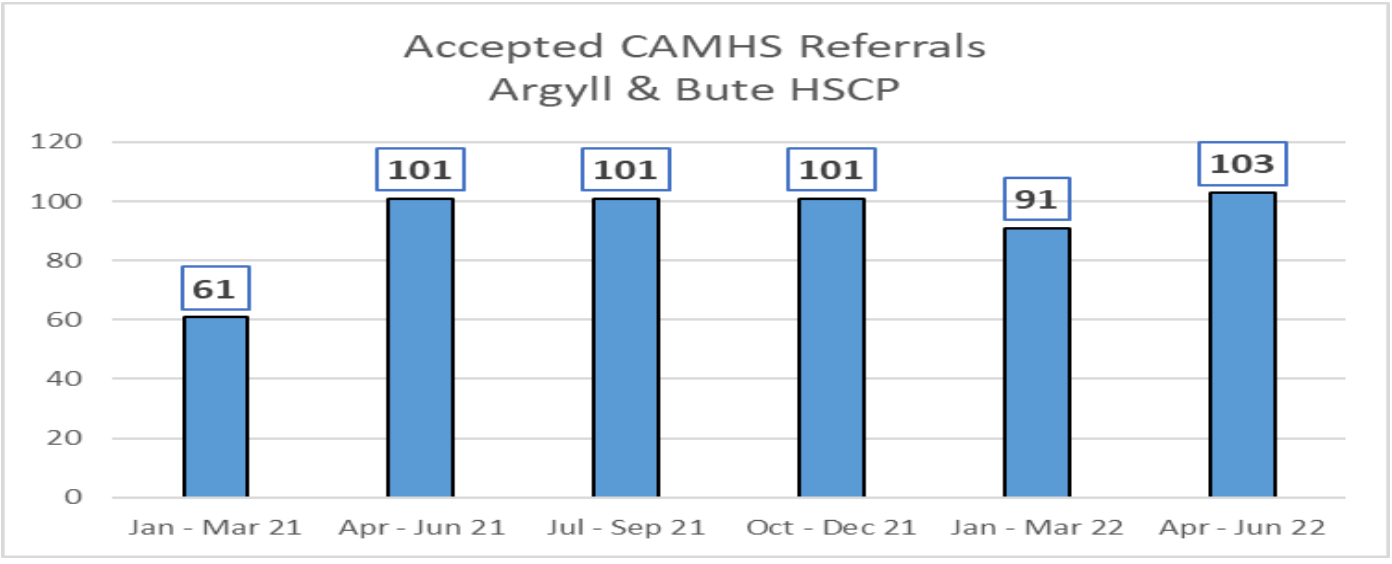
(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- For the quarter ending June 2022, 74% of patients were seen within 18 weeks of referral, an increase from 60% in the previous quarter ending March 2022 and an increase from 43% in the same quarter ending June last year.
- Performance against the 90% target continues to improve. September 2022 data is yet to be released but indications from July and August look to be consistent around circa 70%.
- The number starting treatment has remained relatively consistent at an average of 30 patients per quarter.

Referral Rates

The table below identifies the quarterly number of accepted CAMHS referrals January 2021 to June 2022



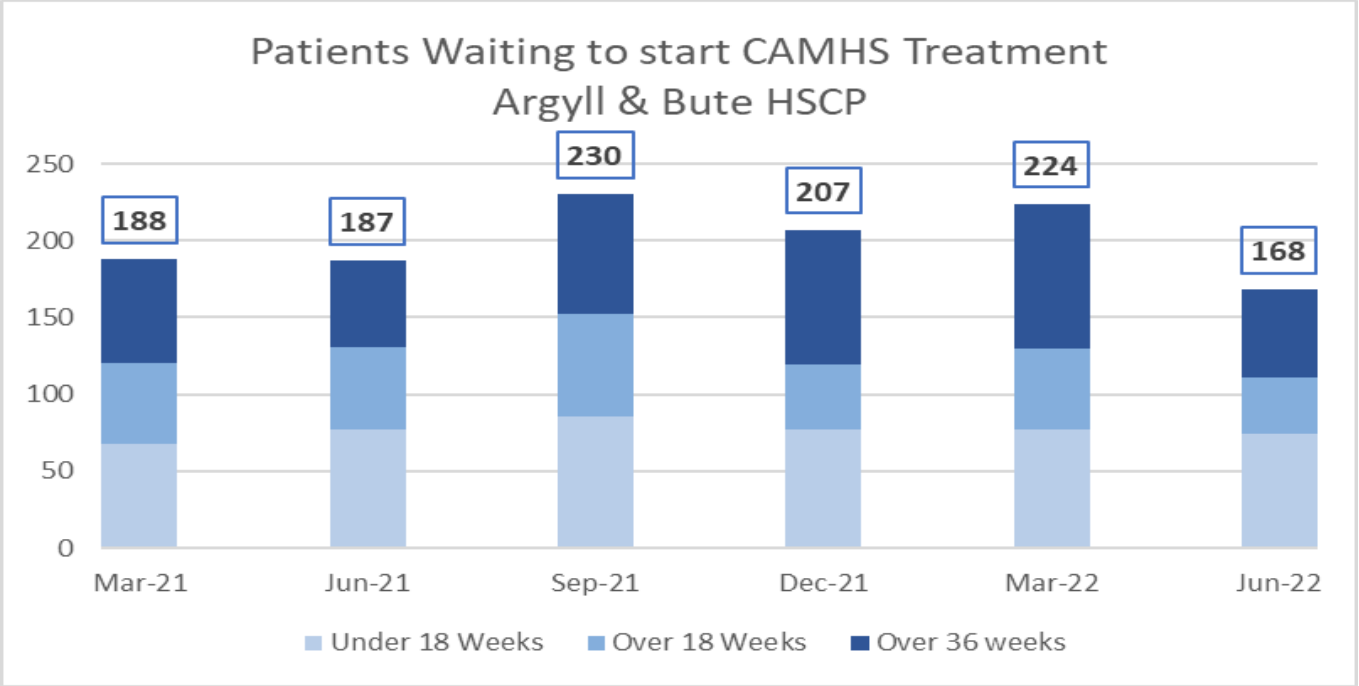
(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- 103 patients were referred to CAMHS in the quarter ending June 2022, the referral rate up to and including August 2022 remains steady and shows a slight increase from 2021.

Ongoing Waits

The table below identifies the number of patients each quarter waiting to start CAMHS treatment, March 2021tp June 2022



(TrakcarePMS & manual team data collection via NHS Highland)

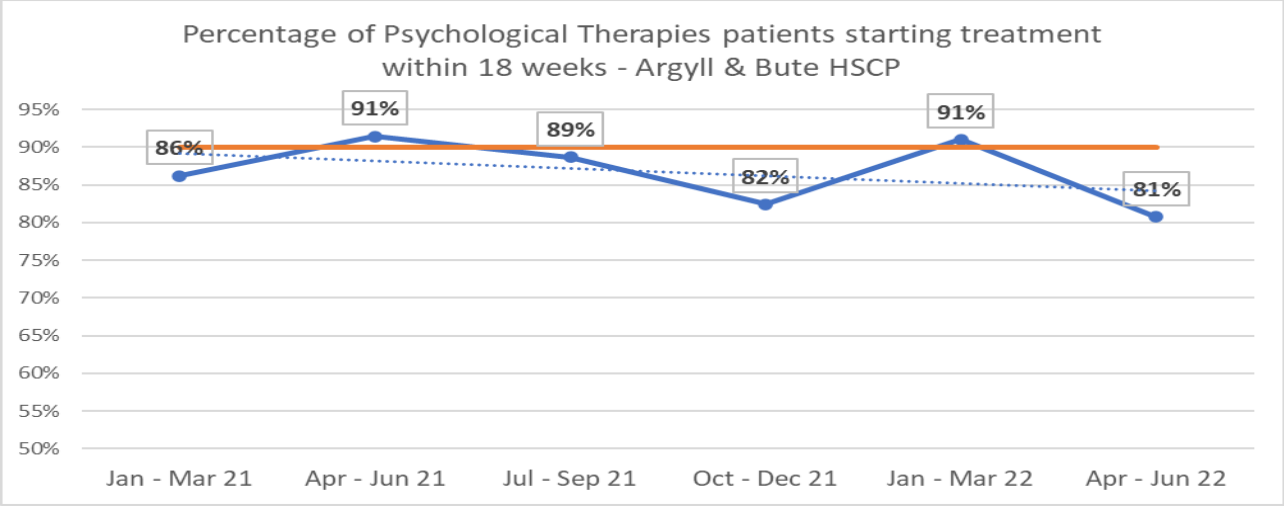
Performance Assessment:

- 168 patients were waiting to start treatment as at June 2022, a 25% reduction in waiting list size from the quarter ending March 2022. Around half of all those waiting have waited longer than 18 weeks and this has been the case since the beginning of 2021.
- The number waiting over 36 weeks has decreased by 40% from the previous quarter and looks to be continuing to improve.
- August 2022 data indicates that the longest waiting patients are being tackled/data quality exercises to cleanse the list may be ongoing. The service is now wholly on the TrakcarePMS system which will help with this going forward.

6.2 Psychological Therapies Waiting Time Performance

Completed Waits

The table below identifies the quarterly percentage of patients starting treatment within 18 Weeks from January 2021 to June 2022



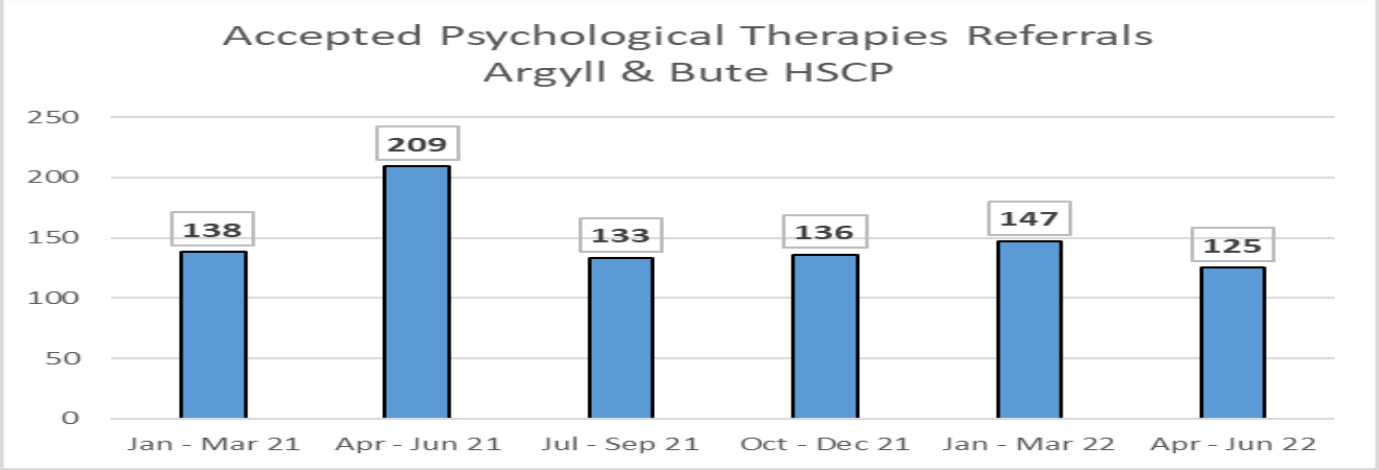
(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- For the quarter ending June 2022 81% of patients were seen within 18 weeks of referral, a decrease from 91% in the previous quarter ending March 2022 and from 91% in the same quarter ending June last year. There was a slightly smaller number of patients starting treatment this quarter, possibly due to clinician summer leave etc, and as such percentage attainment can show greater variation due to small sample size.
- September 2022 data is yet to be released but July and August data indicate close to 100% compliance with the 18 week target.
- On average the numbers starting treatment has remained constant at around 90 patients per quarter.

Referral Rate

The table below identifies the number of quarterly referrals accepted for Psychological Therapies from January 2021 to June 2022



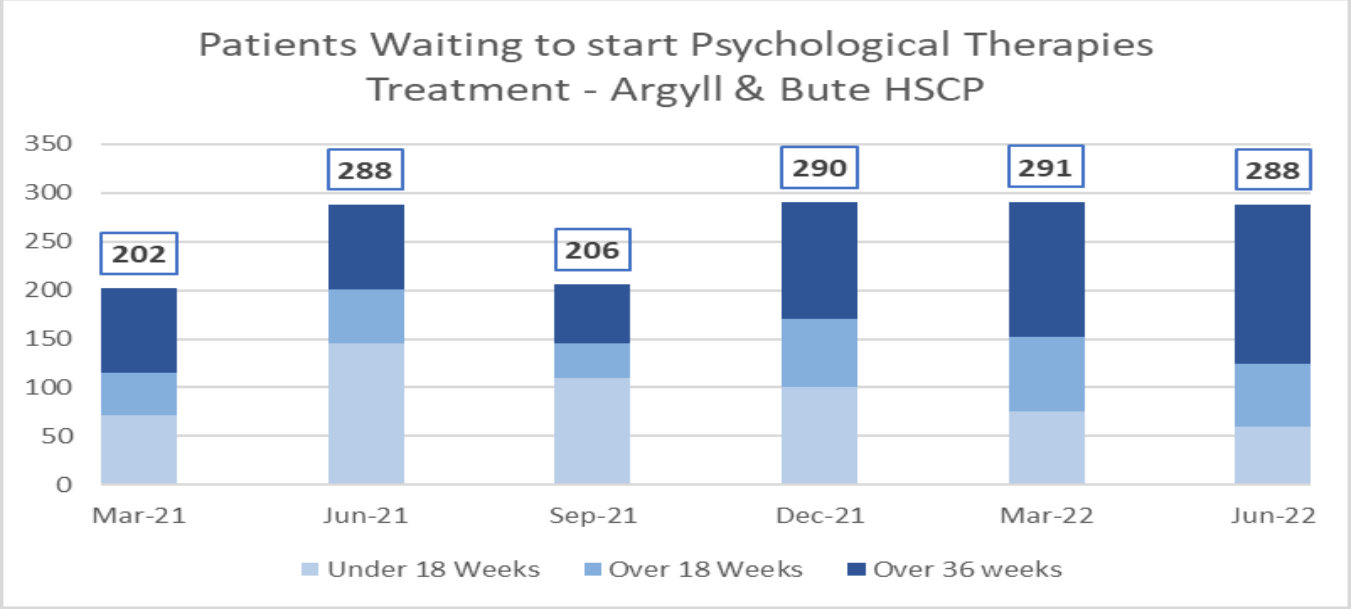
(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- 125 patients were referred to Psychological Therapies in the quarter ending June 2022, the referral rate up to and including August 2022 remains steady and shows a slight decrease from 2021.

Ongoing Waits

The table below identifies the quarterly number of patients waiting to start Psychological Therapies from March 2021 to June 2022



(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- 288 patients were waiting to start treatment as at June 2022 and the waiting list size has been around this level since the beginning of the year and shows an increase since 2021.
- Although performance against the 90% target is positive, waiting times experienced by those yet to be seen have increased with 79% of all those on the list waiting 18 weeks and above, an increase from circa 50% during 2021.
- 57% of all those waiting to be seen have waited over 36 weeks and the number of longest waiting patients continues to rise, this trend is also consistent with the August 2022 data.
- The service continues to work on waiting list prioritisation to ensure patients are being booked in order of length of wait.

7. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting of performance with regards to Argyll & Bute HSCP, Greater Glasgow & Clyde and NHS Highland ensures the HSCP is able to deliver against key strategic priorities.

8. GOVERNANCE IMPLICATIONS

8.1 Financial Impact

Performance data is required in order to evidence service level performance and activity in line with cost and service efficiency as well as evidence the impact of additional funding provided to reduce waiting times.

8.2 Staff Governance

There has been a variety of staff governance requirements identified and continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

8.3 Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery against the National Health & Wellbeing Outcomes Indicators **(Appendix 3)**

9. PROFESSIONAL ADVISORY

Data used within this report is a snapshot of a month and data period, where possible data trends and forecasting are identified to give wider strategic context.

10. EQUALITY & DIVERSITY IMPLICATIONS

EQIA not required

11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report is covered within the A&B & NHS Highland Data Sharing Agreement

12. RISK ASSESSMENT

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan

13. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable with regard to this performance report, but access to this report for the public is via Argyll and Bute Council and NHS Highland websites.

14. CONCLUSION

The Clinical Care Governance Board is asked to consider the transitional work ongoing with regards to the new Long Wait performance indicators focussed on continuing to improve long waiting times across Scotland. Work continues in the development of the Integrated Performance Management Framework of the HSCP. Current Delayed Discharge performance with forecasting ahead of Winter Pressures is also presented.

15. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

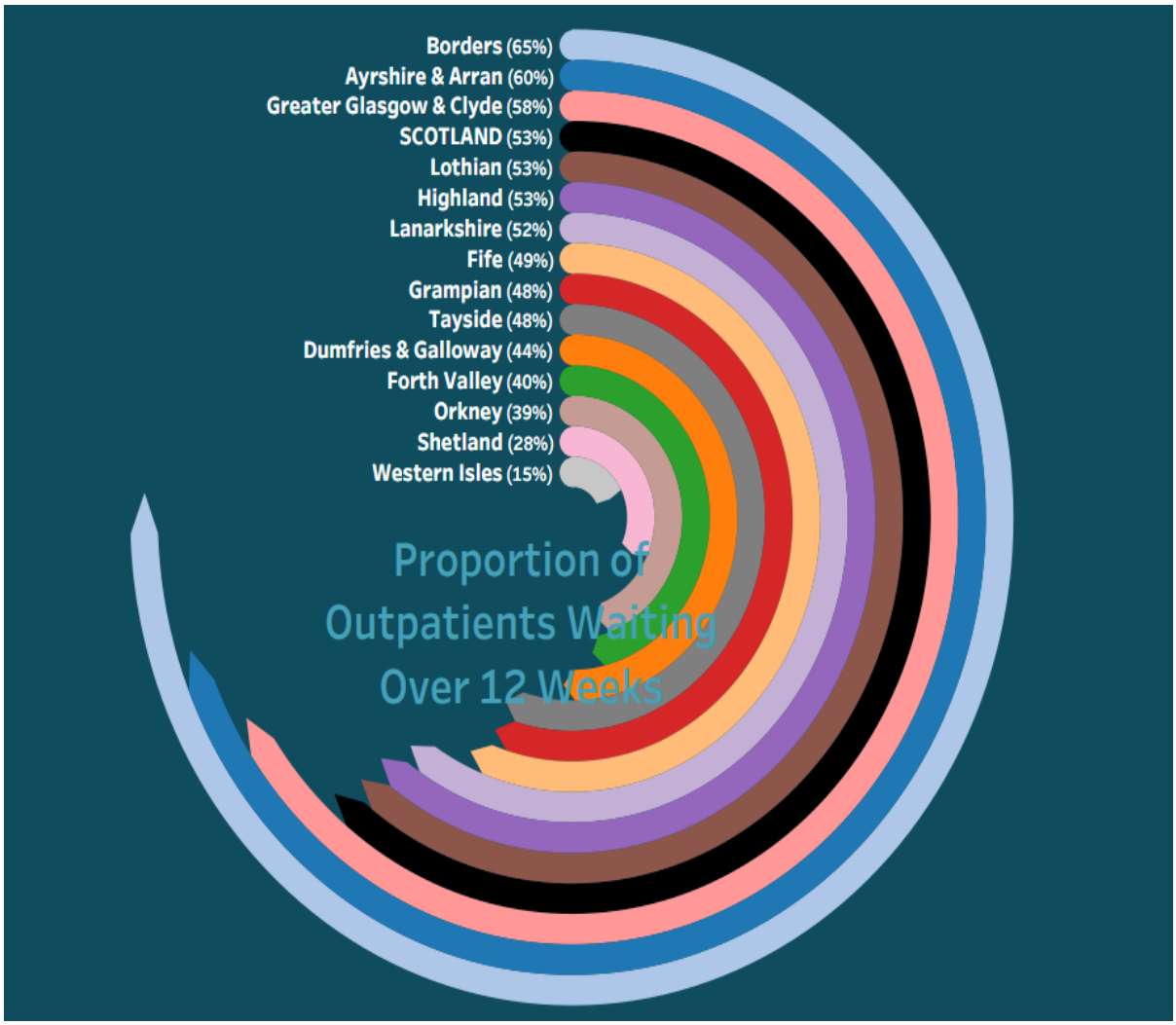
Author Name: Stephen Whiston
Email: stephen.whiston@nhs.scot

Appendix 1- Board Level KPI's – 26th September 2022

Board Level KPIs Summary

	26 September 2022								
	OPWL - waiting over 12 weeks	Core 4 hour ED Performance (week)	Patients Spending over 8 hours in core ED (week)	Patients Spending over 12 hours in core ED (week)	Core ED Attendances (week)	Delayed Discharges (total)	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	OPWL - waiting over 26 weeks
SCOTLAND	255,127	66.3%	2,960	1,149	25,975	0	98,705	69,640	131,812
Ayrshire & Arran	27,457	67.4%	287	197	1,820	0	6,042	4,337	17,018
Borders	6,907	74.3%	32	14	557	0	1,936	1,372	4,125
Dumfries & Galloway	4,894	72.5%	81	43	1,021	0	1,871	787	1,736
Fife	12,928	55.9%	227	101	1,289	0	2,685	1,123	5,633
Forth Valley	7,307	39.2%	346	199	1,121	0	1,985	867	2,251
Grampian	20,245	62.4%	216	48	1,977	0	13,364	9,656	11,078
Greater Glasgow & Clyde	80,791	70.3%	509	79	6,470	0	29,195	22,017	44,327
Highland	12,103	76.8%	77	15	1,281	0	5,329	3,950	6,592
Lanarkshire	26,413	58.1%	504	168	3,710	0	8,168	6,157	11,655
Lothian	42,464	62.7%	672	283	4,645	0	19,401	13,846	21,844
Orkney	378	91.2%	0	0	137	0	116	46	82
Shetland	311	93.5%	0	0	184	0	119	57	71
Tayside	12,720	87.5%	9	2	1,655	0	7,662	5,070	5,360
Western Isles	185	96.3%	0	0	108	0	188	81	35
Grampian as a % of Scotland		7.30%	4.18%	7.61%		13.63%	13.92%	7.94%	8.40%
Highland as a % of Scotland		2.60%	1.31%	4.93%		5.43%	5.69%	4.74%	5.00%
Tayside as a % of Scotland		0.30%	0.17%	6.37%		7.81%	7.31%	4.99%	4.07%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (26th September 2022)



Appendix 3- Health & Wellbeing Outcome Indicators (HWBOI's) - September 2022

Core Suite of Integration Indicators - Annual Performance

Important: Please read the following notes carefully prior to using the figures provided in this worksheet.

The rates presented below relate to the year for which data is most recently available and generally complete for most areas. The individual indicators contain more specific information.

Select Partnership of Residence

Argyll and Bute

	Indicator	Title	Partnership rate	Scotland rate	Year of latest data
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	90.8%	90.9%	2021/22
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.0%	78.8%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	66.9%	70.6%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	66.0%	66.4%	
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	68.6%	75.3%	
	NI - 6	Percentage of people with positive experience of care at their GP practice	77.6%	66.5%	
	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	76.7%	78.1%	
	NI - 8	Percentage of carers who feel supported to continue in their caring role	38.0%	29.7%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	76.4%	79.7%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	*NA*	*NA*	*NA*
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	386	466	2021
	NI - 12	Emergency admission rate (per 100,000 population)	12,139	11,641	2021/22
	NI - 13	Emergency bed day rate (per 100,000 population)	108,810	111,293	2021/22
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	89	106	2021/22
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.8%	89.8%	2021/22
	NI - 16	Falls rate per 1,000 population aged 65+	29.8	22.9	2021/22
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.0%	75.8%	2021/22
	NI - 18	Percentage of adults with intensive care needs receiving care at home	71.9%	64.9%	2021
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	584	761	2021/22
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.5%	24.2%	2019/20
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	*NA*	*NA*	*NA*
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	*NA*
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	*NA*

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Report to:	**Integrated Joint Board**
Title of report:	**A&B HSCP Annual Performance Report 2021**
Presented by:	**Stephen Whiston, Head of Strategic Planning, Performance and Technology**
Date:	**November 2022**

The Integrated Joint Board is asked to:

- To approve the Annual Performance Report for the Health and Social Care Partnership for the year 2021.

1. Background:

The IJB have previously agreed that an Annual Performance Report would be produced and presented to them each year. There have been four Annual Performance Reports, covering 2016/17, 2017/18, 2018/19 and 2019/20.

Required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 http://www.legislation.gov.uk/ssi/2014/326/contents/made

As a minimum the annual performance report must include:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Strategic Plan
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections
- Details of any review of the Strategic Plan

The 2021 report takes account of the significant impact the continuing Covid 19 Pandemic has had on our services and many of the changes witnessed to

how we deliver Health and Social Care. In order to report robust figures at both Health and Social Care Partnership (HSCP) and Scotland level, and continuing the trend from the last two years, all areas are advised to use 2021 calendar year data as a proxy for 2021/22 financial year in their 2021/22 APRs. Financial year information should be used for years prior to this.

2. STRATEGIC PLAN 2022 - 2025

The new Joint Strategic Plan for 2022-25 was approved in March 2022. Robust performance management arrangements are critical to the delivery of the Strategic Plan which details each service areas priorities for the next three years. These also contribute to all the strategic objectives and new priorities of the HSCP.

3. Conclusion

Much of the statutory performance data for 2021 continued to be affected by the Covid19 pandemic, with the gradual emergence from the last of the restrictions across the summer period. This slow recovery was delayed later in the year with the arrival and impact of the OMICRON variant across Scotland. The effect of this new variant with regards to performance reporting was most significant from October through to December and into the start of 2022.

Within the Health & Social Care Partnership mitigating actions were put in place with the reintroduction of Daily Management Huddle to support recovery and take action as required. Additional resource was used during this time to continue to ensure the staffing and delivery of Care at Home and in the community, alongside support to Care Homes and discharge from hospital.

Throughout 2021 there was a return to previous performance reporting with regards to the IJB, local and national performance reporting. The focus of the reporting for the IJB was on the remobilisation of services against the NHS Highland Remobilisation Plan, this used the Framework for Clinical Prioritisation, framing the remobilisation of services against 6 key principles within a Covid19 operating environment. The principles are detailed within the report.

4. GOVERNANCE IMPLICATIONS

Financial Impact

Included within the Annual Performance Report.

5. Staff Governance

Included within the Annual Performance Report

6. Clinical and Care Governance

Included within the Annual Performance Report Indicators

7. EQUALITY & DIVERSITY IMPLICATIONS

As there is no change in policy an equality impact assessment is not required.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No impact on GDPR or current data sharing agreements.

9. RISK ASSESSMENT

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Annual Performance Report is for the IJBs use but is a publicly available document

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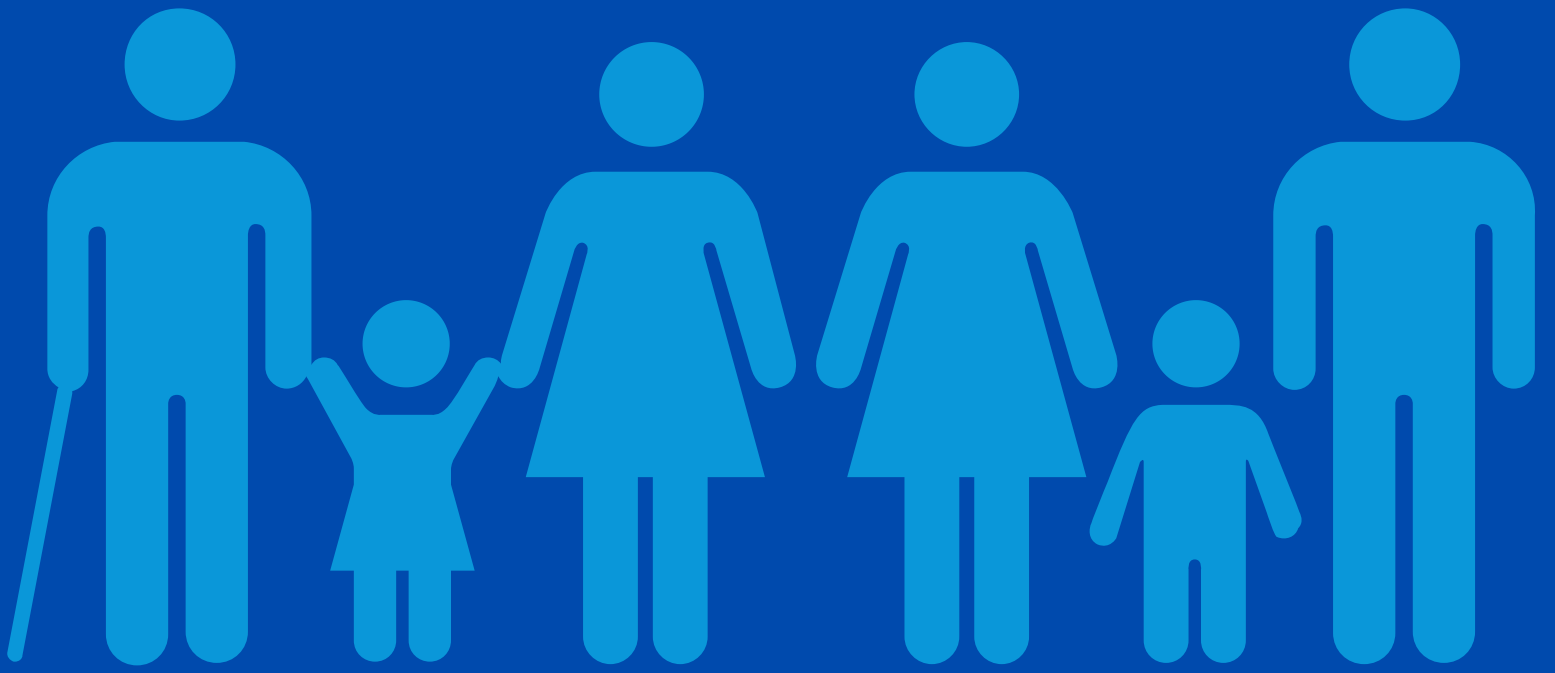
A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

2021 - 2022

ANNUAL PERFORMANCE REPORT



This document can be made available in a range of formats and languages, for contact details please see the last page of this document.

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Appendices

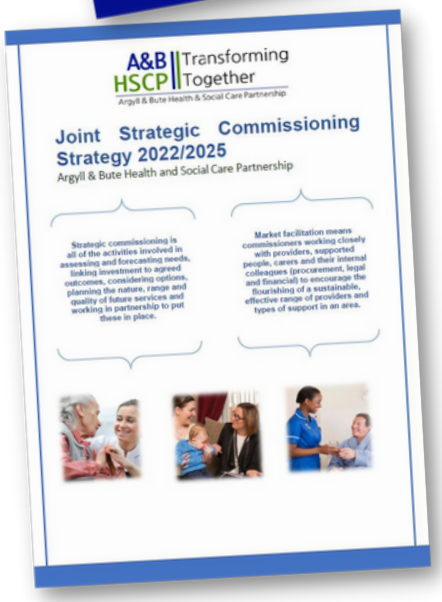
Foreword

Argyll and Bute Health and Social Care Partnership has experienced another difficult year as a result of the Covid 19 Pandemic.

Our Staff, Partners, Carers and Volunteers continue to demonstrate the upmost dedication, hard work, resilience and commitment to our services. We appreciate the length of time we have now been working in response to the relentless challenges Covid 19 brings and are proud of what has been achieved. We continue to be thankful and grateful for everyone's efforts in these difficult times.

Within this year, services have begun to return to a new normal, and focused on remobilisation, basically catching up on activity lost. During the latter half of 2021, we have been out to consultation with our staff, independent and third sector and the public in preparation for the HSCP new Strategic Plan for 2022-2025 and the Joint Strategic Commissioning Strategy.

It was fabulous listening to the views of our communities and we look forward to further engagement in the future to ensure that we plan and deliver services which enables the people of Argyll and Bute to live longer, healthier and independent lives.



Sarah Compton-Bishop
Chair of Argyll & Bute Integration Joint Board

Fiona Davies
Chief Officer of Argyll & Bute HSCP

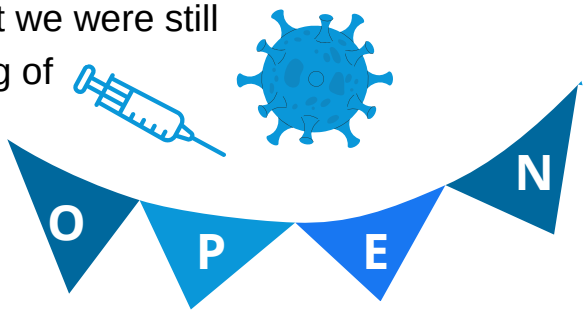
Introduction

Welcome to Argyll and Bute's Annual Performance report for the year 2021 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports and to provide progress around our remobilisation out of the Covid 19 pandemic.

The HSCP is a complex organisation bringing together a range of partners, services and substantial financial resources. The partnership is responsible for meeting local and national objectives and it is therefore important that we publically report on how we are performing against the agreed outcomes that we aspire to.

The Annual Performance report provides an opportunity to reflect on the past year. A year that was extremely challenging yet we were still able to celebrate achievements like the opening of the Marshall Unit on the Isle of Bute, and the immense effort and success of the vaccination programme.



It is important to remember that the circumstances related to the pandemic have influenced the progress of some of our transformation plans and also our performance in some areas throughout the year.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Remobilisation

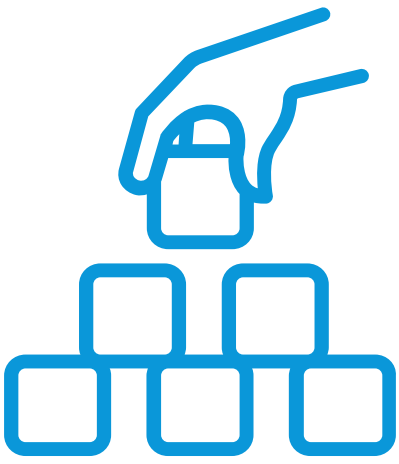
Throughout 2021 the HSCP continued to work hard to 'remobilise' and return to delivering services at full capacity in an accessible, patient centred and sustainable way.

Acute activity delivered across Argyll & Bute from and within Lorn & Islands Hospital and outreach from NHS Greater Glasgow & Clyde was increased, and our 12 week waiting times performance returned to pre-pandemic levels. Waiting list validation and management was a priority and additional clinics to improve waiting times further increased capacity within specialties where we previously experienced pressures. The Chronic Pain service which was a longstanding pressure began to be delivered Highland wide from the Fort William Belford Hospital, and in October 2021 we secured a visiting Gastroenterology specialist, reinstating this service to the HSCP. We do acknowledge a small number of specialties where we operated at lower than 100% capacity and the loss of service in some areas. We continue to work with NHS GGC and explore all options locally to improve accessibility.

Service change brought about by the Covid 19 pandemic and recruitment difficulties led to some challenges and for most specialties this meant a shift to a blend of face to face and virtual clinics. In 2021 the NHS Near Me video consulting service saw nearly 7000 consultations and more than 3800 hours in Argyll & Bute, a record number. Uptake remains high demonstrating sustained change in the way in which patient care is being delivered.

Wherever possible we maximised our Allied Health Professionals (AHP's) services to support consultant led activity. This allowed for service redesign through improved, patient centered pathways and in turn improving access times. In some of our hospital sites during 2021, advanced physiotherapy practitioners triaged and treated patients referred to the orthopaedic consultant where this was clinically appropriate.

Based on the success of this the HSCP will look to progress a complete redesign of the orthopaedic service and this will be done during 2022.
This year we had also planned to introduce a centralised appointing service to standardise outpatient clinic access, improve accessibility and patient care. Due to other priorities this will now be progressed in 2022.



Key achievements

Dialysis Isle of Bute

On the 11th November 2021, the HSCP welcomed it's first Dialysis patients into the new Marshall Unit in the Victoria Hospital Rothesay, Isle of Bute.

The community of Bute had been fundraising for a number of years for a dialysis unit to prevent the difficult journey for patients 3 times a week to Inverclyde.

The HSCP has been incredibly fortunate to receive the full amount of funding required to fund all the capital costs of the project from both the Dr J N Marshall Trust and the Bute Kidney Patients Support Group.

The Unit is now operational 6 days a week and employs 4 Dialysis nurses. There are 3 dialysis machines and chairs within the Unit. Patients are enjoying the benefits of less travel to receive treatment and less disruption in bad weather from ferry cancellations.

Overall, this has been a tremendous effort from the local community and the population of Bute will benefit from this service for years to come.

Vaccination Programme

Following the development of safe vaccines to protect the population from the devastating impact of Covid 19 the HSCP had to quickly mobilise services to vaccinate the population.

The delivery of the programme brought challenges like nothing faced before. Dedicated staff ensured we meet these challenges to reduce the impact of Covid 19 on those most at risk, and was therefore essential that Argyll and Bute had effective plans in place to deliver Covid 19 vaccines to protect those most at risk, prevent ill health in the community and minimise further pressure on the NHS and social care services.

Logistics around the vaccine supply chain, transport and storing of the vaccine all took careful planning, especially to our Island communities.

The HSCP postponed any non urgent work prioritising the rapidly evolving situation. Communication and guidance was key for staff delivering vaccinations, working with the Scottish Government and developing programme command groups Argyll and Bute successfully ramped up the vaccination programme. The vaccination programme continues to hold vaccination clinics for first, second and third booster doses including children 5-11 in Argyll and Bute.

The table below details the success to date and how many people in each age category have vaccines. The 5-11 figures are different as only immunosuppressed children should have had primary plus booster and vaccination of this cohort is ongoing mainly due to the restriction around children who have tested positive (there is a 12 week wait from that point before they can be vaccinated).

Co-hort	*Population*	*2 Vaccinations + Booster*	*2 Vaccinations*	*1 Vaccination*	*Not Vaccinated*
5 - 11 years	6157	18 (0.3%)	279 (4.53%)	685 (11.13%)	5175 (84.05%)
12 - 64 years	53962	40297 (74.6%)	11065 (20.5%)	2180 (4.03%)	420 (0.77%)
65+ years	22342	20845 (93.3%)	903 (4.04%)	77 (0.34%)	517 (2.3%)

Childrens Services

- We have engaged widely and published a new Children and Young People Service Plan, developed and published a new Corporate Parenting plan, developed a multi-agency approach in drafting and implementing a new Children Services Commissioning Plan. We have developed and gathered feedback survey to be circulated to S2 and S4 school pupils. This work is being implemented and is well established and is driven by a robust multi-agency approach

- Our 3 Children's Houses as well as our Adoption and Fostering Services are graded 5 (Very Good)

- 100% of our Young People leaving care in the last year were offered appropriate housing

- We have fully embedded all elements of the Universal Health Visitor Pathway and in line with "Best Start" we provide continuity of Midwifery care to women across Argyll and Bute

- We are using the Model for Improvement to test the use of assessment tools and interventions aimed at supporting Children to reach their developmental milestones at 13 – 15 months and 27 – 30 months

- We are also using the Model for Improvement to test methods to ensure multi-agency chronologies are in place for Children and Young People following an Initial Referral Discussion (IRD) where the decision is to progress to child protection procedures

- We have initiated a redesign of the Child and Adolescent Mental Health Services (CAMHS) including the deployment of additional staffing which will ensure a clear and accessible pathway is available to all young people in secondary school

- We have developed GIRFEC (Getting It Right For Every Child) infomercials by young people for use in schools to promote understanding of the Named Person role and the National Well-being indicators

Child Poverty

- We have developed a Child Poverty Action Plan that sets out what we are doing locally to tackle child poverty; we review this every year. This plan and other actions are guided by a multi-agency Child Poverty Action Group

- We have engaged with children and young people via School Councils to gain their ideas and views of the plan. We have produced child friendly versions of the plan.We look to engage with community groups and are currently doing this, for example, via the Living Well networks

- Community and staff awareness of child poverty is important, as is their knowledge of how it is being tackled in Argyll and Bute. We use events like Challenge Poverty Week to get information out via media posts and other methods. We have also developed a Council Child Poverty Website that provides information on the plan and links to key sources of support relating to housing, benefits, employability, domestic abuse etc

- We recognise the importance of the third sector in tackling child poverty and a number of key agencies are represented in the CPAG and contribute to planned work, for example ALIenergy and Third Sector Interface (TSI)

- We know that training to raise the awareness of staff about poverty is important; they need to be able to respond to service users with empathy and respect. It is also important for them to be able to ask the difficult money questions well and signpost people to where they can get support and the right kind of advice.Money Counts training has been developed for use in Argyll and Bute and will be rolled out to a wide range of staff.We have also commissioned Awareness Raising Training and this should begin to be rolled out to staff in 2022

- We look to act across a wide range of areas, such as housing, food and fuel poverty, by having a broad range of members from those sectors. We recognise that employability and benefits are important areas and these are represented in CPAG

Child Protection

- CPC has continued to deliver child protection training via Microsoft Teams and monthly CPC chat lead by Lead Officer CP has continued , which promotes communication between CPC and frontline staff and managers
- DA Pathway launched , audited and now embedded
- New information leaflets designed by children via a competition in schools
- Young Person Support & Protection protocol review initiated and staff and young people consulted via survey
- Reflect & Learn concept approved and 2 have been carried out so far this year
- Audit activity has continued with 8 weekly audit of IRD and 1 CP Plan audit
- Communications to children and parents/carers re. National 'For Kid's Sake' campaign ran twice and online safety campaigns
- Advocacy work has continued for children on the CPR

Adult Support and Protection

- A range of training and development activity took place for Council Officers and we provided training on Defensible Decision Making; Modern day slavery; Older adult abuse and presented a Large Scale Investigation (LSI) Learning event
- Contributed to the Multi-agency Risk Assessment Conferences (MARAC) awareness training
- Provided a biannual Committee Development Session
- Ensured staff protected on investigations etc, and noted no real fall in referrals and activity
- Produced a Monthly Newsletter on issues pertinent to ASP
- Addressed financial harm, establishing an APC sub-group and ensuring regular information on the subject
- Focused development of AP multi –agency awareness

Violence Against Women and Girls

- The VAWP has developed its membership and now includes a wide range including; Police, Fire and Rescue, Colleges and Universities, Health, Social Care, Housing, Education, Adult and Child Protection and key third sector partners

- The VAWP Lead and Chair are working with the Community Justice Lead to ensure that the work of the partnership is properly integrated into the Argyll and Bute Community Justice Plan

- The VAWP has supported and advised on the introduction of a Domestic Abuse Policy for Council employees and the introduction of a Domestic Abuse Pathway

- The need for the introduction of the Safe and Together Model to Argyll and Bute services has been promoted to the Chief Executive, Head of the HSCP and Heads of Service and has been agreed as a key area of development. A bid was submitted to the Developing Equally Safe Fund to achieve this and this was successful; £68,582 was granted and will cover a Safe and Together initial roll out. It will also cover a wide range of other training including: Routine Enquiry, Awareness Raising, Working With Men and Harmful Traditional Practices. This will take place over a period of 2 years from mid October 2021. Also encompassed in this work will be a research project that will look at the effectiveness of these actions and the views of lived experience people, staff, managers and perpetrators

- A VAWP led group is looking at the issue of domestic abuse and women and girls with learning difficulty and is currently identifying training and practice issues

- The work of the MARAC continues to be developed and is enhancing the safety of those women at highest risk of domestic violence. A further roll out of training on the DASH model of assessment is planned

- The 16 Days of Action were marked by a range of local actions including the lighting up of Statues and Buildings and a poster competition within schools

Community Justice

- Contributed funding to a two year research project led by the Violence Against Women & Girls Partnership which will include understanding victims experiences and additionaly review the behaviors of men who perpetrate violence against women and girls

- We have analysed the connections between Justice Social Work delivery and Community Justice developing a draft improvement plan for 2022-2024
- Secured funding from the Corra Foundation to review our prison Custody to Community Pathway
- Developed strategic links into the Alcohol & Drugs, Community Safety and Violence Against Women & Girls Partnerships
- Developed strong partnership working with the national body Community Justice Scotland
- Undertaking a review of the Community Justice Partnership to refresh our focus in light of the new national Justice Strategy and the pending Community Justice Strategy

Public Health

- An annual report of activity for 2020-21 is published here (ablivingwell.org)
- Conducted a scoping exercise by engaging with staff to complete a survey designed to identify gaps in knowledge around health screening (50 frontline Mental Health and Learning Disability staff and 19 Primary Care staff completed the survey)

- Supported the implementation of the Scottish Government 'Every Life Matters' Strategy on Suicide Prevention, within the heightened economic and social pressures felt by individuals throughout the Covid 19 pandemic
- Supported the completion of the Equalities Outcome Framework mainstreaming report to meet the Scottish Specific duties of the Equality Act and refreshed the Equalities Outcomes in partnership with Argyll and Bute Council and NHS Highland in summer 2021
- Developed a Joint Strategic Needs Assessment for the Joint Strategic Plan and Joint Strategic Commissioning Strategy
- 73 successful smoking quits were recorded by the Stop Smoking Advisors using technology and innovative approaches to deliver their service

Adult Care-Older Adults/Adults and Hospitals

- Development of a robust assurance function for care homes and care at home service. This included the development of a Care Home Task Force a partnership with care homes and colleagues across the HSCP/NHS/Council

- Establishment of an Adult Planning and Development Group to establish an agreed strategic vision and operational delivery of adult services and a refocus of the Care Homes and Housing work-stream to identify the need and direction of commissioning for the future

- Establishment of an Older Adult and Dementia Reference Group to ensure community engagement becomes part of the overall planning and development process

- Re-establishment and redesign of day services providing a focus on critical respite for unpaid carers

- Establishment of a Care at Home Strategy Group with a short term and longer term action plan taking account of immediate pressures and to plan for future development

- Agreed proposals to permanently fund a 24 hour responder service with agreement that solutions are required for our island communities

- Appointment of an Unscheduled Care Lead to ensure all elements of hospital discharge and prevention of admission are standardised and integrated

- Initial work is taking place to establish plans for the islands, taking account of the Island's Act and developing unique island solutions beginning with conversations on Coll, Mull and Tiree

- Implemented the Enhanced Community Dementia Team model in 3 localities within Argyll and Bute. Developed an operational framework for the service and recruited key posts to develop the Enhanced Service. This key service is still developing

Learning Disabilities Service

- Development of additional Core and Cluster models across A&B for Learning Disability services
- Initiated the review and redesign of internal LD Day Services staffing structures across Argyll and Bute, to ensure equity and consistency across locations and ensuring they are fit for the future
- Increased oversight and voice of LD & Autism services following the HSCP management restructure
- Improved our communication and engagement with communities and service users, through the newly established HSCP Engagement Framework
- Improved management of transitions cases through re-establishment of the Disability Transitions Group and better transition links with schools

Mental Health

- Completed a review of our Community Mental Health Teams recommendations of which (still subject to approval) will be actioned via our Mental Health and Dementia Steering group
- Identified resource to deliver the Wellness Recovery Action Planning (WRAP) approach to enable people to self-manage their mental wellbeing
- Islay trial of ‘Near Me’ the use of video consultation to support primary care mental health workers and clients
- Agreed a new locality based consultant model of care

Primary Care

- Pharmacotherapy teams are in place to provide a new medicines management service within most GP practices in each locality. Teams comprise of pharmacists and pharmacy technicians. A remote hub model has been created in Helensburgh

- A plan for a primary care nursing team with posts located either in community hospitals or in GP practices has been agreed in consultation with individual GP practices to support community treatment and care and vaccination transformation within existing primary care modernisation funding

- First Contact Practitioner Musculoskeletal Physiotherapists are in post are providing a service to some practices in each locality and to remote and island GP practices

- A Primary Care Mental Health Service is now operational for some GP practices in all localities providing time limited intervention for patients with common mental health problems. There is a monthly average of 90 patients now referred to this service

- Merged the GP Practices on the Isles of Mull and Iona and recruited GPs to the new Mull and Iona Medical Group under an independent General Medical Services Contract

- Undertaking a review of the strategic plan for the provision of primary medical services for the patients of Kintyre Medical Group

- Creation and implementation of 3 Whole Time Equivalent (WTE) Advanced Practice Anticipatory/Emergency Care Nurses working in partnership across 5 GP Practices within Helensburgh and Lomond Locality

- Established locality wide GP Out of Hours (OOHs) services in all mainland areas, centred on the local hospital. Continued to support the single island service on Islay

- A 3 year contract to commission a Community Link Worker service for 10 GP practices in Argyll and Bute has been awarded to We are With You (formerly Addaction). The service will take referrals from primary care teams and use a person-centred social prescribing approach to strengthen the link between primary care, other health services, and community resources

Alcohol and Drug Partnership

- Recovery communities expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activates

- Links have been strengthened through the creation of a Recovery Steering Group which aims to represent all of the Recovery Communities and develop a collective voice on their behalf

- Both ABAT and WAWY have staff trained to distribute Naloxone to individuals & their family members. Both teams also provide Injecting Equipment Provision (IEP) utilising outreach and click & collect approaches

- The existing school-based support service has continued, though the service has had to adapt due to Covid 19 restriction, with access to the schools limited in many cases. Services have been innovative in their use of social media, instant messaging, text, phone video-conferencing and meeting outside of school grounds

- The Custody to Community Pathways for people leaving Prison and returning to Argyll & Bute are aimed at ensuring all are provided with Naloxone on liberation

- WAWY introduced online Mutual Aid Partnership (MAP) group sessions three times per week. They also offered safe distanced walk & talk sessions with people who are unable to engage by phone/digital. Where required they carried out doorstep welfare checks when they were unable to make remote contact with people

- Where appropriate prison addiction staff contact ABAT to continue clinical treatment in the community. This approach has worked well for the continuation of prescribed methadone and buprenorphine

- MAT Standards will be piloted in Cowal and Bute with a new team being recruited

Allied Health Professionals

- AHP leaders and the teams work above and beyond to provide high quality clinical care despite challenges
- AHP's view themselves as having a role in prevention and early intervention and are striving to increase their input earlier in patient's lives to either prevent or minimise impact of illness, disability or injury
- AHP's are core members of the multi-disciplinary team and have enhanced MDT working significantly into primary care in the last three years
- AHP's are currently one of the first within NHS Scotland boards to develop and carry out establishment setting
- Increased our rehabilition skills in all areas to support major trauma, long-term conditions and neurological conditions and diseases
- Recruitment of a Housing OT to support assessments for adaptations to individual housing

Carers

- Worked with Carer Services to implement the Caring together Strategy
- Recruited a Carers Act Officer and a Young Carers project assistant
- Carried out contract reviewing and monitoring
- Built capacity within the enhanced performance team
- Updated our Young Carers Statement
- Increased the visibility and awareness of unpaid carers and the support they provide
- Carried out a consultation on Respite and Short breaks
- Linked with the Carers Census

Technology Enabled Care (TEC)

- Ensured stock levels are sufficient to minimise the risk of not having appropriate equipment
- Allocated resource (People and finance) for the investment required in the Analogue to Digital Project
- Continue to support planning for role out of services in Social Care
- Continue to progress roll out within urgent care
- Liaise with North Highland and national colleagues in promoting digital care
- Work in partnership with Commissioned Services to better understand pressures they face and find joint solutions
- Work with planning colleagues to ensure Near Me remains part of Remobilisation Planning and re designing clinics.

Digital Health & Care Strategy

- Responded to the pandemic by expanding and enhancing our IT infrastructure to facilitate home/hybrid working in 2021/22 for our HSCP staff in the council and NHS.
- Strengthening resilience in the up time and performance of IT network to ensure service resilience, security and delivery.
- Increased the uptake and use of Technology Enabled Care (TEC) by clients and patients including expanding the use of the “Near Me” video consultation platform for mental health, primary care and community services.
- Completed the procurement and commenced the implementation of our replacement social work and community health IT system with the new “Eclipse” system as at a cost £465,000
- Replaced and modernised our 7 hospital switchboard to provide enhanced digital functionality and reduced our telephone costs.

Performance Management and Governance

The National Health and Wellbeing Outcomes continue to provide a strategic framework for the planning and delivery of health and social care services.

These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland. A full breakdown of all the Outcomes, Indicators and our local indicators is available in Appendix 1.

COVID 19 Performance Reporting

Much of the statutory performance data for 2021 continued to be affected by the Covid 19 pandemic, with the gradual emergence from the last of the restrictions across the summer period. This slow recovery was delayed later in the year with the arrival and impact of the OMICRON variant across Scotland. The effect of this new variant with regards to performance reporting was most significant from October through to December and into the start of 2022. Within the HSCP mitigating actions were put in place with the reintroduction of Daily Management Huddle to support recovery and take action as required. Additional resource was used during this time to continue to ensure the staffing and delivery of Care at Home and in the community, alongside support to Care Homes and discharge from hospital.

Remobilisation Performance Reporting

Throughout 2021 there was a return to previous performance reporting with regards to the Integration Joint Board, local and national performance reporting. The focus of the reporting for the IJB was on the remobilisation of services against the NHS Highland Remobilisation Plan, this used the Framework for Clinical Prioritisation, framing the remobilisation of services against 6 key principles within a Covid 19 operating environment as below:

1. The establishment of a clinical priority matrix – as detailed below, at the present time NHSGG&C & NHS Highland are focusing on the P1 & P2 category:
2. Protection of essential services (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. Active waiting list management (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. Realistic medicine remaining at the core (application of realistic medicine, incorporating the six key principles)
5. Review of long waiting patients (long waits are actively reviewed (particularly priority level four patients)
6. Patient Communication (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

This report included activity reporting for Argyll & Bute Health & Social Care Partnership, NHS Highland Board and Greater Glasgow and Clyde.

Key Performance Overview 2021

Homecare

The data trend for the overall number of people in receipt of homecare across all age groups notes a relatively flat trajectory from Jan- April with a sustained uplift in both planned hours and people in receipt of care at home between May and August. From September there is a declining trend, which in part may be attributable to the emergence of the OMICRON variant. This continues into 2022. With regards to homecare hours, the declining trend from August to December notes a 4% reduction in care hours.

Residential Care

Comparing the average numbers of care home residents for 2020, to 2021 notes a 2% reduction, across 2021 there is a slight upward trend in the number of residents from August to October with a 3% reduction from November to December this again may be in part attributable to the emergence of the OMICRON variant continuing into 2022.

Mental Health

Mental Health Services reported consistent levels of new referrals for services in 2021. However, Emergency Mental Health Bed Days reports a reduction of 24% from 2020 levels. There was an increase in patients waiting to be seen for CAMHS service as at Dec 2021, up by 22% on the previous year's period, with 61.3% waiting more than18 weeks, up slightly from 58.6% in 2020. Statutory Mental Health activity across 2021 noted consistent levels in activity across calendar year period. With regards to the types of statutory activities; Consent to Short Term Detention, Supervision of Guardianship, Reports for Adults With Incapacity (AWI) Application and Consent to Emergency Detention were noted as having the largest impact across staff workloads.

Delayed Discharge

Delayed Discharge data across the period 2020 noted consistently high number of those waiting to be discharged form hospital against target and the previous year performance. July has seen the highest number of delays in hospital with a 23% increase against the average for the year, alongside this October noted the highest bed days used with a 26% increase against average. Delayed discharges remained high through the months of November and December with associated longer recorded bed days. January to May noted a reducing overall trend in bed days suggesting more activity with quicker discharge, this trend slowed with an increased from June onwards with associated high numbers and bed days.

Waiting Times

With regards to service remobilisation and the continued reduction the waiting times the focus for the HSCP was on maintaining outreach services to A&B despite the ongoing service pressures being experienced nationally and utilising waiting times funding to reduce waiting times.

Key areas of work included:

- Utilising Advanced Physio Practitioners to support our Orthopaedic service and reduce the waiting times for patients.
- Working in Partnership with local Community Optometrist to
- provide shared care with the NHSGGC Consultant Ophthalmology service and develop a virtual Ophthalmology service fit for the future.
- Creating a centralised appointing service to improve patient pathways and ensure equity of access to care across all our hospital sites.
- Create a “Clean room” with sufficient airflow within Lorn Islands District General Hospital to repatriate ENT services back to Argyll and Bute as these were stopped due to Covid 19 risk of aerosol generating procedure required for Naeso Endoscopes.
- Continued use of virtual appointments

Benchmarking

Benchmark performance makes a comparison with the seven identified rural HSCP’s and the Scottish average. Performance across the 20 indicators, Argyll & Bute HSCP noted 10 (50%) indicators performing above the Scottish average. Performance against the other HSCP’s for these indicators notes that Argyll & Bute had an overall 55% success rate (Appendix 2)

Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2021/22, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised integrated performance management reporting framework is been designed and will be rolled out fully across 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.

Financial Performance and Best Value

Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget each year and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it. Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee which meets on a monthly basis. It also publishes its Annual Report and Accounts which are subject to independent external audit.

This section provides a summary of financial performance for 2021-22, our approach to ensuring that we deliver Best Value and outlines the future financial outlook and perceived risks.

Financial Performance 2021-22

The IJB set a balanced budget for 2021/22, and is delighted to be able to report a small underspend against the resources available to it and confirm that it was able to repay all of its debt. It is acknowledged that a number of factors contributed to this improved position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/22 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/23 on service transformation. The other important aspect of financial performance during the year was that the HSCP was able to repay the full debt balance due to Argyll and Bute Council during the year, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	*Actual £*	*Budget £*	*Variance £*	*Variance %*
Social Work Services	**78,958**	**79,640**	**682**	**0.9%**
Health Services	**233,408**	**233,408**	**0**	**0%**
Grand Totals	**312,365**	**313,048**	**682**	**0.2%**

The budget for 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the Covid 19 pandemic.

The HSCP recognises that it needs to continue to improve efficiency and deliver best value. It continues to manage its savings programme rigorously and recognises that this is critical to ensuring longer term financial sustainability and facilitating the implementation of our transformational objectives. The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22.

Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions to direct service delivery in a way which ensure services can be delivered on a financially sustainable basis within the finite resources available to it.

There are significant on-going cost and demand pressures across health and social care services as a consequence of demographic change, new treatments, increasing service expectations and inflation. Managing these pressures are expected to result in an on-going requirement to improve efficiency and deliver savings.

Looking into 2023-24 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging short and medium term financial outlook with significant uncertainty in respect of funding and the impact of high inflation. However, additional funding to the sector and proposed structural reform, is anticipated to better enable the HSCP to invest in service provision and deliver high quality services within the resources that will be made available. This presents an opportunity for the HSCP to improve the services it offers and address some of the challenges it faces.

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally, robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services. A further key risks is in respect of the continuing management of Covid 19 and addressing the increased numbers of people awaiting diagnosis and treatment. We also need to work to address the length of time some people within our communities are having to wait for treatment.

The Annual Report and Accounts for the year provide further detail and analysis in respect of financial performance, financial risks and governance arrangements and improvement plans.

Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework represents the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity and in line with the principles of public service. The IJB has statutory responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer who is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. The IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the 8 best value themes is given overleaf:

8 BEST VALUE THEMES

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the new Strategic Plan and the new Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB.

Governance and Accountability

The IJB has significantly improved its governance and seeks to continually develop and improve in response to emerging good practice and independent audit review. It has made excellent progress in implementing its governance improvement programme to ensure it operates in an open and transparent way. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. NHS Highland has implemented a formal Project Management Office approach to delivering savings projects and their methodology has also been extended to the full savings programme. Better financial management and governance has been a priority for a number of years, and this has contributed to the much improved financial position the HSCP is now in.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with key care home and care at home providers. It has been commended by these stakeholders for this. This has continued throughout the year and illustrates the ethos of partnership working. A further example of this partnership working during 2021/22 was the high levels of engagement from partners in the development of the Commissioning Strategy and the new Strategic Plan

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Commissioning Strategy and the Strategic Plan.
A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. It aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability

The Covid 19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel, for both staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. Other developments such as a project to trial the use of drones for transporting items such as laboratory samples from islands and remote areas and the electrification of the fleet are first steps in delivering upon carbon reduction targets. There has also been close working with commissioned providers to try and ensure their financial sustainability, particularly for loss of income and extra costs due to Covid 19.

Performance, Outcomes & Improvement

Reporting on performance has continued during the last year, however, health and care activity has reduced due to the impact of managing the covid pandemic and this has resulted in increased waiting times and increased un-met care needs. The HSCP is working to increase activity to pre-pandemic levels and address the backlog. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is implemented.

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Email Contact

nhsh.strategicplanning@nhs.scot

Websites

https://argyll-bute.gov.uk/health-and-social-care-partnership

About Argyll & Bute (scot.nhs.uk)

Twitter

https://twitter.com/abhscp

Facebook

https://www.facebook.com/abhscp

Appendix 1
Health & Wellbeing Outcome Indicators 2021

IJB Performance Scorecard

Outcome 1 - People are able to improve their health	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-1 - % of adults able to look after their health very well or quite well	96.0%	93.0%	93.0%	93.0%	93.2%	90.8%	90.9%
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	82.0%	76.0%	76.0%	76.0%	72.5%	66.9%	70.60%
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	81.0%	72.0%	72.0%	72.0%	73.7%	66.0%	66.40%
NI-16 - Falls rate per 1,000 population aged 65+	26.0	26.0	26.0	23.0	25.3	27.8	23
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages				45.7%	45.6%	43.2%	31.0%
NI-13 - Emergency Admissions bed day rate	107,343	107,548	108,883	109,759	94,863	104,253	109,429
Outcome 2 - People are able to live in the community	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
MSG 1.1 - Number of emergency admissions - A&B	8,716	9,046	9,003	9,111	7,563	8,343	8,509
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	65,707	65,030	67,060	66,706	55,378	65,414	57,139
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,034	13,755	14,623	12,676	13,048	10,232	15,896
MSG 3.1 - Number of A&E attendances - A&B	16,130	16,026	16,912	17,784	12,671	17,083	16,960
MSG 6.1 - % of 65+ population at Home (unsupported) - A&B	7.8%	7.9%	8.0%	7.9%	7.9%	7.5%	8.1%
A&B - % of LAC who are looked after at home or in a community setting				82.4%	80.6%	83.6%	90.0%
Outcome 3 - People have positive service-user experiences	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-2 - % of adults supported at home who agree they are supported to live as independently	84.0%	79.0%	79.0%	79.0%	79.9%	75.0%	78.8%
NI-5 - % of adults receiving any care or support who rate it as excellent or good	82.0%	80.0%	80.0%	85.0%	78.3%	68.6%	75.3%
NI-6 - % of people with positive experience of their GP practice	91.0%	85.0%	85.0%	85.0%	84.5%	77.6%	66.5%
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%	93.5%	93.4%	91.7%	92.9%	88.4%	95.0%
CA72 - % LAAC >1yr with a plan for permanence	88.0%	100%	65.0%	85.2%	65.4%	36.1%	81.0%

Outcome 4 - Services are centred on quality of life	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	87.0%	74.0%	74.0%	74.0%	76.50%	76.7%	78.10%
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,145	12,617	12,678	11,353	10,790	11,960	11,636
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	80.0	87.0	87.0	76.0	91.0	91.0	110
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.0%	90.0%	90.8%	92.50%	91.0%	90.0%
A&B - % Waiting Time breaching >12 weeks				21.0%	38.0%	22.0%	25.0%
Outcome 5 - Services reduce health inequalities	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-11 - Rate of premature mortality per 100,000 population	418	380	393	403	398	386	465
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84.0%	86.0%	86.0%	84.1%	87.1%	80.0%	75.8%
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	597	625	640	540	346	584	761
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	95.0%	89.0%	91.0%	92.5%	32.5%	31.5%	90.0%
AC21 <=3 weeks wait between SM referral & 1st treatment	93.0%	95.0%	90.5%	91.3%	84.9%	TBC	90.0%
Outcome 6 - Unpaid carers are supported	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-8 - % of carers who feel supported to continue in their caring role	41.0%	33.0%	33.0%	33.0%	35.0%	38.0%	29.7%
Outcome 7 - Service users are safe from harm	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-9 - % of adults supported at home who agree they felt safe	84.0%	83.0%	83.0%	83.0%	78.7%	76.4%	79.7%
CP16 - % of Children on CPR with a completed CP plan	91.0%	99.0%	91.0%	89.0%	99.0%	99.0%	100%
CP43 - No of Child Protection Repeat Registrations - 18 months				0	0	0.0%	0
CJ63 - % CPO cases seen without delay - 5days	86.0%	94.0%	84.8%	95.6%	95.3%	85.3%	80.0%
A&B - % of Adult Protection referrals completed within 5 days				45.8%	39.50%	32.9%	80.0%
A&B - % of Adult Protection referrals that lead to AP Investigation				12.5%	39.5%	11.0%	10.0%
A&B - % of complaints [stage 2] responded within timescale				25.0%	56.5%	73.0%	20.0%

Outcome 8 - Health and social care workers are supported	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71.0%	71.0%	71.0%	71.0%	70.0%	70.0%	67.0%
Health & Social Care Partnership % of PRDs completed	52.0%	30.0%	37.0%	37.0%	3.0%	35.0%	90.0%
SW only - HSCP Attendance	3.90	5.70	5.20	5.23	4.86	5.9	3.78 DAYS
Outcome 9 - Resources are used effectively in the provision of health and social care services	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.8%	89.6%	90.0%	91.0%	92.9%	91.3%	90.1%
NI-18 - % of adults with intensive needs receiving care at home	67.0%	67.0%	67.0%	68.0%	72.3%	71.9%	64.9%
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	24.0%	22.0%	22.0%	22.0%	19.2%	22.5%	24.2%
MSG 4.1 - Number of DD bed days occupied - A&B	6,803	8,414	9,530	8,237	5,338	7,006	8,604

Appendix 2
Health & Wellbeing Outcome Indicators Benchmarking 2021

Core Suite of National Integration Indicators

			Health & Social Care Partnership							
Indicator	Title	Argyll & Bute	A	B	C	D	E	F	G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	90.83%	92.4%	92.6%	92.4%	92.1%	92.7%	93.4%	91.7%	**90.9%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.0%	72.6%	72.1%	86.5%	73.4%	79.3%	73.1%	72.5%	**78.8%**
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	66.9%	76.8%	60.6%	72.1%	70.5%	70.2%	63.4%	64.3%	**70.6%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	66.0%	78.5%	54.1%	71.9%	64.5%	62.2%	59.3%	61.7%	**66.4%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	68.6%	79.5%	70.3%	83.0%	78.6%	68.1%	73.9%	67.8%	**75.3%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	77.6%	69.8%	64.8%	77.2%	62.0%	60.0%	65.9%	67.3%	**66.5%**
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	76.7%	81.7%	63.1%	84.3%	80.6%	73.3%	70.5%	79.2%	**78.1%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	29.5%	30.8%	28.7%	27.4%	31.6%	29.4%	25.6%	**29.7%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	76.4%	84.9%	69.5%	86.0%	78.8%	72.1%	77.3%	75.3%	**79.7%**
NI - 10	Premature mortality rate per 100,000 persons	386	419	375	407	407	401	348	408	465
NI - 11	Emergency admission rate (per 100,000 population)	11,960	10,460	10,789	9,997	11,861	9,381	10,577	12,564	11,636
NI - 12	Emergency bed day rate (per 100,000 population)	104,253	92,375	112,745	106,529	105,914	83,298	121,675	95,726	**109,429**
NI - 13	Readmission to hospital within 28 days (per 1,000 population)	91	114	110	113	111	87	102	138	**110**
NI - 14	Proportion of last 6 months of life spent at home or in a community setting	91.3%	92.5%	87.5%	91.5%	88.5%	92.3%	88.2%	90.1%	**90.1%**
NI - 15	Falls rate per 1,000 population aged 65+	27.8	24.2	23.7	14.5	26.5	19.0	18.9	23.1	**23.0**
NI - 16	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.0%	75.7%	77.1%	80.3%	78.0%	80.0%	77.9%	87.0%	**75.8%**
NI - 17	Percentage of adults with intensive care needs receiving care at home	71.9%	60.8%	63.4%	56.6%	63.8%	64.5%	57.5%	71.2%	**64.9%**
NI - 18	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	584	226	159	1,051	520	776	1,009	761	**761**
NI - 19	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.5%	23.2%	23.0%	23.1%	23.3%	21.3%	20.4%	23.2%	**24.2%**

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: Wednesday 23 November 2022

Title of Report: Chief Social Work Officer Report 2021/2022

Presented by: David Gibson

The IJB is asked to:

- Note the content of the CSWO Report 2021/2022

1. EXECUTIVE SUMMARY

The Chief Social Work Officer (CSWO) for each of Scotland's 32 local authorities provides an annual report for Scottish Government. It is due in the autumn and relates to the previous financial year.

The full CSWO report is attached.

2. INTRODUCTION

The requirement for every local authority in Scotland to appoint a professionally qualified CSWO is set out in Section 3 of the Social Work (Scotland) Act 1968.

In Argyll & Bute the role of CSWO is held by the Head of Children, Families & Justice.

There is a requirement to send a CSWO Report to Scottish Government each autumn covering the previous financial year.

Attached in the CSWO Report for the financial year 2021/2022. It is important to note that the report relates to that time frame with only minimum reference to the period since. It is acknowledged that there have been significant changes since the period relevant to the report, most saliently the 'cost of living crisis'.

3. DETAIL OF REPORT

The full CSWO Report 2021/2022 is attached.

4. RELEVANT DATA AND INDICATORS

Contained within the attached report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Social Work is key to a significant number of strategic priorities. Reference to these are contained in the attached report

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

It is clear from the attached report that maintaining social work services during a period of stretched and constricting finances is becoming increasingly more difficult. The full impact of the 'cost of living crisis' and higher inflationary pressures is predicted to increase these difficulties however is out with the timescales of this report.

6.2 Staff Governance

The full report sets out significant staffing challenges. This is beyond problems with recruitment and retention. For example in the case of social workers it is recognised there are simply not enough qualified social workers nationally and all local authorities are vying to recruit from an insufficient pool of potential employees. One or two authorities are dealing with this by increasing wages which is worsens the situation for other areas.

6.3 Clinical and Care Governance

The CSWO Report is a key element of Clinical and Care Governance at both local and national level.

7. PROFESSIONAL ADVISORY

The CSWO is the main professional advisor to the local authority on all social work matters. Through the scheme of delegation, is also the main social work advisor to the IJB.

8. EQUALITY & DIVERSITY IMPLICATIONS

None

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

10. RISK ASSESSMENT

None

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is no public or user involvement as such in the compilation of the CSWO, however the report does evidence significant involvement and engagement activity throughout social work and social care.

12. CONCLUSIONS

The IJB is asked to:

- Note the key activities outlined in the CSWO Report.
- Acknowledge the commitment of social work and social care staff throughout the period of the pandemic.
- Note the report will be submitted to the Office of the Chief Social Work Advisor

13. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

David Gibson
david.gibson@argyll-bute.gov.uk

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Argyll and Bute

Health and Social Care Partnership

Chief Social Work Officer

Annual Report 2021/22

David Gibson
Chief Social Work Officer
Argyll and Bute HSCP

Contents:

Chief Social Work Officers Report

1. Introduction

This is the annual Chief Social Work Officer (CSWO) report for Argyll and Bute for the year 2021/2022.

During the course of this reporting period, in September 2021, the CSWO changed from Julie Lusk to me, David Gibson. I want to thank Julie for the work she did in Argyll and Bute and particularly the huge efforts made through the first 18 months of the Covid 19 pandemic.

In last year's report Julie wrote, "Little did we expect that the impact of COVID -19 would remain with us and continue to have an impact across services in Argyll and Bute." This is equally true of the year 2021/2022 during which we have continued to experience various levels of restrictions on all our lives, both professionally and personally. There have been mass vaccination campaigns, new variants and the start of discussions on how we 'live with the virus'.

I must take this opportunity to thank all Social Work and Social Care staff, who along with many other key workers in the public sector, have worked steadfastly throughout these last extraordinary few years. The resilience shown by so many in the face of this adversity has been exceptional and without them many of the vulnerable people of Argyll and Bute would not have been able to access the level of service they did. As CSWO, indeed as a nation, we are indebted to our public sector staff.

As the pandemic begins to abate and we look to the future, it is perhaps becoming clearer that the pandemic and the associated responses masked significant chronic issues. While planning to spend the extra resources, freed by central government to deal with the pandemic, we were still having to plan financial savings in core services. Recruitment is increasingly difficult, particularly in our remote and island areas. This is not simply about a dearth of affordable housing or the expense of living in remote and island areas. It is about demographic changes. In Argyll and Bute we continue to have a shrinking working age population and increasing numbers of older people. We are beginning to recognise that nationally there is a lack of qualified Social Workers and Care Staff. These core chronic problems will require to be addressed in the years to come during the upheaval of the National Care Service re-organisation.

Nonetheless the pandemic has also offered opportunities for development. At the start of the pandemic in spring 2020 it was hard to imagine the amount of routine work we are now able to undertake via the use of technology and particularly Microsoft Teams, Skype and Near Me. This is clearly of advantage to practitioners covering the vast geography of Argyll and Bute. For those of us practicing on the geographic periphery of the nation it has also allowed more regular participation in national meetings and developments. We have been able to influence in a way, I doubt, we have ever enjoyed in the past. Those of us on the geographic periphery are now at the centre of professional development and debate. It is important we stay there.

This year's report will be in the format shared by the Office of the Chief Social Work Advisor. The report will cover:

- Governance & Accountability
- Service Quality & Performance
- Resources
- Workforce

2. Governance and Accountability

Role of the Chief Social Work Officer

As Chief Social Work Officer for Argyll and Bute, I am also Head of Children, Families and Justice. This portfolio clearly includes direct responsibility for all social work services for Children, Families and Justice as well as all associated resources such as Children's Houses, however with our scheme of delegation also includes health services ranging across CAMHS, Maternity, School Nursing, paediatric AHPs and Health Visiting.

As CSWO I am a member of the Senior Leadership Team (SLT) of the Argyll and Bute Health and Social Care Partnership (HSCP) and have specific accountability for the delivery of social work and social care services ensuring that the statutory duties of the profession are delivered across children's, adult's and justice services.

Partnership working takes place with a wide range of multi-agency professionals including; the Chief Officer, Chief Executive, Elected Members, health and social care managers and practitioners. There are regular meetings with the Chief Executive of Argyll and Bute Council and the Chief Officer of the HSCP.

I am a member of various key groups and committees within the organisation. Clear governance and reporting arrangements are in place. The CSWO provides professional advice and guidance on all social work matters and provides assurance that social work services are being delivered to the best standards and within the required statutory and policy guidelines. Regular performance reporting around risk management is also provided with the CSWO specifically reporting through the Chief Officers Group for Public Protection. The CSWO is the MAPPA (Multi-agency public protection arrangements) lead officer and is a member of the Adult Support and Protection and Child Protection Committees. The CSWO continues to have input into NHS Highlands Care Home oversight group which covers both Argyll and Bute and Highland Council areas. The CSWO further reports to the IJB on key changes and developments regarding the social work profession.

During the period covered by this report one of the emerging key issues for the IJB, Council and NHS Highland was undoubtedly the consultation on the National Care Service and anticipation of legislation. It is recognised in terms of governance that the CSWO is working as Head of Service to two employing parent bodies, NHS Highland and Argyll & Bute Council, as well the HSCP. The impact on staff from the two employers could well be different and the democratic process could lead to different views of the National Care Service being taken by the employing parent bodies. This is a level of complexity which requires careful consideration.

There is also a complexity in the relationship with NHS Highland. NHS Highland are involved in different integrated arrangements in Argyll and Bute, an Integrated Joint Board, compared to Highland which uniquely follows a Lead Agency model. This is particularly obvious in Children's Services which are not part of NHS Highland's remit in Highland. This is over laid with a further level of complexity given that nearly all specialist services, such as for example CAMHS inpatient, are provided by NHS Greater Glasgow and Clyde.

As CSWO I am also involved in a number of national groups. These include: chairing Social Work Scotland's (SWS) Workforce and Resources Standing Committee and as such I am a member of the SWS Board, 'sponsoring' one of Scottish Government's national groups on children's mental health, membership of the national steering group for the Scottish Child Interview Model, and membership

of the Remote and Island CSWOs group. Importantly, and as touched on in the introduction, these allow the issues of remote and island practice to be brought to bear on the national stage.

3. Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered.

The CSWO has continued to attend the key service performance and improvement meetings including Clinical and Care Governance, the Chief Officers Group for Public Protection, Child Protection Committee, Adult Support and Protection Committee and the Care Home Oversight Group etc. A daily huddle has been stepped up and down a number of times over the course of the year as the pandemic has waxed and waned. Often this huddle focused on the interface between acute hospital care and care home / care at home. As mentioned in the introduction, as time has progressed it is clear that issues are increasingly surrounding chronic difficulties of resourcing services – most particularly the human resources – rather than the impact of the pandemic.

During the period covered by this report there have been discussions to consider how to dovetail the assurance mechanisms above with the Clinical and Care Governance processes of the HSCP. The hope is that a synergy can be achieved and dangers of duplication and over scrutiny can be avoided. These discussions will be concluded during the course of the next reporting period.

Performance monitoring has also been thorough during the pandemic and we have contributed to all statistical data requests from the Scottish Government. Variations between localities within Argyll and Bute have been recognised and reflected on. It is equally interesting to note factors which have not been affected to any great degree by the pandemic. For example, Child Protection numbers have remained relatively consistent with previous patterns.

Data within an authority with a small population must always be treated carefully. A small variation in numbers can look significant when presented as percentages. Significant percentage falls or increases must be examined to uncover the complex human narratives which often lie behind the numbers.

As we look forward we must move away from terminology such as 'grip and control' which has been imported from other organisations. Quality assurance requires the buy in of all our staff and service users and a move to self-evaluation and truly reflective practice. We must free our staff from the 'fear' of current audit and inspection models, releasing their innovative potential. Indeed as we try to develop co-production of services with our communities, self-evaluation would seem to be the only viable way forward. This is of course the anti-thesis of 'grip and control' from the centre. As such locality planning structures are going to be important as we progress these aims. I chair the Locality Planning Group for Mid Argyll, Kintyre and Islay.

Adult Services

Social Work

Adult Social Work supports people from the age of 16 + (if not care experienced). Some teams are specialist teams such as Mental Health, Substance Misuse, Sensory Impairment, Learning Disabilities and Dementia. Within the Operations teams, we support people with Physical Disabilities, Acquired Brain Injuries and mainly older people with frailty.

Referrals for social work intervention have reduced year on year since 2019. This date correlates with the implementation of the integrated community referral discussions which identify the most appropriate professional to carry out the initial assessment based on the individual's presentation. This approach ensures that duplication is reduced and the person only has to tell their story once.

	2019/20	2020/21	2021/22
Apr	988	507	623
May	1,083	672	748
Jun	833	781	590
Jul	808	893	630
Aug	878	800	619
Sep	829	916	500
Oct	900	863	534
Nov	864	845	565
Dec	741	731	483
Jan	935	819	451
Feb	870	804	472
Mar	715	834	583
Grand Total	10,444	9,465	6,798

Contrary to the reduction in referrals, the number of assessments completed by social work staff have increased. This increase demonstrates the ongoing intervention that is required from social work staff in relation to protection from harm and support to achieve agreed outcomes. These figures cover all social work assessments inclusive of Adult Support and Protection.

	2019/20	2020/21	2021/22
Apr	1,853	989	1,600
May	2,072	1,177	1,731
Jun	1,625	1,322	1,819
Jul	1,526	1,638	1,651
Aug	1,556	1,489	1,695
Sep	1,515	1,709	1,652
Oct	1,602	1,540	1,574
Nov	1,574	1,555	1,743
Dec	1,308	1,377	1,461
Jan	1,693	1,579	1,422
Feb	1,596	1,576	1,429
Mar	1,325	1,670	1,826
Grand Total	**19,245**	**17,621**	**19,603**

The current electronic recording system is being replaced by a new one, Eclipse. This development is still in transition and will enable a single recording system for community health and social work practitioners. (This system will cover all social work specialisms and many health staff too.)

Work has also been ongoing with the Scottish Social Service Council and a small group of Adult Social Work staff in the Oban locality. This work was to look at the quality of supervision for staff and develop a new supervision contract and agenda. Work is underway to roll this approach to supervision out across all of Social Work in Argyll and Bute and consequently amend the current supervision policy to reflect the changes.

Within Adult Social Work, there are 2 Newly Qualified Social Workers registered with the Supported Year Pilot through Scottish Social Service Council – this aspect of the pilot specifically focuses on newly qualified staff working in island and rural communities.

Work is also underway to increase the capacity of the workforce by reviewing the current learning and development strategy of "Grow our own". Consideration is being given to studentship and traineeship models in addition to reviewing current models of providing practice educators and assessors.

An Adult Social Work action plan identifying key priorities for the service has been established. This plan includes the need to reduce bureaucracy that has crept into the service over the years and therefore increase social work capacity. Additional priorities within the plan will look to prioritise where the additional funds from the Scottish government to increase social work capacity can be utilised.

Day Services

Day services for older adults were closed from March 2020 until September 2021 due to the pandemic restrictions. The services reopened with a move towards initially providing 'critical' respite. The reason for the change in focus was due partly to ensuring operating standards complied with pandemic requirements and partly to fill a gap in service where unpaid carers had limited

support for a period of time. Care is tailored to meet the individual needs of the cared for person and to provide a break for the carer.

Care Homes

Every older adult who is resident within a care home following an assessment of need, had their care needs reviewed in line with national requirements. This included people within care homes situated in Argyll and Bute as well as people from Argyll and Bute who were placed out with the area. A total of 312 reviews were completed.

The number of people placed in care homes rose from 509 in April 2021 to 523 in April 2022. Of those placed, there were 156 people placed out of area in April 2021 and 172 in April 2022.

Of the above figures, 97 people were placed in nursing care at April 2021 and 104 in April 2022. This follows a trend of increasing dependency of people being admitted to care homes, and links to the increased number of people being placed out of area.

These rising figures could of course have been influenced by the pandemic, however it is more likely to be a function of an ageing population.

In January 2022 a new build care home opened in the Helensburgh area. In April 2022 another care home in Helensburgh gave notice of closure. Re-assessments of care requirements for all current residents were completed and alternative accommodation identified. The Care Home Task Force remains the co-ordinating focus for communication with all care home providers within Argyll and Bute.

Care at Home

Throughout the pandemic period, partnership working across the internal and external care at home services has increased considerably.

All organisations are finding it increasingly challenging to attract and retain staff.

Home care can enable older people to remain safely at home when they may otherwise be unable to cope. Local Authorities have a duty to provide or arrange 'Home Care' support to people who need this under the Social Work (Scotland) Act 1968.

The necessary targeting of statutory support towards those with critical levels of need has resulted in a gradual reduction in the numbers of older people receiving local authority funded home care, with the use of eligibility criteria to assist in equitably managing demand. Internally during 2022 the service engaged additional management capacity to manage and improve care at home standards. Given the context of there being more people needing services than people able to meet that need, it is hard to envisage that national aspirations to remove the use of eligibility criteria will be achieved. There will be a continued need to prioritise.

In April 2021, 1123 people aged over 65 years were in receipt of care at home support. This figure has reduced to 1043 in 2022 however the level of unmet need has increased from 82 hours 'unmet need' in April 2021 to 253.5 hours of unmet need and 114.8 hours of partially met in April 2022.

There has been a slight increase in people choosing to have care provided through Self-Directed Support option 4 from 97 in 2021 to 104 in 2022.

Use of agency staff across the areas has enabled some additional capacity within the system however several recruitment drives have resulted in few, if any applications for care at home posts. Redesign and collaborative commissioning models are required for care at home.

Support for Carers

An increase in Carers Act funding allowed us to supplement our social work team budgets to support short breaks, and enable our 6 Carer centres to offer flexible support to reach Carers across Argyll and Bute.

During the last year we have consulted and held focus groups, gathering greater feedback on Adult Carer short break provision and how our young carers access and use the support services available to them.

We have increased our short break capacity and developed a mobile App to assist our young carers to engage more readily.

We have supported the growth of our Parent carer groups and started developing Carer support on our Islands along with tailored peers support groups.

We have noticed a significant increase in Adult Carer Support and Young Carer statements during the past year and expect this to continue rising.

As a partnership we have increased our Carer focus and promote the preventative support offered through our funded Carer Centres. We promoted and celebrated both Young Carers and Carers week through increased communications across our media sites.

Our Carers Act Implementation group continues to meet on a regular basis to monitor progress, share information, monitor trends, and identify any issues that arise.

We successfully recruited and now have two carer representatives sitting on the IJB.

Areas of Transformation and Challenge

- **Care Homes and Housing Programme Board**
  This significant area of redesign has looked at need, demand and modelling. A structural review of internal care homes has been commissioned following increased repair and maintenance requirements and the need to increase the number of nursing home places available across Argyll and Bute. The outcome of these surveys will be considered in 2022.
- **Dementia Redesign**
  Work to redesign the enhanced dementia service, pathways and processes is fully underway and work continuing to benchmark ourselves against the key commitments of the national dementia strategy. A dementia strategy group will be established for Argyll and Bute in 2022 to encourage a wider ownership of dementia across a range of services and communities. As part of this redesign, an Older Adult and Dementia Reference Group was established of interested older people to link directly and comment on any service developments relating

to older people. This group is chaired independently by Alzheimer Scotland on behalf of the HSCP.

- **Right Care, Right Time**
  The national programme and expectations of unscheduled care are embedded within this work which is inclusive of social work and social care services. This wide programme of work involves many of our community services with areas of redesign linking to national key performance indicators.
- **Falls prevention**
  Funding has been secured to allow for the permanent operation of our pilot Responder Service. Increased capacity within the community responder services has been developed to begin to deliver a service over a 24 hour period to support uninjured fallers and ensure they are not inappropriately admitted to hospital, but supported to remain safely at home.
- **Mobile teams**
  Development of a mobile team of carers as a front end to care at home service has been developed, enabling a rapid response to both hospital discharges and community emergencies and staff sickness.

Adult Support and Protection

Last year the Partnership was subject to a joint inspection of adult support and protection (ASP), one of 26 adult support and protection inspections to be completed between 2020 and 2023.

Such inspections aim to provide national assurance about individual local partnership areas' effective operations of ASP key processes, and leadership for ASP.

The inspection addressed 2 key Questions

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

The findings from the Inspection focussed on a range of issues and now comprise an Improvement Plan. The areas examined included Chronologies, Risk Assessment and Protection Plans, Three Point Test and Capacity Assessment, Case Conferences and Reviews and timescales, Second Worker Guidance, Fire and Rescue inclusion and development, and further training and development.

The full report can be found at:

Argyll-and-Bute-adult-support-protection-report.pdf

The Inspection was predominantly positive and recognised interagency practice, a clear focus on protection issues, and good leadership from the Chief Officers Group.

Following the inspection there was a frank and robust exchange of feedback with the Care Inspectorate on the process of the inspection and in particular the issue of proportionality. For example the current process requires the same number of casefiles to be presented whether a big urban authority or an authority with a smaller population like Argyll and Bute. Resulting in cities providing a sample of files and Argyll and Bute effectively having to present all our files.

The inspection Improvement plan is supported by the Adult Protection Committee (APC) together with the wider adult support and protection development agenda. APC partners play a full and comprehensive role in the widening adult protection agenda and we continue to receive valuable

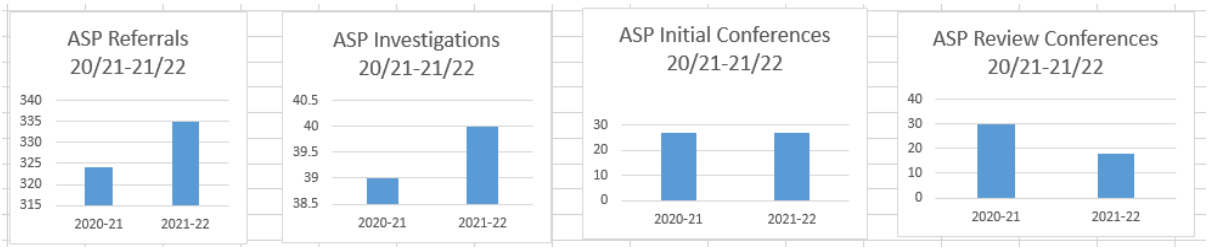
support from colleagues throughout the Health and Social Care Partnership, Police Scotland, the wider NHS Highland, the Scottish Fire and Rescue Service, the Care Inspectorate, the voluntary and independent sectors, and Advocacy services.

Financial harm continues to be a significant concern within the context of Adult Protection, nationally and locally, as scamming and other types of financial abuse become ever more sophisticated. In recognising this we have rolled out learning and development opportunities for the partnership workforce and our APC partners as a priority. General awareness training has also been resumed across the county to ensure that everyone involved in supporting vulnerable people understand their role.

Ensuring the population of Argyll and Bute is supported and protected under ASP legislation, and that policies and procedures for intervention remain robust and effective has continued to be challenging owing to the pandemic. Such challenges have included home working, office closures, access to home visits, safety and a changed environment. Restrictions on staff activity has been difficult and The Adult Protection Committee and the Partnership's senior management have prioritised addressing this.

The ASP Committee has continued to meet regularly examining issues and current challenges, developing audit, and the Improvement Plan. Close working between the Independent Chairs and committees of the Child Protection, Adult Support and Protection committees and the Alcohol and Drug partnership continues. The overarching learning and development agenda has continued through the pandemic period.

Adult protection data demonstrates an increase in ASP referrals from last year to this, a slight increase in investigations, however the number of conferences has remained the same. As mentioned elsewhere within this report it is important to carefully consider data within the context of a geographical area with a small population as small changes in number can superficially appear as significant percentage changes.



(Data Source- Carefirst/ Business Objects Report)

Mental Health & Addictions

It is a reflection on the integrated nature of services in Argyll and Bute that it is difficult to comment on social work, or indeed social care, in isolation within this part of the report. Our services and those of health are deeply intertwined. A number of the developments noted are primarily staffed by health colleagues yet are inextricably providing a social service. It is of course recognised that there is also an imperative in such integrated arrangements to assert the expertise which social work brings to these services.

Argyll and Bute now has a well-established primary care mental health team who are well embedded in our localities to provide tier 1 and tier 2 interventions for those experiencing a mild to moderate mental health concern. The team are planning a pilot of self-referral. In addition, through the Scottish Government Recovery and Renewal Agenda, a Local Programme board will be developed to further expand the primary care model to encapsulate a wider remit of relevant services and practitioners to meet the needs of the local communities and in line with Scottish Government directive and funding.

Argyll and Bute HSCP were a national accelerator site with NHS Highland supporting the Early Interventions in Psychosis Work Stream in collaboration with Healthcare Improvement Scotland/SGHD. Following conclusion of stage one we were unable to commit to stage two due to a combination of pandemic pressures and staffing challenges. We remain an interested party and hope to become an early adopter site in the future

The Specialist nurse for homeless/mental health and addictions hosted in the substance mi suse team and funded through by housing colleagues within the rapid rehousing strategy has been extended for a further year. The post is a valuable bridging post to support our most vulnerable clients by providing the best support to ensuring a successful tenancy.

We have recruited to the Perinatal Advanced Nurse Practitioner (ANP), and training is well under way within the ANP training framework. The post holder is able to offer assessment, support and guidance to practitioners, and in reach to the mother and baby unit if required. Key to this development in perinatal and infant mental health is increasing the knowledge, understanding and skills of practitioners who are present on our island and in our remote communities. Those practitioners could come from maternity, health visiting or social work. There is a specialism of being able to work generically in remote and island contexts.

The Urgent and Emergency Care Mental Health team are fully embedded across 3 of our localities. Helensburgh and Lomond remain under the Service Level Agreement with NHS Greater Glasgow & Clyde however as part of the Action 15 funding a worker has been appointed in Helensburgh and there is access to the Personality Disorder (MBT) service for local residents. This of course perhaps exemplifies the complexity of providing services from the doorstep of Glasgow through to the islands well out in the Atlantic. There are a diversity of solutions required to meet need within local contexts.

The Scottish Government quarterly reporting has now ceased and Argyll and Bute fully achieved the commitment of 14.8 wte practitioners by Spring 2022. The team works across A&B to ensure, where able, we can meet the 2 hours initial contact time and ensure a robust and supportive assessment to those presenting with mental health concerns in distress. The team will also coordinate on ward care, provide increased support to prevent admission ensuring person centred compassionate care or provide escort when required to those detained under the Mental Health (Scotland) Act to the inpatient facility.

The Argyll and Bute Addiction Team covers all 4 localities of Argyll and Bute. It is an integrated health and social care service consisting, when fully staffed, of one consultant psychiatrist 12 nurses, 2 social workers and 1 support worker with administrative support centrally within Lochgilphead.

A business case has been submitted to support the roll out of Medication Assisted Treatments to support same day prescribing and support to those in need. The pilot area is Cowal and Bute due to the increasing need evidenced in this area of Argyll and Bute.

A Substance Liaison post has also been extended for a further year. This has proven to provide a valuable support to our local Rural General Hospital and has collaborated well with our urgent and emergency Mental Health teams across Argyll and Bute to develop quick access and support to those people presenting with substance or alcohol concerns. It is of course noted that the short term funding of such posts is problematic and can often lead to recruitment difficulties.

Recruitment of mental health practitioners, from all professional backgrounds, remains challenging. MHO recruitment at first line manager level remains a concern, however we recently appointed a Social Work MHO operational manager for our MHO and MH social workers to ensure the availability of specialist support, oversight and strong leadership to our teams.

Mental Health (Care and Treatment) (Scotland) Act 2005

Despite the considerable challenges of the pandemic, consent to detention for Mental Health Officers continued to be a priority for MHO's and all people detained using a short term detention certificate in Argyll and Bute, were assessed in person.

There continues to be challenges in consenting to emergency detention certificates, particularly out of hours as there is only 1 MHO covering the very large geographical area.

There are 13 Mental Health officers working in Argyll and Bute.

In 2019/2020 33 people were detained under an Emergency Detention Certificate and 48 people detained under a Short Term Detention Certificate.

In 2020/2021 41 people were detained under an Emergency Detention Certificate and 62 people detained under a Short Term Detention Certificate which is an increase of 24.2% and 29.2% respectively.

As yet we do not have the equivalent figures for 2021/2022 however anecdotally do not expect any reduction on the previous year's figures.

Approximately 60% of our MHO's are in team leader or management positions, resulting in continued challenges in having sufficient MHO's to complete all the statutory work required.

Although there were no MHO's required to shield during pandemic, there were staffing challenges at points due to staff requiring to isolate.

Argyll and Bute were successful in achieving Scottish Government funding to support social workers in achieving the MHO award and as such, 2 staff are registered to complete the MHO programme this coming year. Due to ongoing challenges during the pandemic there were no applicants to complete the course for year 2021/2022.

Additional Scottish Government funding was received to support the MHO service. As such it has been possible to second an MHO to the Adult Support and Protection Team. This has been invaluable in dealing with a significant number of mental health referrals to the ASP team.

Adults with Incapacity (Scotland) Act 2000

There is no waiting list for the completion of MHO reports requested for private or local authority guardianship orders.

Due to the pandemic, "Stop the clock" legislation was introduced as the courts were only hearing urgent interim guardianship cases due to staffing challenges with doctors, MHO's, court staff among

others. Therefore, to avoid guardianships that would have been renewed during that period expiring, 176 days were added to the expiry of guardianship orders between 7/4/2020 and 30/9/2020. This has allowed additional time to complete renewal of orders.

Argyll and Bute presently have 173 private welfare guardianship orders and 36 CSWO welfare guardianship orders.

Under section 10 (1) (a) of the AWI act, the local authority has a duty to supervise welfare guardians. Last year, 73% of supervision of guardianships were completed within the required timeframe. This was only possible following considerable effort by social work staff. Despite the ongoing challenges within social work, 52% of guardianships have been supervised within the statutory timescales this year, with priority being given to the supervision of CSWO guardianship orders. Improving these figures will be a priority in the coming year.

Learning Disability, Autism and Transitions, Sensory Impairment Services.

Work continues on the repatriation of individuals who are currently placed out with the Argyll and Bute area. As was reported last year this is challenging as it brings with it the requirement for additional local specialist resources and provision. Despite these considerable challenges we remain committed to exploring and developing services to meet these identified needs.

A Reviewing Officer post has been created to focus primarily on 'out of area' placements, contracting/commissioning across the sector and on developing new models of accommodation and support services within A&B. Work continues with key partners in housing and third sector including Affinity, Enable, Key Housing, Scottish Autism and Cornerstone.

Examples of development and active service improvement are the in-year establishment of two 3 person Houses of Multiple Occupancy with Enable and Scottish Autism in Lochgilphead and Helensburgh and in recent months a 6 person new-build Independent Living with support in Dunbeg. Additionally we are working in partnership with local housing providers and The Safe as Houses Organisation to redevelop/convert a mainstream facility and grounds in Rothesay into a Learning Disability/Autism adapted 6 person specialist accommodation service. Other turnover may allow 'opportunistic' changes within existing accommodation provision which will also support the improvement of our 'estate' for residents with a range of care, protection, and wider support needs.

Since October 2021 we have been undertaking a root and branch review and redesign of our 5 in-house day services and 1 internal Supported Living unit. This should conclude during the summer of 2022.

During the reporting period 2021/2022 there were staffing issues of long term absence and turnover within out Visually Impaired Service. Work is continuing to overcome these.

At the point of the last CSWOs report there was some debate on an Autism Strategy for Argyll and Bute. There has been considerable reflection over the year. It is clear having spoken at length to colleagues that the requirement is to move towards a much wider perspective. We require a neurodevelopmental or neuro-diverse strategy which also encompasses complex multiple diagnoses. There needs to be greater recognition of the whole spectrum of need from those in need of little support through to those requiring residential care. There needs to be a whole life approach from potentially childhood diagnoses, through transition out of school into adult support structures and

into older age. This work will necessarily be integrated with efforts on the part of health colleagues to develop parallel clinical pathways.

Children & Families and Justice Social Work

The Children & Families Service includes Social Work, Youth Justice, Children's Resources, Child Poverty, Child Health, Paediatric Allied Health Professionals, Child and Adolescent Mental Health (CAMHS) and Maternity Services. Within the organisational structures of the Argyll and Bute's HSCP, Justice Services, Community Justice and Violence Women and Girls also sit within this same department.

Justice Services

Justice Social Work services have continued to face the challenge of changes to the volume of work caused mainly by the imposition and lifting of pandemic restrictions. During the time period of this report particular challenges included servicing a back log of cases being dealt with by the court system and managing pandemic restrictions on the type of unpaid work that could be undertaken. These challenges appear to have been predominantly met through the hard work and imagination of the staff involved. During the time relevant for this report it was noted that Argyll and Bute had the second highest remand rate in Scotland. It is yet to be seen whether the introduction of Electronic Bail Monitoring, in the next reporting period, will improve or indeed potentially worsen this trend.

Justice Social Work continues to provide statutory supervision to offenders via Community Payback Orders (CPO) and assists community reintegration and rehabilitation from prison via post release supervision. The service also provides assessment reports to the Courts and Parole Board and participates in the Multi Agency Public Protection Arrangements (MAPPA) which aim to manage the risk posed by violent and sexual offenders. The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland, NHS Greater Glasgow & Clyde and a range of third sector providers.

It is acknowledged that during the time frame relevant to this report there was a developing debate on information sharing agreements between social work and police and in particular the level of vetting social work staff would require in order to use the shared IT system. This is a matter which remains unresolved however at the time of this report there were no adverse effects locally caused by these discussions. This is a testament to the strong relationships between the key personnel in Argyll and Bute Justice Services and L Division of Police Scotland.

While the pandemic has continued to pose challenges in service delivery it has also created opportunities to change the way that the service operates. This in the main has included an increased use of digital technologies, and we are continuing to embrace aspects of this in day to day work. The service faced the challenge of repeated changes in volume of work as the pandemic progressed but the service maintained performance targets throughout. Additional temporary staff were recruited via the Scottish Government's pandemic recovery grant which supported an increase in unpaid work delivery as well as increased capacity to meet the demands of the Courts and community orders. Additional services aimed at making a positive impact on unpaid work termed 'other activity' were obtained from Sacro's CPO Connect Service, as well as local partnerships with University of Highlands

and Islands and the Open University in the delivery of online learning. This has been positive and has continued as we move out of the pandemic.

With the increased focus on new policy initiatives, i.e. bail supervision, Electronic Monitoring bail, Justice Social Work Service has expanded and a further Practice Lead was appointed early 2022. This post has been a welcome addition with the main focus on enhancing service delivery in respect of bail supervision, diversion from prosecution, development of a bespoke women's service and increasing the uptake of voluntary through care. This development will improve the range of quality and effective services to those at all pathways into and out of the justice system, and is closely aligned with our Community Justice Strategic Plan.

One key area of practice development over the past year has been the development of improved assessment and interventions for perpetrators of domestic abuse. This links with the Equally Safe and Violence against Women and Girls strategies which outline the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. It is hoped that this will act as preparatory work for the national rollout of Caledonian Programme by Scottish Government. Justice Social Work remains a key partner in Argyll & Bute's Violence against Women and Girls Partnership, with the responsibility for this area of work being in the portfolio of the Senior Manager, Justice. MARAC is now firmly embedded as a practice model within Argyll & Bute and the Senior Manager, Justice attends Police Scotland L Division MATAC meetings. The service is also involved in local Decision Making Forums around DSDAS referrals. The work undertaken in Justice Social Work around gender based violence is a key element of Argyll and Bute's Transforming Responses to Violence Against Women and Girls Project which aims to implement the Safe and Together Model across the local authority.

Community Justice

In Argyll and Bute Community Justice works very closely and harmoniously with Justice Social Work services. For the period 2021 to 2022 we shared a Community Justice Co-ordinator with neighbouring West Dunbartonshire. Plans are in place to recruit to a full time post concentrating solely on Argyll and Bute.

During 2021-2022, community justice activity focussed on five main areas: Justice Social Work (community justice) delivery plan; Aligning community justice and violence against women and girls planning and activity; Prison Custody to Community Pathway; Aligning Alcohol and Drugs planning and activity; and, Strengthening the Community Justice Partnership.

Key areas of progress include:

- Argyll & Bute Justice Social Work Service draft community justice delivery plan developed and is now aligned to the new National Community Justice Strategy. It was published just outside this reporting period in June 2022
- Argyll & Bute Community Justice Partnership supplemented Delivering Equally Safe funding to ensure a 2 year research project, associated with the roll out of Safe and Together, could be commissioned and delivered. The Equally Safe Standards Priority 4 focus on perpetrator interventions and staff development will be included in Community Justice Partnership strategic planning and delivery considerations
- Argyll & Bute pathway for citizens returning to communities from prisons located across Scotland has undergone a review. Small funds provided by the Corra Foundation will

facilitate commissioning of third sector to meet gaps for the next year or so, however, sourcing longer term funding will be a key area of consideration for the Community Justice Partnership. Third sector support will be commissioned jointly with Justice Social Work to fully maximise available funds

- Argyll & Bute Alcohol and Drugs Partnership response to the refreshed approach to the Rights, Respect and Recovery and to the work of the Drugs Death Taskforce continues to examine and develop the relationship with justice settings. Cross cutting themes including access to services and rehabilitation, reducing drug deaths and services to young people and the links to the justice system are key areas of focus in the development of our new local Community Justice Outcome Improvement Plan
- Argyll and Bute Community Justice Partnership representatives changed significantly and as a result have been revisiting the key statutory duties, considering focus and priorities, and, governance arrangements in preparation for the revised National Community Justice Strategy (published June 2022) and Performance Improvement Framework (awaiting publication)

Challenges:

- The current national Community Justice Strategy takes a general approach to populations however does not reflect the needs of delivering to remote, rural and island communities. Cognisance should be given to the Islands Act and the requirement for an Island Community Impact Assessment to ensure national policy and initiatives do not inadvertently adversely affect those communities.

Children & Families

The Children and Families Management Team model aligns management, professional and clinical leadership and strengthens oversight of the services and the accountability of managers and staff. The service is underpinned and delivered in line with the Getting it Right for Every Child (GIRFEC) Framework and The Promise.

Over 2021 – 2022 there has been a great deal of consolidation and development work. Consideration has been given to the updated National Child Protection Guidance, to the refresh of GIRFEC, to the potential place of Children's Services within the proposed National Care Service. Staff from Argyll and Bute have been heavily involved in national and local debate on the efficacy of the Scottish Child Interview Model (SCIM) within remote and island communities. The roll out of the programme designed to insure a trauma informed work force has continued as has the investment on training a cohort of staff in Dyadic Development Psychotherapy (DDP).

As noted in last year's CSWO report, Getting it Right for Every Child (GIRFEC) Collective Leadership Programme commenced pre-pandemic and worked with leaders across children's services in Argyll and Bute to examine the content, structure and delivery of GIRFEC. Part of this work involved undertaking a range of supported evaluation interventions which provided a detailed analysis and understanding of how well GIRFEC was embedded across the partnership, drawing on evidence from partners and a wide range of practitioners, children, young people, parents and carers on their perspective of the children's services system.

The 2020 – 2023 Children and Young People's Service Plan (CYPSP 2020/23) was developed throughout the pandemic and much of the GIRFEC leadership work supported its development. The CYPSP 2020/23 is set within the context of four strategic priorities; strategic leadership, early help & support, mental health & wellbeing, strengthening the voice of children & young people. To evidence

improvements in practice the Plan adopts a Quality Improvement approach supporting us to achieve our aim of improving outcomes for children and young people. Quality Improvement is a systematic approach using specific methods to improve quality; achieving successful and sustained improvement.

There is a continuing commitment to the use of this improvement methodology to support transformational changes. It is, however, recognised that there has been drift in this over the period of the pandemic, with staff deployed into core health and social services or having moved on. It is anticipated that efforts will be refreshed in the coming year. In particular to ensure those in leadership positions have the knowledge to push improvements forward. This will further support efforts to move from a model of auditing practice which is often top down towards a self-evaluation model of quality improvement and development. There has been success in engaging young people but further work is required to fully engage communities through the Locality Planning process and other means.

Progress for Year 2 of the CYPSP 2020/23 is fed back separately from the CSWO report and is currently being presented to the necessary partnership governance bodies prior to submission to Scottish Government.

The Promise – two Years On

The Promise outlines an ambitious and far reaching change programme to transform the Scottish care system and to reduce the numbers of children requiring to be cared for by redesigning community supports to families where children are at risk of coming into care and to reduce the numbers of children in the care system by transforming services in support of parent's and carers particularly those with mental health, addictions or learning difficulties and those parents at risk of custody or in prison. Significantly many of those services have already touched on in this CSWO report.

To celebrate the second year of the Promise, Argyll and Bute's Children Strategic group undertook a detailed self-evaluation against the priorities of Change Programme One; this noted particular strength in terms of moving to a trauma responsive workforce, education attainment, attendance and driving out exclusions.

There has been wide engagement in Trauma Training across the children's workforce and Dyadic Developmental Psychotherapy (DDP) and its PACE approach training has been delivered to foster and kinship carers and residential staff. All of the Family Placement team are now trained to level one in DDP which is helping shape and improve our support for foster carers and kinship carers.

Linked to the Promise the past year has seen us move away from institutional and stigmatising language in how we write and talk about care experienced children and young people and we have committed to ending the using the 15 words or phrases our care experienced children and young people have identified a priority to change .

In line with the Promise we have begun an evolutionary process of 'changing the balance of care' in Argyll and Bute. The first phase of this is to reduce the reliance on external placements. In common with many local authority areas we are spending large amounts of money on a small number of children in residential placements external to our area. Changing the balance of care is firstly about returning those children we can to care nearer home. Ensuring planning drift does not result in new requests for external placements where earlier intervention is not only best for the child but also for the public purse. Those who do require specialist external placements must have a clear outcomes focus in the planning process and once those outcomes are achieved we should look to internal resources for their continuing care. Over the period of this report there was reduction in the

numbers of young people in external placements, however it is too early to suggest this is the start of a positive trend.

This year we have created a new participation and engagement officer role and we now have developed a network of participation groups across Argyll and Bute – including on our Islands and this is beginning to inform and shape services. In addition we have appointed a care experienced co-chair to the Corporate Parenting Board.

Corporate Parenting

The pandemic has seen us adapting our services to care experienced children and young people due to the changing requirements and guidance and virtual and remote ways of working have become increasingly embedded in practice.

Overall our care experiences children and young people have coped remarkably well with the various impacts of the pandemic and have cooperated fully with changing government guidance and restrictions. We have continued to put them and their needs at the centre of our planning and decision making. We have been able to maintain all key services, albeit in sometimes different ways, and used pre-existing infrastructure to move as much as possible onto virtual platforms; whether this is workers keeping in touch, family time and contact or reviews and meetings.

Our children and young people adapted to this change quite quickly and many report preferring this approach - particularly for meetings and we anticipate making greater use of online and virtual platforms in future.

All our care experienced children have benefitted from personalised education support and the provision of electronic devices to maintain engagement in education. We are increasingly seeing children benefitting from the adoption of Trauma informed approaches within schools and across our workforce.

We continue to drive forward with our 4 strategic improvement priorities supporting implementation of The Promise and the Care Leavers Covenant. These are the key areas where we are determined to make significant changes and improvements specifically for and with care experienced children, young people and adults;

1. We respect and include our children and young people - helping ensure they shape and inform all we do, and that we promote approaches that build on their and their families' and carer's strengths and assets
2. We ensure our children and young people grow up in safe, secure, nurturing and loving homes and we promote and maintain positive relationships
3. We support our children and young people to achieve their potential through lifelong learning, growth and development and the enjoyment of positive mental and physical wellbeing
4. We help ensure our young people move to a positive more independent life when they are ready and we support them on their journey to independence

In delivering these priorities we are incorporating the 5 foundations of The Promise and to encourage and support their implementation across wider children's services planning and with partner agencies;

The work of the Fostering and Adoption Panels and our Kinship Carers Panel has remained on a virtual platform. Recruitment of carers has continued throughout the year and have been gradually able to re-establish face to face assessment and support, undertaking more assessment work virtually, and delivering virtual training and support groups as restrictions have eased. While we made good progress at the start of the year with the approval of new carers recruitment slowed notably in the latter part of the year.

We are progressing plans to increase our Family Placement Team and improve the assessment and support of kinship carers and our intensive support for carers. Plans are also in place to increase the Through Care and After Care Team. Both these developments are made possible by savings in the spending on external care placements.

Aftercare services continue to support around 100 care experienced young people and adults living in or moving into independence. More young people are choosing continuing care and delaying plans to move towards more independent living, this has enabled many to consolidate their skills and have begun to feel ready to step into independence. It requires to be recognised that while continuing care is an important principle it does mean young people staying in resources for longer and consequently they are unavailable for other young people and clearly there is a financial cost to such practice. This has been managed within current resources up till now however it will become unsustainable without new resources coming on line. We have prioritised keeping in touch with all our care leavers and will expand our service to improve support to young people in continuing care and become involved earlier in the through care journey to improve transitions .

Child Protection

As with all other areas of Scotland, pandemic restrictions continued to create significant challenges throughout 2021 and the start of 2022. This reporting period saw a continuation of much of the work begun in 2020.

Multi-agency operational management groups continued to operate and ensure core child protection services were maintained and functioning within the guidance of the moment. Throughout the pandemic period where it was necessary to see children, young people and their families face to face this was done, however there has been an appropriate embedding of the use of technology to supplement our processes. Some young people and families have given feedback that attending meetings remotely has been less intimidating. As we move forward we can offer more bespoke processes to meet the needs of individuals.

Child Protection data continues to be monitored on a regular basis. As with all data in relation to services covering a small population there requires to be caution in interpreting percentage rises and falls as the number of young people actually involved can be small. Notwithstanding this we have seen a modest drop in the number of young people who, on average, are on the Child Protection Register. It had perhaps been expected that these numbers may have risen with the resumption of face to face school attendance, however that did not materialise. It would be wrong to hypothesise on the basis of a drop from an average of 41 children and young people on the register last year to an average of 35 this year. It is of course still to be seen if this is indeed a trend. It is interesting there was a significant jump of 44% in the number of social work contacts over the same reporting period. However this significant jump in social work activity with children and families did not result in a similar jump in child protection registrations. Number of completed assessments also rose by 10%.

As we moved through the pandemic, the CPC continued to meet online and delivered training in the same way. This has included training for managers & designated CP officers, Care & assessment toolkit training and a rolling programme of level 1 training. It has been noted that attendance rates have increased from pre-pandemic levels. Clearly for an area the size Argyll and Bute this has resulted in vastly reduced travel time and expenditure. Indeed for those living on the islands attending training using Teams takes the period of the meeting rather than potentially overnights away from home. As staff have become more used to the process of remote meetings the efficiency and etiquette of these forums has improved. Of course as we emerge from the pandemic we are starting to consider what the balance of face to face and remote meetings should be. For the time period relevant to this report we were still same way off returning to routine face to face meetings.

CPC has continued to audit Inter-agency Referral Discussion records on a bi-monthly basis, which is a key decision making stage following a child protection referral. The majority of IRDs are now consistently scoring 'Good' or above. This group has also developed the record of discussion in order to provide more guidance to the writer with a clear focus on risk and rationale for decisions made.

CPC continues to offer a monthly 'chat' session to all agency staff involved in child protection and this has been well attended by Police, Social Work, Education, Health and Third sector staff. Subjects of discussion such as working with resistance and challenging families has led to training being provided to promote confidence in this difficult area of practice.

It has recently been noted that there appeared to be a number of case conferences which were taking longer than they should to be convened. During the time period of the report we were still examining why this was happening, however early indications were that there was an administrative and recording issue at the heart of the apparent delays.

Following the tragic death of a young person, COGPP requested that CPC carry out an Initial Case Review (ICR). This ICR will feedback to COGPP in summer 2022. Notwithstanding that we are awaiting the detail of any recommendations, there will be, in line with 'Learning Review Guidance', a Learning Workshop for the professionals involved.

The CPC is continuing to progress the use of data from agencies beyond that contained in Social Work electronic records. Education is now a regular contributor of data to CPC. Work is now on going to improve the data available from Police Scotland and the NHS. Argyll and Bute have been involved in contributing to work on national trends both through the introduction of the National Data Set and through work with CELCIS. Through these efforts work is now being focused on Core Group recording and improving the timescales from the point of initial referral to Initial Case Conference.

Within Argyll and Bute staff are afforded the opportunity to reflect on a particular piece of practice which is presenting a challenge to the multi-agency Team Around the Child. It is proposed such sessions will be developed by the Learning &Development sub group of CPC as part of our ongoing commitment to an Argyll and Bute learning culture.

Implementation of the updated National Child Protection Guidance is being led through a partnership sub-group which meets on a monthly basis. This will continue over the nationally agreed two year implementation period.

A number of Argyll and Bute social work staff, along with Police Scotland colleagues from the area, have been involved in discussions about the roll out of the Scottish Child Interview Model. As CSWO, I am on the national steering group. Along with other island authorities we have raised concerns about the efficacy of the model outside the urban centres of Scotland. Having a smaller specialist

team creates issues due to both our geography and relatively small numbers of joint interviews. During this reporting period we had not concluded on potential adaptations to the model for remote and island practice however were in constructive discussions about the potential dual operation of the current Joint Interview Model and the new Scottish Child Interview Model. It is likely the first social work and police staff will be trained in SCIM during the early part of 2023.

The process through which SCIM was developed demonstrates clearly the need for remote and island needs to be considered at the start of 'national' initiatives. It was clear that the implementation within authorities such as Argyll and Bute, Comhairle Nan Eilean Siar, Orkney or Shetland had not been considered in the initial stages of the SCIM project. As a result there is a huge amount of effort having to be expended later in the process to try to make this model work for us.

Parallel discussions are taking place are taking place about the process of Age of Criminal Responsibility Investigation (ACRi) and the Bairns Hoose initiative. Argyll and Bute staff absolutely welcome all these developments and concur with the values which underpin them, however will continue to push for them to be fit for the whole nation and most particularly remote and island based children, young people and their families.

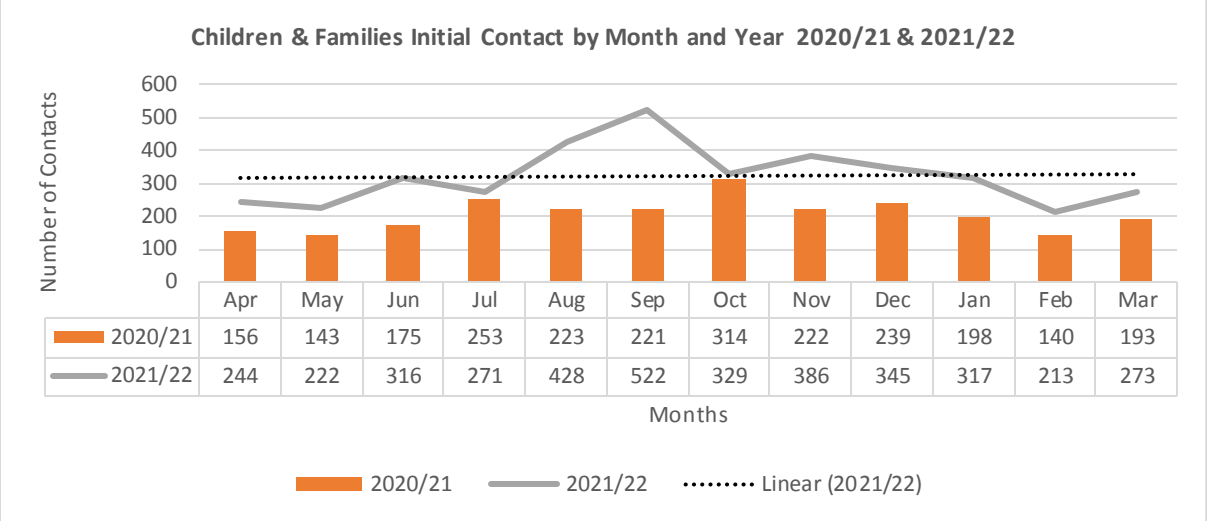
Service Quality and Performance statistical data– including delivery of statutory services

I offer a sample of the available data to give a sense of the social work and social care activity over the reporting period of 2021/2022. As mentioned elsewhere caution is required when interpreting trends within the context of a geographic area with a small population. Other data is offered at other points in the report.

Children & Families Services

Social Work Contacts

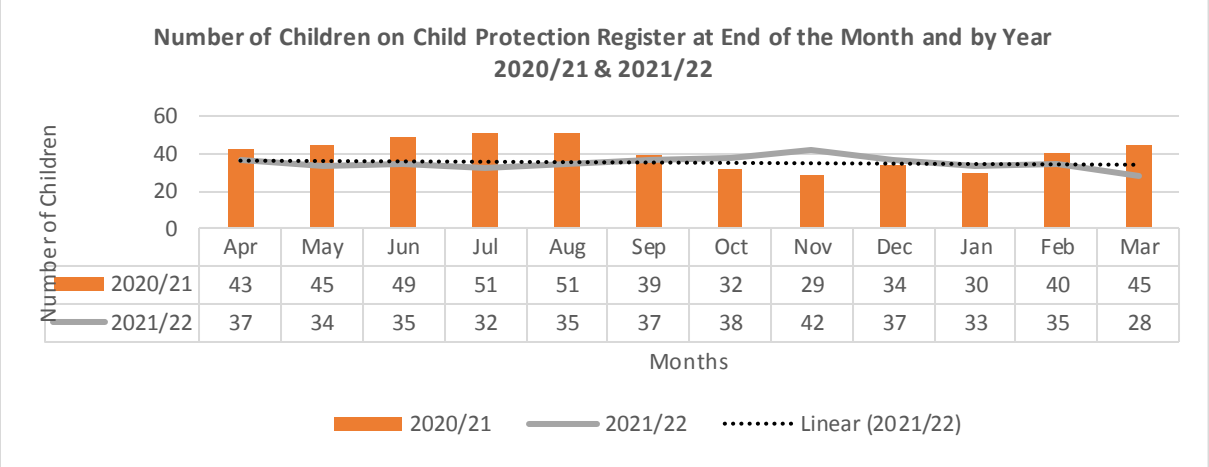
Data with on initial social work contacts for 2021/22 notes an overall increase against the previous year. The average number of contacts for 2020/21 was (206) increasing to (322) in 2021/22 this is a 44% increase. Data trends identify an increase in activity for the periods where national restrictions were eased from July to September (2021/22) and the period November to March 2022 notes a slight reduction, this could in part be attributable to the emergence of the OMICRON variant. Overall linear trend for 2021/22 notes a relatively flat trajectory across the year.



(Data Dashboards 2020/21 & 2021/22)

Child Protection

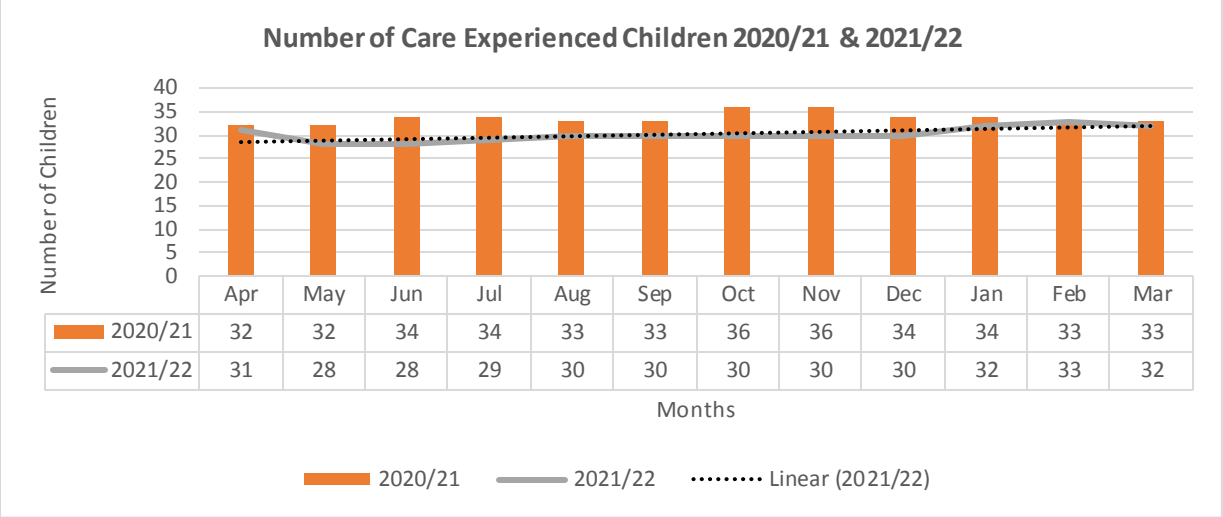
The average numbers of children on the register for 2021/22 (35) against the previous year (41) note a reduction of 16%. In particular the data trend for December 2021 to March 2022, notes a period of reducing numbers of children on the register, this could in part be attributable to the effect of OMICRON on staff and contact.



(Data Dashboards 2020/21 & 2021/22)

Care Experienced Children

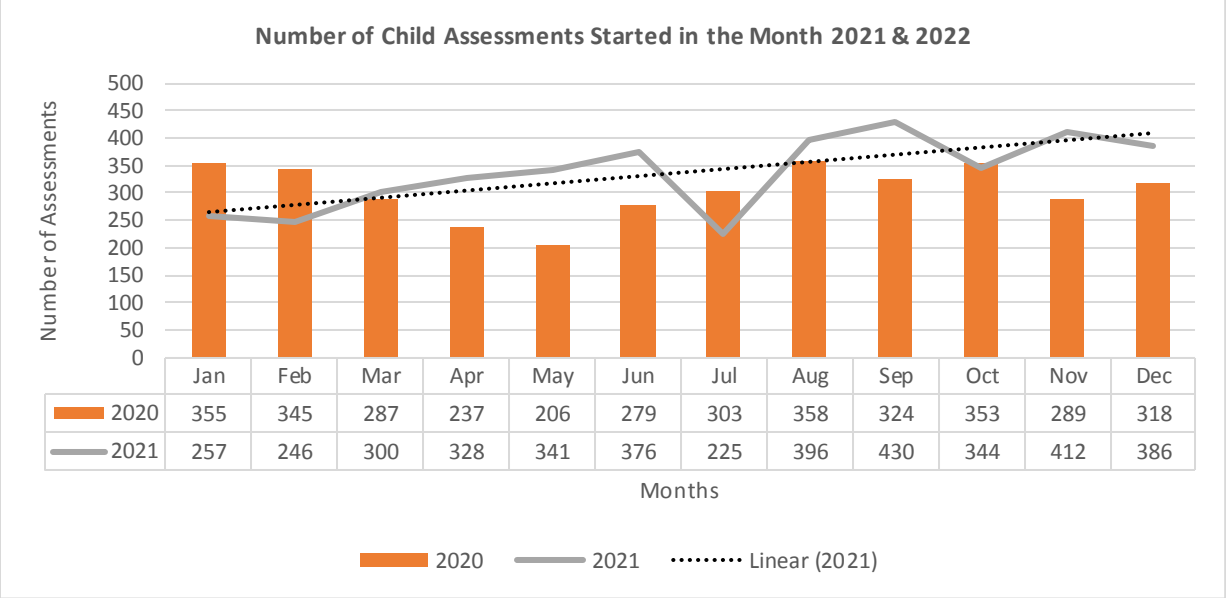
Overall total numbers of care experienced children in each financial year notes an 11% reduction for the period 2021/22 against the previous year. The average number of care experienced children for 2021/22 (38) against previous average of (44) for 2020/21, notes a 15% reduction. The linear trend with regards to data for 2021/22 notes a slightly increase trend.



(Data Dashboards 2020/21 & 2021/22

Child Assessments

The overall number of assessments started in the month notes a 10% increase for 2022 (4041) against the previous year 2021 (3654). Trend analysis for 2022 notes an increasing trend, variance against this is noted for the months of July , October and December, these could be attributed to seasonal fluctuation across the peak summer months and later in the year affected by the emergence of the OMICRON variant



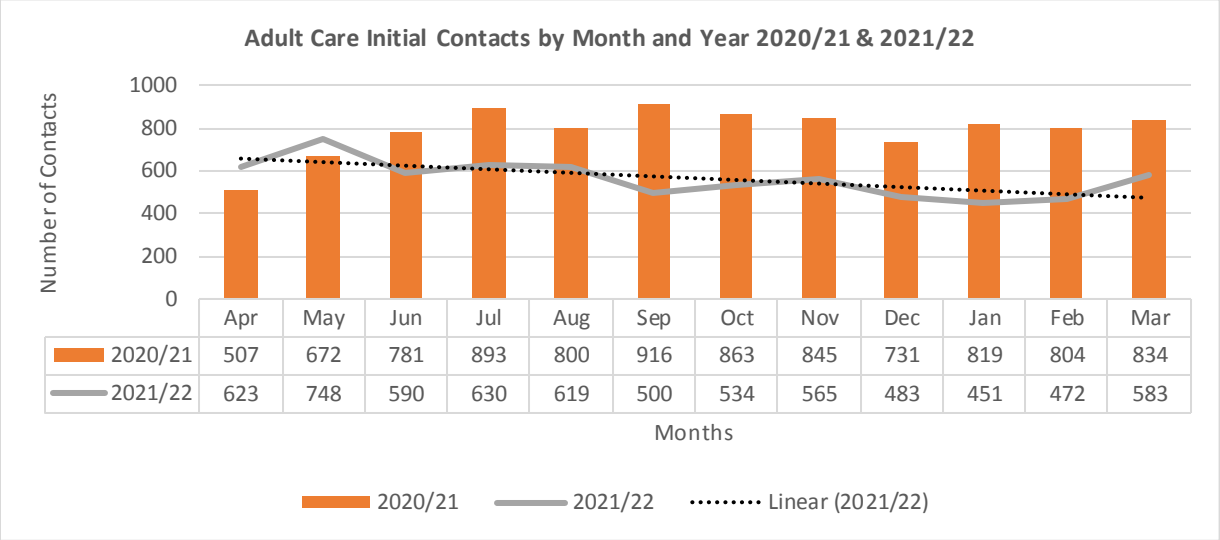
(Data Dashboards 2020/21 & 2021/22)

Adult Services

Social Work Contacts

Data for initial Adult Social Work Contacts notes a 33% reduction in average social work contacts for 2021/22 (567) against the previous year 2020/21 (789). The overall data trend for 2020/21 notes a

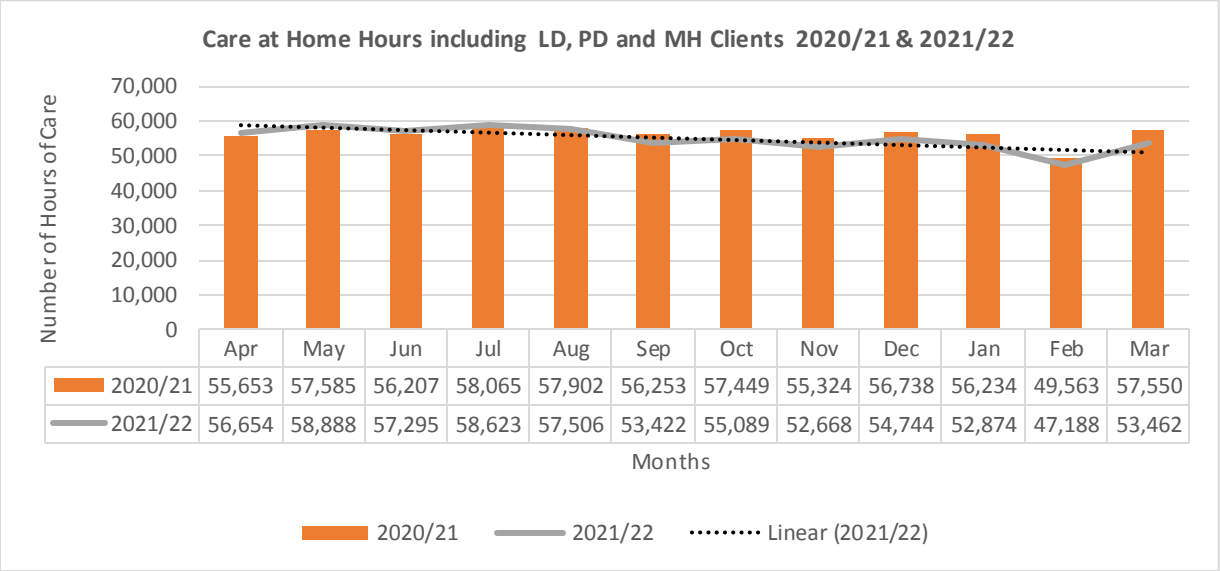
reduction in contacts, in particular from November 2021- February 2022, with a recovery in March above trend.



(Data Dashboards 2020/21 & 2021/22)

Care at Home

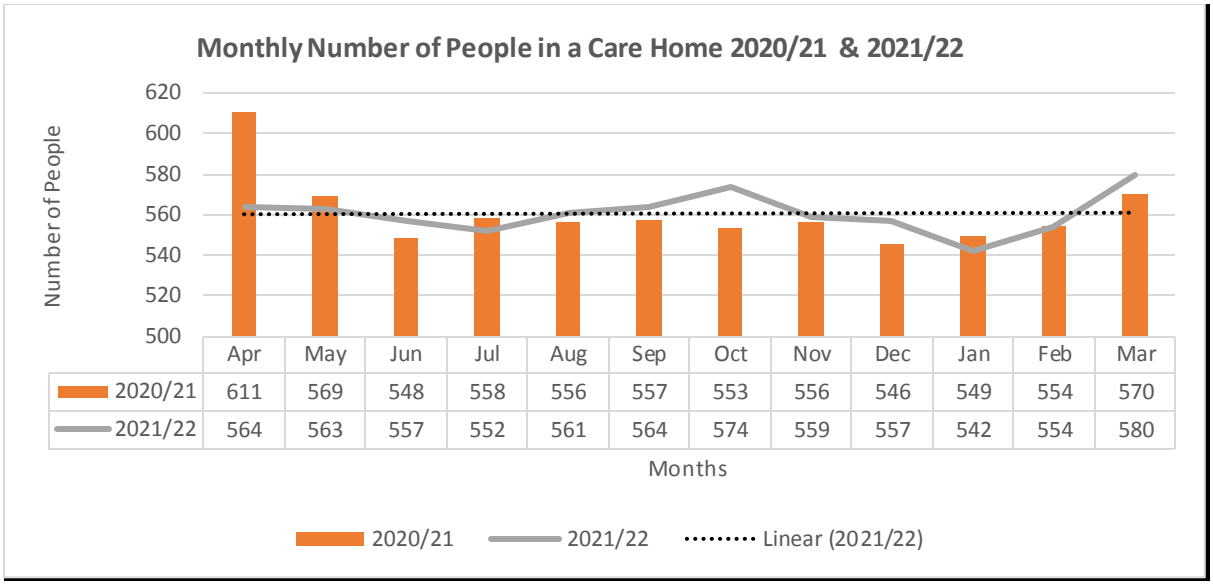
Care at home trends note a 2.4% reduction in total hours for 2020/21 (54,868) against 2021/22 56,210) and for the months December 2021 to February 2022 this reduction is more evident and may be a result of the emergence of the OMICRON variant, this is partially recovered in March.



(Data Dashboards 2020/21 & 2021/22)

Residential Care

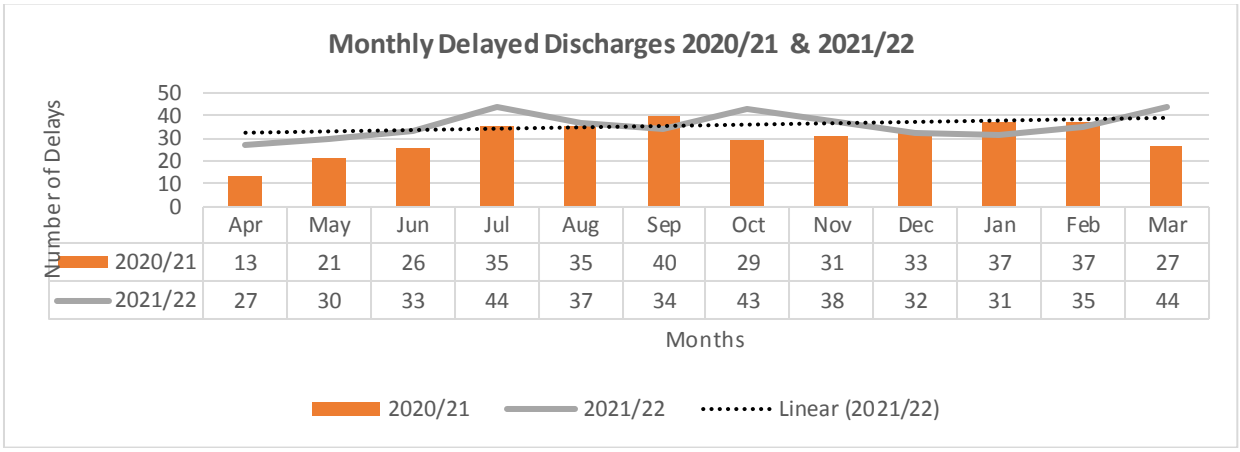
Trend analysis of the data for the monthly Number of People in a Care Home notes an overall 7% reduction a decrease from (844) in 2020/21 to (790) in 2021/22. Across both years there is variation which could be in part an effect of a reduction during 2020/21 with ongoing pandemic restrictions, from July to October 2021/22 there is a slight increase which aligns with the national lifting of some restrictions. From October onwards there is a reducing trend through to January 2022 in line with the emergence of the OMICRON variant.



(Data Dashboards 2020/21 & 2021/22)

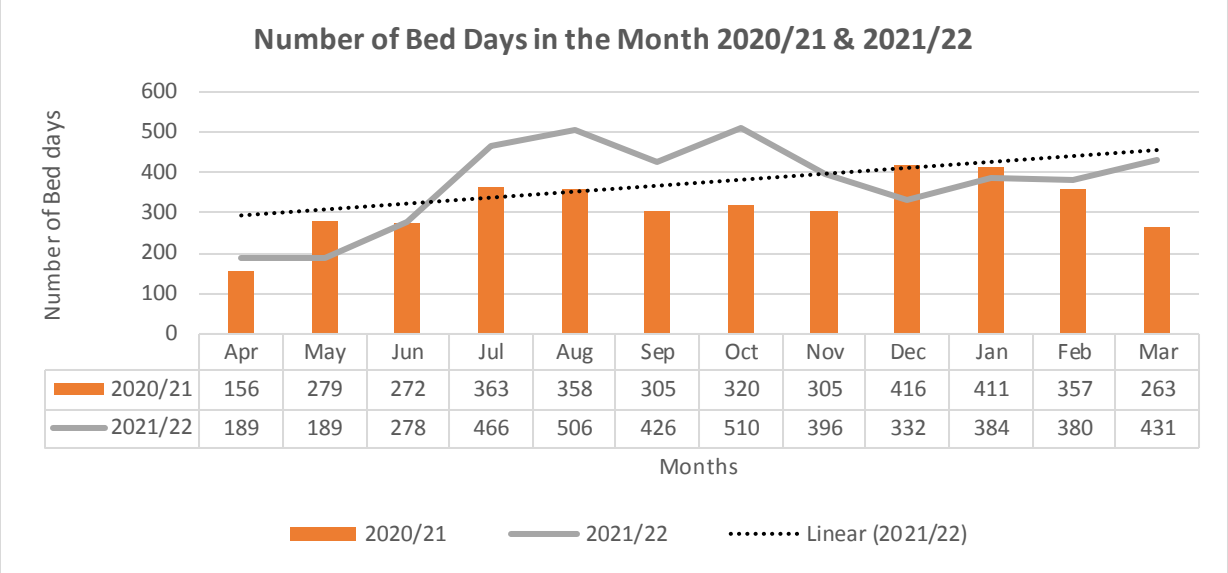
Delayed Discharge

Delayed discharges across both years have remained above the national target, trend analysis across the year notes variable performance against a backdrop of pandemic restrictions for 2020/21 and the emergence of OMICRON in 2021/22. Average delays across both years notes an 18% increase for 2021/22 (36) compared with 2020/21(30).



(Data Dashboards 2020/21 & 2021/22)

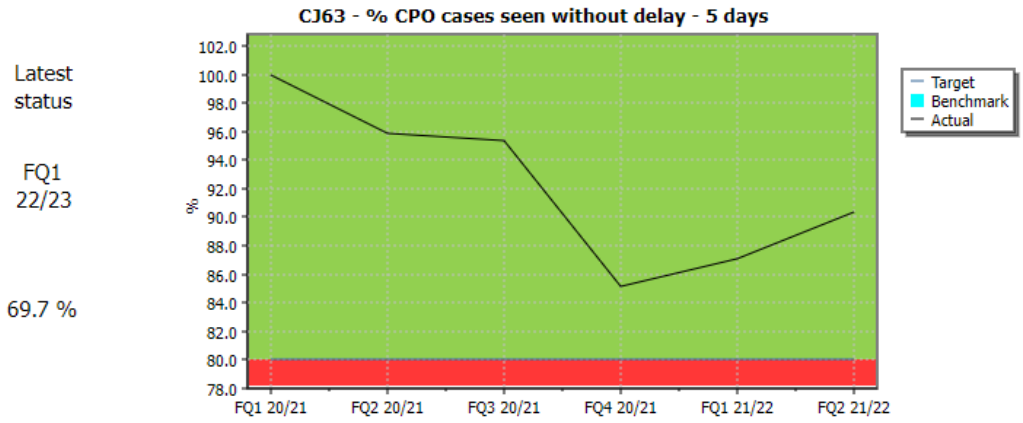
With regards to bed days used trend analysis notes a 16% increase for 2021/22 against the previous year. Peak bed days across 2021/22 notes an increasing trend from May to October which could in part correlate with a reduction in pandemic restrictions nationally and more hospital admissions. From December the number of bed days starts to increase again with the emergence of the OMICRON variant.



(Data Dashboards 2020/21 & 2021/22)

Justice

With regards to Community Payback Orders seen within 5 days the data notes consistent performance above the 80% target for both 2020/21 and 2021/22. There is a general reducing trend across both years and again this could be attributed to COVID19 restrictions for 2020/21 (FQ3 2020/21) and then the emergence of the OMICRON variant for FQ4 2021 which noted a gradual increase but below previous levels.



(Pyramid Balanced Scorecard 2020/21 & 2021/22)

4. Resources

The financial resources for Social Work and Social Care are intrinsically intertwined with the overall HSCP position. The financial year 2021/2022 saw a balanced budget for the HSCP as a whole and indeed we were able to report a small underspend. It is acknowledged that a number of factors contributed to this position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/2022 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. It is noted that the entirety of this underspend was in Social Work Services. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/2023 on service transformation. These reserves are not ring fenced to Social Work Services. The other important aspect of financial performance during the year was that the HSCP was able to repay the full historical debt balance due to Argyll and Bute Council during the year, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	Actual £	Budget £	Variance £	Variance %
Social Work Services	78,958	79,640	682	0.9%
Health Services	233,408	233,408	0	0%
Grand Totals	312,365	313,048	682	0.2%

The budget for the HSCP 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the pandemic. Ironically staffing vacancies have contributed to non-recurring savings which have ultimately allowed the budget to be balanced.

Achieving a balanced budget at a time of significant financial pressure has been exceptionally challenging. Particularly salient factors include:

- Staffing – additional costs of cover for absent staff and revised service delivery arrangements to ensure the safety of service users and staff;
- Equipment and materials – additional costs on personal protective equipment to protect staff and slow down the spread of the virus;
- Income loss – a reduction in care fee revenues collected by the service due to service closures and reduced activity;
- Reduced service demand – a reduction in availability and up take of temporary and respite services due to apprehension around their safety;
- Staff travel and subsistence – reduction in spend as a result of changes to the way in which services are carried out as a result of the Pandemic;

- Budget savings delivery – with the initial focus on dealing with the pandemic and emergence of new variants, activity on the delivery of budget savings was halted cre ating a substantial net overspend on the service budget; and
- Financial support for local commissioned care providers - to help with their pandemic related extra running costs and the reduction in care fee revenue caused by service closures and reduced activity.

The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22. Social Work and Social Care will shoulder their share of these budget reductions.

Notwithstanding this financial report it requires to be recognised that it has often been the experience that the main limiting factor on service delivery or development, particularly in our remote and island areas, is the scarcity of the human resource not a lack of funding.

5. Workforce

Argyll and Bute Social Work and Social Care staff have continued to be involved in the work which stemmed from the Sturrock Report into bullying within NHS Highland. A decision was made that all staff involved in HSCP services should have the same mechanisms and supports whether their parent employer was NHS Highland or Argyll and Bute Council.

Most recently the NHS iMatters on line staffing survey has been rolled out to all staff in HSCP services no matter the employing organisation. To date the level of returns tends to vary from team to team and it is too early to make any judgement on whether this will be a useful tool. There has also been a management reflections exercise on what is working and what not. A whistleblowing service is available to social work and social care staff in common with NHS Highland staff.

It is inescapable, and perhaps inevitable given different histories, that the two employers have different organisational and professional cultures. This has been most stark in adult services. In adult services most of the Tier 3 integrated management posts are filled by health staff and they are therefore directly managing social work team leaders. Ensuring appropriate professional supervision as well as line management has been challenging. This has probably been heightened over the pandemic period where different employers had different rules for their staff to adhere to. A social work professional lead has been appointed within adult services in order to attempt to ameliorate to some degree these challenges. As mentioned earlier in the report a new supervision model has been developed and will be rolled out across services in the coming year.

Work continues within the context of the HSCP to balance these cultural issues and bring greater cohesion to integrated services.

There has been further development of the Social Work Training Board. The Board is now chaired by the CSWO rather than HR colleagues. Over the years the social work training budget has been underspent and as a result has suffered cuts. Efforts are underway to rectify that and restructure to ensure neither the training needs of social care nor social work dominate. The support requires to be more widely known throughout the workforce. It is recognised that Social Work Assistants wishing to gain a qualification found it hard to access financial support as those in the workforce who required a qualification for SSSC registration were being given priority.

Notwithstanding the above, the major workforce pressure is undoubtedly recruitment and retention. Much of the £682,000 underspend on Social Work Services is the result of vacant posts.

There are simply not enough social workers and social care workers at a national level. Successful recruitment in one part of the organisation can simply mean a new gap in another part. Posts are often being filled by Newly Qualified Social Workers who have completed courses during the pandemic, many have not had statutory social work experience, some have had mainly 'virtual' placements. Given the right context and nurturing support these people will develop into valued and competent staff. Nevertheless that still leaves us with an immediate issue. As vacancy levels rise the load increases on remaining staff and in particular experienced staff. Modest rises in the hourly rate of pay for social care staff are quickly outstripped by rises in the hospitality and other industries.

Elements of Scottish Government funding are exacerbating these problems. Short term ring fenced grants leave us attempting to recruit to fixed term contracts and in some case part time fixed term contracts. These are proving problematic to fill. This, for example, continues to be the case with funding for The Promise where relatively small discrete grants are being made, yet the aim is for systemic change. Systemic change is going to require long term investment in core services.

In Argyll and Bute there are the added complications of a lack of affordable housing and a relatively expensive cost of living particularly in our most remote and island areas.

In Argyll and Bute we are attempting to respond through consideration of changing structures, considering the viability of smaller teams and efficacy of some centralised services, 'growing our own' staff through offering career progression and funded training opportunities. There are plans for access to a small number of houses in the Oban area to allow potential staff an opportunity to settle in the area while attempting to secure longer term accommodation. Yet this might not be enough and it is predominantly through the scarcity of human resource rather than finance that we are forced to consider what services we can continue to develop and perhaps which ones we cannot.

6. CONCLUSION

The year 2020 – 2021 has seen us all work and live through the continued period of world pandemic. It has been a dynamic period involving new variants of the virus and various levels of restrictions and freedoms. As the period drew to a close there was sense of starting to 'live with the virus'.

Over the preceding 18 months or so the importance of 'key workers' has never been more in the public conscience. Often this has concentrated on the role of the NHS and others in the public sector including social workers have perhaps not had the same profile. I make no apology for re-iterating my thanks, from the introduction, to social work and social care staff for the enormous role they have played in supporting the most vulnerable people of Argyll and Bute through these extraordinary times. This has not only been about crisis management. I have been deeply impressed by the amount of developmental work and progress that our social work and social care staff have achieved despite the challenges.

Of course I recognise that this narrative is written some 6 months beyond the period on which it reports. In March 2022 it is doubtful anyone could have predicted the cost of living crisis which has now overtaken the pandemic in impacting our service users and staff. In Argyll and Bute, in particular, the costs charged by the energy companies, where we already have high levels of fuel poverty, will adversely affect those we employee and those we serve. Rising inflationary costs will not positively impact already restricted financial and human resources. It will no doubt be the subject of the next CSWO report.

We must look forward. We look forward to engaging in the debate on the shape of the National Care Service. Ensuring the role of social work and social care is valued and fully embedded within both the ethos and structures of the new service. Ensuring the local needs of Argyll and Bute's urban, remote and island communities are recognised in emerging national structures.

David Gibson
Chief Social Work Officer and Head of Children, Families & Justice

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: **23 November 2022**

Title of Report: **Climate Change Reporting 2021/22**

Presented by: **James Gow, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- **Note that the IJB is required to submit a Climate Change Duties Report by 30 November;**
- **Approve the proposed submission attached as Appendix 1;**
- **Endorse the partnership approach taken by the HSCP in respect of its Climate Change Duties.**

1. EXECUTIVE SUMMARY

1.1 For a number of years all public bodies in Scotland have been legally required to submit and publish a Public Bodies Climate Change Report. This includes the IJB. This report provides the IJB with the proposed submission and a brief overview of how the HSCP is responding to Climate Change and Sustainability agenda, in partnership with Argyll and Bute Council and NHS Highland.

2. INTRODUCTION

2.1 Climate Change legislation introduced by the Scottish Government requires all public bodies to report on their carbon emissions and provide information on how carbon reduction and climate change is governed. This report provides members of the Integration Joint Board (IJB) with an opportunity to review and approve the report for financial year 2021/22 in advance of its submission to the Sustainable Scotland Network by 30 November 2022.

2.2 Integration Joint Boards are unusual public bodies as they do not directly own assets or employ staff and therefore submit nil returns. This ensures that IJB returns do not double count emissions which are reported by Health Boards and Local Authorities. However, the submission does provide the opportunity to highlight some of the actions and projects which are intended to contribute to carbon reduction within the HSCP. This report also summarises some of the proposed developments which will improve HSCP's approach to this agenda in the medium term.

3. DETAIL OF REPORT

3.1 The draft climate change submission for the IJB is attached as appendix 1. As stated above, this is a nil return in respect of the calculation of carbon

emissions as these are reported by NHS Highland and Argyll and Bute Council. The IJB is therefore placing significant reliance on the actions both partners are taking. At the time of writing their submissions for 2021/22 were still in the process of being completed.

3.2 Argyll & Bute Council have a section on their web site which provides details on their approach to sustainability more widely as well as carbon reduction:

https://www.argyll-bute.gov.uk/sustainable-development-and-climate-change

They report a 27% reduction in emissions over the past 5 years and lay out a £1.2m investment plan to deliver on the net zero by 2045 goal. Several of the projects undertaken by the council will have a positive impact on emissions generated by HSCP activities. For example, these seek to reduce energy consumption and emissions relating to office accommodation, invest in the electric fleet and charging points and in renewable energy sources to power ICT infrastructure.

3.3 NHS Highland have also reported reduced carbon emissions. A recent Scottish Government summary indicates carbon emissions reported by NHS Highland reduced by 2.97% in 2021/22 in comparison with the prior year, slightly better than average for Health Boards in that year. Since 2015/16 NHS Highland have reported a 23% reduction which is below the average reduction made by Health Boards at 28.8%. A large proportion of this reduction is due to the improvement in the national electricity generation grid mix over this period. Their total (27,669 tonnes CO2) includes all the NHS sites within Argyll and Bute.

3.4 The Argyll & Bute IJB and HSCP does not have responsibility or delegated budget for capital investment. This has made it difficult for it to prioritise carbon reduction projects. Carbon emissions predominately relate to energy usage within buildings with travel and transport being the second focus of attention. Insufficient investment in the estate overall has impacted on the suitability and standard of buildings as well as their energy efficiency performance. The HSCP has taken a lead in progressing a number of projects including:

- Electrification of the Argyll and Bute HSCP fleet. Currently 36 vehicles are electric / zero emissions with orders place for a further 56. This will take the total to 28% of the fleet being electric within the next year and £118k of additional budget has been allocated for the cost of this;
- Direct funding secured for increasing electric vehicle charging points by 30 during 2023/24;
- Innovative project to pilot the use of drones in remote and island areas;
- Supporting increased use of remote / home working for patients, clients and staff;
- Business case submitted to implement a biomass generator at the Campbeltown Community Hospital; and
- Working with partners to consider feasibility of direct energy generation in Lochgilphead.

Additionally the HSCP has recognised that its approach to the management of its infrastructure and estate requires improvement and it is in the process of recruiting a Senior Estates Development and Sustainability Manager. It is intended that the addition of this post to the management team structure will provide additional capacity and expertise to work with partners on Estates

development and sustainability. The return seeks to outline some of the pro-active steps being taken by the HSCP as well as highlighting the lack of specific resource allocations to progress this agenda.

4. RELEVANT DATA AND INDICATORS

4.1 IJB Carbon emissions reporting places reliance on data provided by Argyll and Bute Council and NHS Highland.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Addressing climate change is a Scottish Government priority and their declaration of a climate emergency underlines their commitment. Specific and ambitious targets have been set and the HSCP is seeking to contribute to these where it can within the resources it has available.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the HSCP has very limited financial resources available to it to progress this agenda. It does not have delegated responsibility for capital budgets or investment.

6.2 Staff Governance – None

6.3 Clinical Governance - None

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 None

9. RISK ASSESSMENT

9.1 The steps outlined in this report are intended to provide assurance of the actions being taken by the HSCP to reduce emissions, comply with the requirement to submit a climate change report and ensure it is perceived as being pro-active within the resources it has available to it. There remains a risk that the HSCP and / or its partners are perceived as not taking sufficient action to address climate change. Likewise there is a risk that the focus of financial and management resource on carbon reduction adversely impacts on resources available to support other priorities.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 The Climate Change submission will be made publicly available in due course.

11. CONCLUSIONS

11.1 This report provides a draft Climate Change report and seeks IJB approval for its submission. It also outlines the reliance that the IJB places on both of its partners and the positive steps being taken by the HSCP to contribute to carbon reduction within the resources available.

12. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

AUTHOR NAME: James Gow, Head of Finance and Transformation

EMAIL: james.gow@argyll-bute.gov.uk

APPENDICES:
Appendix 1: Draft Climate Change Report

Public Bodies Climate Change Duties Compliance Reporting Template 2021/22
Pre 2010 Excel version

1.Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

1. Please save-as this workbook with your organisation's name in the title before completing
2. Question 1f must be completed
3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
4. Hybrid/homeworking emissions - please include an estimate of emissions associated with hybrid/homeworking in the designated row provided in table 3b
   In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
5. Local Authorities completeing the recommended tab should select their local authority region at the top of the sheet
   and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

Public Bodies Report on Compliance with Climate Change Duties 2022 Template

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Argyll & Bute Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

3 THIS MUST BE COMPLETED

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			See NHS Highland and Argyll & Bute Council Returns
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
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Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
£313,048,000	Budget delegated by Argyll & Bute Council and NHS Highland

1f Report type

Specify the report year type

Report type	Report year comments
Financial	1 April 21 to 31 March 22

THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Argyll & Bute Integration Joint Board has delegated responsibility for all Health and Social Care Service delivery within the Argyll & Bute area. As with all Integration Joint Boards, the Health and Social Care Partnership does not directly employ staff or own assets and therefore it submits a 'nil' return to avoid double counting. It has two 'officers' who are employed by partners, the Chief Officer and the Chief Finance Officer - these are noted as the two staff. Its carbon emissions are reported by its two partners, NHS Highland and Argyll & Bute Council. The HSCP is the delivery function does recognise that its activities contribute to carbon emissions and is pro-active in taking steps to manage down emissions relating to travel, transport and buildings in partnership with its two partners.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

The governance associated with climate change in the IJB is delivered through the partnership and is primarily led by NHS Highland and Argyll & Bute Council. The key identified drivers of carbon emissions associated with HSCP activities are those which relate to energy consumption at our premises and carbon emissions relating to our staff travel and our vehicle fleet. These are included within the totals reported by NHS Highland and Argyll & Bute Council. Responsibility for capital assets and investment in these sits with the partners. The HSCP is pro active in contributing to carbon reduction projects and is taking a lead particularly with the electrification of its fleet, installation of electric vehicle charging points and an innovative pilot project which is seeking to identify how drones can be used to transport items such as laboratory samples and drugs to remote and island locations. The IJB considers the climate change report, relevant reporting from partners. The HSCP intends to develop its own strategic approach to management of its Estate with a view to increasing investment allocated to HSCP used premises and improving their environmental performance. The IJB have also approved the Digital Strategy which includes specific targets in respect of Technology Enabled Care and increased use of remote working. This relates to both how we engage with and deliver services to people in the communities we serve as well supporting remote and hybrid working for our corporate and governance support services.

<Insert Diagram Here or Attach File>

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

As above, the main drivers of climate emissions relate to our buildings and infrastructure, our fleet and staff travel. The Head of Strategic Planning, Technology and Perfomance has responsibility for the vehicle fleet and the digital strategy. These are led within the HSCP but are still heavily dependent upon both partners for investment. These strands seek to minimise staff and patient travel where appropriate, partly to reduce carbon emissions. The HSCP is prgressing well in the electrification of its vehicle fleet to reduce the carbon emissions associated with essential travel and transport. The Head of Finance & Transformation has responsibility for the local Estates Function to ensure that the Estate is well utilised and development and maintenance plans are in place which are aimed at ensuring building performance is being managed and improved. Investment and the strategic mangement of the Estate was not delegated to the IJB and therefore it is required to work in partnership with NHS Highland and Argyll and Bute Council in this regard.

<Insert Diagram Here or Attach File>

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
Implement the new Eclipse IT System	Joint Strategic Plan 2022-25	https://www.nhshighland.scot.nhs.uk/media/phxd2/bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf
Join up HSCP Teams by improving data sharing and	Joint Strategic Plan 2022-25	https://www.nhshighland.scot.nhs.uk/media/phxd2/bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf
Expand Electric Vehicle Charging points by 30	Joint Strategic Plan 2022-25	https://www.nhshighland.scot.nhs.uk/media/phxd2/bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf
Complete final phase of Drone Pilot	Joint Strategic Plan 2022-25	https://www.nhshighland.scot.nhs.uk/media/phxd2/bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf
Identify Estate Rationalisation opportunties as pa	Joint Strategic Plan 2022-25	https://www.nhshighland.scot.nhs.uk/media/phxd2/bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Not at present, it is currently placing reliance upon the plans of NHS Highland and Argyll & Bute Council and the legal duties placed upon them to manage and report on carbon emissions. The HSCP plans to introduce a new role to its own management structures to improve strategic planning in respect of Estates and this will incorporate responsibility for addressing climate change and the sustainable development goals.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				
Business travel	joint strategic plan		2022-25	
Staff Travel	joint strategic plan		2022-25	
Energy efficiency				
Fleet transport	joint strategic plan		2022-25	
ICT	Digital Strategy		2022-25	
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (please specify in comments)				
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2f **What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Development of an Estates Strategy
Disaggregation of NHS Highland & Argyll & Bute Carbon Reporting Data
Improved reporting to UB
Increased funding for investment in electric fleet
Increase in management capacity for Estates Projects and Developments

2g **Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?**

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

No - it is not resourced to do this at present and places reliance on partners.

Further information

2h **Supportive information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The UB requires additional specific funding to enable it to respond to the Climate Change / Sustainable Development agenda in a strategic way. This is required to improve governance, planning and reporting and would also accelerate carbon reduction priorities as the HSCP would be in an improved position to work with its key partners on carbon reduction projects.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO_2e	
Year 1 carbon footprint	0	Financial				-	tCO_2e	
Year 2 carbon footprint	0	Financial				-	tCO_2e	
Year 3 carbon footprint	0	Financial				-	tCO_2e	
Year 4 carbon footprint	0	Financial				-	tCO_2e	
Year 5 carbon footprint	0	Financial				-	tCO_2e	
Year 6 carbon footprint	0	Financial				-	tCO_2e	
Year 7 carbon footprint	0	Financial				-	tCO_2e	
Year 8 carbon footprint	0	Financial				-	tCO_2e	
Year 9 carbon footprint	0	Financial				-	tCO_2e	
Year 10 carbon footprint	0	Financial				-	tCO_2e	
Year 11 carbon footprint	0	Financial				-	tCO_2e	
Year 12 carbon footprint	0	Financial				-	tCO_2e	
Year 13 carbon footprint	0	Financial				-	tCO_2e	
Year 14 carbon footprint	0	Financial				-	tCO_2e	
Year 15 carbon footprint	0	Financial				-	tCO_2e	

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO2e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year: 2021 — The emission factor year is auto-assigned based on your answer to Q1f, if it is incorrect please contact SSN.

User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.ac.uk.

Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO_2e)	Comments
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Remote/home-working emissions	Scope 3		percentage of total FTEs remotely/home-based	0.30000	tCO2e/FTE/annum	-	
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3c **Generation, consumption and export of renewable energy**

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricty		Renewable Heat		
	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	Comments
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Targets

3d **Organisational targets**

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included. Where applicable, you should also provide the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against target	Comments
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3da **How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?**

Provide any relevant supporting information

It is allocating additional resources to fund the increased cost of leasing electric vehicles, £118k for next year.
Additional resource is being allocated to develop property replacement business cases and a business case to support the installation of a biomass boiler at our Campbeltown Community Hospital.

3db **How will the body publish, or otherwise make available, it's progress towards achieving its emissions reduction targets?**

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

The HSCP is placing relinace on Climate Change reporting by its two partners, NHS Highland and Argyll & Bute Council. It is seeking to develop its own approach as described in the Governance section.

Projects and changes

3e **Estimated total annual carbon savings from all projects implemented by the body in the report year**

If no projects were implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
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3f **Detail the top 10 carbon reduction projects to be carried out by the body in the report year**

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO_2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO_2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
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3g **Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year**

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Total		-	

3h **Anticipated annual carbon savings from all projects implemented by the body in the year ahead**

If no projects are expected to be implemented against an emissions source, enter "0".
If the organisation does not have any information for an emissions source, enter "Unknown".
If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
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Total	-	

3i **Estimated decrease or increase in emissions from other sources in the year ahead**

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Total		-	

3i **Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint**

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO_2e)	Comments
Total project savings since baseline year		

Further information

3k **Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

Current local projects include:
Electrification of the vehicle fleet
Development of business case for introduction of biomass at Campbeltown Community Hospital
Argyll & Bute Council and NHS Highland undertaking a number of additional projects to reduce emissions across the area, including introduction of solar panels and other energy efficiency schemes. The impact of all of these projects is reported by these partners.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 4 Adaptation

Assessing and managing risk

4a **Has the body assessed current and future climate-related risks?**
If yes, provide a reference or link to any such risk assessment(s).

Not specifically - weather and climate related factors are included in Estates development plans.

4b **What arrangements does the body have in place to manage climate-related risks?**
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

none at present

Taking action

4c **What action has the body taken to adapt to climate change?**
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme(2) ("the Programme").

None

4d **Where applicable, what contribution has the body made to helping deliver the Programme?**
Provide any other relevant supporting information

None

Review, monitoring and evaluation

4e **What arrangements does the body have in place to review current and future climate risks?**
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

None

4f **What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

none

Future priorities for adaptation

4g **What are the body's top 5 climate change adaptation priorities for the year ahead?**
Provide a summary of the areas and activities of focus for the year ahead.

At present the IJB is reliant upon Argyll & Bute Council and NHS Highland, it is not presently resourced to undertake this work.

Further information

4h **Supporting information and best practice**
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The LIB seeks to comply fully with Scottish Public Sector Procurement legislation and guidance. It places reliance upon the systems and processes of Argyll & Bute Council and NHS Highland in this regard.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

The LIB has sought to encourage shared use of vehicles and premises with key partners, partly to manage carbon emissions.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART E Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The HSCP places reliance on NHS Highland and Argyll & Bute Council as they report carbon emissions on behalf of the HSCP.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

as above

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

None

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

The LIB places reliance on NHS Highland and Argyll & Bute Council as they report carbon emissions on behalf of the HSCP. It is not resourced to take a lead on this at present.

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	James Gow
Role in the body:	Head of Finance & Transformation
Date:	11/11/2022

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

Q1) Historic Emissions (Local Authorities Only)
Please indicate emission amounts and unit of measurement in a tCO2e I and years. Please encode information on the followine comscments usine data from the links assoided below. Please use (1) as the default unless tarsets and actions relate to (2).
Please note : These statistics cover territorial emissions of carbon dioxide (CO2), methane (CH4) and nitrous oxide (N2O), although not fluorinated gases, which are also included in the UK territorial greenhouse gas emissions statistics. Prior to the 2005 to 2010 publication the statistics covered emissions of carbon dioxide only
(1) UK local and national CO2e emissions: **subset dataset** lemissions within the scope of influence of local authorities):
(2) UK local and regional CO2e emissions: **full dataset**:
https://data.gov.uk/dataset/723c243d-2f1a-4d27-8661-cdfd8d1b2ff5/emissions-of-carbon-dioxide-for-local-authority-areas

Local Authority (Please State):	Please select from drop down box
BEIS Dataset (full or sub-set):	Please select from drop down box

Source	Sector	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Units	Comments
BEIS Sectors	Total Emissions													tsCO2e	
	Industry and Commercial													tsCO2e	
	Unallocated													tsCO2e	
	Transport total													tsCO2e	
	Per Capita													tsCO2e	
Other Sectors	Please select from drop down box													Please select from drop down box	
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2a) Targets
Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target	Target/End year	Saving in latest year measured	Latest Year Measured	Comments
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2b) Does the organization have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions
Please detail any of the specific policies and actions which are underway to achieve your emission reduction targets

Sector	Start year for policy/action implementation	Year that the policy/action will be fully implemented	Annual CO_2 saving once fully implemented (tCO_2)	Latest Year measured	Saving in latest year measured (tCO_2)	Status	Metric/indicators for monitoring progress	Delivery Role	During project/policy design and implementation, has CBA or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity.	Value of investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy/Action	Comments
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Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communications and Capacity Building
Please detail your Climate Change Partnership, Communication or Capacity Building initiatives below.

Key Action Type	Description	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
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Other Notable Reportable Activity

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments
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Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: **23 November 2022**

Title of Report: **Budget Monitoring – 6 months to 30 September 2022**

Presented by: **James Gow, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- Note that there is a relatively small forecast revenue overspend of £737k as at 30 September 2022 and that it is anticipated that the HSCP will be able operate within available resources in the current year.
- Note progress with the savings programme and confirmation of £3.3m in savings delivered, 55% of target.
- Note that earmarked reserves of £4.7m have been committed.
- Note that the net cost of the revised local authority pay offer is not confirmed but will add a further cost pressure to Social Work Budgets.
- Note that the Scottish Government are in the process of clawing back Covid Reserves (circa £2.5m) and have reduced the Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 September 2022 and provides a forecast. It updates on the delivery of savings programme and reserves. This report was considered by the Finance and Policy Committee at its meeting on 28 October.

1.2 The forecast is a relatively small overspend of £737k, it is anticipated that this can be managed through the use of unallocated resources, slippage on growth projects and vacancies. The forecast is based on a number of assumptions and there are risks associated with it. Financial Risks are reported in detail to the Finance and Policy Committee and are summarised in this report.

1.3 The Scottish Government have indicated that they intend to clawback Covid reserves and have reduced Primary Care Improvement Programme funding. This reduces the resource previously understood to be available to the HSCP (by over £5m). At the time of writing, emergency budget announcements are expected and these may have further consequences for the financial position of the HSCP in the current year.

2. INTRODUCTION

2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 30 September 2022. Information is provided in respect of the year to date position and the forecast outturn.

3. DETAIL OF REPORT

3.1 6 Months to 30 September 2022

The table below summarises the position for the first half of the year. The temporary issues associated with the implementation of the new ledger system within the Council are now resolved. For Council services the year to date figure is reported on a cash basis whereas the Health figures are on an accruals basis. Appendix 1 provides an analysis of the variances.

Service	Actual £000	Budget £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	34,635	36,619	1,984	5.4%
HEALTH SERVICES TOTAL	114,530	114,267	-264	-0.2%
GRAND TOTAL	**149,165**	**150,886**	**1,720**	**1.1%**

3.1.1 For Social Work budgets the main area of concern continues to be high demand and spend on the Learning Disability budget and the implications of the pay offer.

3.1.2 For Health Service budgets, a small overspend of £264k is reported. The main drivers include slippage in delivering savings and:

- agency medical staffing LIH £457k
- agency Nursing & Physio LIH £364k
- non-pay inflation on GGC SLA £229k
- agency medical staff OLI out of hours £151k
- increased PFI interest charges £121k
- out of area eating disorders patient £114k

The overspends are partly offset by non-recurring savings, mainly vacancies.

3.2 Forecast Outturn

3.2.1 The forecast is summarised below, with further detail provided in appendix 2.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	88,470	88,734	-264	-0.3%
HEALTH SERVICES TOTAL	232,929	233,402	-473	-0.2%
GRAND TOTAL	**321,399**	**322,136**	**-737**	**-0.2%**

The forecast adverse variance is of some concern, however, at present the HSCP has unallocated resource available and slippage on some funding streams which can be used to cover the overspend and no immediate further actions are proposed. There is concern in respect of pay increases and the level of any additional funding support to cover the winter period. The main focus at present is delivery of the exiting savings programme. However, the approach may need to change should the forecast deteriorate further.

3.2.2 Within Social Work there are three areas of concern:

1. Learning Disability - overspend of £1.4m forecast. This is due to increasing demand and costs of care packages and is now subject to detailed analysis. For example, the number of individuals requiring support at a cost of over £100k has increased from 57 in February to 64 and the cost of such packages has increased by £1.5m to £9.3m. There is a process underway to recruit a specialist member of staff to undertake a review of these, this process is not realistically expected to address the issue in the current year. Additional funding was allocated in the 2022/23 budget and some previous savings targets were also removed.

2. Sustainability of Providers – in addition to the issue with the Kintyre Care Centre (KCC), we are in a position whereby Care at Home services are coming under increasing financial pressure and providers are requesting additional support. The HSCP is currently working on plans to provide this by using some of its winter pressure funding on the basis that failure to support care at home services will result in increased delayed discharges and pressures on the NHS more widely. The proposals are aimed at reducing reliance on agency staff and reducing levels of unmet need. Changes to working practises are also planned to ensure that resources are deployed more efficiently and effectively. The impact of these proposals is provided for in the forecast.

3. Local Authority Pay – the cost of the revised offer is estimated at £1.4m over and above the public pay policy assumption made when the budget was prepared. The funding arrangements are uncertain at the time of writing but there will be a gap for HSCPs and Councils, this is highlighted in the financial risks report at around £400k net of the small advantage associated with the reversal of the employer national insurance increase and the impact of vacancies. This is not yet incorporated in the above forecast.

There are expected to be further non-recurring vacancy savings, slippage on spend programmes and the current forecast is a small overspend. It is anticipated that this can be managed by use of reserves and funding not yet allocated to services.

3.2.3 The Health forecast is a small overspend of £473k. Appendix 2 provides details at service level. The key area of concern relates to spend on hospital services, driven by the steps that are being taken to stabilise staffing at Lorne and Islands Hospital. Recruitment continues to be a challenge, however, given the level of pressure on services nationally we are accepting that increased spend is required to maintain services and avoid increasing pressures elsewhere in the system.

3.2.4 The forecast takes account of anticipated shortfalls against recurring savings targets and emerging cost pressures with an expectation that these will be largely, but not fully, offset by non-recurring savings and underspends. It is assumed within the forecast that all additional costs associated with our direct response to Covid-19 and for both the Covid Booster & Flu Vaccination Programmes will be fully funded from IJB held Covid reserves.

	Annual Budget (£'000)	Forecast Outturn (£'000)	Forecast Variance (£'000)	Explanation
Health Services	232,929	233,402	(473)	Hospital staffing, inflation and expected slippage with savings.

3.2.5 In summary, with six months of the financial year remaining, there is sufficient scope for to address the modest forecast year-end overspend and deliver a break-even outturn position. The intention is to continue to ensure that the HSCP operates within the resources available to it, delivers on the savings programme and increases capacity where it can within its growth funding. Further UK and Scottish Budget announcements are anticipated in the coming weeks, these announcements may change our understanding of the resource available this year and it is therefore possible that the approach taken to financial management may need to change as a result.

3.3 Savings Delivery

3.3.1 The service improvement Team, finance teams and management continue to progress, monitor and report on savings projects. As at the end of September, £3.3m (55%) of the £6m target has been achieved, an increase of £548k in September:

2022/23 Savings	Target £'000	Year to 30 September 2022 Achievement £'000	Balance £'000	Achieved %
Fully Achieved	2,629	2,629	0	
Remaining Programme	3,373	695	2,678	
Total	**6,002**	**3,324**	**2,678**	**55%**

3.3.2 Appendix 3a lists the projects that have been fully delivered. The projects which are declared on a non-recurring basis will be addressed as part of the capital project at Cowal Community Hospital. Appendix 3b provides detail on the remaining balance of £2.7m, risk rated:

Savings Perceived as Low Risk	£229k	
Savings anticipated to be difficult to achieve in full in 2022/23	£1,733k	
Savings unlikely to be deliverable in 2022/23	£716k	

3.3.3 It is not proposed that the IJB are asked to consider the removal of projects from the plan at present. The appendix provides a brief explanation on progress.

3.3.4 One of the biggest challenges relates to the Cowal Community Hospital project, this is being project managed by NHS Highland and is subject to delay and

additional costs. Currently the best outcome will be for construction work to start in January for May completion. Engagement with the local community also requires to be progressed in the coming months. Further, we are working with Argyll and Bute Council to identify additional resource to support the work on catering, cleaning and hotel services. Slippage with these projects is expected to continue in the meantime.

3.3.5 Overall good progress has been made in delivering savings programmes. Slippage will be covered by non-recurring savings and the forecasts now take this into account.

3.4 Earmarked Reserves

3.4.1 The IJB carried forward earmarked reserves of £21.2m at the end of financial year 2022/23. During the first 6 months £4.7m has been committed to specific projects.

3.4.2 The Scottish Government recently confirmed that they intend to claw back the balance of the Covid Reserve that will not be spent by the end of the year. This is estimated at £2m. Further, they have confirmed that our 22/23 allocation of Primary Care Improvement Funding (PCIF) has been reduced by the totality of our reserves. This has reduced the funding available to the HSCP to progress as intended and delays / cancellation of some planned aspects of the programme are the consequence of this. The HSCP has written to officials in the Scottish Government to express our disappointment with their formulaic approach to this, which has been applied to all HSCPs.

3.4.3 Plans are in place in respect of the majority of the remaining reserves. The General Reserve (£682k) for service transformation is fully allocated:

- LD Restructuring £220k (spent)
- Purchase of KCC £300k; and
- Completion of Lochgilphead staff accommodation £150k.

Appendix 4 provides a summary of the firm commitments funded by reserves.

4 RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of both partners.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration Joint Board has a responsibility to set a balanced budget which is aligned to the Strategic Plan. It is required to ensure that financial decisions are in line with Strategic Priorities.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn positon is an overspend of £737k. It is anticipated that the HSCP will be able to manage this during the remainder of the year. There are governance implications for the IJB relating to the clawback of previously earmarked reserves and the implications for planned spend and service development.

6.2 Staff Governance – None directly from this report but there is a strong link between HR management and delivering a balanced financial position.

6.3 Clinical Governance – the in-year reduction in resources to support Primary Care Improvement may have Clinical Governance implications.

7. PROFESSIONAL ADVISORY

7.1 Professional Leads have been consulted with in respect of the implications of the budget and savings programme.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None.

10 RISK ASSESSMENT

10.1 There are a number of financial risks which may impact on the forecast, reported separately. There is a high risk that funding streams will be reduced whilst significant reserves are held. NHS Highland also continue to experience a particularly challenging financial situation in 2022/23. Additionally, there is risk associated with the stability of the public finances, further emergency budget announcements are expected which may have implications for the current year. The table below summarises the most recent review of financial risks:

Likelihood / Range	Remote	Unlikely	Possible	Likely	Almost certain	Total
£100k - £300k			1	1		**2**
£300k - £500k		1		1	2	**4**
£500k - £1.5m			1	1	1	**3**
>£1.5m						**0**
Total	**0**	**1**	**2**	**3**	**3**	**9**

By applying the likelihood weightings, there are currently two risks quantified at £500k or more, these relate to the potential for pay agreements in 2022/23 not being fully funded and the risk that costs will continue to escalate beyond budget due to on-going inflationary pressure. The total potential value of the identified risks sits at £2.5m.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None directly from this report, engagement on activities relating to savings and transformation forms part of the project plans where appropriate.

12. CONCLUSIONS

12.1 This report provides a summary of the financial position as at the end of Month 6. A relatively small overspend against budget is forecast, it is anticipated that the position can be managed during the remainder of the year. However, significant risks are highlighted and these include the funding of known pay increases for Social Work staff, the NHS pay award and funding along with anticipated emergency budget announcements. The HSCP may be required to take action to manage its financial position in the current year in the event that these impact further (unfavourably) upon our understanding of the resources available to us and the cost pressures we face.

12.2 Good progress has been made in delivering 55% of the savings programme although challenges have been identified. Progress has also been made in moving forward with projects which are funded by reserves. However, the approach taken by the Scottish Government to clawback and substantially reduce previously allocated funding has significant strategic, operational and financial implications. At present these primarily relate to the Primary Care Improvement programme and the availability of Covid funding beyond the end of the current year. Continued action to address delayed discharges, the vaccination programme and efforts to increase capacity in advance of the winter are likely to add to financial pressures and spend later in the year, no new funding has been confirmed to date.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Year to Date Position
Appendix 2 – Forecast Outturn for 2022-23
Appendix 3a – Fully Achieved Savings
Appendix 3b – Live Savings Programme
Appendix 4 – Earmarked Reserves

AUTHOR NAME: James Gow, Head of Finance and Transformation
EMAIL: james.gow@argyll-bute.gov.uk

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 1**

REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 30 SEPTEMBER 2022

Reporting Criteria: +/- £50k or +/- 10%

For information:
The Council don't do monthly based accrual accounting, whereas Health do.
On the Council side, there may be a mismatch between year to date actual and budgets, due to timing differences as to when invoices are paid.
Health do monthly based accrual accounting, therefore, you should see a correlation in the year to date position and the year end outturn position.

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	886	1,519	633	41.7%	Variance due to underspends on centrally held funds (£340k) and over-recovery on vacancy savings (£160k) combined with additional Covid-19 income for lost charges to clients.
Service Development	211	205	(6)	(2.9%)	Outwith reporting criteria.
Looked After Children	3,187	3,508	321	9.2%	Underspends in Adoption and Fostering due to demand combined with underspends on residential placements and additional income in the Hostels for provision of meals and in Supporting Young People Leaving Care from the Home Office for UASC.
Child Protection	1,290	1,292	2	0.2%	Outwith reporting criteria.
Children with a Disability	363	404	41	10.1%	Underspend due to timing of invoices.
Criminal Justice	69	113	44	38.9%	Underspend is as a result of staff turnover and vacancies.
Children and Families Central Management Costs	1,297	1,353	56	4.1%	Underspend is as a result of timing of invoices for rental costs combined with additional funds from reserves drawdown to offset additional costs.
Older People	17,023	18,188	1,165	6.4%	There are overspends on staffing in homecare and residential units, offset by income collected for homecare, care home placements and residential care and the drawdown from reserves to offset homecare agency costs.
Physical Disability	1,666	1,636	(30)	(1.8%)	Outwith reporting criteria.
Learning Disability	7,129	6,713	(416)	(6.2%)	Overspend is due to demand and costs for services within Supported Living.
Mental Health	1,214	1,378	164	11.9%	Underspend is as a result of vacancies combined with timing of payment for addictions contracts. This is partially offset by demand for services within Supported Living.
Adult Services Central Management Costs	300	310	10	3.2%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	**34,635**	**36,619**	**1,984**	**5.4%**	
HEALTH SERVICES:					**Explanation**
Community Services & Community Hospitals	20,193	19,870	(324)	(1.6%)	Overspend due to agency staffing costs and unachieved savings
Acute & Complex Care	17,774	17,170	(604)	(3.5%)	Overspend due to agency medical and nurse staffing, unachieved savings
Children & Families Services	3,968	4,110	142	3.4%	Underspending is due to vacancies within the service.
Commissioned Services - NHS GG&C	35,734	35,443	(291)	(0.8%)	Outwith reporting criteria.
Commissioned Services - Other	2,125	2,157	31	1.5%	Outwith reporting criteria.
Primary Care Services inc Dental	12,275	12,370	95	0.8%	Underspend due to vacancies mainly within dental services
Other Primary Care Services	5,686	5,686	(0)	(0.0%)	Outwith reporting criteria.
Prescribing	10,428	10,359	(70)	(0.7%)	Unachieved savings & short supply of specific drugs

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
Public Health	1,087	1,093	6	0.5%	Outwith reporting criteria.
Lead Nurse	721	779	59	7.5%	Underspend is due to temporary vacancies
Management Service	(274)	(253)	22	(8.7%)	Outwith reporting criteria.
Planning & Performance	1,355	1,267	(89)	(7.0%)	Unachieved savings
Budget Reserves	0	675	675	0.0%	Unachieved centrally held savings
Income	(1,175)	(937)	238	(25.4%)	Over recovery of income due to an increase in number of visitors requiring emergency hospital treatment
Estates	4,633	4,478	(155)	(3.5%)	Overspend is due to inflation on cost of utilities and PFI charges
HEALTH SERVICES TOTAL	**114,530**	**114,267**	**(264)**	**(0.2%)**	
GRAND TOTAL	**149,165**	**150,886**	**1,720**	**1.1%**	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING FORECAST OUTTURN - AS AT 30 SEPTEMBER 2022

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	4,967	3,478	1,489	30.0%	Underspend on centrally held funds (£900k) combined with forecast over-recovery on vacancy savings (£558k) and additional Covid-19 funding to adjust for lost income from clients (£33k).
Service Development	440	432	8	1.8%	Outwith reporting criteria.
Looked After Children	7,640	7,296	344	4.5%	Underspend reflects demand for Fostering and Adoption services combined with demand for Residential Placements as well as over-recovery of income across Supporting Young People Leaving Care for UASC activity from the Home Office.
Child Protection	3,276	3,256	20	0.6%	Outwith reporting criteria.
Children with a Disability	920	909	11	1.2%	Outwith reporting criteria.
Criminal Justice	88	79	9	10.2%	Underspend due to staff turnover and vacancies.
Children and Families Central Management Costs	3,179	3,207	(28)	(0.9%)	Outwith reporting criteria.
Older People	43,618	44,114	(496)	(1.1%)	Overspend reflects demand for Care Home Placements (£668k) and Respite (£161k). Partially offset by a forecast underspends across Homecare (£313k) based on current known commitments. However, the Homecare underspend of £313k includes a significant forecast overspend on staff costs, including Agency Staff costs (£1.0m) which is being partially covered by funding drawdown from reserves (£700k).
Physical Disability	3,359	3,527	(168)	(5.0%)	Overspend reflects higher than budgeted demand for services in Supported Living (£69k), Residential Placements (£78k) and Respite (£23k).
Learning Disability	17,304	18,667	(1,363)	(7.9%)	Overspend reflects higher than budgeted demand for services in Supported Living (£693k) and Joint Residential (£559k) combined with slippage in achievement of budget savings (£119k).
Mental Health	3,232	3,343	(111)	(3.4%)	Overspend reflects higher than budgeted demand for services in Supported Living (£18k) and Residential Placements (£92k).
Adult Services Central Management Costs	447	426	21	4.7%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	**88,470**	**88,734**	**(264)**	**(0.3%)**	

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
HEALTH SERVICES:					
Community Services & Community Hospitals	39,884	40,191	(307)	(0.8%)	Overspend due to agency staffing costs and unachieved savings
Acute & Complex Care	34,571	35,819	(1,248)	(3.5%)	Overspend due to agency medical and nurse staffing, unachieved savings
Children & Families Services	8,465	8,215	250	3.0%	Underspending is due to vacancies within the service.
Commissioned Services - NHS GG&C	70,885	70,885	0	0.0%	Outwith reporting criteria.
Commissioned Services - Other	4,256	4,387	(130)	(3.0%)	Outwith reporting criteria.
Primary Care Services inc Dental	24,786	24,657	129	0.5%	Vacancies mainly within dental services
Other Primary Care Services	12,254	12,254	0	0.0%	Outwith reporting criteria.
Prescribing	20,895	21,165	(270)	(1.3%)	Overspend due to expected level of unachieved savings.
Public Health	2,040	1,980	60	3.0%	Outwith reporting criteria.
Lead Nurse	1,596	1,508	88	5.8%	Underspend is due to temporary vacancies
Management Service	795	723	72	10.0%	Outwith reporting criteria.
Planning & Performance	2,561	2,656	(95)	(3.6%)	Unachieved savings
Budget Reserves	2,698	1,598	1,100	68.8%	Anticipated slippage on in-year SG allocations
Income	(1,788)	(1,888)	100	(5.3%)	Increase in number of visitors requiring emergency hospital treatment
Estates	9,029	9,251	(222)	(2.4%)	Increases in cost of utilities and PFI charges
HEALTH SERVICES TOTAL	**232,929**	**233,402**	**(473)**	**(0.2%)**	
GRAND TOTAL	**321,399**	**322,136**	**(737)**	**(0.2%)**	

Appendix 3a - 2022/23 Fully Complete Savings

Ref.	Savings Description	Target £' 000
Social Work		
2021-7b	Review of provisioning of day services and remodel considering options of greater third sector involvement aiming for 10% reduction in cost, several targets under this project have been amalgamated.	145
2021-32	Review housing support services and remove where not required for LD and PD clients - several targets under this project have been amalgamated.	86
2122-01	C &F Align business model for staffing for the 3 children's homes	6
2122-03	C&F - Do not replace independent chair of panel	2
2223-22	Older Adults - Remove current year underspend and anticipated unfunded growth from budget.	390
2223-23	Older Adults - Funding to cover care home contract uplift.	193
2223-11	MH - Reduction in value of 3rd Party Contract	10
2223-12	C&F Shift the balance of care across fostering, kinship and out of area residential placements.	100
2223-13	C&F - Redesign and review of Justice services to become fully funded by specific grant.	60
2223-15	C&F - Printer and Paper cost reduction	4
2223-16	Day Services - Internal Staffing	20
2223-20	LD&PD Transport costs - Day Services.	12
2223-21	Corp - Hold programme manager post vacant.	76
2223-10	Corp - Additional non-recurring vacancy savings to be removed from budget in year as they arise.	250
Health		
1920-38b	Lorne & Islands Hospital staffing	21
2122-10	Redirect Oban Integrated Care Funding to pay for day responder service as in other areas	14
1819-44	Advanced Nurse Practitioners - Oban	14
2122-36	Campbeltown hospital patients travel £30k	30
2223-3	MH - Review of specific high cost care packages.	115
2223-4	Ensure that funding for pay rate uplifts are passed through to Health Budgets	50
2223-24	Primary Care -Ensure national funding is fully utilised to cover eligible costs - Denistry.	22
2223-26	Public Health - Review of Living Well grants	18
2223-6	Estates - Reduce Energy Usage	60
2122-37	Campbeltown hospital catering	2
2223-2	Corp - Additional non-recurring vacancy savings to be removed from budget in year as they arise.	750
2223-25	Public Health -Reduce specific engagement budget which is now subsumed into mainstream PH activities	9
Declared on non-recurring basis at present:		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2021-29	Dunoon Gum clinic - underspend	20
		2,629

Appendix 3b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M6 £' 000	Remaining £' 000	RISK	NOTES
Social Work						
2122-11	Remove funding for all lunch clubs	29	22	7		Saving declared last year non-recurring, expect to declare in 2022/23
1819-19b	Review and Redesign of Learning Disability Services - Sleepovers and Technology Argyll Wide	50	31	19		Member of staff now appointed to progress
2122-15b	End grants paid to link clubs, some of which are no longer providing services	2		2		
2223-18	Increased utilisation of new housing capacity for service users.	31		31		Dunbeg project complete, full savings target expected in 2023/24 - no further action required.
1819-33	Catering, Cleaning and other Ancillary Services	71		71		Catering related project - proposal to work with Argyll & Bute Council under development
2223-17	Reduce the number of individual sleepovers and utilise TEC	78	18	60		Project underway - Expecting half of target to be declared in Q3 and full target in 2023/24, no further action required.
TBC	MH/LD/PD	225		225		Specific projects still to be developed
2223-19	Implement reviews of care packages to ensure these are equitable across the area and transition to older adult care packages were appropriate	80		80		Project delayed as staffing resource has been deployed to assist with severe service pressure and unmet need in Oban area
2122-02	Carry out hostel review to achieve best value in admin and catering	23		23		Changes to contracts to be phased in to reduce term time contracted weeks - expect saving to be delivered by August 2023 per SLT decision to phase contract changes.
Health						
2021-1	Mental Health redesign of dementia services	200	100	100		Declared on a non-recurring basis last year, structure to be confirmed and expect to declare in 22/23.
2122-35	Mid Argyll hospital removal of surplus budgets on hotel services £20k, comms £4.3k; GMS out of hours £2k; equipment £1.5k	4		4		Small balance to be declared
2122-33	centralise lab ordering £20k and theatre stock ordering £5 along with North Highland	20		20		Expect to declare in 22/23
2122-43	Oban Patient travel £25k; staff travel £10k	10		10		Expect to declare in 22/23
2122-60	Planning & Performance team - reduce budget for travel & printing £3k; Consultant Travel £10k	10	5	5		Expect to declare in 22/23
2122-38	Campbeltown hospital sundry underspends comms £6k; portering £1; pharmacy £6k; general management discretionary £5k, transport £2k; GMS out of hours £1.5k	13		13		Expect to declare in 22/23
2122-42	Islay: saving on local outreach clinics and accommodation through more remote clinics	15		15		Expect to declare in 22/23
2223-27	Children & families	130	112	18		Plan in place for balance of saving, low risk
2122-32	1% general efficiency requirement across all hospital budgets	186	170	16		Small balance to be declared
1819-32	Catering & cleaning review	20		20		Catering related project - proposal to work with Argyll & Bute Council under development
2021-2	Standardise procurement of food across all sites and expansion in conjunction with Council for early years	69		69		Catering related project - proposal to work with Argyll & Bute Council under development
2021-19	Redesign of hotel services to reflect reduction in inpatient numbers	99		99		Catering related project - proposal to work with Argyll & Bute Council under development
2021-23	Catering & domestic - spending below budgets	30		30		Catering related project - proposal to work with Argyll & Bute Council under development
2122-46	Helensburgh outreach clinics £8k; casualty payments £14k,	14		14		Negotiations underway - requires variation to GP contract
2122-30	Introduce more re-use of walking frames and improved procurement of musculo-skeletal supplies	20		20		Work underway to develop project
2021-4a	Admin & clerical general productivity / efficiency enhancement via shift to digital working in 2020/21 and 2021/22	100		100		Project underway
2021-4b	Right size admin budgets Mid Argyll and LIH	27		27		Project underway
2021-20	Centralised booking of medical records - reduction in admin costs	97		97		Project underway
2223-7	Transfer Switchboard Services to Highland Health Board from Glasgow.	54		54		Project underway but delay with transfer to NHS Highland
2223-1	Management and review of prescribing processes and products to ensure best value is being achieved.	589	169	420		Work on-going - saving challenging due to on-going supply chain disruption - £360k of savings identified to date.
1920-4	Review of Service Contracts	20		20		Specific savings to be identified as part of contract management processes
2223-5	Ensure that all staff are deployed to substantive roles within the HSCP staffing structure.	129		129		HR now providing support to progress.
2223-8	1% reduction in hospital budgets.	470	68	402		Approximately half of the target has been identified to date
2021-64	Review of Forensic Medical Examiner Costs - Bute & Cowal and Out of hours	50		50		Negotiations underway - dependent upon Dunoon contract
2223-9	Reduction in Forensic Service Contract costs.	20		20		Negotiations underway
2122-66	Savings from building rationalisation following increase in home working	72		72		Saving is subject to Cowal Community Hospital Capital Project - This has not yet been formally signed off and completion is now April 2023 at best
1920-22	Dunoon Medical Services (see also 2021-16)	100		100		As Above
2021-3	AHP - carry out workforce planning and establishment setting to find efficiencies in posts and realign services provided to match	86		86		Workforce Establishment Setting Underway - this is not now expected to result in a net saving
2021-16	Rationalisation of medical services for Dunoon (adds to 1920-22)	20		20		Subject to Dunoon GMS procurement and capital project
2122-04	Bring back urology services from NHS Greater Glasgow & Clyde and offer from Oban Hospital instead	110		110		Unable to progress as Medical Staffing in LIH is not stable at present.
		3,373	**695**	**2,678**		

669	440	229		Saving perceived as low risk
1,988	255	1,733		Saving anticipated to be challenging to deliver in full within year
716	0	716		Saving now considered unlikely to be deliverable in 2022/23

Appendix 4 - Earmarked Reserves

	Reserves Balance 31 March 22 £	Reserves Allocated M6 £	Balance 30 Sept 2022	
Primary Care Improvement fund	3,061,992	345,700	2,716,292	To be fully utilised in 22/23
Other Primary Care Projects	74,521	6,771	67,750	
Action 15 of the Mental Health Strategy 2017-27	289,661		289,661	
Technology Enabled Care (Near Me)	142,230		142,230	
Additional ADP Funding	185,238	9,300	175,938	
Best Start - Maternity Services (Board re-provision)	86,000	29,000	57,000	
Supporting Improvements to GP Premises	178,441		178,441	
Scotgem Funding	20,701		20,701	
Covid-19 support	10,489,150	2,393,073	8,096,077	Subject to clawback
Childrens Mental Health Services (CAHMS)	645,170		645,170	
Community Living Change Fund	300,000		300,000	
ACT Aros Residences Upgrade	184,200	184,200	-	
Primary Care OOH Funding	231,870		231,870	
Insulin Pumps correction including VAT	70,220		70,220	
ASC Nurse Director Support IPC	61,066		61,066	
Trauma Network Tranche 1 (70%) / Tranche 2 (30%)	62,525	24,500	38,025	
PFG School Nursing Tranche 2	166,783		166,783	
District Nurse Posts	127,015		127,015	
E-health Strategy Funding	72,400	72,400	-	
Perinatal MH Funding	160,679		160,679	
Mental Health Officer Training	28,221		28,221	
Type 2 Diebetes Framework (70%) & (30%)	31,803	31,803	-	
Trauma Training Programme	69,444	5,250	64,194	
Wellbeing Funding	85,028		85,028	
Oban Accomodation	145,000		145,000	
Primary Care Education Fund	250,000		250,000	
Fleet Decarbonisation	86,520		86,520	
Additional Band 2-4 Staffing	258,971	93,000	165,971	
Nursing Support for Care Homes	151,386		151,386	
Remobilisation of Dental Services	89,604		89,604	
Mental Health Facilities	285,284		285,284	
Diabetic Technologies	205,114		205,114	
Waiting Times Funding	497,183	306,600	190,583	
Interface Care Programme	133,032		133,032	
Medical Assisted Treatment Standards	114,114	50,000	64,114	
Psychological Therapies	55,923		55,923	
Inequalities Project	26,369	26,369	-	
Dementia Post Diagnostic Support	66,566		66,566	
Mental Health Funding for Pharmacology	17,869		17,869	
Medical Equipment	128,885	44,600	84,285	
Eating Disorders	69,238	10,000	59,238	
Ventilation Improvement	81,900	41,000	40,900	
Mental Health Recovery Services	38,931		38,931	
Whole Family Wellbeing Fund	39,000		39,000	
Care at Home Funding	287,913	287,913	-	
Multi Disciplinary Teams	213,946	100,000	113,946	
Interim Care	447,402	447,402	-	
General Reserves - Service Transformation	681,528	219,784	461,744	
Total	**21,196,036**	**4,728,665**	**16,467,371**	

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: **23 November 2022**

Title of Report: **Medium Term Financial Plan 2023-2026**

Presented by: **James Gow, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- Consider the draft Financial Plan and budget outlook for 2023-24 to 2025-26.
- Note the high level of risk and uncertainty.
- Note the forecast budget gap.
- Note work is underway to develop value for money and savings plans to address the budget gap.

1. EXECUTIVE SUMMARY

1.1 This report provides the Integration Joint Board with a medium term financial plan for 2023/24 to 2025/6. It is the basis for detailed financial planning and will be used to inform the savings target for 2023/24. It is intended that the budget gap will be addressed through the development of a value for money strategy and savings plan, work on this is underway. The financial plan will continue to evolve as funding and cost pressures are confirmed. A UK Budget is expected in November and draft Scottish Budget in mid-December 2022.

1.2 The medium term plan aims to provide a clear budgeting framework for the development of the budget for 2023/24 whilst placing it in a longer term context. The Scottish Government have published a 3 year spending review which outlines their funding intentions for the Health and Care sector. It also confirms the National Care Service will be established and is likely to be in its early implementation phase by the end of the planning period.

1.3 The HSCP is in a healthy financial position as at the end of 2021/22, however the financial context is deteriorating and significant efficiency and cost savings are required. The plan maintains a specific budget to support transformation projects at £900k per year. A worst case scenario is also presented for the next three years. Financial planning will be based upon the mid-range scenario which outlines a budget gap of £9.7m or 2.8% of total spend for 2023/24.

2. INTRODUCTION

2.1 The purpose of this report is to update the medium term financial plan covering the period from the current year through to 2025/26. It summarises the financial

context facing the HSCP and aims to ensure that it plans to operate on a financially sustainable basis. It includes the following sections:

- Financial & Strategic Context
- Current Financial Position
- Revenue budget modelling & assumptions
- Budget Gap and Savings Target
- Transformation & Investment
- Reserves
- Scenarios and Risks

3. DETAIL OF REPORT

3.1 Financial & Strategic Context

The strategic context facing the HSCP at the time of writing is important:

- Draft legislation for the National Care Service (NCS) has been published but does not provide the detail required to fully understand its implications. It is expected that this structural change will be funded separately.

- Recent reports by Audit Scotland on NHS and Social Care services outline a series of challenges including workforce, reduced activity, increasing demand, increased delayed discharges and waiting times and increasing unmet need. Addressing these are likely to remain service priorities.

- Inflation is around 9% and expected to remain high through the remainder of 2022/23. There are risks associated with the Government inflation assumptions which have been built into the spending review including pay rate increases and the real terms value of funding allocations.

- The Scottish Government made an emergency budget announcement in early November 2022 which reduced funding for a wide range of public services, including Health and Social Care, to enable it to fund inflationary pressures and higher than planned pay for public sector workers.

The key medium term financial planning document which informs high level policy and spending intentions is the Scottish Government's Resource Spending Review. This was published in May 2022 and sits alongside a medium term financial strategy for the public finances. The full document is available at: https://www.gov.scot/publications/scottish-resource-spending-review.

The emergency budget statement by the Scottish Government in November 2022 outlined a series of reductions in budgets, primarily to fund higher than expected public sector pay increases. This, combined with indications of public spending reductions by the UK Government suggest that funding settlements for 2023/24 are going to be challenging and the outlook is deteriorating. The Scottish Government intends to publish its draft budget for 23/24 in mid-December.

The Spending Review (SR) prioritises Health and Social Care, around 40% of the total budget. It reconfirms the commitment to the National Care Service and

outlines a 25% increase in social care investment. High level Health and Social Care allocations (at April 2022 prices) are:

	22-23 £'m	23-24 £'m	24-25 £'m	25-26 £'m	26-27 £'m
Health & Social Care	17,106	17,550	17,995	18,536	19,029
Increase on prior year		2.6%	2.5%	3.0%	2.7%
Health & Social Care Capital	554	443	428	443	-

Settlements for local government are frozen through most of the period. Health and Social Care Capital Funding is set to reduce against the current year total.

The SR confirms the intention to maintain a no compulsory redundancy policy for public sector workers and reiterates that pay negotiations should take account of public sector pay policy. The pay assumptions built into the spending review and pay policy have turned out to be far short of settlements (and offers where no settlement has been reached). This has undermined spending plans and has resulted in mid-year revisions in 2022/23, there is a high risk that a similar situation will occur when the 2023/24 negotiations commence.

The SR also recognises the pressure the public finances are expected to be under in the coming years and states that public sector staffing numbers require to be reduced to pre-pandemic levels and that further reform and efficiency improvement is required. Again this has been undermined by the higher than expected pay offers and the situation is likely to have worsened by the time the December draft Budget is published. The outlook has also further deteriorated as the UK Government have expressed an intention to reduce public spending to manage the overall budget deficit and borrowing requirement.

The Scottish Government published a medium term financial strategy which provides further information on the outlook for the public finances and economic performance in Scotland. It again outlines an expected fall in living standards and disposable income as a result of the cost of living crisis and high inflation. It acknowledges that Consumer Price Index (CPI) inflation was 9% for the 12 months to April 2022 and sets out forecast inflation in line with the Office Of Budget Responsibility forecasts:

2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Actual Inflation	Forecast Inflation				
9.0%	8.0%	2.4%	1.7%	2.0%	2.0%

The document models 1%, 2% and 3% pay increases from 2023/24 onwards using 2022/23 as a baseline. It is likely that these assumptions will require to be reviewed as the budget cycle progresses. This is critical as the cumulative effect of actual CPI inflation in 21/22 and forecast inflation in 22/23 is over 17%.

It is of particular concern that the use of non-recurring resources and reserves are being used by government to fund recurring pay uplifts in 2022/23 which were

not budgeted. Current pay awards may still have to be rolled into baseline budgets adding to next year's pressures.

The worsening situation also has implications for both partners. The local authority sector has a flat cash settlement in the spending review and additionally the 2022/23 pay increase is not fully funded, Argyll & Bute Council expect to have to deliver significant savings in the coming years as a result. NHS Highland continue to be in a particularly challenging financial position and have an existing structural deficit to address as well as future cost pressures. Recent correspondence from the Scottish Government relating to the NHS financial outlook is attached as appendix 1.

3.2 Current HSCP Financial Position

The HSCP ended the 2021/22 financial year in a favourable position. It repaid all of the debt it owed to Argyll and Bute Council and operated within budget. Total revenue spend on services was £312m. It also ended the year with earmarked reserves of £21.2m, including £0.7m of general reserves. These reserves are being held for specific purposes and are not available to the HSCP for purposes other than those for which the funding was allocated. General reserves have been earmarked to support investment in transformation projects in 2022/23. Some will be clawed back by Government to contribute to funding the pay pressures described above.

Managing performance in the current year is proving difficult, largely as a result of increased cost and demand pressures and slippage with the savings programme. It is anticipated that the HSCP will be able to operate within the resources it has available to it. It is essential that the financial position is managed within budget to avoid a return to carrying debt or future funding reductions to repay overspending. However, with spend and clawback of reserves it is expected that reserves balances will be substantially lower at the end of 2022/23, this reduces flexibility going forward. The HSCP has not been able to deliver all of its savings targets on a recurring basis and it will be carrying forward savings projects from prior years.

The HSCP does not have delegated responsibility for asset ownership or capital spend. Significant backlog maintenance and replacement needs have been identified and require to be addressed in partnership with NHS Highland and Argyll & Bute Council. Addressing investment need is a priority and represents a risk to the ability of the HSCP to deliver on its strategic objectives in the longer term.

3.3 Revenue Budget 2023/24 to 2025/26

3.3.1 Funding Allocations

Services provided by the HSCP are largely funded by allocations made by the Scottish Government to Local Authorities and NHS Boards. They then pass on funding for delegated services to HSCPs. Actual funding allocations are predominantly based upon formulas which take into account factors such as population demographics, levels of deprivation and rurality. The table below provides a summary of the current funding allocations and assumptions for future uplifts:

Funding Allocations	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
NHS Funding				
Baseline	201.3	205.4	209.5	213.7
Resource Transfer	7.2	7.4	7.6	7.7
Other Recurring Funding	37.9	38	38	38
Additional Inflation for 22/23 Pay Offer	6.3	6.3	6.3	6.3
Assumed uplift %		*2*	*2*	*2*
Total NHS Funding	**252.7**	**257.1**	**261.4**	**265.7**
Social Work Funding				
Baseline Funding	62.8	64.4	66	68
22/23 New Recurring Funding	11.4	11.7	12	12.3
Additional inflation for 22/23 Pay Award	0.9	0.9	0.9	0.9
Assumed uplift %		*2.6*	*2.5*	*3*
Total Local Authority Funding	**75.1**	**77.0**	**78.9**	**81.2**
Total Revenue Funding	**327.8**	**334.1**	**340.3**	**346.9**
Funding for Transformation	**0.9**	**0.9**	**0.9**	**0.9**

The key assumptions for NHS funding are:

- Additional budget will be allocated in 2022/23 (estimate £6.3m) to fully fund pay increases and SLA increases which are set to be above budget;
- A 2% uplift planning assumption has been provided by Scottish Government for 2023/24 and beyond; and
- The Argyll & Bute funding share (NRAC) will remain at its present rate and NHS Highland will pass on the full value of any uplifts.

Local Authority allocations are more difficult to predict as Spending Review intentions are flat cash. However, there is a commitment for increased funding for Social Care. The uplifts applied in the model mirror the Spending Review increases per the table at section 3.1.2.

These assumptions are critical to the HSCP medium term plan, particularly in the context of higher inflation. Alternative scenarios are outlined later.

3.3.2 Expenditure Budget

There is a high level of uncertainty in respect of the expenditure budget, largely as a result of high inflation. This impacts on direct staff costs through pay settlements (approximately one third of the revenue budget) and through increased contract values as minimum pay rates can be expected to increase. Additionally, non-pay costs are expected to increase at a faster rate and are often outwith the control of the HSCP. Key concerns relate to the PFI contract for the Mid-Argyll Hospital, energy, travel and transport and drug costs.

In addition to inflationary pressure, it is anticipated that there will be further demand pressure and this is built into the expenditure estimates. This arises from

the introduction of new services and treatments, the on-going demographic shift and the increasing numbers of individuals who require additional support in the community.

The baseline budget also incorporates the savings target for 2022/23 (£3.9m of new savings). It also includes additional recurring funding allocations which provided for significant growth in the overall budget for 2022/23.

Baseline Expenditure Budget	2022/23 £m
NHS Baseline Spend	235.8
SW Baseline Spend	88.7
Less Savings Programme	-3.9
Additional Inflation for 2022/23	7.2
Total Baseline Expenditure Budget	**327.8**

3.3.3 Social Work Cost and Demand Pressures

Social Work Cost and Demand Pressures	2023-24 £000	2024-25 £000	2025-26 £000
Additional unfunded pay inflation 22/23	350	350	350
Pay inflation @ 2% per year	850	1,604	2,376
Assumed incremental increases	103	206	309
Non Pay Inflation	3,490	6,840	10,250
Younger Adults Demand Growth	346	700	1,061
LD, PD and MH Cost and demand pressures	876	1,752	2,628
Continuing Care for Looked After Young People	0	250	500
Estimated net cost of KCC	750	750	750
Allowance for unknown cost and demand pressures	0	250	500
Total Social Work Cost and Demand Pressures	**6,765**	**12,702**	**18,724**

The key assumption is that pay inflation will be 2% per year, a significant risk to the plan. Allowance is being made for the 2022/23 pay increase being higher than budget and not fully funded. Non-pay inflation is calculated line by line on a total baseline budget of £58m. This covers expected uplifts in national contract rates for care services and increases to the expected pay floor for social care staff. In addition to demand pressures for services to support people with lifelong conditions, mainstreaming the Kintyre Care Centre into Social Work budgets is an additional cost pressure for which no specific funding is available.

3.3.4 Health Cost and Demand Pressures

NHS Cost and Demand Pressures	2023-24 £000	2024-25 £000	2025-26 £000
Pay Inflation Uplift 2% pa	1,540	3,111	4,713
Pay Increments & Uplifts inc. Succoth	240	392	544
Prescribing & Hospital Drugs Inflation	460	929	1,407
Inflation on GCC SLA	1,274	2,474	3,697
Inflation Commissioned Services & SLAs	668	1,349	2,045
Resource Transfer Inflation	277	560	849

Inflation on PFI Contract	443	467	493
Additional Medical Staffing (CDF)	335	342	348
Estimated allowance for Safe Staffing Act (AHP)	300	306	312
Renal Patient Transport	300	306	312
Energy, Estates & Utilities Inflation	437	560	701
Allowance for new drug approvals (oncology)	500	1,000	1,500
Regional Cath. Lab Costs & Tavi	224	224	224
High Cost Care Packages - new	100	100	100
IFRS 16 Revenue Consequences	250	500	750
MHRA Medicines Transport	165	165	165
NSD Topslice – Foxgrove	63	91	91
Fleet Replacement	118	120	123
LIH Clinical Nurse Manager (1yr)	77	0	0
Jura Progressive Care Centre	30	31	31
Website / other	33	33	33
Contingency	750	750	750
Allowance for unknown cost and demand pressures	300	1,000	1,500
Depreciation	274	302	332
Total Health Cost and Demand Pressures	**9,158**	**15,112**	**21,020**

3.3.5 Summary and Budget Gap

The table below summarises the aggregate HSCP financial position for the planning period and identifies the estimated scale of the funding gap in the mid-range scenario:

Revenue Budget Summary	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m
Funding Total	**327.8**	**334.1**	**340.3**	**346.9**
Baseline Spend	327.8	327.8	327.8	327.8
Social Work Cost & Demand Pressures		6.8	12.7	18.7
NHS Cost & Demand Pressures		9.2	15.1	21.0
Estimated Expenditure	**327.8**	**343.8**	**355.6**	**367.5**
Mid Range Budget Gap / Savings Target		**9.7**	**15.3**	**20.6**

New Savings Target as % of spend		**2.8%**	**4.3%**	**5.6%**

The assumption for 2023/24 pay increases is one of the most concerning as it is below predicted inflation. The assumption is based on guidance from Government (2%). There is a general understanding the NHS pay increases are fully funded which mitigates the importance of this assumption to some extent. However, Scottish Government are in the process of funding the 2022/23 pay award through clawback of reserves, the cost will be recurring whilst the funding source is not, this has the potential to contribute to additional cuts in future.

3.4 Budget Gap and Savings Targets

The above modelling, based on a mid-range scenario results in a budget gap due to cost and demand pressures being in excess of anticipated funding increases. This is a new savings requirement and assumes the existing savings plan is delivered in full.

In order to enable the HSCP to set a balanced budget for 2023/24 and beyond, new savings of the magnitude outlined above (and perhaps more) will need to be identified and delivered. The HSCP is therefore required to develop a Value for Money Strategy which outlines the approach to addressing the shortfall. It is intended that the financial plan and value for money strategy would form the basis of the budget consultation for 2023/24.

It is acknowledged that the approach to budgeting outlined in the plan is largely incremental in nature. It is likely that more fundamental reviews of budgets and service delivery will be required, this may include the use of zero base budgeting techniques as the HSCP is finding it increasingly challenging to identify new savings within existing service delivery structures.

3.5 Transformation and Investment

The above assumes that £900k will be held to enable transformation projects to proceed. One of the difficulties in delivering Service Improvement and Transformation has been the absence of funding to support projects. Maintaining this budget will facilitate this and will be allocated based upon business case submissions and strategic priorities. It will also enable work relating to infrastructure business case development to proceed.

In respect investment in facilities, the HSCP does not have delegated responsibility or budgets but does need to progress important projects with partners. Long term asset replacement is required and work is underway to prioritise projects including care home development and replacement and the need for investment in the NHS Estate. The Transformation programme and workforce plan outline other areas where infrastructure investment is required. The Transformation programme and budget will help facilitate this work without impacting upon service budgets.

3.6 Reserves

This plan does not set a target for increasing general reserves. It is intended that all resources available will be allocated to service delivery. As in recent years, it can be expected that there will be some slippage and resources which will be carried forward for specific projects for use in future years, there is no target to do this. Reserves carried forward into 2022/23 are intended to be spent during the period of this plan. Balances are also being clawed-back by the Scottish Government. Reserves spend is in addition to the revenue budget outlined above and will also assist with the transformation and service improvement agenda. An estimated schedule of spend in addition to the revenue budget is provided below:

	2022/23 £m	**2023/24 £m**	**2024/25 £m**	**2024/25 £m**
Reserves Spend Profile	12.0	2.5	2.0	0.5
Clawback (estimate)	2.5			

3.7 Scenarios and Risk

3.7.1 There are risks associated with medium term financial planning, these are summarised below, using the standard assessment of probability and impact:

Risk	Like.	Impact		Mitigations
HSCP unable to identify and deliver sufficient savings.	4	5	20	Development of and consultation on value for money strategy. Utilisation of allocated reserves and progressing transformation.
Demographic or population changes reduce the formula funding to the HSCP.	4	4	16	Review annually.
One or both of the partners do not pass on anticipated funding allocated to Health and Social Care.	3	4	12	On-going partnership working and consultation.
Inflationary pressures are not funded to the extent assumed in the model.	5	4	20	Engagement in sector networks, modelling based on Spending Review figures.
Increases in pay rates or employer on-costs are in excess of those allowed for in the budget.	4	4	16	Monitor progress with pay negotiations, commitment to fund within NHS.
Implementation of NCS diverts attention from operational priorities and financial management	4	4	16	Seek to resource NCS appropriately.
Service costs increase due to providers withdrawing from the market and / or ongoing workforce shortage	4	4	16	Commissioning strategy and engagement with partners and care providers. Workforce planning and management of agency / locum contracts and additional funding to improve terms and conditions.
Funding reduced due to level of reserves held in HSCP and across sector	5	3	15	Level of risk reduced as opportunity for SG to do this further is reduced as clawback and funding reductions are confirmed.

3.7.2 Scenarios

The figures presented within this plan are based upon modelling of the mid-rage outlook. The table below summarises a potential worst case which reflects risks highlighted above:

	2023-24 £m	2024-25 £m	2025-26 £m
Mid-Range Budget Gap	**9.6**	**15.7**	**22.3**
Health Worst Case Additional	6	13	20
Social Work Worst Case Additional	1.7	3.7	5.7
Worst Case Budget Gap	**17.3**	**32.4**	**48**

The use of the mid-range assumptions as a basis for financial planning is currently considered a reasonable approach whilst recognising that the risk is on the downside. In the event that the outlook improves if the Scottish Budget allocates additional funding or inflation reduces faster than anticipated the HSCP would be able to scale back its savings target. It is more likely that the mid-range gap will increase in December / January.

3.7.3 Workforce

There are workforce risks associated with the financial plan. This is considered in detail in the Workforce Plan. Labour shortages are likely to constrain the ability of the HSCP to deliver services and service improvement as planned. The financial plan assumes some growth in workforce numbers. This is difficult to quantify at present but includes:

- Increase in workforce size to narrow gap between current budgeted establishment and actual staffing (reduced vacancies);
- Reduce reliance on temporary and agency staff to implement more cost effective, stable and sustainable staffing models;
- Some transition from commissioned services to direct delivery of service;
- Additional growth in 2022/23 budget and use of non-recurring reserves balances not yet fully reflected in staffing establishment
- Cost and demand pressures will require additional staffing; and
- Savings and vacancy management required to balance budget will offset the above to some extent.

3.8 Alignment with Strategic Planning

The medium term financial plan sits alongside a range of HSCP strategic and operational planning documents. These include the new Joint Strategic Plan and Commissioning Strategy. The Transformation programme and the budget to support it are important in facilitating some of the targets and objects set out in these documents, particularly in respect of service improvement and redesign, beginning the process of shifting of resources towards the prevention agenda and closer working with communities and the voluntary sector.

The development of the National Care Service will further transform the HSCP, this will change the way it is structured and operates fundamentally and as a project will need to be resourced. It will place even greater importance upon partnership working as the transition is likely to present challenges for partners as well as the HSCP. It is assumed that this will be funded in addition, per the Financial Memorandum which has been prepared by the Scottish Government as part of the legislative process.

4. RELEVANT DATA AND INDICATORS

4.1 The budget outlook is based on a number of assumptions, using a best, worse and mid-range scenario. These assumptions are drawn from the Government's Spending Review documentation, local modelling and guidance provided from policy teams. The assumptions used are considered carefully and will be regularly reviewed and updated as appropriate. However it is recognised that there are likely to variations between the assumptions made at this stage of the budget planning process and the eventual funding allocations and cost and demand pressures for 2023/24 and beyond. The actual funding environment is expected to deteriorate due to macroeconomic factors.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This requires to be considered when options are developed to balance the budget and address the expected funding shortfall.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – There is expected to be a significant budget gap in future years that requires to be addressed as the HSCP is required to set a balanced budget.

6.2 Staff Governance – None directly from this report but there is a strong link between HR management and delivering financial balance.

6.3 Clinical Governance - None

7. PROFESSIONAL ADVISORY

7.1 There are no recommendations from this report which require to be consulted on with Professional Advisory leads. The development of any savings plans will require consultation with Professional Advisory Leads.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None directly from this report, proposals to address the estimated budget gap will need to consider equalities impacts.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None directly from this report.

10 RISK ASSESSMENT

10.1 There are significant risks associated with medium term financial planning. To some extent these are quantified within the worst case scenario and further detail is provided within the main body of the report. The key risks are inflation and future public funding allocations at both UK and Scottish Government level.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 A public consultation relating to the HSCP's financial planning is being developed. It is intended that this will take place earlier than it has in recent years and will be supported by the improvement service. A lack of stability as a result of emergency budget announcements is making the financial planning more uncertain than expected.

12. CONCLUSIONS

This documents provides a draft medium term financial plan for 2023/24 to 2025/26. It outlines the key assumptions, cost pressures and risks associated with financial planning. It also provides an indication of the anticipated scale of the budget gap facing the HSCP in those years. The current financial context for the HSCP is that it is in a healthy financial position with reserves available to help manage services pressures and priorities.

The identified budget gap requires to be addressed through the development of a Value for Money Strategy and savings plan. Work on this is now underway. The scale of the challenge for 2023/24 is estimated at £9.7m or 2.8% of the expenditure budget. The Scottish Government Draft budget is expected in mid-December and this will provide further information on planning assumptions and resource allocations. This level of savings is in addition to the delivery of the current programme. The budget for 2023/24 and beyond will continue to be updated as planning assumptions and assessment of risk is updated during the current year.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

AUTHOR NAME: James Gow, Head of Finance and Transformation
james.gow@argyll-bute.gov.uk

Appendix 1 – Correspondence from Director of Health Finance & Governance

Health Finance, Corporate Governance & Value Directorate
Richard McCallum, Director

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131 244 3475
E: richard.mccallum@gov.scot

NHS Chief Executives
NHS Directors of Finance

Cc:
HSCP Chief Officers
HSCP Chief Finance Officers

11th November, 2022

Chief Executives and Directors of Finance

2022-23 Finance Update and 2023-24 Forward Look

I firstly wanted to thank you for submitting your action plans on financial recovery for 2022-23. Following review and discussion with Boards, it is clear that a number of financial challenges remain, despite actions that are underway across NHS Scotland, and we will continue to engage with you on this position. Monthly updates on the delivery of planned actions should be provided as part of the normal financial performance reporting process.

Given the overall financial context, my expectation remains that Boards deliver to at least the position set out in the March 2022-23 financial plan as a **minimum**. Where planned actions are no longer viable, Boards will need to develop alternative options. As part of planning, Boards should continue to assume that recurring funding will be provided in year to meet the additional cost between the Scottish Public Sector Pay Policy and the final AfC pay settlement.

At the start of the Covid-19 pandemic we paused consideration of finance as part of the NHS Board Performance Escalation Framework. We are now returning to a position whereby we will undertake a review of Boards' financial position and consider appropriate escalation criteria, recognising the changed financial landscape compared to before the pandemic. More will be communicated on this in due course.

In addition to this, the commitment agreed as part of the Medium Term Financial Framework in 2018 regarding a three year reporting period remains in place - with 2022-23 representing year one of a new three year planning period. As part of this, the Scottish Government will therefore take the approach this year of accepting a projected outturn that is within one per cent of a Board's total core revenue resource funding. This however will be contingent on the receipt of a credible financial plan for the following two year period and repayment of this flexibility in the three year period.

It is expected that the Scottish Budget for 2023-24 will be announced in December and I will write to confirm the key points for Boards at that time. As part of this, work continues on the

shape of future Covid related services and we will provide clarity on future funding arrangements. This will likely include a national approach on Vaccinations, PPE and Test & Protect, however beyond these areas Boards will need to reduce on-going Covid costs to a minimum and manage these within baseline allocations.

As set out in my letter on 12 September, in anticipation of the financial challenge ahead, I expect that Boards are establishing local governance arrangements to reflect the Sustainability & Value Collaborative. Given the likely scale of financial challenge, it is key that Boards are taking forward now the delivery of recurring savings. We will continue to work with you on the planning for 2023-24 and further details on planning assumptions will be shared with NHS Directors of Finance in due course.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: **23 November 2022**

Title of Report: **Audited Annual Accounts 2021/22**

Presented by: **James Gow, Head of Finance and Transformation**

The Integration Joint Board is asked to:

- **Note that Audit Scotland have completed their audit of the annual accounts for 2021-22 and have issued an unqualified Independent Auditor's Report.**
- **Consider the 2021/22 Annual Audit Report prepared by Audit Scotland and management responses to the recommendations.**
- **Approve the draft letter of Management Representation to Audit Scotland.**
- **Approve the Audited Accounts for signature and publication.**

1. EXECUTIVE SUMMARY

1.1 The Integration Joint Board is required to produce a set of audited annual accounts for 2021/22. These accounts were produced within the revised, extended timescale and have been subject to independent audit by the external auditors, Audit Scotland. The audit process has been completed and Audit Scotland have issued an unqualified report. The Accounts, Audit Report and Letter of Representation have all been considered by the Audit & Risk Committee at its meeting on the 9th November.

1.2 The purpose of this report is to enable the Integration Joint Board to review the Annual Report and Accounts. The Annual Accounts are provided as Appendix 1. These are prepared in line with current guidance and provide detail on financial performance, governance arrangements and the independent external audit report. These require to be signed by the Chair, Chief Officer and Head of Finance & Transformation.

1.3 In respect of financial performance the accounts are reporting that the HSCP underspent against the allocations made available to it, repaid its outstanding debt in full and ended the year with increased earmarked reserves. These have all been earmarked for specific purposes.

1.4 In addition to the audit report contained within the Annual Accounts, Audit Scotland have also prepared a more detailed Annual Audit Report (Appendix 2). This will also be made publicly available in due course. Whilst the Annual Audit Report makes no recommendations for improvement in terms of accounting and financial reporting it does highlight the financial sustainability risk facing the IJB and the public sector more widely at the current time.

2. INTRODUCTION

2.1 The Integration Joint Board is required to produce an audited set of annual accounts for 2021-22. The unaudited accounts were produced in line with the agreed timetable and statutory timescales and approved by the Audit & Risk Committee on 28 June 2022 for publication and submission to external audit. The Audit process is now complete and the audited accounts require to be approved by the Integration Joint Board prior to 30 November 2022 as a result of the agreed extended deadlines in place for IJB financial reporting.

3. DETAIL OF REPORT

3.1 The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973. The financial statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom supported by International Financial Reporting Standards (IFRS) unless legislation or statutory guidance requires different treatment.

3.2 The Annual Accounts are subject to independent audit by Audit Scotland and some minor changes have been made in respect of disclosures and the narrative contained within the report. There has also been one change to the figures initially presented which was to add £395k (net) to both income and expenditure. This has had no impact on the net expenditure position and has not changed the closing reserves balances or the repayment of debt to the council. The adjustment related to the way in which PPE related income and expenditure is accounted for by Argyll & Bute Council. The Audited Annual Accounts for 2021-22 are included as Appendix 1, these incorporate the Independent Auditors Report.

3.3 Audit Scotland are able to conclude that the Integration Joint Board's accounts present a true and fair view of the financial performance of the IJB during the year. The Independent Auditors Report provides further information on the audit process and basis of the opinion. It is acknowledged that the IJB is highly dependent upon both partners in respect of financial accounting processes and systems.

3.4 Audit Scotland have prepared an Annual Audit Report for consideration by the IJB (Appendix 2). This indicates that the auditors are content with financial accounting and reporting and concludes that governance and arrangements for securing value for money were likewise appropriate during the year. Whilst the report makes no recommendations for improvement in respect of financial stewardship or reporting, it does make recommendations in respect of the wider operating environment and the financial sustainability challenge currently faced by the HSCP. The recommendations and the management responses are included in the Audit Scotland report and relate to:

- Financial Sustainability; and
- Performance Reporting.

In respect of financial management and governance, Audit Scotland conclude:

'Senior management and members receive regular and accurate financial information on the IJB's financial position and have concluded

the IJB has appropriate budget monitoring arrangements in place. Comprehensive budget monitoring reports are reported to the Board and the Finance and Policy Committee. These contain information on the year-to-date financial position, forecast outturn for the year, variance analysis with explanations, progress in delivering savings and significant financial risks. The reports contain enough detailed information to enable members to carry out effective scrutiny and challenge of the IJB's finances.'

'The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board. Governance arrangements operating throughout the Covid-19 pandemic have been appropriate and operated effectively. There is effective scrutiny, challenge and informed decision making.'

The report also highlights that the Scottish Government have indicated their intention to clawback some of the reserves held by IJBs.

3.5 In respect of financial performance, a summary of spend and resources is provided below:

2020/21		**2021/22**
£'000		**£'000**
97,500	Employee Costs	101,153
10,100	Premises Costs	10,009
14,667	Supplies and Services	15,183
2,362	Transport Related Costs	3,201
142,976	Third Party Payments	148,745
(17,331)	Income	(19,104)
50,281	Primary Care Services	52,930
274	Other	248
300,829	**Total Expenditure**	**312,365**
(306,809)	Total Funding	(326,975)
(5,981)	**Excess Funding / Increase in Earmarked Reserves**	**(14,610)**

Total reported spend for the year increased by 3.8% against the prior year with direct staff costs accounting for 32% of net expenditure.

3.5 The funding allocated to the HSCP during the year was reduced by the debt repayment. The balance owed at the start of the year was £2.8m, funding up to this total was retained by Argyll and Bute Council and the debt is now settled in full. Additionally, £2.6m was repaid in 2020/21 (£5.4m repaid in total).

3.6 In respect of the balance sheet, the debtor is equivalent to the earmarked reserves held by NHS Highland and Argyll and Bute Council. These reserves have all been earmarked for specific purposes and a short description of this is included in Note 7 of the annual report. The aggregated position is:

Reserves	£'000
Opening Reserves Balance	6,586
Spend against opening reserves	(3,555)
Unspent funds allocated to reserves	18,166
Closing Reserves	**21,196**

Of the closing reserves, £20.5m is earmarked for specific purposes which align to the purposes for which they were allocated (mostly by the Scottish Government). The HSCP is reporting a general underspend of £682k and it has allocated this to its general reserve and earmarked it to pay for specific transformation projects which are progressing in 2022/23.

3.7 In summary, the accounts present a favourable view of financial performance, summarise progress with the governance improvement agenda and highlight the new strategic plan. This represents the second year in succession whereby the HSCP has operated within budget and now has resource at its disposal to start to progress improvement and transformation projects.

3.8 The Integration Joint Board is also asked to approve the draft letter of management representation (Appendix 3).

4. RELEVANT DATA AND INDICATORS

4.1 Information contained within the accounts is derived from the financial systems of NHS Highland and Argyll and Bute Council. The audit of the IJB accounts is supported by the audits of both partners.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The annual accounts are a key statutory reporting and accountability requirement. They communicate both financial and key service delivery performance information in an accessible public document.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The IJB is required to consider and approve the Audited Annual Accounts for 2021-22 by 30th November 2022. The accounts present a favourable summary of financial performance during 2021/22 and the position at the year end. The Annual Audit Report provides important independent assurance to the IJB in respect of financial management and governance. The audit report refers to actions currently being taken by the Scottish Government to seek to claw back some of the reserves held by HSCPs.

6.2 Staff Governance – None

6.3 Clinical Governance - None

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 None

9. RISK ASSESSMENT

9.1 There are no changes to the risk register arising from the contents of this report. The improved financial position is reflected in a reduced level of risk in respect of financial sustainability. The reserves position means that there is risk that future funding is affected by levels of reserves held within IJB's nationally. The Auditor has highlighted the medium term risk relating to financial sustainability and the outlook for funding of public services going forward.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 The unaudited annual accounts were made publicly available for comment. The accounts will be made publicly available by the HSCP and the Annual Audit Report will be published by Audit Scotland.

11. CONCLUSIONS

11.1 The Audited Annual Accounts for 2021-22 require to be approved by the IJB by 30 November. These were audited by Audit Scotland, the IJB external auditors, and an unqualified independent auditors report has been received. There were a small number of changes required to the unaudited accounts as part of the audit process. The accounts report that the IJB operated within budget during the year, repaid all of the debt due to Argyll & Bute Council and that its governance arrangements were appropriate. The Audit report provides the Board with independent assurance in respect of financial management and governance.

12. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

AUTHOR NAME: James Gow, Head of Finance and Transformation

EMAIL: james.gow@argyll-bute.gov.uk

APPENDICES:
Appendix 1: Audited Annual Accounts 2021-22 and Audit Report
Appendix 2: Audit Scotland Annual Audit Report
Appendix 3: Draft Letter of Management Representation to Audit Scotland

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ARGYLL AND BUTE INTEGRATION JOINT BOARD

Commonly known as Argyll and Bute Health & Social Care Partnership

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2022

NHS Highland

Argyll & Bute COUNCIL

ARGYLL AND BUTE INTEGRATION JOINT BOARD

ANNUAL ACCOUNTS CONTENTS

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary

1. INTRODUCTION

The Annual Accounts provide the Financial Statements of Argyll and Bute Integration Joint Board (IJB) for the year ended 31 March 2022 and report on its performance. The main purpose of this document is to demonstrate the stewardship of public funds which have been entrusted to us for the delivery of the IJB's Strategic Plan. The requirements governing the format and content of the annual accounts are contained in The Code of Practice on Local Authority Accounting (the Code). These Accounts have been prepared in accordance with this Code.

The Management Commentary provides an overview of the key messages in relation to the IJB's financial position and its operational performance for the year. This section also provides a summary of the main challenges and risks which may impact upon the finances of the IJB in the future.

The IJB is delighted to report a much improved financial position at the end of the 2021/22 year, this has been achieved in extremely challenging circumstances and is as a result of the hard work of staff in delivering savings and carefully managing budgets and improving financial governance arrangements. The IJB can now look forward with a renewed focus on service improvement and addressing the challenges facing health and care services and preparing for the implementation of the new National Care Service.

2. THE INTEGRATION JOINT BOARD (IJB)

The Argyll and Bute Health and Social Care Partnership (HSCP) is responsible for the planning and delivery of all community and acute health and social care services for adults and children throughout the region. This includes services we deliver directly and a wide range of services which are purchased from external providers including NHS Greater Glasgow and Clyde. The Partnership is a distinct legal entity with a board of governance, the IJB which has responsibility and accountability for the planning, resourcing and oversight of the operational delivery of integrated services as outlined in its Strategic Plan. The IJB was delegated resources and responsibility for Health and Care service delivery from 1 April 2016.

Membership of the IJB includes eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board Members of NHS Highland. In addition there are non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers, individuals with lived experience and Staff.

Argyll and Bute is home to 85,430 people, covers an area of 690,946 hectares and is the second largest local authority by area in Scotland. It has 23 inhabited islands, with 17% of Argyll and Bute's population living on these islands. Argyll and Bute provides a number of unique opportunities for those who live and work here, however we also face a number of significant challenges. The geography associated with dispersed communities in remote and rural areas and islands presents a challenge in delivering services within the resources available. Of the population, 69% live in "remote" or "very remote" areas and 45% live in areas in the 20% "most

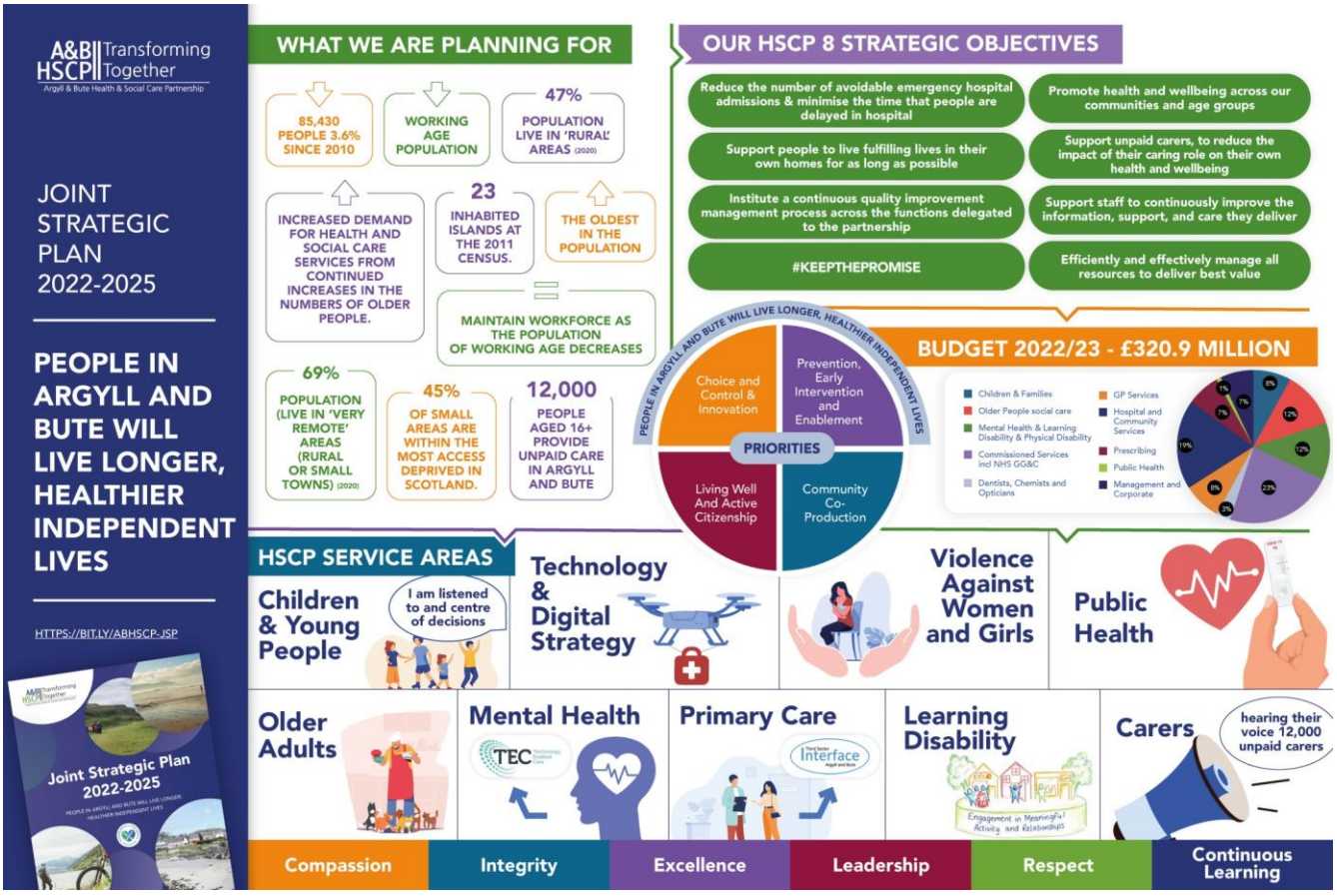
deprived for geographic access to services". Argyll and Bute has a higher proportion of older people than Scotland as a whole, with 11.6% aged 75+ compared to 8.5% in Scotland. This presents a serious demographic challenge, in the context of a reducing population which is having an impact on our funding and ability to recruit staff to deliver services.

3. HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLAN

The HSCP vision and priorities for health and social care in Argyll and Bute are outlined in the new Joint Strategic Plan 2022-2025 launched in May 2022. The vision and strategic objective for the partnership has remained consistent and relevant for our communities, staff, partners and stakeholders:

> *"People in Argyll and Bute will live longer, healthier, independent lives."*

The new Strategic Plan was produced following extensive consultation with our communities and its implementation is now the key priority for the coming years. The illustration below summarises the priorities outlined in the plan which can be accessed at: https://www.nhshighland.scot.nhs.uk/OURAREAS/ARGYLLANDBUTE/Pages/JointStrategicPlan2022-25.aspx



4. PERFORMANCE MANAGEMENT AND REPORTING

The HSCP has a Planning and Performance Management Framework. Reporting is based upon a performance scorecard which is normally presented on a regular basis to the IJB. Due to the pandemic, reporting against the national wellbeing indicators was suspended and performance reporting during 2021/22 focussed upon the remobilisation of services and waiting times. The annual performance report provides an analysis of performance against the national wellbeing indicators for 2021/22. Performance across the Health and Social Care sector has been affected by the impact of the covid 19 pandemic. This is a national issue and has unfortunately resulted in reduced activity levels, increased waiting times and greater unmet care need. The re-mobilisation of services and increasing capacity to begin to address these issues is now a priority. The performance target set by the Scottish Government, for NHS services was to seek to return to 70-80% of 2019/20 activity levels by November 2021. Good progress has been made, although the Omicron outbreak and winter pressures in late 2021 represented a setback. Overall, the target was achieved or exceeded in 22 out of 31 performance indicators. Additionally, waiting times are starting to reduce as services re-mobilise.

The HSCP continues to publish its Annual Performance Report and the report for 2021-22 is available on the web site. As a consequence of our reliance on NHS Greater Glasgow and Clyde (NHS GG&C) for specialist hospital services, our remobilisation planning has been completed in tandem with them to agree the scale and pace of resumption of normal services. The following table identifies the length of wait associated with each of the specialities which are provided in Argyll and Bute as at 27 April 2022.

Main Specialty	Total on Waiting List	Length of Wait (weeks)				Prior Year	Prior Year
		Over 26	12 to 26	Under 12	% > 12 Weeks	Total on Waiting list	% > 12 Weeks
Consultant Outpatients	1297	60	257	980	24.4	1095	35.8
Mental Health	725	371	137	217	70.1	745	77.0
AHP	656	131	132	393	40.1	410	27.3
Nurse Led Clinics	226	4	27	195	13.7	120	25.0
Other	1151	208	277	666	42.1	561	23.0
Outpatient Waiting List Total	4055	774	830	2451	39.6	2931	42.2

Above figures are as at 27 April 2022

There remains a significant backlog of treatment and diagnostic activity that the HSCP will need to address, this is a national priority particularly for those who are experience long waits for treatment. The above table provides data in respect of one aspect of the work of the HSCP, the Annual Performance Report provides a much more comprehensive overview of performance and benchmarks against Scotland as a whole.

5. FINANCIAL PERFORMANCE 2021-22

Financial Outturn 2021-22

The IJB set a balanced budget for 2021/22, the HSCP is able to report a small underspend against its budget and the resources available to it and that it was able to repay all of its debt

early. It is acknowledged that a number of factors contributed to this improved position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The year was again disrupted significantly by the ongoing Covid-19 pandemic. This had impacts upon financial performance as it resulted in the HSCP having to stand down some of its planned work on savings delivery and service transformation to focus on the management of the pandemic. It also generated substantial additional costs which were funded by the Scottish Government. These included staffing costs, additional PPE and cleaning, provision of extra financial support to care providers, and the costs of running vaccination clinics.

The final revenue outturn for 2021/22 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/23 on service transformation. The other important aspect of financial performance during the year is that the HSCP was able to repay the full debt balance due to Argyll and Bute Council, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt.

The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	Actual £000	Budget £000	Variance £000	% Variance
Social Work Services	**78,958**	**79,640**	**682**	**0.9%**
Health Services	**233,408**	**233,408**	**0**	**0%**
GRAND TOTAL	**312,365**	**313,048**	**682**	**0.2%**

The small underspend was largely due to savings relating to staffing vacancies during the year and lower than anticipated demand for some social care services. There was additional financial support provided by the Scottish Government to the Health and Social Care sector to cover covid-19 related costs, slippage on approved savings programmes along with additional funding to help manage winter pressures and uplift the minimum pay rates for our care workers.

Savings Delivery

The budget for 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the pandemic.

The HSCP acknowledges that it needs to improve efficiency and deliver best value. It continues to manage its savings programme rigorously and recognises that this is critical to ensuring

longer term financial sustainability and facilitating the implementation of our transformational objectives. The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22.

Repayment of Overspend

The HSCP had, in previous years, overspent its budget with the extra resource requirement being funded by the two partners in line with the Scheme of Integration.

The health related overspend relating to prior years was covered by the Scottish Government brokerage given to NHS Highland. The HSCP has not had to repay this to NHS Highland or the Scottish Government.

The HSCP was able to repay £2.6m to Argyll and Bute Council at the end of 2020/21, this left an outstanding balance of debt to Argyll and Bute Council totalling £2.8m. This is now repaid, made possible as a result of underspending against budget during the year. This represents a significant improvement in the financial position of the HSCP and enables it to hold its own general reserves in future and also means that it is no longer required to allocate future funding to debt repayment.

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. There are no statutory or presentational adjustments which affect the application of the funding received from partners, therefore the movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure statement.

Reconciliation of Comprehensive Income and Expenditure Statement to Financial Outturn:

The table below reconciles the surplus on the provision of services of £14.6m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position, a £682k underspend:

	£000	£000
Surplus on Provision of Services	**(14,610)**	
Remove Statutory Adjustments that don't feature in financial outturn position	0	
Movement in General Fund Balance		**(14,610)**
Other Movements:		
Earmarked Reserves released to services during 2020-21	(3,555)	
New Earmarked Reserves during 2020-21	17,483	
Underspend transferred to General Reserves	682	
		14,610

Movement in Reserves Statement

This statement shows the movement in year on the Integration Joint Board's Reserves. The IJB has one reserve, a General Fund reserve, this is a resource backed reserve which can be used to fund future expenditure.

The balance on the General Fund reserve has increased from £6.6m to £21.2m. These resources have all been earmarked for specific purposes in future years. There are two main factors which have resulted in the increase in resources held by the IJB at the year end:

- The on-going impact of covid-19 delayed some key pieces of work which would have resulted in more specific project funding being spent. This issue was exacerbated when the NHS was again placed on an emergency covid response footing in November 2021; and
- The Scottish Government provided additional financial support to HSCPs late in the financial year to help manage extreme winter pressures and covid 19 impacts. It was not possible for all of these additional funds to be spent during the year, increasing capacity for service delivery has proven to be challenging in the current circumstances, particularly in relation to recruitment of appropriately qualified and experienced staff.

The effect of this is that we now have significant funds available for investment in services and service improvement in future years. This will help us address increased unmet needs and waiting times as described previously. Note 7 in the annual accounts provides more detail on the nature of these reserves and the purposes for which they are earmarked:

	Earmarked Reserves £000	Unallocated Reserves £000	Total £000
Opening Balance at 1 April 2021	6,586	0	6,586
Movement 2021-22	14,610	0	14,610
Closing Balance at 31 March 2022	**21,196**	**0**	**21,196**

The IJB Reserves Policy suggests that a prudent level of General Fund reserve is 2% of the revenue budget, this would equate to around £6m. At present the IJB has only £0.7m in general reserves. It has, until now been unable to establish a reserve whilst it owed debt for past overspending to Argyll & Bute Council. The target level of reserve is aspirational in the current context, the IJB is prioritising the re-mobilisation of services, transformation and investment.

Balance Sheet

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at 31 March 2022. The Integration Joint Board does not hold fixed assets, these sit with the partner bodies. There are explanatory notes which accompany the Balance Sheet. The net worth of the Integration Joint Board as at 31 March 2022 is £21.2m, this is supported by the General Fund reserve. The balance is:

- Short Term Debtors of £21.2m relating to earmarked reserves balances for delegated services and recognises the amounts owed to the Integration Joint Board by NHS Highland and Argyll and Bute Council.

There are no provisions recognised on the Balance Sheet. NHS Highland made a year-end provision for annual leave of £1.0m (£0.8m in the prior year) for HSCP staff. This is not normally necessary as the leave year is co-terminous with the financial year. Due to the Covid-19 pandemic, some staff have again been unable to take their leave during the year and special provisions for carry forward of unused leave were agreed nationally. There is no comparable provision for Council employed staff as this is treated as a non-controllable cost and not passed on to the IJB. NHS Highland also made a provision at the year end of £0.4m for re-grading of HSCP Health Care Assistants. Both of these provisions are reflected in the outturn position.

There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the partner Annual Accounts. There would be further consideration of funding requirements for the IJB where the historic funding of these financial provisions are insufficient and may affect the IJB funding arrangements.

6. FINANCIAL OUTLOOK, RISKS AND PLANS FOR THE FUTURE

Budget 2022-23

The budget for 2022/23 was widely consulted on and approved by the IJB in March 2022. The Scottish Government's budget allocated additional funding to the Health & Social Care sector and this was passed through to us by Argyll and Bute Council and NHS Highland. This meant that the HSCP budget increased. The budgeted resources available to the HSCP in 2022/23 total £321m, we have planned to spend all of this on the services we deliver. Additionally, to ensure that we continue to improve efficiency and deliver value for money we have a savings programme which totals £6.0m. As reported in note 7, the HSCP also has significant reserves it has been able to carry forward and these will be use to further develop services and are in addition to our revenue budget. A key aspect of the budget for 2022/23 is that we have made allowance to ensure that all care staff, including those employed by our partners, receive a minimum of £10.50 per hour in line with Government policy.

The HSCP consulted widely on its savings programme and budget setting process. It has operated within budget for the past two years and is confident it will do so again in 2022/23. Operating on a financially sustainable basis is a strategic priority and this will in turn ensure that we can invest in our infrastructure and services in a planned way in future.

Medium to Longer Term Outlook

Looking into 2022/23 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging financial outlook, this is outlined in the Spending Review published by the Scottish Government in May 2022. The impact of inflation and reducing real terms value of public funding are likely to present a real challenge when coupled with increasing demand for services.

The HSCP seeks to look three years ahead in respect of its financial planning and the three year plan outlined in the Scottish Government's spending review greatly assists this process. It is clear that significant challenges lie ahead in respect of public funding in Scotland, although Health and Social Care is prioritised. Financial pressures will require to be managed through on going value for money and efficiency improvement work, the implementation of new ways of working and careful forward planning. Investment in service transformation and development in the short term will have a focus on meeting anticipated future financial challenges.

The HSCP is in the process of updating its medium term financial plans and anticipated that it will be required to deliver cash releasing efficiency savings of at least 2% or £7m per year to offset the impact of increasing costs and inflationary pressures.

Financial Risks and Challenges

The IJB has a robust approach to Risk Management and responsibility for oversight of financial risks and mitigations sits with its Finance & Policy Committee. Financial risks are considered and reported on a regular basis, four key financial risks which have an assessed value of £500k or more have been identified:

Identified Risk	Estimated Value £000	Summary of Mitigations
Sustainability of current service providers – risk that service providers will reduce or close critical provision in the area resulting in additional costs to the HSCP as it is required to identify alternative ways of providing care.	£750k (£0.5m-£1.5m range)	On-going dialogue, monitoring and review. Engagement with Scottish Government in respect of funding for specific instances.
Non-Pay Inflation – risk that macroeconomic conditions, increasing inflation, fair pay policy and supply chain disruption will result in non-pay inflation which exceeds budgeted allowance.	£500k (£0.5m-£1.5m range)	Monitoring of inflation, continuous review of contract rates and pricing. Focus on delivery of savings programme to mitigate in a way that is mindful of pressures facing key partners.
Pay – risk that pay settlements will exceed public pay policy and will not be fully funded by the Scottish Government. Risk increased as a consequence of high inflation rate.	£500k (£0.5m-£1.5m range)	Engagement in sector networks and close monitoring of progress with pay negotiations. Careful modelling and on-going vacancy management in place until uncertainty is reduced.
Savings – failure to deliver the savings programme in full during the year contributes to a budget overspend and failure to achieve financial objectives.	£500k (£0.5m-£1.5m range)	Hold funds in reserve, enabled by early repayment of debt.

There are a large number of additional risks which have a financial impact. These relate to service demand and increased SLA costs (particularly in respect of our contract with NHS Greater Glasgow and Clyde). The potential for further covid-19 related disruption, to the extent that it is not funded, represents a further risk. This is particularly important as no further funding from the UK Government is expected to be available to cover such additional costs. The macroeconomic environment is clearly concerning and presents a significant short term and long term risk. Whilst the implications for the HSCP of higher inflation can be modelled and are

understood, the impact that it will have upon some of the most vulnerable in the communities we serve is of additional concern. Increased poverty and impacts on health and well-being can be expected, this in turn may further increase service pressures.

In respect of wider strategic risks, the HSCP has identified the following as the key risks it faces at present:

- Sustainability of Commissioned Service Providers
- Workforce Recruitment and Retention
- Current socio-economic situation and cost of living crisis

Covid-19 pandemic

The pandemic has continued to have a considerable impact on the HSCP. Whilst we have been able to re-mobilise services at times during the year, the emergence of the omicron variant over the winter of 2021/22 reversed some of the progress made. The NHS was again placed on an emergency footing in November 2021. Locally we were able to minimise disruption to key services but did experience increases in covid related staff absence combined with increased health and care demand.

A further pressure during the year was the requirement to deliver repeated mass vaccinations throughout the year. We performed very well in ensuring that our local communities had access to vaccines across the region, we acknowledge the importance of partnership working to deliver the programme effectively, particularly in our remote and island communities. The efforts of our staff and GP practices to roll this out have been deeply appreciated.

Residential care homes in the area have had to continue to implement covid protocols throughout the year and several of these have had to temporarily close as a result of infections being identified. This has placed additional pressure on managing patient flows, particularly over the winter period.

We have continued to operate our Personal Protective Equipment (PPE) hubs, established in 2020. These have helped support our staff and partners in ensuring that appropriate PPE and covid test kits were available throughout the year. Use of PPE has continued to exceed pre-pandemic levels, the cost of these total £2.1m and was fully funded.

In addition we have been making financial sustainability payments to social care providers for loss of income due to reduced occupancy levels, extra costs, and in support of planned care arrangements and for the Staff Support Fund.

The Scottish Government has approved all Covid-19 mobilisation plans. Regular cost trackers have been returned to Scottish Government via the Local Management Plan (LMP) submission process. The Scottish Government has issued a number of tranches of funding which amount in total to £9.4m (£11.7m for 2020/21) for the HSCP in respect of the LMP. As noted previously, this includes funding of undelivered savings (£1.1m). In addition, £10.9m of covid related funding has been carried forward within reserves to enable the HSCP to address on-going covid

related costs. We have estimated direct costs associated with managing the impact of covid for 2022/23 at £5.2m, costs associated with re-mobilising Health and Care provision are in addition to this forecast.

7. CONCLUSION

The Integration Joint Board's final outturn position for 2021/22 was an underspend of £682k which has been carried forward in reserves. It has been earmarked to support costs associated with transformation projects in 2022/23. Additionally, the HSCP was able to clear the remaining balance of debt due to Argyll & Bute Council (£2.8m), this was an important achievement which places the HSCP in a much improved financial position.

The operating environment going forward remains very challenging as there is a backlog of people awaiting diagnosis and treatment and increased demand for a range of services. The longer term financial environment is also likely to be difficult as the impact of higher inflation and tight public funding settlements will make it challenging to operate on a financially sustainable basis. In this context the on-going identification and delivery of efficiency savings are extremely important. Making best use of the resources we now have available to us to transform and improve services will help ensure that we are well placed to meet both the financial and service challenges we face.

8. ACKNOWLEDGEMENTS

We would take this opportunity to acknowledge the significant effort in producing the Annual Accounts and to record our thanks to members of the Integration Joint Board and staff for their continued hard work and support.

Sarah Compton-Bishop	Fiona Davies	James Gow
Chair	Chief Officer	Head of Finance & Transformation
23 November 2022	23 November 2022	23 November 2022

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- to ensure the Annual Accounts are prepared in accordance with the legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government Act 2003);
- to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board had responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this organisation, that officer is the Chief Financial Officer;
- to manage its affairs to secure economic, efficient and effective use of its resources and safeguard its assets; and
- to approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature by the Argyll and Bute Integration Joint Board at its meeting on 23rd November 2022.

Signed on behalf of the Integration Joint Board:

Sarah Compton-Bishop
Chair
23 November 2022

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES:

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual accounts the Chief Financial Officer is responsible for:

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates on a reasonable basis;
- complying with legislation;
- complying with the Local Authority Code of Practice (in so far as it is compatible with legislation).

The Chief Financial Officer is also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

I certify that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2022, and its income and expenditure for the year then ended.

James Gow
Head of Finance and Transformation
23 November 2022

INTRODUCTION

The Annual Governance Statement explains Argyll and Bute Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJBs system of internal control.

SCOPE OF RESPONSIBILITY

Argyll and Bute IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.

In discharging these responsibilities, the IJB has put in place arrangements for governance of its affairs which includes a system of internal control. The system is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to manage risks efficiently, effectively and economically to achieve the organisation's policies, aims and objectives.

The IJB places reliance on the NHS Highland and Argyll and Bute Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

The system can only provide reasonable and not absolute assurance of effectiveness.

GOVERNANCE FRAMEWORK

The Argyll and Bute IJB has been established as a separate legal entity from both Argyll and Bute Council and NHS Highland, with a separate governance framework. The IJB comprises eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board members of NHS Highland. In addition there are a number of non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers and Staff.

The arrangements for the operation, remit and governance of the IJB are set out in the Argyll and Bute Integration Scheme which has been prepared and approved by Argyll and Bute Council and NHS Highland.

The IJB, via a process of delegation from the Health Board and Local Authority, as outlined in the Scheme of Integration, has responsibility for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute. The scheme of integration was revised as required by the legislation. The revised scheme was approved by Scottish Government on 23 March 2021 and is published on the Council and NHS Highland websites.

The funding available to Argyll and Bute IJB is dependent on the funding made available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. The IJB is therefore

reliant on both partners for the resources to deliver health and social care services. The main features of the governance framework in place during 2021-22 were:

- The Integration Scheme which outlines the scope and functions of services that are delegated, the clinical and care governance, financial and operational management arrangements.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, the Integration Scheme, Financial Regulations and Standing Financial Instructions; these are subject to regular review.
- The strategic vision, mission and values of the IJB are set out in the Strategic Plan and are aligned to deliver on the National Outcomes for Adults, Older People and Children.
- Effective partnership working with the Council and NHS Highland to ensure delivery of the Strategic Objectives, through information sharing and clear lines of responsibility.
- Members of the IJB subscribe to, and comply with, the Standing Orders and Code of Conduct. The appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.
- Appropriate training, development and induction is provided for all new IJB members. Performance Development and Review schemes are in place for all staff through each partner agency, the aim of which is to focus on their individual performance and development and contribution towards meeting service objectives.
- 4 Locality Planning Groups have been established, these aim to provide an effective mechanism for local leadership of service planning and a way for localities to influence how resources are allocated in their area and allow them to contribute to the delivery of the Strategic Plan. These groups did not meet during 2021/22 due to the pandemic and on-going service pressures, they started to meet regularly again in June 2022.
- Effective scrutiny and decision making is supported by the formal submission of reports, findings and recommendations by Audit Scotland, Inspectorates and the Internal Audit service.
- The decision making structure whereby the committees of the IJB have agreed Terms of Reference. These include the Clinical and Care Governance Committee, Audit and Risk Committee, Finance & Policy Committee, Strategic Planning Group and Locality Planning Groups. Revised terms of reference, including a new annual reporting process from committees, were formally approved by the IJB in January 2021.
- The work and outputs from committees is publicly available and reported through minutes being considered by the IJB. All committees self-assess their performance and provide an annual assurance report to the IJB.
- The Planning and Performance Management Framework focusses on embedding a performance management culture throughout the organisation with regular reporting to the Board via a performance scorecard. The Integration Joint Board also publishes an Annual Performance Report. An improved Integrated Performance Management regime is being developed.
- Reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland where these are operationally delegated. The IJB key governance documents are subject to periodic review.

- The legislative framework requires the Chief Officer to be a single point of overall strategic and operational advice to the IJB and to be a member of the Senior Management Teams of Argyll and Bute Council and NHS Highland.

All IJB meetings and committee meetings took place by remote conferencing, this is anticipated to continue as an efficient way of conducting business. Members of press and public were enabled to attend the meeting, and the recording of the meeting was subsequently published alongside the minutes. In March 2020, the IJB agreed a delegation of powers to the Chief Officer in an emergency to instruct executive action on any matter for the duration of the Covid-19 emergency in consultation with the Chair or Vice Chair of the Board with such matters being subsequently reported to the Board when this is possible. This delegation was not utilised, but was in place throughout the year.

THE SYSTEM OF INTERNAL FINANCIAL CONTROL

The governance framework described operates on the basis of a system of internal controls. This is based on a framework of regular management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB. During 2021-22 this included the following:

- Financial Regulations and guidance relating to financial processes and procedures, these were last updated during 2020/21.
- Formalised budget setting process, which includes public consultation, a three year budget outlook and identification of new savings projects.
- Regular review of detailed financial performance reports.
- Formal project management discipline.
- Regular Finance and Policy Committee meetings to provide scrutiny of the financial position and progress with savings and service transformation.
- An effective and independent Internal Audit function.
- Integrated financial reporting and financial risk management.

The system of internal financial control can provide only reasonable and not absolute assurance and is designed to manage risk to a reasonable level. Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)'.

In relation to managing the risk of fraud and corruption the IJB relies upon the financial regulations, processes and procedures put in place by both partners. Its Audit & Risk committee review arrangements for managing fraud risk, including through the work of its internal and external auditors. These arrangements are considered to provide adequate assurance on the management of fraud risk and are considered to be compliant with CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption.

UPDATE ON GOVERNANCE IMPROVEMENT ACTIONS

A number of areas for development in respect of governance have been identified, several of these were completed in 2020/21, an update on the remaining actions is provided below:

Planned Action	Progress Update
A detailed workforce plan will be developed demonstrating how this supports the Strategic Plan, this will also link to support activities such as training and recruitment.	An interim workforce plan has been prepared and submitted to the Scottish Government. The target submission date for the full workforce plan was pushed back to July 2022.
Risk management to be embedded in the culture of the organisation.	Complete - the revised Risk Strategy has been implemented and a new Contingency, Risk and Resilience group has been established to further strengthen Risk Management.
Continuing development of performance management and performance scrutiny aligned with the Strategic Plan primary objectives and revised National Health and Wellbeing Outcome indicators.	Progress with implementing the new Integrated Performance Regime for the HSCP has been delayed due to the covid-19 pandemic and will be rolled out progressively during 2022/23.
Further develop the capacity and capability of Locality Planning Groups to ensure members have the support and capability to use and interpret data to facilitate the implementation of Strategic Plan objectives at locality level.	The 4 Locality Planning Groups were unable to meet during 2021-22 due to the pandemic. The groups started to meet regularly again from June 2022.
Development programme for IJB members to be established, informed by a self-evaluation process, this will be supported by the Local Government Improvement Service.	Complete - IJB development sessions are now embedded.
Establish and develop the Transforming Together approach to the delivery of service change with a focus on the development of strategy and policy documents to underpin the service changes.	Complete - The Transformation Board is now an embedded part of the governance structure. It has defined the Transformation priorities and provides oversight of progress and ensures consistency with strategic planning and considers carefully interdependencies between programmes.
To produce an ICT and digital strategy for the IJB which links to the objectives of the HSCP Strategic Plan and cross references to the relevant strategies of our two partners organisations, and establish an HSCP wide digital and ICT steering group.	Complete – a Digital Strategy for the HSCP has been completed and shared with both partners. Implementation is now underway. The Digital Health and Care Board has been established.

Planned Action	Progress Update
To produce a schedule setting out how all the elements of the Safe Staffing Act have been implemented	The Safe Staffing act has not yet been fully implemented, work on establishment setting within the safe staffing framework for Nursing staff is complete and it is at an advanced stage for AHP staffing.

DATA PROTECTION

The HSCP is committed to the highest standards of Data Protection and has put in place arrangements to ensure compliance with the General Data Protection Regulations in partnership with NHS Highland and Argyll & Bute Council. There were no significant or notifiable data breach incidents during 2021/22.

INTERNAL AUDIT

The IJB is required to put in place adequate and proportionate internal audit arrangements to provide independent assurance on risk management, corporate governance and the system of internal control. Following a competitive tendering process, Argyll and Bute Council Internal Audit Service were contracted as internal auditors for the IJB from 1 April 2021.

The IJB complies with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the IJB Audit and Risk Committee.

The role of the IJB Audit and Risk Committee is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes. Membership of the IJB Audit and Risk Committee includes six members of the IJB. Professional advisors, the internal auditor and external auditor support the committee and attend where appropriate. The Audit Plan was agreed at the Audit and Risk Committee meeting in April 2021, the plan for 2021/22 included reviews of:

- The Care Programme Approach
- Child Protective Services (for Argyll & Bute Council)
- Complaints Handling
- Workforce Planning

Due to the requirement to prioritise the response to Omicron, the latter two audits were delayed and were not reported to the Audit & Risk Committee until June 2022. In addition, the Committee considered a wide range of reports including several published by Audit Scotland. The Audit and Risk Committee also reviews performance in implementing audit recommendations. The April

2022 update reported that 4 recommendations were considered complete by the internal Auditor, 7 were on track and a further 5 delayed, largely as a result of prioritising the covid-19 response.

The Chief Internal Auditor provides the Audit Committee with an annual report on internal audit activity for the Integration Joint Board. The annual report includes an independent opinion on the adequacy and effectiveness of the systems of governance and internal control. For financial year 2021/22 the Internal Auditor provided limited assurance to the Committee based upon the work that they were able to complete during the year.

BEST VALUE

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. The Annual Performance Report 2020/21 approved by the IJB on 24 November 2021 sets out how it fulfilled its obligations for best value in that year. The Annual Performance Report for 2021-22 will be publicly available in November 2022. A short summary against the 8 best value themes is given below:

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the new Strategic Plan and the new Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB. The Commissioning Strategy can be accessed at:
https://www.argyll-bute.gov.uk/moderngov/documents/s184556/Joint%20Strategic%20Commissioning%20Strategy%20A2.pdf

Governance and Accountability

The IJB has significantly improved its governance and seeks to continually develop and improve in response to emerging good practise and independent audit review. It has made excellent progress in implementing its governance improvement programme to ensure it operates in an open and transparent way. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. NHS Highland has implemented a formal Project Management Office approach to delivering savings projects and their methodology has also been extended to the full savings programme. Better financial management and governance has been a priority for a number of years, and this has contributed to the much improved financial position the HSCP is now in.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with key care home and care at home providers. It has been commended by these stakeholders for this. This has continued throughout the year and illustrates the ethos of partnership working. A further example of this partnership working during 2021/22 was the high levels of engagement from partners in the development of the Commissioning Strategy and the new Strategic Plan.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Commissioning Strategy and the Strategic Plan. A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. It aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability

The Covid-19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel, for both staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. Other developments such as a project to trial the use of drones for transporting items such as laboratory samples from islands and remote areas and the electrification of the fleet are first steps in delivering upon carbon reduction targets. There has also been close working with commissioned providers to try and ensure their financial sustainability, particularly for loss of income and extra costs due to Covid-19.

Performance, Outcomes & Improvement

Reporting on performance has continued during the last year, however, health and care activity has reduced due to the impact of managing the covid pandemic and this has resulted in increased waiting times and increased un-met care needs. The HSCP is working to increase activity to pre-pandemic levels and address the backlog. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is implemented.

REVIEW OF EFFECTIVENESS

The IJB places reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland. The IJB operates within an established procedural framework and the partner organisations provide assurance over the effectiveness of their systems of internal control.

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal financial control. This is informed by:

- The work of officers within the IJB
- The work of Internal Audit
- The work of External Audit
- External review and inspection reports
- The compliance with statutory guidance issued for the integration of services
- Recommendations from the Audit Committee.

Internal Audit carried out a formal review of Corporate Governance in 2019-20. A number of recommendations for improvement were made. Progress in implementing these is outlined in detail earlier in this section.

CONCLUSION AND OPINION ON ASSURANCE

Significant progress has been made to ensure appropriate governance arrangements are in place, and further improvement and development is ongoing to ensure that the Partnership is able to deliver on its strategic objectives and operate on a financially sustainable basis. The commitment to governance improvement and the progress made to date demonstrates a high level commitment from both the Board and staff to ensuring open and transparent governance.

While recognising the on-going need for further improvement, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute IJB's systems of governance.

Sarah Compton-Bishop
Chair
23 November 2022

Fiona Davies
Chief Officer
23 November 2022

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Remuneration Report

1. INTRODUCTION

The Local Authority Accounts (Scotland) Amendment Regulations 2014 (SSI No.2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts. The information disclosed in the tables in this Remuneration Report is subject to external audit. The explanatory text is reviewed by external auditors to ensure it is consistent with the Financial Statements.

2. INTEGRATION JOINT BOARD

The IJB comprises eight voting members appointed in equal numbers by the Health Board and Council. The partners appoint a Chair and Vice Chair in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Article 4 of the Order provides for the Chair to be appointed by NHS Highland or Argyll and Bute Council from among the voting members nominated by NHS Highland and the Council. The Vice Chair is appointed by the constituent authority who did not appoint the Chair.

The NHS Board and the Council have responsibility for these appointments on an alternating basis and the NHS Board and the Council may change the person appointed by them as Chair or Vice Chair during an appointing period. NHS Highland appointed Sarah Compton-Bishop as Chair from 1 April 2021 for a 2 year period. Argyll and Bute Council appointed Councillor Kieron Green as Vice Chair from 1 April 2021 to 19 May 2022 and Councillor Amanda Hampsey as Vice Chair from 19 May 2022. In addition there are professional advisors and stakeholder members who are non-voting members of the Integration Joint Board.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The IJB does not reimburse the relevant partner organisations for any voting board members costs. The IJB does not have responsibilities, either in the current or future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights or disclosures are provided for the Chair or Vice Chair.

3. OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The Chief Officer is regarded as an employee of the IJB although the contract of employment is with NHS Highland. George Morrison was appointed as Interim Chief Officer from 1 April until 3 May 2021. Fiona Davies was then appointed as Interim Chief Officer with effect from 4 May 2021 and then on a permanent basis from 4 February 2022, following an open recruitment process.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Judy Orr was seconded from Argyll and Bute Council as Head of Finance and Transformation for a two year period from 1 June 2019 to 30 June 2021, the role includes responsibility of acting as Chief Financial Officer. George Morrison, Deputy Chief Officer, covered the role from 1 July 2021 to 9 August 2021 and then James Gow from that date.

The following table sets out the remuneration disclosures for 2021-22 for senior officers:

Total 2020-21 (restated)* £	Senior Officer	Salary (Including Fees and Allowances) £	Taxable Expenses £	Total 2021-22 £	Full Year Equivalent £
-	Chief Officer – Fiona Davies (from 4 May 2021)	89,292	-	89,292	98,130
85,638	George Morrison – Depute Chief Officer / Acting Chief Officer	89,740	-	89,740	-
80,060	Chief Financial Officer – Judy Orr (until 30 June 2021)	20,210	204	20,414	80,336
-	Chief Financial Officer – James Gow (from 9 August 2021)	51,830	530	52,360	80,336
271,122	**Total**	**251,072**	**734**	**251,806**	

* the 2020/21 figures have been restated as the Depute Chief Officer is now considered to be a senior officer.

4. PENSION BENEFITS

In respect of officers' pension benefits the statutory responsibility for any future contributions rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer or any other officers. The IJB however has a responsibility for funding the employer contributions for the current year. The Chief Officer is a member of the NHS Pension Scheme, costs for the pension scheme contributions and accrued pension entitlements are shown in the table below:

2020-21			2021-22	
In-year Pension Contributions £	Accrued Pension Benefits £		In-year Pension Contributions £	Accrued Pension Benefits £
-	-	**Chief Officer** – Fiona Davies (from 4 May 2021)	18,512	Pension 24,992 Lump Sum 55,823
17,777	Pension 43,080 Lump Sum 122,804	**Depute Chief Officer** – George Morrison	18,735	Pension 47,123 Lump Sum 129,427

15,342	Pension 30,280 Lump sum 38,310	**Chief Financial Officer** – Judy Orr (until 30/06/2021)	4,554	Pension 30,814 Lump sum 38,310
-	-	**Chief Financial Officer –** James Gow (from 9 August 2021)	9,336	Pension 987 Lump Sum 0

5. DISCLOSURE BY PAY BANDS

Pay Band information is not separately provided as all staff pay information has been disclosed in the information above.

6. EXIT PACKAGES

There were no exit packages agreed during the year ended 31 March 22 or during financial year 2020-21.

Sarah Compton-Bishop
Chair
23 November 2022

Fiona Davies
Chief Officer
23 November 2022

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

The statement below shows the cost of providing services for the year according to accepted accounting practices.

2020-21		2021-22		
Net Expenditure £000		**Gross Expenditure £000**	**Income £000**	**Net Expenditure £000**
149,417	Adult Care	166,195	(10,092)	156,103
4,116	Chief Officer	5,223	(2,322)	2,901
20,974	Children and Families	25,746	(2,960)	22,786
3,554	Community and Dental Services	3,755	(288)	3,467
2,712	Lead Nurse	3,673	(177)	3,496
1,626	Public Health	3,051	(62)	2,989
3,040	Strategic Planning and Performance	3,330	(51)	3,279
5,700	Estates	6,863	(319)	6,544
2,642	Depreciation	2,576	0	2,576
19,872	General Medical Services	20,970	(10)	20,960
66,142	Greater Glasgow & Clyde Commissioned Services	68,789	0	68,789
(1,368)	Income – Commissioning and Central	0	(1,944)	(1,944)
7,591	Management and Corporate Services	5,653	(197)	5,456
10,909	NCL Primary Care Services	11,516	(681)	10,835
3,902	Other Commissioned Services	4,128	0	4,128
300,828	**Cost of Services**	**331,468**	**(19,103)**	**312,365**
(306,809)	Taxation and Non-Specific Grant Income (note 4)			(326,975)
(5,981)	**(Surplus) or Deficit on Provision of Services**			**(14,610)**
(5,981)	**Total Comprehensive (Income) and Expenditure**			**(14,610)**

The movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2021-22:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2021	**(6,586)**	**(6,586)**
(Surplus) / Deficit on Provision of Services	(14,610)	(14,610)
(Increase) / Decrease in Year 2020-21	**(14,610)**	**(14,610)**
Closing Balance at 31 March 2021	**(21,196)**	**(21,196)**

Movements in Reserves During 2020-21:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2020	**(605)**	**(605)**
(Surplus) / Deficit on Provision of Services	(5,981)	(5,981)
(Increase) / Decrease in Year 2020-21	**(5,981)**	**(5,981)**
Closing Balance at 31 March 2021	**(6,586)**	**(6,586)**

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 £'000		Note	31 March 2022 £'000
	Current Assets:		
6,586	Short Term Debtors	5	21,196
6,586	**Net Assets**		**21,196**
6,586	Usable Reserve: General Fund	7	21,196
6,586	**Total Reserves**		**21,196**

The unaudited accounts were authorised for issue on 30 June 2022. The audited accounts were authorised for issue on 23 November 2022.

James Gow
Head of Finance and Transformation
23 November 2022

1. SIGNIFICANT ACCOUNTING POLICIES

1.1 General Principles

The Financial Statements summarise the transactions of the Integration Joint Board for the 2021-22 financial year and its position for the year end as at 31 March 2022.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2021-22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

For the Integration Joint Board annual accounts a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board. Where any in-year overspend exceeds reserves available the partners will make additional in-year payments, in this instance a creditor will not be recognised as future funding would be adjusted to reflect any future repayment.

1.3 Offsetting of Debtors and Creditors

The Integration Joint Board does not hold cash and cash equivalents. Instead the funding partners utilise, as directed by the Integration Joint Board, the amount of funding due to the Integration Joint Board to pay for services.

The Integration Joint Board and the funding partners have confirmed that there is a 'right of offset', and that there is an intention to allow settlement of balances to be undertaken on a net basis. On this basis the Integration Joint Board's financial statements present the balances due to and from the funding partners on a net basis rather than as separate creditors and debtors.

1.4 Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Argyll and Bute Council and NHS Highland. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Argyll and Bute.

1.5 Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each partner at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

1.6 Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. Details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.7 Provisions

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund. Where NHS Highland or Argyll and Bute Council recognise provisions in relation to services included in the Integration Scheme these are disclosed in the Integration Joint Board's Annual Accounts.

1.8 Reserves

The Integration Joint Board has a Reserves Policy in place which details the nature and use of reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in future years.

1.9 Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Highland and Argyll and Bute Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Integration Joint Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements. Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet. The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.10 VAT Status

The IJB is a non-taxable person and does not charge or recover VAT on its functions.

2. EVENTS AFTER THE REPORTING PERIOD

The audited Annual Accounts were authorised for issue on 23 November 2022. Events taking place after this date are not reflected in the financial statements or notes. Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period, the Annual Accounts are adjusted to reflect such events.

- Those that are indicative of conditions that arose after the reporting period – The Annual Accounts are not adjusted to reflect such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

There are no events to report after the reporting period end.

3. EXPENDITURE AND INCOME ANALYSIS BY NATURE

31 March 2021 £'000		31 March 2022 £'000
	Services Commissioned from Argyll and Bute Council and NHS Highland:	
97,500	Employee Costs	101,153
10,100	Premises Costs	10,009
14,667	Supplies and Services	15,183
2,362	Transport Related Costs	3,201
142,976	Third Party Payments	148,745
(17,331)	Income	(19,104)
50,281	Primary Care Services	52,930
	Other:	
247	Other IJB Operating Expenditure	220
27	Fees payable to Audit Scotland - External Audit Fees	28
(306,809)	Partners Funding Contributions and Non-Specific Grant Income	(326,975)
(5,981)	**(Surplus) or Deficit on the Provision of Services**	**(14,610)**

Audit Scotland did not receive any fees for non-audit work.

4. TAXATION AND NON-SPECIFIC GRANT INCOME

The following taxation and non-specific grant income was recognised in the Comprehensive Income and Expenditure Statement:

31 March 2021 £'000		31 March 2022 £'000
57,995	Funding Contribution from Argyll and Bute Council	62,871
248,814	Funding Contribution from NHS Highland	264,104
306,809	**Taxation and Non-specific Grant Income**	**326,975**

The funding contributions from the partners shown above excludes any funding which is ring-fenced for the provision of specific services. Such funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

5. DEBTORS

31 March 2021 £'000		31 March 2022 £'000
4,197	NHS Highland	19,049
2,389	Argyll and Bute Council	2,147
6,586	**Total Debtors**	**21,196**

Amounts owed by the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

6. RELATED PARTY TRANSACTIONS

The Integration Joint Board has related party relationships with NHS Highland and Argyll and Bute Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts provide additional information on the relationships.

Transactions with NHS Highland:

2020-21 £000		2021-22 £000
(248,814)	Funding Contributions received from NHS Highland	(264,104)
228,691	Expenditure on Services Provided by NHS Highland	233,408
(20,123)	**Net Transactions with NHS Highland**	**(30,696)**

There are key management personnel employed by NHS Highland, these costs are included in the expenditure on services provided. The non-voting Board members employed by NHS Highland include the Lead Nurse, Clinical Director for Argyll and Bute, Public Health Specialist, Lead Allied Health Professional, Lead Pharmacist, Staff Representative and representatives from primary care and medical services. Details of remuneration, where required, is provided in the Remuneration Report.

Transactions with Argyll and Bute Council

2020-21 £000		2021-22 £000
(57,995)	Funding Contributions received from Argyll and Bute Council	(62,871)
78,118	Expenditure on Services Provided by Argyll and Bute Council	78,957
20,123	**Net Transactions with Argyll and Bute Council**	**16,086**

There are key management personnel employed by Argyll and Bute Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by Argyll and Bute Council include the Chief Financial Officer, Chief Social Work Officer and a Staff Representative. Details of remuneration, where required, is provided in the Remuneration Report.

Support services, such as human resources, financial services, information technology and accommodation are not included in the delegations from Argyll and Bute Council. These are provided free of charge as 'services in kind' and are therefore not included in the expenditure of the Integration Joint Board.

7. USABLE RESERVE: GENERAL FUND

The Integration Joint Board holds a balance on the General Fund which will normally comprise of three elements:

1. Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, earmarked reserves are accounted for separately but remain legally part of the General Fund. The identification of earmarked reserves may include:
   - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
   - reserves for unspent revenue grants or contributions which were allocated for a defined purpose.
2. Funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events; and
3. Funds held in excess of the target level of reserves and identified earmarked sums. Such reserves can be spent or earmarked at the discretion of the Integration Joint Board.

The following table shows the movements on the General Fund balance:

2020-21		2021-22		
Balance at 31 March 2021 £000		Transfers Out £000	Transfers In £000	Balance at 31 March 2022 £000
1,793	Primary Care Transformation Fund	(260)	1,529	3,062
239	Mental Health Action 15 Fund	0	51	290
144	Technology Enabled Care	(20)	18	142
160	Alcohol & Drugs Partnership	(160)	185	185
146	Best start maternity services	(60)	0	86
83	Supporting improvements to GP premises	0	95	178
17	Scotgem accommodation funding	(10)	14	21
10	ACT widen access 19-20	(10)	0	0
2,748	Covid-19 support	(2,706)	10,447	10,489
300	Community Living Change Fund	0	0	300
250	ACT Aros Residences Upgrade	(186)	120	184
92	Primary Care OOH Funding	0	140	232
82	Insulin Pumps	(12)	0	70
78	ASC Nurse Director Support IPC	(17)	0	61
72	Trauma Network Tranche 1 / Tranche 2	(9)	0	63

67	PFG School Nursing Tranche 2	0	99	167
60	District Nurse Posts	(34)	101	127
52	E-health Strategy Funding	(0)	20	72
44	Reduce Drug Deaths	(44)	0	0
41	Perinatal MH Funding	0	120	161
28	Mental Health Officer Training	0	0	28
25	Type 2 Diabetes Framework	(2)	9	32
24	Trauma Training Programme	(5)	50	69
20	Child Healthy Weight	(20)	0	0
9	Staff Wellbeing Funding	0	76	85
0	Oban Accommodation Funding	0	145	145
0	Primary Care Education Fund	0	250	250
0	Vehicle Fleet Decarbonisation	0	87	87
0	Additional Band 2-4 Staffing	0	259	259
0	Nursing Support for Care Homes Funding	0	151	151
0	Remobilisation of Dental Services	0	90	90
0	Mental Health Facilities Funding	0	285	285
0	Diabetic Technologies Funding	0	205	205
0	Waiting Times Funding	0	497	497
0	Interface Care Programme	0	133	133
0	Medical Assisted Treatment Standards	0	114	114
0	Psychological Therapies	0	56	56
0	Inequalities Project Funding	0	26	26
0	Dementia Post Diagnostic Support	0	67	67
0	Mental Health Pharmacology Funding	0	18	18
0	Dental Equipment	0	129	129
0	Eating Disorders Funding	0	69	69
0	Ventilation Improvement	0	82	82
0	Mental Health Recovery Services	0	39	39
0	Whole Family Wellbeing Fund	0	39	39
0	Care at Home Funding	0	288	288
0	Multi Disciplinary Teams Funding	0	214	214
0	Interim Care Funding	0	447	447
0	Primary Care Project Funding	0	75	75
0	Children's Mental Health Services (CAHMS)	0	645	645
6,586	**Total Earmarked**	**(3,555)**	**17,484**	**20,514**

0	General Reserves – Earmarked for Service Transformation	0	682	682
6,586	**General Fund**	**(3,555)**	**18,166**	**21,196**

8. CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In preparing the 2021/22 Annual Accounts, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no critical judgements or material estimation uncertainties included within the Annual Accounts.

Independent auditor's report to the members of Argyll and Bute Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the body as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 26 September 2022. The period of total uninterrupted appointment is one year. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Head of Finance and Transformation and Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Transformation is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Transformation determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Transformation is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Head of Finance and Transformation is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit;
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pauline Gillen CPFA
Audit Director
Audit Scotland
4th Floor, South Suite
Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

23 November 2022

Argyll & Bute Integration Joint Board

2021/22 Annual Audit Report

AUDIT SCOTLAND

Prepared for Argyll & Bute Integration Joint Board and the Controller of Audit
November 2022

Contents

Key messages

2021/22 annual accounts

1 Our audit opinions on the annual accounts of the Argyll & Bute Integration Joint Board are unmodified.

2 The Covid-19 pandemic has continued to create additional challenges for the IJB and audit staff alike. As a result of this, the statutory deadline to publish the audited 2021/22 annual accounts was revised to 30 November 2022.

3 The IJB prepared its annual accounts for the year within agreed timescales and the accounts and associated working papers have been prepared to a good standard.

Financial management and sustainability

4 The IJB has appropriate and effective financial management arrangements in place and returned an underspend of £0.7 million against a budgeted breakeven outturn. This was partly due to the receipt of Scottish Government support for all additional Covid-19 costs.

5 The IJB repaid all of its outstanding £2.8 million debt due to Argyll & Bute Council.

6 Medium-term financial plans have been developed based upon the Scottish Government's Spending Review for the period 2023/24 to 2025/26 and the IJB has identified a cumulative budget deficit of £29.3 million over this period. The organisation recognises that it continues to face challenges delivering savings targets coupled with an increased demand for services.

Governance, Transparency and Best Value

7 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board. Governance arrangements operating throughout the Covid-19 pandemic have been appropriate and operated effectively.

8 Performance indicators and associated targets have been kept under review to ensure they reflect the impact of Covid-19 on methods of service delivery and the associated outcomes. The IJB is looking to strengthen these arrangements by developing its Integrated Performance Management framework in 2022/23.

Introduction

1. This report summarises the findings arising from the 2021/22 audit of Argyll & Bute Integration Joint Board (the IJB).

2. The scope of the audit was set out in our 2021/22 Annual Audit Plan presented to the April 2022 meeting of the Audit and Risk Committee. This report comprises the findings from:

- the audit of the IJB's 2021/22 annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the Code of Audit Practice 2016
- a review of the arrangements put in place by the IJB to secure Best Value.

3. The global coronavirus pandemic has had a considerable impact on the IJB during 2021/22. This has had significant implications for the services it delivers. We have continued to adapt the way we deliver our audit work to maintain quality and address any additional risks.

Adding value through the audit

4. We add value to the IJB, through the audit by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability
- making use of hybrid working to meet the revised statutory deadline of 30 November 2022 for audited annual accounts
- sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

6. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

7. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government in Scotland Act 1973, the Code of Audit Practice 2016 and supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the effectiveness of the IJB's performance management arrangements
- the suitability and effectiveness of corporate governance arrangements
- the financial position and arrangements for securing financial sustainability and
- Best Value arrangements.

9. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice 2016. and supplementary guidance.

10. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. Our annual audit report contains an agreed action plan at Appendix 1 setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and the progress that has been made.

Auditor Independence

12. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2021/22 audit fee of £27,960 as set out in our 2021/22 Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course. We would like to thank the management and staff who have been involved in our work for their cooperation and assistance during the audit.

Audit appointment from 2022/23

15. The Accounts Commission is responsible for the appointment of external auditors to local government bodies. External auditors are usually appointed for a five-year term either from Audit Scotland's Audit Services Group or a private firm of accountants. The current appointment round was due to end in 2020/21 but this was extended for a year so that 2021/22 is the last year of the current appointment round.

16. The procurement process for the new round of audit appointments was completed in May 2022. From financial year 2022/23, Mazars will be the appointed auditor for Argyll & Bute Integration Joint Board. We are working closely with the new auditors to ensure a well-managed transition.

17. A new Code of Audit Practice applies to public sector audits for financial years starting on or after 1 April 2022. It replaces the Code issued in May 2016.

Acknowledgement

18. We would like to thank Board members, Audit and Risk Committee members, and officers, particularly those in finance for their co-operation and assistance over the last six years.

1. Audit of 2021/22 annual accounts

The principal means of accounting for the stewardship of resources and performance

Main judgements

Our audit opinions on the annual accounts of the IJB are unmodified.

The Covid-19 pandemic has continued to create additional challenges for the IJB and audit staff alike. As a result of this, the statutory deadline to publish the audited 2021/22 annual accounts was revised to 30 November 2022.

The IJB prepared its annual accounts for the year within agreed timescales and the accounts and associated working papers have been prepared to a good standard.

Our audit opinions on the annual accounts are unmodified

19. The IJB's annual accounts for the year ended 31 March 2022 were approved by the Audit and Risk Committee on 23 November 2022. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary and the Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

The Covid-19 pandemic had a limited impact on audit evidence

20. The completeness and accuracy of accounting records and the extent of information and explanations that we required for our audit were not affected by the Covid-19 pandemic. The working papers provided to support the accounts were of a good standard and the audit team received support from finance staff which helped ensure the final accounts audit process ran smoothly.

The annual accounts were signed off in line with our agreed audit timetable

21. Submission dates for the annual audit report and audited annual accounts for 2019/20 and 2020/21 were deferred in line with the later dates for producing the annual accounts because of the impact of Covid-19. Audit Scotland has set target dates for 2021/22 which transition to more regular timescales. For 2021/22, the deadline for the audited accounts is 30 November 2022.

22. The unaudited annual accounts were received in line with our agreed audit timetable on 4 July 2022. This allowed us to sign off the annual accounts in line with the revised timescales.

There were no objections raised to the annual accounts

23. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on its website that includes details of the period for inspecting and objecting to the accounts. This must remain on the website throughout the inspection period. The date specified in the notice must be at least 14 days after the date that notice is published but cannot be later than 1 July in the year in which the notice is published.

24. The annual accounts were not made available for inspection until 25 July 2022 under the regulations. However, the unaudited annual accounts were reported to members on 28 June 2022 and the committee reports were publicly available. Therefore, the IJB were considered to comply with the Local Authority Accounts (Scotland) Regulations 2014.

25. There were no objections to the 2021/22 annual accounts.

Overall materiality is £6.0 million

26. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of identified misstatements on the audit and of uncorrected misstatements, if any, on the financial statements and in forming the opinion in the auditor's report. We identify a benchmark on which to base overall materiality, such as gross expenditure, and apply what we judge to be the most appropriate percentage level for calculating materiality values.

27. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the annual accounts. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

28. Our initial assessment of materiality (£6.0 million) for the annual accounts was carried out during the planning phase of the audit. This was reviewed on receipt of the unaudited annual accounts and concluded it remained appropriate. Our 2021/22 materiality levels are summarised in Exhibit 1.

Exhibit 1
Materiality values

Materiality level	Amount
Overall materiality: This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements.	£6.0 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered.	£4.2 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements in excess of the 'reporting threshold' amount.	£250,000

Source: Audit Scotland

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

29. Appendix 2 provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit, and indicate how the efforts of the audit team are directed. Appendix 2 also identifies the work we undertook to address these risks and our conclusions from this work.

30. We have no issues to report from our work on the risks of material misstatement.

We have significant findings to report on the audited annual accounts

31. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices.

32. The significant findings are summarised in Exhibit 2.

Exhibit 2
Significant findings from the audit of financial statements

Issue	Resolution
1. PPE and Testing Kits National Services Scotland (NSS) has been supplying PPE and Testing Kits to Councils and Integration Joint Boards (IJBs) free of charge. For Argyll & Bute Integration Joint Board, the total PPE and Testing Kits issued by NSS for 2021/22 equate to £2.1 million. This was not included in the unaudited annual accounts presented to audit. The impact of this is to increase both gross income and gross expenditure on the Comprehensive Income and Expenditure Statement (CIES) by £2.1 million. This has no impact on the outturn position.	This was adjusted in the audited annual accounts.
2. IJB Monies Argyll and Bute Council accounted for £1.7 million of IJB monies as a creditor on its Balance Sheet relating to the transfer of reserves for unspent funding at the year-end. The initial accounting treatment was to debit gross expenditure and credit trade payables; however, this should have been a debit to gross income with a credit to trade payables. The impact of this was to decrease gross income and gross expenditure on the CIES by £1.7 million. This has no impact on the outturn position.	This was adjusted in the audited annual accounts.

Source: Audit Scotland

Other findings

33. Our audit identified several presentational and disclosure issues which were discussed with management. These were adjusted and reflected in the audited annual accounts. This is normal audit practice and none of the presentational changes have any impact on the IJB's outturn for the year.

Progress was made on prior year recommendations

34. The IJB has made progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in Appendix 1.

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively

Main judgements

The IJB has appropriate and effective financial management arrangements in place and returned an underspend of £0.7 million against a budgeted breakeven outturn. This was partly due to the receipt of Scottish Government support for all additional Covid-19 costs.

The IJB repaid all of its outstanding £2.8 million debt due to Argyll & Bute Council.

Medium-term financial plans have been developed based upon the Scottish Government's Spending Review for the period 2023/24 to 2025/26 and the IJB has identified a cumulative budget deficit of £29.3 million over this period. The organisation recognises that it continues to face challenges delivering savings targets coupled with an increased demand for services.

Financial management and reporting arrangements are effective and allow members and officers to scrutinise the budget effectively

35. Comprehensive budget monitoring reports are reported to the Board and the Finance and Policy Committee. These contain information on the year-to-date financial position, forecast outturn for the year, variance analysis with explanations, progress in delivering savings and significant financial risks. The reports contain enough detailed information to enable members to carry out effective scrutiny and challenge of the IJB's finances.

36. The content of the budget monitoring reports was regularly updated to reflect the financial impact of Covid-19. Additional income received and expenditure incurred as a result of Covid-19 were clearly detailed in the budget monitoring reports. This ensured the board were aware of how Covid-19 impacted on the overall financial position and outturn.

37. Senior management and members receive regular and accurate financial information on the IJB's financial position and have concluded the IJB has appropriate budget monitoring arrangements in place.

The IJB set a balanced budget for 2021/22 budget including planned savings to address the identified funding gap

38. The IJB considered its 2021/22 budget on 31 March 2021. Adjustments were made to the budget to reflect additional funding streams and commitments. Budgeted total income and expenditure for the year were respectively £295.9 million and £299.9 million, giving a budget gap before savings of £4.2 million.

39. Management/operational savings proposals totalling £3.6 million had been approved by the IJB on 27 January 2021. These were amended by £0.6 million of policy savings and the total of new savings of £4.2 million was presented to the IJB meeting on 31 March 2021.These new savings are in addition to the £5.1 million savings brought forward, resulting in an overall savings target of £9.3 million for 2021/22.

40. A budget consultation was carried out in respect of proposed policy savings and the results of this consultation were presented to the IJB. Equality Impact Assessments (EQIAs) were also carried out for all policy savings and also presented to the IJB.

41. The forecast outturn position for 2021/22 as at 31 July 2021 was an overspend of £0.8 million. In accordance with the Integration Scheme, whenever an overspend is identified, the Chief Officer and Chief Financial Officer are required to identify the cause and prepare a financial recovery plan to return to a break-even position.

42. An in-year financial recovery plan was required, and this was approved at the meeting of the IJB on 15 September 2021. The plan was based mainly on expected Covid-19 financial support from Scottish Government and some additional delivery against the savings targets.

The IJB returned an underspend in 2021/22

43. The impact on public finances of the Covid-19 pandemic has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses, and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

44. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

45. Prior to 2020/21, the IJB had failed to deliver a balanced budget for some time. Budgets were overspent by £6.7 million in 2018/19 and by £1.2 million in 2019/20. However, in 2020/21, the IJB returned an underspend of £1.1 million against a budgeted breakeven position.

46. The IJB returned an underspend of £0.7 million against a budgeted breakeven position for 2021/22 (Exhibit 3).

Exhibit 3
Performance against budget

IJB budget summary	Budget £m	Actual £m	Variance £m
NHS Highland	233.4	233.4	-
Argyll & Bute Council	79.7	79.0	0.7
Total Net Expenditure	313.1	312.4	0.7

Source: Argyll & Bute Integration Joint Board

47. There were a number of contributing factors to the underspend including:

- delivery of savings
- additional funding allocations from the Scottish Government.

The IJB repaid all of its outstanding £2.8 million debt due to Argyll & Bute Council

48. In line with approved Scheme of Integration, Argyll and Bute Council allocated additional funding to the IJB to cover year-end deficits over the period 2017/18 to 2019/20. An agreed repayment plan was put in place for the IJB to repay this additional funding. During 2020/21, £1.5 million was repaid by the IJB to Argyll & Bute Council as part of the planned funding arrangements for the year and in line with the repayment plan.

49. Argyll & Bute Council had previously agreed with the IJB, that in the event of the IJB returning an underspend in 2020/21 or any future years, that Argyll & Bute Council would seek earlier repayment of outstanding debts. Therefore, an additional £1.1 million was repaid based on the 2021/21 year-end outturn position of the IJB. This left an outstanding balance of debt due to be paid to Argyll & Bute Council totalling £2.8 million.

50. The IJB repaid all of its outstanding £2.8m debt due to Argyll & Bute Council during 2021/22. This was achieved due to a number of factors including delivery of savings, improved financial management and additional funding allocations from the Scottish Government. This debt repayment was prior to returning an underspend of £0.7 million against a budgeted breakeven position for 2021/22.

Earmarked Reserves increased by £14.6 million in 2021/22

51. The IJB operates one reserve, a General Fund reserve which is a resource backed reserve to be used to fund future expenditure. The General Fund had a closing balance of £21.2 million as at 31 March 2022. This was an increase of £14.6 million from the prior year. There are two main contributing factors which

have resulted in the increased levels of reserves at the year-end. These are summarised below:

- The on-going impact of the Covid-19 pandemic delayed some key projects and pieces of work.

- The Scottish Government provided additional financial support to HSCPs throughout Scotland late in the financial year. Argyll & Bute Integration Joint Board's share of this funding was £11.9m. This funding was aimed to help manage extreme winter pressures and Covid-19 impacts. The IJB did not spend all of these additional funds in year as they found it challenging to increase capacity for service delivery.

The IJB has a medium-term financial plan but is yet to develop a longer-term plan

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

53. In September 2022, the Scottish Government commenced discussions with IJBs regarding the possible claw back of reserves to meet future funding pressures. These discussions are on-going, and the level of claw back will be reflected in the IJB quarter two return. For Argyll & Bute Integration Joint Board this is estimated to be £2.0m.

54. The IJB has developed a medium-term financial plan covering a three-year period (2023/24 to 2025/26). The plan was presented to the IJB at its meeting on 24 August 2022.

55. The plan includes assumptions about future inflation levels, funding and cost and demand pressures. It also sets out the financial position under three different scenarios i.e., best case, mid-range, and worst case. The medium-term financial plan does not reflect any implications of Covid-19 costs and assumes that these costs will continue to be met with funding from Scottish Government. The IJB receive regular updates advising them of any revisions to the budget outlook.

56. The IJB has not developed any longer-term plans which go beyond 2025/26. Management have acknowledged that consideration should be given to the longer-term and its likely to become more difficult in the future to distinguish between Covid-19 and non-Covid-19 related activity.

57. Management believe that this combined with considerable uncertainties about future funding would render longer-term forecasts unreliable and would not be a sound basis for making decisions. Therefore, medium-term financial planning is considered appropriate for the IJB at present and longer-term financial planning is an aspiration, dependent to some extent upon increased certainty in respect of future funding for the sector.

The IJB is forecasting a small overspend of £0.7 million for 2022/23

58. The IJB approved a balanced budget for 2022/23 at its meeting on 30 March 2022. The budget gap for 2022/23 within the mid-range scenario was £3.9 million. These new savings are in addition to the £2.1 million savings brought forward, resulting in an overall savings target of £6.0 million for 2022/23.Savings were identified in order to deliver a balanced budget.

59. The budget monitoring report presented to the Finance and Policy Committee on 28 October 2022 shows a year-to-date underspend of £1.7 million in the period to 30 September 2022 and a forecast overspend of £0.7 million for 2022/23.

Significant budget gaps in 2023/24 to 2025/26

60. The medium-term financial plan was updated and presented to the IJB at its meeting on 24 August 2022. Significant budget gaps were identified over the next three years (Exhibit 4).

Exhibit 4
Medium-term financial plan

	2023/24 £m	2024/25 £m	2025/26 £m
Base case	3.4	3.6	3.6
Mid-range	6.7	10.1	12.5
Worst case	14.0	24.9	35.1

Source: Argyll & Bute Integration Joint Board

61. In the mid-range scenario, the IJB cumulative budget gap estimated over the three-year period 2023/24 to 2025/26 is £29.3 million with a budget gap of £6.7 million in 2023/24. It is recognised that there is significant uncertainty in respect of future resource allocations to the IJB at present.

62. Looking further ahead the IJB is facing significant budget challenges assuming a mid-range (most likely) scenario as illustrated in Exhibit 3. It is important therefore that, in future years, the IJB continues to take action to operate within planned budgets and deliver required savings. The transformation and savings programme is the main way in which the IJB seeks to balance its financial position.

Savings targets remain challenging for the IJB

63. Savings are vital in ensuring that any budget gaps are bridged, and financial balance is maintained. In order to balance planned expenditure with the resources delegated to it, the IJB has consistently set ambitious savings targets in recent years. The IJB has failed to achieve the planned level of recurring savings in full. However, significant progress has been made in delivering efficiencies and improving the governance and reporting in respect of the savings and transformation programme. In 2021/22, there was a shortfall in savings delivery of £1.1 million which was covered in full by Scottish Government Covid-19 support.

64. As at the end of September 2022, £3.3 million of the £6.0 million savings target had been achieved. This is around 55% of the target. Of the remaining £2.7 million savings target, £1.7 million (63%) are anticipated to be difficult to achieve in full in 2022/23 with a further £0.7 million (26%) unlikely to be deliverable in 2022/23.

65. Management have recognised that slippage within the savings programme is contributing to the forecast overspend against budget. It is crucial that efforts to deliver the agreed savings are continued.

Recommendation 1

The IJB should continue to review and update its medium-term financial plan with appropriate action taken to bring financial performance into recurring balance.

Financial systems of internal control operated effectively

66. The IJB is reliant on the systems of its partner bodies, NHS Highland and Argyll & Bute Council, for its key financial systems, including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over these systems are within the partner bodies, rather than the IJB.

67. As part of our audit approach, we sought assurances from the external auditor of NHS Highland and Argyll & Bute Council and confirmed there were no weaknesses in the systems of internal controls for either the health board or the council.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

68. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We reviewed the arrangements in place at NHS Highland and Argyll & Bute Council and found them to be adequate. The IJB has a Code of Conduct in place which Members must comply with, and the Members' Registers of Interest are publicly available on the websites of the partner bodies.

69. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

3. Governance, transparency and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information

Main Judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board. Governance arrangements operating throughout the Covid-19 pandemic have been appropriate and operated effectively.

Performance indicators and associated targets have been kept under review to ensure they reflect the impact of Covid-19 on methods of service delivery and the associated outcomes. The IJB is looking to strengthen these arrangements by developing its Integrated Performance Management framework in 2022/23.

Governance arrangements are appropriate and operate effectively

70. The IJB made changes to its governance arrangements at the outset of the pandemic in March 2020. These have been detailed in the Annual Governance Statement in the annual accounts. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

71. All IJB meetings and committees took place via remote conferencing in 2021/22. Members of the public were able to attend meetings and the recording of the meeting was published alongside the minutes.

72. In March 2020, the IJB agreed a delegation of powers to the Chief Officer for the event of emergencies. These powers enabled the Chief Officer to instruct executive action on any matter for the duration of the Covid-19 emergency in consultation with the Chair or Vice Chair of the Board. Such matters would then be subsequently reported to the Board when possible. This delegation was not utilised in 2021/22, however was still in place.

73. We concluded that the revised arrangements were appropriate and adequate under the current circumstances, and they support standards of good governance and accountability. Meetings continue to be held in a virtual environment, in line with Scottish Government guidance for safer workplaces during the pandemic.

Performance reporting in the management commentary of the Annual Accounts was of a good standard

74. Management Commentaries included in the annual accounts should provide information on a body, its main objectives and the principal risks faced. It should provide a fair, balanced and understandable analysis of a body's performance as well as helping stakeholders understand the financial statements.

75. The management commentary is of a good standard and clearly explains the IJB's strategy, finances and links to the financial statements. The statutory requirements relating to non-financial performance have been met. The management commentary also details the impact of Covid-19 on the IJB's business and financial position.

Changes in senior officers

76. There have been changes to senior officers at the IJB. The Chief Officer left their post on 31 March 2021. The post was filled on an interim basis from 1 April until 3 May 2021 by the Deputy Chief Officer. Fiona Davies was appointed as Interim Chief Officer on 4 May 2021 for a period of up to one year and was then permanently appointed to the role on 4 February 2022.

77. The Chief Financial Officer left the IJB on 30 June 2021.The post was filled on an interim basis by the Deputy Chief Officer. A new Chief Finance Officer (James Gow) has been recruited and joined the IJB on 9 August 2021.

78. The Deputy Chief Officer left their post on 3 May 2022. The IJB plan to undertake a recruitment process to recruit a new Deputy Chief Officer on a permanent basis.

Arrangements are in place to secure Best Value

79. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

80. The IJB has set out its approach to Best Value through a clear and concise statement within the Annual Governance Statement included in the 2021/22 annual accounts. Also, a short summary detailing progress against the eight best value themes was provided in the Annual Governance Statement.

Performance management arrangements are effective with indicators and targets kept under review

81. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

82. The Annual Performance Report for 2020/21 was approved by the IJB on 24 November 2021 and sets out how the IJB went about fulfilling its obligations for Best Value in 2020/21. The Annual Performance Report for 2021/22 is scheduled to be approved by the IJB in November 2022.

83. Performance reports are presented to the board on a quarterly basis. A report on performance was reviewed by the IJB at its meeting on 27 January 2021. At this meeting, the temporary suspension of reporting against the HSCP Health and Wellbeing Outcome Indicators was approved. Focus was also changed to reporting for Covid-19 activity and the remobilisation of health and social care services.

84. For 2021/22, performance reporting has focussed upon the re-mobilisation of services and reduction in waiting times which have increased as a result of the pandemic. However, the Annual Performance Report for 2021/22 includes a full a breakdown of the Health and Wellbeing Outcome Indicators and the IJB's performance against these indicators.

85. The IJB has ensured effective arrangements are in place for managing and reviewing performance. The IJB is looking to strengthen these arrangements by developing its Integrated Performance Management framework in 2022/23.

National performance audit reports

86. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2021/22 we published some reports which may be of direct interest to the IJB as outlined in Appendix 3.

87. The IJB has a process in place to ensure that findings from national reports are reviewed, and where relevant, presented to the Audit and Scrutiny Committee. This reporting includes an assessment of current arrangements and the identification of actions to be taken to apply good practice examples highlighted in the reports.

Appendix 1. Action plan 2021/22

2021/22 recommendations

Issue/risk	Recommendation	Agreed management action/timing
1. **Financial Sustainability** In the mid-range scenario, the IJB cumulative budget gap estimated over the three-year period 2023/24 to 2025/26 is £29.3 million with a budget gap of £6.7 million in 2023/24. It is recognised that there is significant uncertainty in respect of future resource allocations to the IJB at present. **Risk** – The IJB is unable to operate within agreed/planned budgets and fails to meet savings targets on a recurring basis.	The IJB should continue to review and update its medium-term financial plan with appropriate action taken to bring financial performance into recurring balance. Paragraph 60-65	The financial planning framework will continue to be updated as budget announcements are made by Government in respect of funding and priorities for 2022/23 and beyond. Responsible officer: James Gow, Head of Finance & Transformation Agreed date: March 2023

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
b/f 1. Financial Sustainability The IJB has a medium-term financial plan in place and the projected budget gap for the three-year period of 2022/23 to 2024/25 is £19.382m with a gap of £2.371m occurring in 2022/23 under mid-range scenario planning. In the	Reinforce and reiterate the need to maintain financial discipline across all service areas to support measures aimed at managing expenditure and bringing financial performance into recurring balance.	Superseded – see Appendix 1 – Action plan point 1.

Issue/risk	Recommendation	Agreed management action/timing
shorter-term, as at 31 August 2021, the IJB is forecasting an overspend of £0.990 m for 2021/22 primarily due to slippage in delivering savings. **Risk** - The IJB continues to fail to operate within agreed/planned budgets and fails to meet savings targets on a recurring basis.		
b/f 2. Governance – Changes to Key Officers There has been significant changes in senior officers at the IJB. A new interim Chief Officer joined the IJB in May 2021. A new Chief Financial Officer joined the IJB in August 2021. **Risk** - There is a risk that changes in key senior officers may impact the momentum of transformational changes.	The IJB should ensure they continue to build momentum with transformational changes despite changes in key officers.	**Complete** – The Chief Officer was permanently appointed to the role in February 2022 having been in post on an interim basis since May 2021. This has not had an adverse impact on the IJB's transformational plans.
b/f 3. Performance Reporting Standard performance reporting has been revised due to the Covid-19 pandemic. The IJB have temporarily suspended performance reporting against the HSCP Health and Wellbeing Outcome Indicators. Focus was changed to reporting Covid-19 activity and the remobilisation of health and social care services. **Risk** - There is a risk that performance reporting is not tailored effectively following the Covid-19 pandemic.	Regularly review performance reporting arrangements, in particular to reconsider at what point the organisation should re-engage reporting against the HSCP Health and Wellbeing Indicators and to ensure key indicators remain appropriate.	**Ongoing** - the IJB has incorporated new performance targets from the Scottish Government Health Directorate in its 2022/23 reports. The new Performance Reporting Framework is intended to be presented to the IJB in January 2023 for implementation on 1 April 2023 and will incorporate outcomes indicators and other national and local measures of quality and performance. Responsible officer: Stephen Whiston, Head of Strategic Planning, Performance & Technology

Issue/risk	Recommendation	Agreed management action/timing
		Revised target date: January 2023
b/f 4. Workforce Planning In previous years we have reported that the IJB needs to develop an overarching workforce plan. A workforce plan has yet to be finalised and approved. Also, such a plan cannot be developed in isolation but needs to be integrated with financial and service plans. **Risk** - In the absence of integrated planning, the IJB will be unable to manage its staff resources effectively.	Workforce planning should be progressed and integrated with service and financial planning.	**Ongoing** – the first draft of the workforce plan was submitted to the Scottish Government on time. Responsible officer: Kevin Colclough, Head of People Planning, Analytics and Reward, NHS Highland. Revised target date: March 2023

Appendix 2. Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the Code of Audit Practice.

Risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusion
1. Risk of material misstatement due to fraud caused by the management override of controls As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	Agreement of balances and transactions to Argyll & Bute Council and NHS Highland financial reports / ledger/ correspondence. Service auditor assurances will be obtained from the auditors of Argyll & Bute Council and NHS Highland in line with the 2021/22 Integration Joint Boards Protocol for Auditor Assurances.	No issues were identified from our audit work performed or the service auditor assurances provided.

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusion
2. Financial Sustainability The Integration Joint Board has a medium-term financial plan in place and the projected budget gap for the three-year period of 2022/23to 2024/25 is £19.5million with a gap of £4.8million	Continue to assess and review financial plans to ensure that due consideration is given to the impact of Covid-19 on financial planning.	The IJB continues to operate on a three-year, medium-term financial plan. A revised plan was presented to the IJB at its meeting in August 2022 covering the period 2023/24 to 2025/26.

Audit risk	Assurance procedure	Results and conclusion
occurring in 2022/23 under mid-range scenario planning. In the shorter term, as at 30 November 2021, the Integration Joint Board is forecasting an overspend of £0.280 million for 2021/22, however does not yet take into account all of the additional funding allocations announced in late 2021. There is a risk that the Integration Joint Board continues to fail to operate within agreed/planned budgets and fails to meet savings targets on a recurring basis.		Considering the above, and the fact that the IJB is funded on an annual basis, the medium-term financial planning in place is appropriate. Longer-term financial planning should remain as an ambition for the IJB's financial sustainability.

Appendix 3. Summary of 2021/22 national performance reports and briefing papers

May

Local government in Scotland Overview 2021

June

Covid 19: Personal protective equipment

July

Community justice: Sustainable alternatives to custody

September

Covid 19: Vaccination programme

January

Planning for skills

Social care briefing

February

NHS in Scotland 2021

March

Local government in Scotland: Financial Overview 20/21

Drug and alcohol: An update

Scotland's economy: Supporting businesses through the Covid 19 pandemic

Argyll & Bute Integration Joint Board

2021/22 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:
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AUDIT SCOTLAND

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: **info@audit-scotland.gov.uk**
www.audit-scotland.gov.uk

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A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

Kilmory
Lochgilphead
Argyll
PA31 8RT

Date: 23 November 2022
Your Ref:
Our Ref:
Enquiries to: James Gow
Direct Line:
Email James.gow@argyll-bute.gov.uk

Pauline Gillen
Audit Director
Audit Scotland
4th Floor, South Suite
Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Pauline

Argyll and Bute Integration Joint Board
Annual Accounts 2021/22

1. This representation letter is provided about your audit of the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Argyll and Bute Integration Joint Board Audit and Risk Committee, the following representations given to you in connection with your audit of Argyll and Bute Integration Joint Board's annual accounts for the year ended 31 March 2022.

General

3. Argyll and Bute Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2021/22 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Argyll and Bute Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (2021/22 accounting code), mandatory guidance from LASAAC and the requirements of the Local Government (Scotland) Act 1973, the

Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board at 31 March 2022 and the transactions for 2021/22.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2021/22 accounting code where applicable. Where the code does not specifically apply I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Argyll and Bute Integration Joint Board circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Argyll and Bute Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Argyll and Bute Integration Joint Board's ability to continue as a going concern.

Assets

10. All assets at 31 March 2022 of which I am aware have been recognised in the annual accounts.

Fraud

11. I have provided you with all information in relation to:

- my assessment of the risk that the financial statements may be materially misstated because of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

12. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

13. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2021/22 accounting code. I have made available to you the identity of all the Argyll and Bute Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

14. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2014, and all required information of which I am aware has been provided to you.

Management Commentary

15. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.
Corporate Governance

16. I confirm that the Argyll and Bute Integration Joint Board has undertaken a review of the system of internal control during 2021/22 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

17. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2022, which require to be reflected.

Events Subsequent to the Date of the Balance Sheet

18. All events subsequent to 31 March 2022 for which the 2021/22 accounting code requires adjustment or disclosure have been adjusted or disclosed.

This letter was presented to and agreed by the Audit and Risk Committee on 9 November 2022.

Yours sincerely

James Gow
Head of Finance and Transformation

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