

**East Dunbartonshire HSCP
Performance Audit & Risk Committee Meeting**

**Thursday 14th March 2024 at 1pm
Meeting will be held virtually via MS Teams**

AGENDA

Item	Lead	Description	Update	For Noting /Approval
1.	J Forbes	Welcome and Introductions	Verbal	Noting
2.	J Forbes	Minutes of Last Meeting – 16 th January 2024	Paper	Approval
3.	G McConnachie	HSCP Internal Audit Plan Update to January 2024	Paper	Approval
4.	T Reid	Mazars – Progress Report	Paper	Noting
5.	J Campbell	HSCP Corporate Risk Register Update	Paper	Approval
6.	J Campbell	HSCP Q3 Performance Report	Paper	Noting
7.	T Quinn	Review of Whistleblowing Activity 2023/24	Paper	Noting
8.	D Aitken	Joint Adult Support & Protection Inspection Report	Paper	Noting
9.	C Sinclair	Audit Scotland Report – NHS in Scotland	Paper	Noting
10.	J Campbell	HSCP PAR Agenda Planner	Paper	Noting
11.	J Forbes	A.O.C.B.	Verbal	Noting
12.	J Forbes	Date of next meeting – 20 th June 2024 IJB – 27 th June 2024	Verbal	Noting

**Minutes of the
East Dunbartonshire HSCP Performance, Audit & Risk Committee.
Date: Tuesday 16th January 2024 at 2pm
Location: Via MS Teams**

Present:

Jacqueline Forbes (Chair)
Calum Smith
Gillian McConnachie
Ian Ritchie
Derrick Pearce
Claire Carthy
Caroline Sinclair
Jean Campbell
Tom Reid
Susan Murray

JF
CSm
GMcC
IR
DP
CC
CSi
JC
TR
SM

Minutes: Sarah Hogg

No.	Topic	Action by
1.	Welcome and Apologies	JF
	The Chair welcomed the committee members present. Apologies submitted from: Alison Willacy.	
2.	Minutes of previous meeting.	JF
	Minutes from the September and November meetings were reviewed and approved with the noted corrections: November minute – Calum Smith forename updated to contain one I. Point 2 – Mazars Report - noted with uncomplete registers of interest corrected to incomplete Registers.	
3.	HSCP Internal Audit Performance & Outputs	GMcC
	The HSCP Internal Audit Performance & Outputs paper was presented to the group, and the points highlighted were: <ul style="list-style-type: none"> • There are no high-risk items outstanding of direct relevance to the HSCP. • One remaining medium risk outstanding relating to data cleansing of the service register for care providers. • A revised target date of 31 March 2024 has been set for closing off this risk. • An update on the NHSGGC's internal audit activity has been requested and a further update will be provided at the next committee. • Work has started on the 2024/2025 audit plan a draft plan will be brought to the next committee. 	

	<p>Questions: CS enquired as to the possibility of reaching the March 31st deadline. It was confirmed work is ongoing to review elements of the care first service register and will be concluded by year end.</p> <p>It was resolved: The content of the HSCP Internal Audit Performance & Outputs were noted.</p>	
4.	External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council	GMcC
	<p>The External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council was presented for approval and the points highlighted were:</p> <ul style="list-style-type: none"> • Positive validation provided by Glasgow City Council on the Internal Audit Service with all areas under review concluded as fully compliant. • The Institute of Internal Audit is consulting on new Standards and that the next External Quality Assessment will be against revised Standards. • Three minor actions for improvement were proposed by the external assessor, asking for action to be taken to improve the response rate to client surveys, specific consideration of the East Dunbartonshire Leisure & Culture Trust when preparing the Audit Plan and greater recognition of best practise within internal audit reports. These actions have been accepted by the Audit and Risk Manager with a target date of 30 June 2024. <p>Questions: SM queried the minor recommendation for the leisure trust. GMcC confirmed consolidated data on the leisure trust was included in the council account as part of the larger council group; nevertheless, it was mentioned that further audit work is not necessary and that assurances might be taken into consideration. JF asked regarding the peer review of each council and the potential learning opportunities? It was indicated other local authorities face similar challenges and other public sector bodies participate. IIA meetings include private sector and are attended by representatives from EDC. JF queried the audit not including the IJB in the report? It was confirmed while the audits primary focus was local authority the HSCP was also included in the process, and both agencies are subject to the same procedures. IR commented on the stringency and differing perspectives of the peer review process. Members of the committee expressed praise and thanks to those involved.</p> <p>It was resolved: The content of the External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council was noted.</p>	
5.	HSCP Corporate Risk Register	JC
	The HSCP Corporate Risk Register was presented for noting and the points highlighted were:	

	<ul style="list-style-type: none"> Individual Service Risk Registers are reviewed and updated monthly, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. The Corporate Risk Register is reviewed quarterly by the Senior Management Team and updated. The Risk Register provides full details of all current risks, in particular high-level risks, and the control measures that are in place to manage these. There are a total of 15 risks included within the HSCP Corporate Risk register this remains static from the previous report however risk scores have been updated on a number of these to reflect the challenges faced by the HSCP in the coming year. Of the 15 risks identified within the Corporate Risk register, 10 are high risk albeit following the risk management actions implemented, this reduces to 4 (1) high risk area, the rest falling down to medium risks. There are a total of 21 service risk registers with 105(74) live/active risks associated with these registers. Of the 105 risks, 39% are Low risks, 34% are Medium level risks, 24% are High level risks and 3% are Very High risks. <p>Questions: IR asked regards to point HSCP 10 in the document and any solutions to support this risk of delayed discharges. Assurances were given work is ongoing to support delayed discharges from acute in the community. CSm enquired regarding point HSCP 15 in the document and the potential outcomes. CSi provided assurances a solution is being sought and discussions with the NHS GG&C board are ongoing, it is hoped to have a solution within the year. The impact on patients and staff is being mitigated by use of other clinical space at varying sites in the meantime. SM highlighted the scales in both graphs not providing a comparative picture in point 3.7 or paper 5. This will be resolved for the next report. JF asked for further clarity and detail to be included in this report for future.</p> <p>It was resolved: The content of the HSCP Corporate Risk Register was noted.</p>	
6.	HSCP Directions Log Update	JC
	<p>The HSCP Directions Log Update was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> There have been 15 Directions issued across the IJB meetings in 2023 the status of the Directions is noted as being: <ul style="list-style-type: none"> Current 8 Complete 0 	

	<p>Superseded 7 Revoked 0</p> <p>Questions: JF requested superseded items are to be faded out for future reports.</p> <p>It was resolved: The content of HSCP Directions Log Update was noted.</p>	
7.	HSCP Annual Delivery Plan Update – Qtr 3 2023/24	JC
	<p>The HSCP Annual Delivery Plan Update – Qtr 3 2023/24 was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> • There are a total of 24 projects to be delivered within the Delivery Plan for 2023/24: <ul style="list-style-type: none"> - 18 (20) are considered at Green status with an expectation that these will be delivered as planned in year. - 2 (4) are considered Amber status (at risk), of which 1 is recommended to be closed related to SCS Workforce review due to changing parameters related to the funding to support progress on this project – work is underway with some risk or delay to delivery. - 4 (0) are considered Red status – not delivered as planned in year. - These items will be reviewed and added to the coming years annual delivery plan for further discussion. <p>Questions: IR commented on possibility of meeting these project targets in the coming year. Assurances were given that every effort will be made to meet these project targets. JF commented on the various appendix to the document and requested clear outcomes to be added going forward marking what was achieved.</p> <p>It was resolved: The content of the HSCP Annual Delivery Plan Update – Qtr 2023/24 was noted.</p>	
8.	Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023	DP
	<p>The Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023 was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> • The HSCP Internal Meiklehill and Pineview services were inspected by the Care Inspectorate over 3 days in October 2023. This was an unannounced inspection focusing on two main themes. The dimensions that were inspected are noted below, along with the corresponding grades and descriptors awarded by the Care Inspectorate. <p>Dimensions and Grades two main theme areas:</p>	

	<ul style="list-style-type: none"> - How well do we support people's wellbeing? 5 - Very Good - How good is our leadership? 5 - Very Good <p>The overall grades above recognise the main grade for each thematic area – with the overall grade for each area always being aligned to the lowest score awarded.</p> <ul style="list-style-type: none"> - The service was inspected on 4 specific areas and achieved overall: Very Good in all 4 areas. - People experience compassion, dignity, and respect. 5 - Very Good - People get the most out of life. 5 - Very Good - People's health and wellbeing benefits from their care and supports. 5 - Very Good - Quality assurance and improvement is led well. 5 – Very Good <p>Noted: Members of the committee expressed praise and thanks to those involved.</p> <p>It was resolved: The content of the Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023 was noted.</p>	
9.	HSCP PAR Agenda Planner.	JC
	<p>Areas were identified to be included in the agenda planner for the coming year to be considered at the next meeting: TR confirmed the Audit plan will be brought to next meeting. IR requested Whistleblowing will be brought to next meeting.</p>	
10.	AOCB	ALL
	None.	
11.	Date of Next Meeting: 14th March 2024.	ALL

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 14th MARCH 2024

REPORT REFERENCE: PERF/140324/03

CONTACT OFFICER: GILLIAN MCCONNACHIE, CHIEF INTERNAL AUDITOR, 0141 574 5642

SUBJECT TITLE: INTERNAL AUDIT UPDATE TO JANUARY 2024

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Committee on internal audit work completed in the period since the last Committee.
- 1.2** The information contained in this report relating to East Dunbartonshire Council or NHSGGC audits has been presented to the Council's Audit & Risk Management Committee (A&RMC) and the NHSGGC Audit & Risk Committee (ARC) as appropriate, where it has received scrutiny. Once noted by these committees, this report provides details on the ongoing audit work, for information, to the H&SCP Performance, Audit & Risk Committee and to allow consideration from the perspective of the H&SCP.

2.0 RECOMMENDATIONS

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

- 2.1** Note the contents of the report and
- Approve the Internal Audit Planning document for 2024/25.
 - Request the Chief Finance & Resources Officer submits performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

- 3.1 In the period since the last committee update, the Internal Audit Team finalised and reported on the outputs as shown in Table 1 below. The table below represents a continuation of the reporting on the Internal Audit work for 2023/24, with Outputs 1 to 6 having previously been completed and reported to committee.

Table 1 – Analysis of Internal Audit Outputs December 2023 to January 2024

	Audit Area and Title	Areas Noted	High Risk	Medium Risk	Low Risk
	Assurance Audits				
7	Interim Care Home Funding	5	3	2	-
	Regularity				
8	Internal Audit Planning 24/25	-	-	-	-

- 3.2 Two outputs were completed in the period, representing a year-to-date cumulative achievement of 8 outputs or 80% completion of the 10 outputs planned for the year 2023/24, at 83% through the year.
- 3.3 The audit plan is progressing as expected and there are no concerns about the completion of the audit plan at this stage.
- 3.4 Auditors have provided the following summary of the audit output completed since the last monitoring report for Members.

Work in Progress

- 3.5 Audits continue to be progressed in line with the audit plan. Of note is the work on Social Work Payments and an update on this is provided in the following paragraphs.

Social Work Payments

- 3.6 In July 2022 the HSCP agreed to temporarily amend the process for monitoring of actual services delivered through Care at Home and Supported Living Providers. This involved making changes to the authorisation requirements where actual hours delivered by the providers were less than the planned hours are immediately adjusted. An authorisation process is still in operation for those where the actual hours are greater than the planned hours but this has been refined to a global authorisation of all increases.
- 3.7 The primary objective for changing the process was to mitigate against overpayments to providers on a monthly basis.
- 3.8 To support this change a revised protocol, documenting the new arrangements, was developed. Auditors were informed that the revised protocol was implemented in February 2023.

- 3.9** Auditors have reviewed the operation of the revised protocol and in a draft report have concluded that limited assurance can be provided over the effectiveness of the protocol at present as the process is not operating as intended. Several improvements should be made as to the current process to provide management with greater assurances over its operational effectiveness.
- 3.10** There are issues surrounding the implementation of the protocol. The protocol stated that downward adjustments to hours reported by providers were to be immediately made in Carefirst but this process is not yet in place, with further communication between the relevant services being required to agree a revised protocol.
- 3.11** Auditors are in the process of agreeing an action plan with management. Once agreed, further detail will be provided to this committee.

Assurance Audit

Interim Care Home Funding

- 3.12** The scope of the audit was to examine Interim Care Home Funding with a particular focus on the regular review of such cases and ensuring monies due to the Council/HSCP are being collected.
- 3.13** Interim care home funding is a short-term loan agreement provided by the Council to individuals who have capital assets which would make them liable to pay the full cost of their care home fees. It is specifically for individuals who are assessed as requiring to move permanently into a care home, but lack the mental capacity to manage their financial affairs or where there is not yet a legally appointed guardian (financial representative) who can make financial decisions on their behalf.
- 3.14** The Council/HSCP will attempt to identify an individual who is able to become their legal representative, such as a family member, friend, or solicitor. If it is eventually determined that no suitable person can be found, the Council can apply for Power of Attorney (POA).
- 3.15** The HSCP will finance the individual's care home fees until a financial representative/guardian is legally appointed. Where an individual owns their home, to ensure that those fees are repaid to the Council, the service can apply via Legal Services to secure a charge against the individual's property, until the guardian is appointed.
- 3.16** Auditors can provide limited assurance over the key controls for Interim Care Home Funding that were in place at the time of the audit, with several areas requiring significant improvement. Auditors identified five key actions whereby the process can be accelerated and improved. This will require a greater organisational focus on interim funding cases, in proportion to the financial risk associated with Interim Funding.
- 3.17** The implementation of the agreed action plan should provide a material financial benefit to the HSCP and improve the assurance that sufficient controls are in place. The associated high risks are attached at Appendix 1 including the management actions being taken to mitigate the risks and target dates.
- 3.18** The Medium risks relate to the following:

Review of historic charging orders

- 3.19** In 2019 a charging order was not placed on a property due to an emailed request to Legal Services being missed. Since 2021 an improved process has been in place with a form comprising an instruction to Legal Services being completed to formalise the process and a four weekly review of cases at a meeting between Shared Services and Transactional Finance taking place. Auditors identified a risk that whilst processes have been improved in recent years there remained a risk that there could be other older charging order requests, made prior to the updated process, which were not actioned. Shared Services have carried out a review of historic cases since the audit to ensure that no further cases had a charging order missed and no further instances were identified. The risk has therefore been mitigated.

Signatories for Council Managed Bank Accounts

- 3.20** Council staff, who were signatories on an individual's bank account, left the employment of the Council without the signatories being changed. The individual subsequently died and there was no further access to the account to obtain outstanding monies. Since their death in 2018, there has been ongoing correspondence with the individual's solicitor, in an attempt to obtain the final monies due to the Council.
- 3.21** This is a historic issue and no officers currently hold powers to manage client funds and so the risk is mitigated in that regard. Nonetheless, a process will be put in place where officers are managing client funds to ensure powers pass to another officer if original officer leaves or becomes incapacitated.

Regularity

Internal Audit Planning

- 3.22** An Internal Audit Planning update is included at Appendix 2 to detail planned Internal Audit activity for 2024/25, for approval by this committee, subject to approval of available internal audit resources at the Council's Audit & Risk Management Committee.

EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

- 3.23** Work on the Council's Internal Audit Plan continues. Recent audit work to date has included work testing for duplicate payments and consultancy advice relating to the implementation of the Council's new Oracle Fusion General Ledger and enterprise system. No high risks were noted during these reviews and points for improvement or to be taken forward have been agreed with management.

NHSGGC INTERNAL AUDIT PROGRESS

- 3.24** An update on the NHSGGC's internal audit activity has been requested but due to a change in personnel a full update has not been available since September 2023. Nonetheless the following high level information has been provided:
- 3.25** At the December NHSGG&C Audit & Risk Committee there were three audit reports but no RED assessments, with conclusions as follows:
- Infection Prevention and Control – Minor improvement required

- Consultant Job Planning – Substantial improvement required
- eHealth Application Access Management – Minor improvement required

3.26 A new individual is now in post and it is expected that a further more detailed update will be provided at the next committee.

4 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan – None.
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – None.
- 4.4** Legal Implications – Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.
- 4.5** Financial Implications – Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.
- 4.6** Procurement – Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None
- 4.10** Corporate Parenting – None
- 4.11** Other – None.

5 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1** The Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.

6 IMPACT

- 6.1** **STATUTORY DUTY** – None
- 6.2** **EAST DUNBARTONSHIRE COUNCIL** – The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.

6.3 NHS GREATER GLASGOW & CLYDE – The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC’s Audit & Risk Committee.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction required.

7 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8 APPENDICES

Appendix 1 – Interim Care Home Funding - Action Plan High Risk Extract

Appendix 2 - Internal Audit Planning 2024/25

Appendix 1 – Interim Care Home Funding - Action Plan High Risks Extract

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Delays in Care Home Advising Rates</p> <p>In one case sampled by auditors, guardianship was noted by Shared Services in October 2022. After several attempts to obtain the final charging rates from the care home, the final invoice was issued in July 2023, for the sum of £24,806.</p>	<p>High</p> <p><i>Delays in the notification of charging rates to Shared Services can subsequently result in the delay of reclaiming monies due or being unable to reclaim monies.</i></p> <p>Recommendation –</p> <p>An escalation process should be implemented for notifying management of any cases where rates have not been established on a timely basis.</p>	<p>Accepted</p> <p>Responsible Officer: Strategic Commissioning Manager</p> <p>Process established to ensure escalation to the Strategic Commissioning Manager after two attempts by Shared Services Finance to get confirmation of rates from Care Homes, and to escalate to Care Home providers' head office where necessary.</p>	<p>February 2024</p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Delays in Guardianship Notification</p> <p>A delay in Social Work notifying Shared Services of guardianship being awarded was noted in 3 cases from a sample of 10. This resulted in the Interim Funding continuing beyond the entitlement period and an increased financial risk to the HSCP. In these cases, guardianship was only confirmed when Shared Services noted observations on Carefirst and contacted Social Work for further information.</p>	<p>High</p> <p><i>Delays in the notification of guardianship to Shared Services can subsequently result in the delay of reclaiming monies due or being unable to reclaim monies where the guardian is then deceased.</i></p> <p>Recommendation –</p> <p>All relevant Social Workers should be reminded of the importance of notifying Shared Services as soon as possible after the appointment of a guardian.</p> <p>In keeping with good practice, all processes around Interim Funding should be documented. This would serve as a reminder to Social Work staff of the importance of timely notification of guardianship to Shared Services. Additionally, any new members of staff would have clear written instructions to follow.</p>	<p>Accepted</p> <p>Responsible Officer: Joint Services Manager Adult and Older People Services</p> <p>We will undertake a refresh of the guidance for practitioners re interim funding, this will include refreshing procedures where interim funding relates to pending applications for guardianship.</p> <p>A monthly list of interim funding cases should be sent by Shared Services finance to Joint Services Manager Adult and Older People Services to cross check with care management teams. There is currently no automatic means by which social workers are updated of successful guardianship applications in all cases. Where information has been shared with or is obtainable by Social Work teams in respect of guardianship being granted this will be advised to shared services.</p>	<p>March 2024</p> <p>January 2024</p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Uncompleted forms</p> <p>Once appointed, a guardian failed to complete the requested forms to enable the final invoice to be raised. The guardian subsequently died around nine months later, and the case has been with Social Work awaiting a decision on how to progress.</p>	<p>High</p> <p><i>Delays in issuing final invoices may result in difficulties obtaining the repayment of any monies due.</i></p> <p>Recommendation -</p> <p>When guardianship is awarded, there should be a cut off period set for the return of the requested forms. Non-return within a specific period may require the final invoice to be issued without the completion of a Financial Assessment form.</p>	<p>Accepted</p> <p>Responsible Officer: Joint Services Manager Adult and Older People Services</p> <p>Process to be refreshed to instruct the issuing of two letters from shared services finance to the individual, with recourse to issue final full cost invoice if information not presented.</p>	<p>March 2024</p>

Appendix 2

East Dunbartonshire Council
Internal Audit Services

**HSCP Internal Audit Planning
2024/25**

Gillian McConnachie
Chief Internal Auditor

Internal Audit Planning 2024/25

Background

The Annual Internal Audit Plan is prepared on an annual basis, detailing the HSCP Internal Audit work planned for year ahead. Planning the work is important to demonstrate that Internal Audit is proactive and that the activities are targeted to areas of risk and need. The Plan also has to be flexible so that Internal Audit can react to events that might happen during the course of the year.

The Annual Internal Audit Plan is prepared and presented to the Performance, Audit & Risk Committee to allow review and approval of the planned Internal Audit activity for the year ahead.

Plan

The plan for 2024/25 is expected to provide adequate evidence relating to the HSCP's systems to enable the Council's Audit & Risk Manager to provide a year-end opinion. This will be closely monitored and the Performance, Audit & Risk Committee will be kept informed of any change in the situation, with resources and expected outturn monitored as the year progresses. However, when determining the focus of the Internal Audit Team the following principles apply:

- The internal audit team will remain flexible and responsive to emerging risks and requests for assurance over new processes,
- The higher priority audits per *Table 1* will remain top priority for completion; and,
- Service demands, audit resource availability, key officer availability and the skills mix of the individual members of the internal audit team will also be considered when scheduling audits.

Planning Process

The Plan reflects not only Internal Audit's understanding of systems and controls but also the HSCP's goals, the national context and current economic climate. Using this understanding the Audit & Risk Manager discussed potential areas of focus with Senior Management. The following alternative sources of assurance are also considered at the planning stage: external reports on the HSCP, the HSCP's performance, the risk registers, how the HSCP manages its risks and where improvements are required. For the most part 'need' equates to 'risk' but consideration is also given to other aspects such as Internal Audit's reporting history, expected future HSCP changes and local demographics.

Having worked through all of the above, Internal Audit have a considerable amount of information and potential areas for review. Internal Audit cannot cover all areas of risk and we need to make sure what we plan to do is manageable and balanced.

The Plan for 2024/25 includes 10 areas of need to be reported on, which is consistent with the planned number of outputs for 2023/24. Audit days are assigned in the Plan to each assignment, based on an assessment of the relative risks of the audits planned and the expected complexities involved in undertaking the audit work. The work has been planned to enable us to draw conclusions on the HSCP.

Internal Audit Plan – Working to a Standard

The above summary is based on the provisions within the Public Sector Internal Audit Standards (PSIAS). The work of the Internal Audit Team is aligned to these provisions, which are also reflected in the Internal Audit Manual. For the 2024/25 financial year, the following standards have been applied with respect to Internal Audit Planning.

The Internal Audit Plan (Public Sector Internal Audit Standard 2010)

The Plan for 2024/25 is based on a documented risk assessment process. The process uses the HSCP's existing Risk Registers, the expectations of stakeholders and input from Senior Officers whilst considering the HSCP Performance Management Framework and outcomes.

The HSCP's risk management framework is well established, with auditors placing reliance on the actions being taken to manage key risks, as well as using the corporate risk register as a source for identifying areas of potential audit activity.

The Plan takes into account the requirement to produce an annual audit opinion. This opinion is delivered through the statement on the adequacy and effectiveness of the HSCP's framework of governance, risk management and internal controls. This statement is used to inform the governance statement included in the annual accounts.

The Plan is linked to the internal audit mission statement, charter and strategy, ensuring that activities are consistent with existing direction, organisational objectives and priorities.

The Internal Audit team also provides consultancy work on the basis that these assignments improve management of risks, add value and improve the HSCP's operations. Whilst no consultancy engagements have been planned for 2024/25, these can be accommodated during the year, although this may lead to the rescheduling of other planned audit work.

Audit Resources (PSIAS Standard 2030)

The Audit & Risk Manager can confirm that, in her opinion, the planned resources are appropriate and sufficient and will be effectively deployed to provide the required assurances to stakeholders.

PSIAS provides further definitions of each of the above requirements with appropriate reference to the mix of knowledge, skills and other competencies needed to perform the Plan. Sufficient refers to the quantity of resources needed to accomplish the Plan. Resources are effectively deployed when they are used in a way that optimises the achievement of the approved Plan.

The Plan is developed to ensure that staff availability, qualifications, experiences and skills are sufficient and appropriate. The process is supported by the Council's Performance Development Review (PDR) framework providing an ongoing mechanism to assess the effectiveness of staff in their roles and supporting future developments through training. The Audit & Risk Manager continually reviews the available resources to ensure that the Plan continues to be achievable. The impact of uncertain or unanticipated resource changes may need to be reported to Members where this affects the ability of the team to deliver the plan.

All auditors in the team have an accounting, risk management or internal audit qualification. When one of our stakeholders reads an Internal Audit Report they can be assured that it has been prepared with due recognition of all the best practices, ethics and professional responsibilities, as is required.

Staff training and coaching are being used to good effect to aid in delivery of the Plan. In addition, the budgeted allocation for administrative time has been reviewed to ensure that the application of resources continues to be reasonable.

Policies and Procedures (PSIAS 2040)

The Internal Audit Manual serves as the Internal Audit Team's policies and procedures. The Internal Audit Manual is aligned to the provisions of the Public Sector Internal Audit Standards and, in complying with the manual, the team are demonstrating compliance with the standards.

The Manual is reviewed on an ongoing basis with significant reviews taking place following changes in guidance, good practice or prevailing standards.

Coordination with External Scrutiny Bodies (PSIAS Standard 2050)

The Audit & Risk Manager is required to share information with other providers of assurance and consulting services to ensure proper coverage and minimise duplication of efforts.

The Audit & Risk Manager will meet with the External auditors, Mazars to ensure that external auditors place reliance on Internal Audit's work where possible, to reduce duplication of effort.

Reporting to Senior Management and the Board (PSIAS 2060)

As part of this plan, the Audit & Risk Manager will prepare and present regular update reports to the Performance, Audit & Risk Committee over the course of the financial year. The internal audit monitoring reports will review progress against the original plan in the interests of consistency and accountability. Quarterly performance information will also be captured on the Council's Performance Management System 'Ideagen'. Performance reports will capture the activities of the Internal Audit Team relative to the original plan.

Ongoing reporting will also highlight specific issues as they relate to risk exposures, control issues, fraud, governance or any other matters that the Audit & Risk Manager deems appropriate for consideration by the Committee. Significant issues will also be captured within the annual internal audit report.

On an annual basis, the Audit & Risk Manager will provide a report that will include the purpose, authority and responsibilities relative to the plan but also any significant issues noted in the above.

2024/25 Audit Work (PSIAS Standard 2100)

The planned number of days allocated to each audit area and corresponding outputs are shown below in *Table 1*.

Internal Audit activity evaluates and contributes to the improvement of governance, risk management and control processes using a systematic and disciplined approach as outlined in the Internal Audit Charter.

Planned audit work includes consideration of a number of different types of audit assignments including systems, regularity, and consultancy. This varied application of audit resources ensures that different aspects of HSCP business have been subjected to testing, with assurances being sought over a range of activities.

Overall Opinions (PSIAS Standard 2450)

Following the completion of the audit plan an overall opinion will be issued, taking into account the strategies, objectives and risks of the HSCP and the expectations of senior management, the Performance, Audit & Risk management Committee and other stakeholders. The overall opinion must be supported by sufficient, reliable, relevant and useful information.

Internal Audit Plan – Allocations and Activities

TABLE 1 – Planned Days and Outputs by Audit Area

Outputs	Area	Review	Planned Days	Status	Rationale	Priority
1	Audit	Financial Monitoring	20	New	Financial pressures continue as a risk for the HSCP. The audit will review financial monitoring, including consideration of recharges, with a focus on social work recharges.	2
2	Audit	Provider Uplifts Process	25	New	Review of the process for increasing rates paid to social care providers given governance and budgetary risks.	2
3	Audit	Private sector housing grant	25	New	Review of processes across Housing, the HSCP and Legal Services with regards to Private Sector Housing Grants.	3
4	Audit	Social Care Contingency planning (incl failure of key providers)	10	New	Focusing of third-party failure risks facing the HSCP.	1
5	Audit	Use of self-service technology (AskSara)	20	New	Review of use of AskSara technology as a recent change, to ensure that appropriate controls are in place.	2
6	Regularity	Annual Audit Report	1	Recurring	Annual report	1
7	Regularity	Annual Follow Up	2	Recurring	Follow up on previously issued recommendations	1
8	Regularity	Annual Governance Statements	2	Recurring	Annual requirement for accounts and to support Annual report	1
9	Regularity	Interim Follow Up	2	Recurring	Follow up on previously issued recommendations	1
10	Regularity	Internal Audit Plan 2025/26	2	Recurring	Preparation of following year's internal audit plan	1
Total Days			109			

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 14TH MARCH 2024

REPORT REFERENCE: PERF/140324/04

CONTACT OFFICER: TOM REID, MAZARS, EXTERNAL AUDIT DIRECTOR (tom.reid@mazars.co.uk)

SUBJECT TITLE: AUDIT PROGRESS REPORT – EAST DUNBARTONSHIRE IJB

1.0 PURPOSE

1.1 The purpose of this report is to set out progress on the 2023/24 external audit of East Dunbartonshire Integration Joint Board (IJB).

2.0 RECOMMENDATIONS

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

2.1 Note the contents of the report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

3.1 A copy of the Audit Progress report by Mazars is included as **Appendix 1**.

4 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan – None.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – None

4.5 Financial Implications – None

4.6 Procurement – None

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Corporate Parenting – None

4.11 Other – None.

5 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 The relevant risks are set out in the progress update.

6 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Assurance will be required from the partner bodies to inform the audit process for the IJB.

6.3 **NHS GREATER GLASGOW & CLYDE** – Assurance will be required from the partner bodies to inform the audit process for the IJB.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7 POLICY CHECKLIST

- 7.1** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8 APPENDICES

Appendix 1 – ED IJB Audit Progress Report – Mar 2024

Appendix 1 – Interim Care Home Funding - Action Plan High Risks Extract

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Delays in Care Home Advising Rates</p> <p>In one case sampled by auditors, guardianship was noted by Shared Services in October 2022. After several attempts to obtain the final charging rates from the care home, the final invoice was issued in July 2023, for the sum of £24,806.</p>	<p>High</p> <p><i>Delays in the notification of charging rates to Shared Services can subsequently result in the delay of reclaiming monies due or being unable to reclaim monies.</i></p> <p>Recommendation –</p> <p>An escalation process should be implemented for notifying management of any cases where rates have not been established on a timely basis.</p>	<p>Accepted</p> <p>Responsible Officer: Strategic Commissioning Manager</p> <p>Process established to ensure escalation to the Strategic Commissioning Manager after two attempts by Shared Services Finance to get confirmation of rates from Care Homes, and to escalate to Care Home providers' head office where necessary.</p>	<p>February 2024</p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Delays in Guardianship Notification</p> <p>A delay in Social Work notifying Shared Services of guardianship being awarded was noted in 3 cases from a sample of 10. This resulted in the Interim Funding continuing beyond the entitlement period and an increased financial risk to the HSCP. In these cases, guardianship was only confirmed when Shared Services noted observations on Carefirst and contacted Social Work for further information.</p>	<p>High</p> <p><i>Delays in the notification of guardianship to Shared Services can subsequently result in the delay of reclaiming monies due or being unable to reclaim monies where the guardian is then deceased.</i></p> <p>Recommendation –</p> <p>All relevant Social Workers should be reminded of the importance of notifying Shared Services as soon as possible after the appointment of a guardian.</p> <p>In keeping with good practice, all processes around Interim Funding should be documented. This would serve as a reminder to Social Work staff of the importance of timely notification of guardianship to Shared Services. Additionally, any new members of staff would have clear written instructions to follow.</p>	<p>Accepted</p> <p>Responsible Officer: Joint Services Manager Adult and Older People Services</p> <p>We will undertake a refresh of the guidance for practitioners re interim funding, this will include refreshing procedures where interim funding relates to pending applications for guardianship.</p> <p>A monthly list of interim funding cases should be sent by Shared Services finance to Joint Services Manager Adult and Older People Services to cross check with care management teams. There is currently no automatic means by which social workers are updated of successful guardianship applications in all cases. Where information has been shared with or is obtainable by Social Work teams in respect of guardianship being granted this will be advised to shared services.</p>	<p>March 2024</p> <p>January 2024</p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p>Uncompleted forms</p> <p>Once appointed, a guardian failed to complete the requested forms to enable the final invoice to be raised. The guardian subsequently died around nine months later, and the case has been with Social Work awaiting a decision on how to progress.</p>	<p>High</p> <p><i>Delays in issuing final invoices may result in difficulties obtaining the repayment of any monies due.</i></p> <p>Recommendation -</p> <p>When guardianship is awarded, there should be a cut off period set for the return of the requested forms. Non-return within a specific period may require the final invoice to be issued without the completion of a Financial Assessment form.</p>	<p>Accepted</p> <p>Responsible Officer: Joint Services Manager Adult and Older People Services</p> <p>Process to be refreshed to instruct the issuing of two letters from shared services finance to the individual, with recourse to issue final full cost invoice if information not presented.</p>	<p>March 2024</p>

Audit Progress Report

East Dunbartonshire Integration Joint Board

March 2024



Contents

1. Audit progress

This document is to be regarded as confidential to East Dunbartonshire Integration Joint Board. It has been prepared for the sole use of East Dunbartonshire Integration Joint Board. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Section 01:
Audit Progress

1. Audit Progress

This report sets out progress on the 2023/24 external audit of East Dunbartonshire Integration Joint Board (the IJB).

2023/24 Audit

Status of the audit

Our detailed planning work for the 2023/24 audit will start in March 2024. However, as part of our initial planning, we have considered experience gained from our 2022/23 audit and have met with finance officers to discuss the timetable for the audit. We will continue to have regular catch-up meetings with members of the finance team as the audit progresses.

We intend to bring our Annual Audit Plan to the next meeting of the Performance, Audit and Risk Committee. However, we felt that members of the Committee would benefit from an early view of the draft timeline and indicative risk assessment for the 2023/24 audit.

We anticipate carrying out our final fieldwork in August and September 2024.



Audit progress

1. Audit Progress

Annual Accounts 2023/24

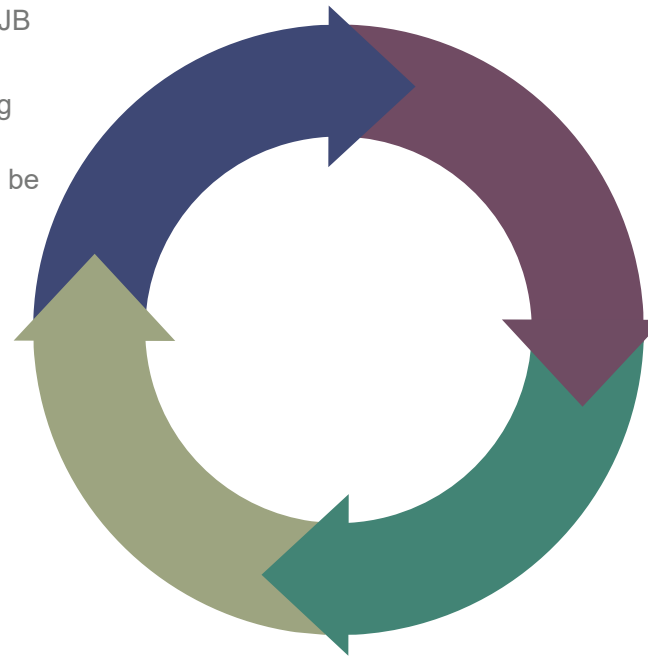
Draft timetable

Planning (March 2024)

- Planning meeting and developing our understanding of the IJB
- Initial opinion risk assessments
- Considering proposed accounting treatments and accounting policies
- Developing the audit strategy and planning the audit work to be performed
- Agreeing timetable and deadlines
- Preliminary analytical review

Completion (September 2024)

- Final review and disclosure checklist of financial statements
- Final Engagement Lead review
- Agreeing content of letter of representation
- Reporting to the Performance, Audit and Risk Committee
- Reviewing subsequent events
- Signing the auditor's report



Interim (May 2024)

- Wider scope risk assessment
- Reassessment of audit plan and revision if necessary.

Fieldwork (August to September 2024)

- Reviewing the draft financial statements
- Reassessment of audit plan and revision if necessary
- Executing the strategy starting with significant risks and high risk areas
- Communicating progress and issues
- Clearance meeting

Audit progress

1. Audit Progress

Whilst our planning and risk assessment procedures remain at an early stage for 2023/24, our initial planning work has identified relevant risks to the audit of financial statements. The risks identified are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

Significant risk

A significant risk is an identified and assessed risk of material misstatement that, in the auditor's judgment, requires special audit consideration. For any significant risk, the auditor shall obtain an understanding of the entity's controls, including control activities relevant to that risk.

Enhanced risk

An enhanced risk is an area of higher assessed risk of material misstatement ('RMM') at audit assertion level other than a significant risk. Enhanced risks require additional consideration but does not rise to the level of a significant risk, these include but may not be limited to:

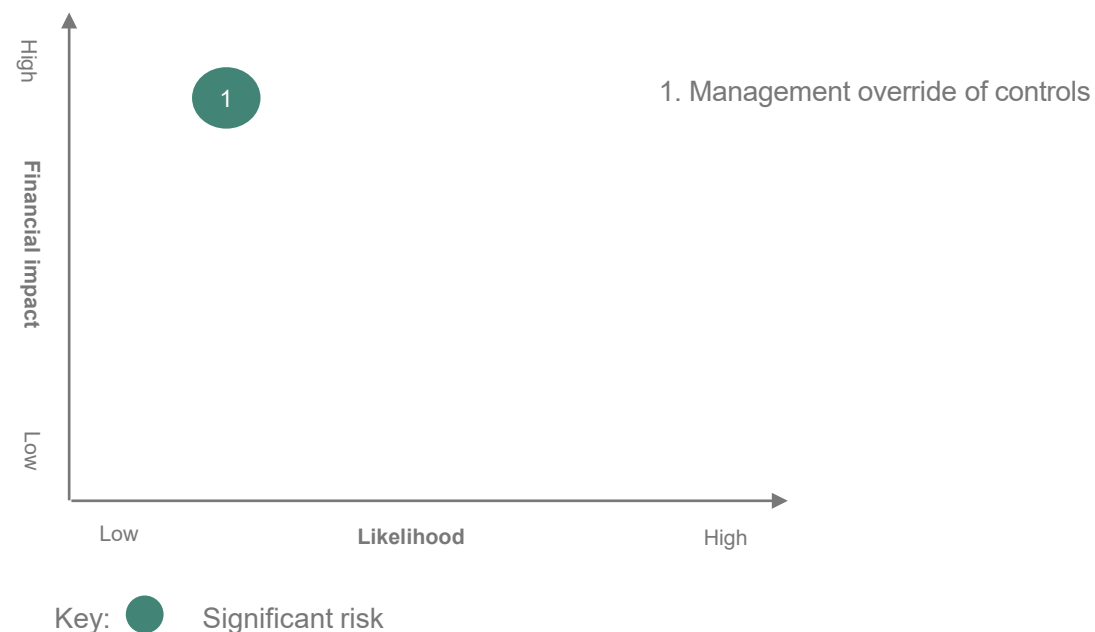
- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

Standard risk

This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the likely magnitude of the potential misstatements or the likelihood of the risk occurring.

Summary risk assessment

Our initial indicative summary risk assessment, illustrated in the table below, highlights those risks which we anticipate being significant and other enhanced risks in respect of the IJB. We have summarised our expected audit response to these risks on the next pages.



1. Audit Progress

Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the initial risk assessment highlighted on the previous page and also our testing approach with respect to the significant and enhanced risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during our audit, we will report this to the IJB's Performance, Audit and Risk Committee.

Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	<p>Management override of controls</p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	●	●	○	<p>We plan to address the management override of controls risk by:</p> <ul style="list-style-type: none"> • reviewing the key areas within the financial statements where management has used judgement and estimation techniques and consider whether there is evidence of unfair bias; • examining accounting policies; • testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; and • considering and testing any significant transactions outside the normal course of business or otherwise unusual.

Audit progress

1. Audit Progress

Consideration of risks related to revenue and expenditure recognition

- As set out in International Standard on Auditing (UK) 240: The auditor's responsibilities relating to fraud in an audit of financial statement, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We consider the risk of fraud to be low because the IJB is almost wholly funded by NHS Greater Glasgow and Clyde and East Dunbartonshire Council. Therefore, as in 2022/23, we have rebutted this risk.
- Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom highlights that, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure may in some cases be greater than the risk relating to revenue recognition. We have not recognised an increased risk in relation to expenditure on the basis that all the IJB's transactions are processed by the partner bodies, NHS Greater Glasgow and Clyde and East Dunbartonshire Council, rather than the IJB directly.
- Therefore, at this stage, we are not proposing to include specific work in our audit plan in these areas over and above our standard audit procedures. We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Performance, Audit and Risk Committee.

Protocol for Auditor Assurance 2023/24

- The IJB depends on information for its financial reporting which is provided by systems hosted by NHS Greater Glasgow and Clyde and East Dunbartonshire Council (constituent authorities).
- We will therefore need to obtain sufficient appropriate audit evidence which may not be held by the IJB. In line with Audit Scotland's *Protocol for Audit Assurance 2023/24: Integration joint boards* we will request assurances from the auditors of each constituent authority.

1. Audit Progress

Materiality

Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Misstatements in financial statements are considered to be material if they, individually or in aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on consideration of the common financial information needs of users as a group and not on specific individual users.

We consider materiality whilst planning and performing our audit based on quantitative and qualitative factors.

Whilst planning, we make judgements about the size of misstatements which we consider to be material and which provides a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

The materiality determined at the planning stage does not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, will be considered as immaterial.

We will revise materiality for the financial statements as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Our planning materiality will be based on the audited 2022/23 accounts and will be set based on a benchmark of total expenditure. We will identify a figure for materiality but identify separate levels for procedures design to detect individual errors, and also a level above which all identified errors will be reported to the IJB's Performance, Audit and Risk Committee.

We consider that total expenditure represents the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

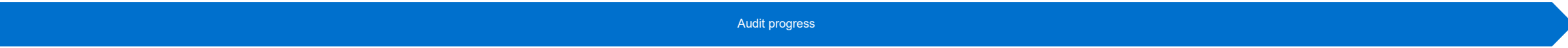
Materiality	Amount (£'000s)
Financial statement materiality This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 2% of total expenditure for the year ended 31 March 2023 based on the latest audited financial statements for 2022/23 (rounded to the nearest million).	4,700
Performance materiality This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 70% of planning materiality.	3,200
Reporting threshold (i.e., clearly trivial) We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	138
Specific items We assess the Remuneration Report as sensitive given users' interest in this specific area. We are proposing to set materiality in this area at £1,000.	1

1. Audit Progress

Wider scope and Best Value - Identified risks of significant weaknesses in arrangements

Audit Scotland's guidance requires us to carry out work at the planning stage to understand the IJB's arrangements and to identify any significant weaknesses that may exist. We have not yet fully completed our planning and risk assessment work.

On completion of our risk assessment, we will report any risks to the IJB's Performance, Audit and Risk Committee.



Audit progress

Contact

Mazars

Director: Tom Reid

Email: Tom.reid@mazars.co.uk

Manager: Ishana Singh

Email: Ishana.singh@mazars.co.uk

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE

DATE OF MEETING: 14th MARCH 2024

REPORT REFERENCE: PERF/140124/05

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER (07583902000)

SUBJECT TITLE: HSCP CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to provide an update on the Corporate Risks and how they are mitigated and managed within the HSCP.

2.0 RECOMMENDATIONS

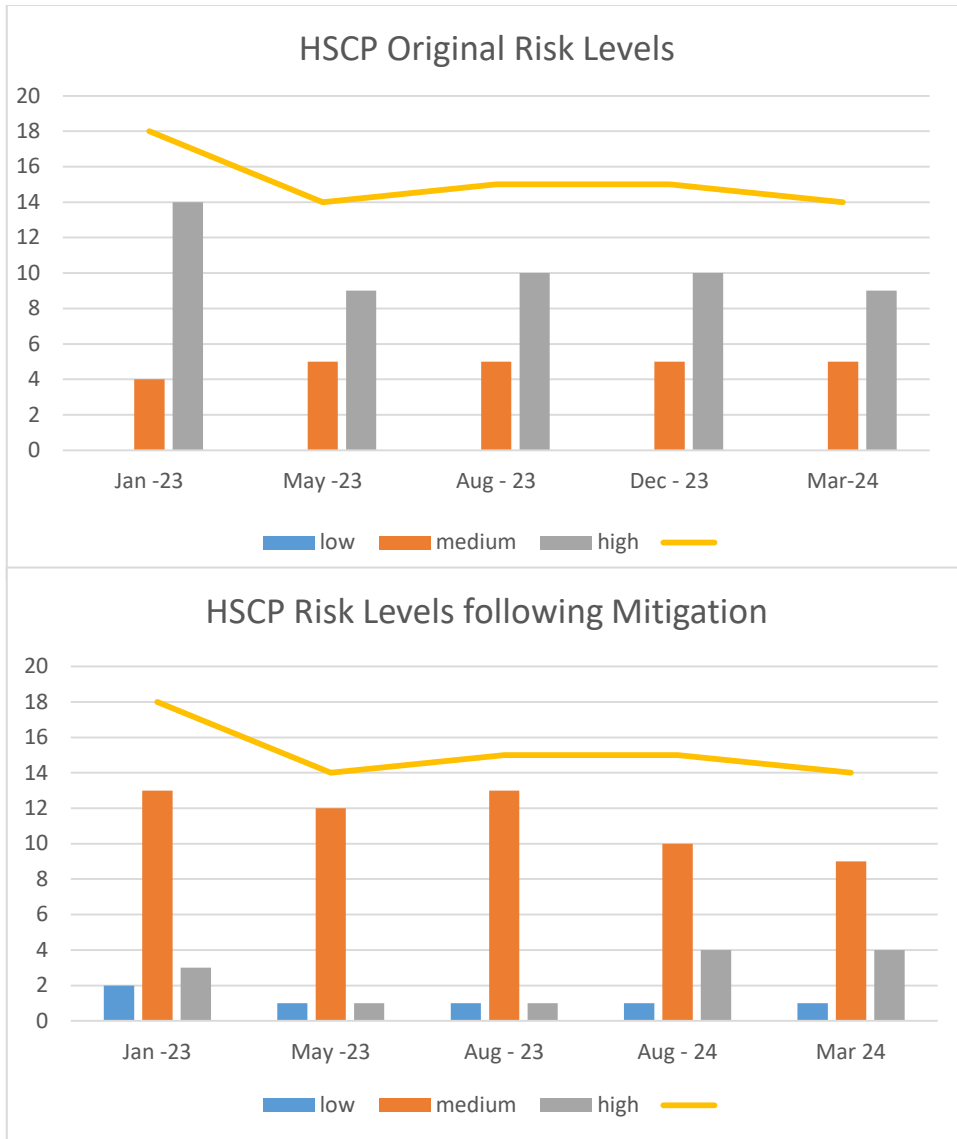
It is recommended that the Performance, Audit & Risk Committee:

2.1 Consider and approve the Corporate Risk Register attached as **Appendix 1**.

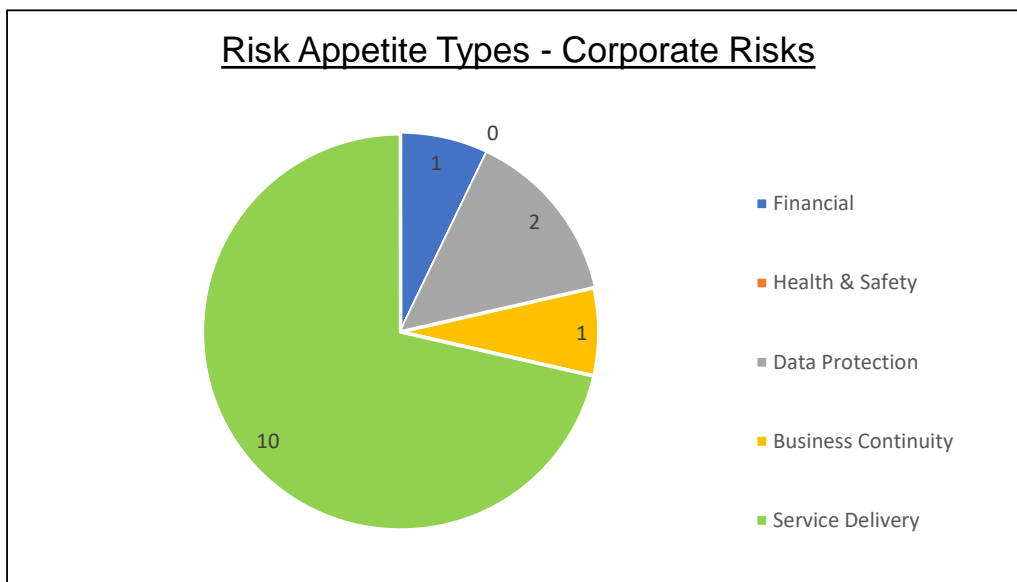
**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.2** Individual Service Risk Registers are reviewed and updated on a monthly basis, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. This aligns to the policy requirements which states that all high and very high service levels risks should be reviewed monthly to ensure the risk in being managed with lower level risks reviewed quarterly.
- 3.3** The Corporate Risk Register is reviewed quarterly by the Senior Management Team and updated. It captures the high level risks across the HSCP and the hosted services.
- 3.4** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these.
- 3.5** There are a total of 14(15) risks included within the HSCP Corporate Risk register. This represents a decrease in the number of risks for the HSCP of one from that previously reported. This movement relates to the deletion of the risk related to the delivery of oral health services and the lack of an infection control doctor to provide advice on actions to enable access to three clinical areas following flooding which was reducing capacity to deliver clinical interventions. This issue has now been resolved.
- 3.6** There have been no changes to the risk scores this period, however there has been a review of the nature of the risk HSCP 02 in the context of the recent Adult Support & Protection (ASP) inspection which highlighted that training in this area is adequate and of a high standard. It was highlighted that the focus on this area has been at the expense of other quality aspects in relation to ASP and the risk narrative has been changed to reflect this.
- 3.7** Additional management actions have been included for risks HSCP01, HSCP04, HSCP05, HSCP06, HSCP09 and HSCP13 which will seek to mitigate the risk score to achieve the target risk scores set for these organisational risks.
- 3.8** Of the 14 risks identified within the Corporate Risk register, 9 are considered to be high risk albeit following the risk management actions set out, this reduces to 4 (1) high risk area, the rest falling down to medium risks. The remaining high risk areas relate to: inability to achieve financial balance; risk of failure to achieving transformational change and service redesign plans within necessary timescales; failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital; inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area. There are a number of management actions identified which seek to mitigate the risks.



3.9 The majority of risks on the corporate risk register can be categorised as risk to service delivery.



3.10 A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.

3.11 In terms of horizon scanning, there are a number of emerging risks for the HSCP, however the likelihood that these events may occur and the extent to which they will have a negative or positive impact on the HSCP is still under review. These relate to:

- The Scottish Government Covid enquiry is ongoing
- The implementation of safe staffing legislation – emerging information from the application of common staffing tools suggest that we may be under resourced in some areas.
- Impact of financial position on service delivery

3.12 The HSCP also has a number of service risk registers in place provides a systematic and structured method to support the risk management process. Information forming the risk register will be captured using the Datix system. The risks included are of a more operational nature, service specific and tend to be more fluid in how they appear on the register the risk score attached and the management actions to mitigate the risks. There are a total of 21 service risk registers with 96(105) live/active risks associated with these registers. The movement relates to the numbers of risk being managed throughout the period and refinement related to the introduction of our new governance processes with a focus on improving risk management across the HSCP and reporting of risks through the service risk registers. Of the 96 risks, 33%(39%) are Low risks, 42%(34%) are Medium level risks, 23%(24%) are High level risks and 2%(3%) are Very High risks.

3.13 The process for escalation to the corporate risk register will depend on a number of factors such as risk score, ability to continue to manage risk at a service level or where risk have an impact across the HSCP and are not solely within one service area.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

- 4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.
- 4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.
- 4.5 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

- 5.1 This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 **APPENDICES**

8.1 **Appendix 1 - HSCP Corporate Risk Register March 2024**

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

Jean Campbell

Date created/
updated

Updated December 2023

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients. It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		Consequence (C)		Risk (LxC)	= Priority
Almost certain	5	Extreme	5	20 - 25	= Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	= Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	= Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	= Priority 4: LOW
Rare	1	Negligible	1		

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Risk Score (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Target Risk Score (Equals N*O)	Priority	Risk Lead	Risk Owner
HSCP1	Inability to achieve recurring financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, post covid service demand impacts, increasing complexity of demand, increasing public expectations re service provision, public service financial challenges resulting in requirements to make financial efficiencies. Cost of living price increases across in house and commissioned services. SG funding settlements not as expected / non recurring nature of funding, challenging budget settlements from partner organisations.	Reduced ability to maintain service levels leading to service reductions / cessation ; potential risk of poor service / harm to individuals; inability to offer competitive rates to service providers with potential loss of provider / risk to provider sustainability locally; cuts to staffing numbers in post; reputational risk to the HSCP, negative impact on performance and meeting set targets.	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board. Specific investment from SG to support HSCP strategic objectives and system pressures. Annual Delivery Plan incorporating dis-investment / savings options developed and delivered. Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year. Reserves Strategy in place with reserves balances compliant with prudent levels set within strategy.	4	4	16	2	Treat	Continued liaison with other Chief Finance Officers network / engagement with SG. Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. Development of a medium term financial plan to support longer term sustainability updated annually to reflect current financial landscape. Ongoing review / re designation of earmarked reserves. Budget working group to be established including staff partnership to review budget savings options through the financial year.	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP2	Failure to ensure adult support and protection statutory processes are adequately and robustly followed in all appropriate cases	Quality assurance capacity in professional roles is limited due to focus on other areas of work including provision of ASP training	Some adults at risk may not receive the structured statutory intervention and support that they require. Impact on outcome of inspection.	Service Delivery	Delivery of the action plan arising from the Joint Inspection of Adult Support and Protection Services	3	4	12	2	Treat	Business case developed to in-source ASP training through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.Recurring funding identified.	2	4	8	3	David Aitken, Head of Adult Services	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary including the Fair Access process. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldicott Guardian.	3	3	9	3	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access along with specific training delivered by Information Governance Leads for NHSGG&C.	2	3	6	3	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Lack of understanding and awareness of Data Protection legislation, increasing demand and competing priorities cause workers to have decreased capacity and lesser regard for record destruction requirements. Volume of information assets / records is significant and duplicated across shared drive. Classification of records is cumbersome and clunky and difficult to understand.	Breach of Information management legislation. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed but not yet implemented due to staff capacity issues. IMLO reports to SMT on status of work. Delays in delivery due to Covid which has compounded position. Record Management Plan in place for HSCP with actions for continuous improvement.	4	2	8	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out. Review of staffing position to prioritise task. Development of an approach for delivery for 2024-25. Review of file classification and rationalisation of number of information assets continuing.	2	2	4	4	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning, Lack of suitably trained resource, Disjointed partnership working.	Reputational damage Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak, and updated PARD / Critical Persons List.	2	5	10	3	Tolerate	Business Continuity plans. Multi agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed and now embedded in business continuity approach generally. Development of a plan to support power supply restrictions and power blackout. Engagement in Council / NHS business continuity planning to ensure alignment across partner agencies.	2	5	10	3	Alan Cairns, Planning, Performance & Quality Management Manager	Chief Officer
HSCP 6	Failure to secure effective and sufficient support services from NHS GG&C and EDC to plan, monitor, commission, oversee and review services as required including functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities HSCP reliance on NHS GG&C and EDC IT infrastructure and systems, performance reporting support, finance, HR, information governance etc. Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements. Tightening budgets result in focus on efficiencies within support functions.	Failure to effectively and securely store and retrieve records - case management systems become outdated; inability to effectively and timeously share information; inability to be effective in digital development and communication (e.g. arranging meetings, integrated systems); inability to meet statutory reporting requirements; inability to deliver Commissioning Strategy; inability to progress service reviews / redesign to meet budget requirements for savings	Service Delivery	Engaged in Board wide process to ensure proportionate allocation. Chief Officer attends constituent body CMT / SMT meetings.	3	3	9	3	Tolerate	Ongoing collaborative work and engagement with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered in the most efficient manner. Streamline and prioritise processes where appropriate.	3	3	9	3	Jean Campbell, CFRO	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Mental Health Officers, qualified Social Workers, Personal Carers, Health Visitors, Psychologists and General Practitioners (independent contractors).	Risk reflects national and local workforce pressures. The reduction in numbers of registered staff in post. Ageing workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training. Local pay and grading comparable to other areas, low rates of pay for care at home staff with year on year increases limited to SLW increases. High caseloads within health visiting service compared to other areas across GG&C. National shortage of social care workforce. National recruitment and retention challenges in relation to GPs.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced or reliance on agency cover at premium cost. Fragmented services, increased complaints, service user detriment, reputational damage. Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled care. Poorer patient/service user outcomes. Reduction / consolidation in the number of steps within the health visiting pathway.	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing and health visiting workforce and make ongoing representation for funding allocation to East Dunbartonshire. Progress innovative methods for recruitment of staff across the HSCP but particularly promoting a rolling programme of recruitment for care at home staff. Increase staff supervision, prioritise high risk / complex cases. Support national conversation re GP recruitment and retention.	4	3	12	2	Treat	Develop and regularly review workforce plan for 2022-2025 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues. Funding from SG to support additional social work and mental health officer workforce capacity to be progressed and implemented. Review options for 'market forces' review of pay and grading. Further amalgamate health visiting contacts, consider skill mix where appropriate and other mechanisms for delivery of services.	3	3	9	3	HOS	Chief Officer
HSCP 8	Failure of external care providers to maintain delivery of services particularly related to care home and care at home provision.	Uncontrollable market forces (recruitment /retention, Brexit, increasing cost pressures associated with living wage and wider cost of living crisis, capacity implications due to Scottish Living Wage (SLW) / benefit cap), Increasing Care Inspectorate /Public Health demands, limits on public sector finances to meet uplifts in provider costs. Challenging contractual discussions related to the NCHC / SXL contracts and affordability.	Service continuity disrupted / ceases. Home /accommodation at risk, large scale / volume re/provisioning required in event of care home closure, impact on any other local related homes. Reduction in available capacity across care at home sector to meet current / future demand. Fragmented services. Increased risk of assessed needs not being met, service user detriment through lack of services or timely intervention. Unable to meet statutory requirements & duty service user detriment through lack of services or timely intervention. Increased complaints Reputational risk to the HSCP	Service Delivery	Contract Management Framework Enhanced Risk Assessment (RAG's) / monitoring & oversight of Care Home sector Regular checks / audits of Business Continuity Plans Assurance Visits Established Care Home sector lead to help support oversight arrangements CI Regulation /inspection framework SXL team - providing national oversight of providers , Strategic Commissioning Officer post / dedicated support to care homes / care home support team	3	4	12	2	Treat	Enhanced support and monitoring across care home services, daily /weekly checks via Turas, RAG rating, Provider Forums, dedicated Officer support, Established Sector Lead, Weekly oversight via ORG, early notification alerts via SXL & Network groups, process for review of provider sustainability and adequacy of rates for service delivery.	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 9	Risk of failure to achieving transformational change and service redesign plans within necessary timescales and at the pace required.	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme. Options for delivering transformation through efficiency / cost reduction diminishing without significant impact on levels of service delivery and performance. Scale of financial challenge is growing.	Significantly negative impact on ability to deliver medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance. Increased risks to patients / service users who may wait longer for access to services. Negative impact on performance targets with increased waiting lists / times.	Service Delivery	Development and scrutiny of annual delivery plans including actions for investment / dis investment. HSCP Delivery Plan Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities where these are significant organisational change.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year. Fundamental shift in how service are delivered with a medium / longer term focus. Review of reserves to support redesign / smooth in any change programme. Budget working group to be established including staff partnership to review budget savings options through the financial year.	3	4	12	2	Jean Campbell, CFRO	Chief Officer

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Risk Score (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Target Risk Score (Equals N*O)	Priority	Risk Lead	Risk Owner
HSCP 10	Failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital	Lack of recurring funding to deliver on key actions. Increasing absence / recruitment difficulties across SW workforce to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, capacity and ability of care homes to take individuals pressure on care at homes services to support individuals to remain safely at home. Demands for complex care at home packages outstrips ability to supply through in house / commissioned providers. AWI legislation impacts ability to move individuals and those exercising choice and awaiting preferred care home. Clunky new electronic referral process from hospital to care at home.	Unscheduled care plan supports reduction in bed day usage and delayed discharges, therefore no improved performance would be seen in this area. Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future. Incomplete referral information through electronic referral resulting in delays to discharge chasing missing information.	Service Delivery	Identification of non recurring funding streams. Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	4	4	16	2	Treat	Consider as part of financial planning consideration / budget process - consider virement / prioritisation and re-direction of funding to support this area. Representation to SG to financially support agenda through transitional funding. Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Additional investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge.	3	4	12	2	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 11	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services. Failure to retain / recruit GPs. Increased workload created to longer waiting times for specialist assessment / intervention in acute sector leading to increased numbers of enquiries and complex consultations within the community.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting and delay in access to specialist level assessment and treatment. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	Escalation offering limited practice level flexibility to non urgent work streams with further escalation guidance in place if required. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care. Pathway in place for practices to seek support via buddy practice, cluster group or wider HSCP if required.	2	4	8	3	Treat	In addition, HSCP taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements including the redeployment of HSCP PCIP staff where possible.	2	3	6	3	Derrick Pearce, Head of Health & Community Care	Clinical Director
HSCP 12	Failure to deliver the MOU commitments within the Primary Care Improvement Plan	Lack of adequate funding to support full delivery of the core MOU commitments, inability to recruit the required staff, lack of accommodation to support additional staffing. Cost of Vaccination Programme(VTP) greater than funding allocation available.	Failure to deliver contractual requirements, financial implications to meet contract defaults in the form of transitional payments, continued pressure on GPs to deliver non specialist functions identified to be met through other professional staff groups.	Service Delivery	Prioritisation of MOU commitments, maximise use of reserves to meet commitments where appropriate and non recurring, accommodation strategy to expand space capacity.	3	4	12	2	Treat	Representation to SG for funding to support full extent of MOU commitments, prioritisation of current funding allocation to core contractual commitments where appropriate	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 13	Inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area.	Lack of suitable options and capital funding available to progress development of an integrated solution, competition / prioritisation of need across NHSGGC and other HSCP priorities taking precedence, inability to effectively evidence need in context of NHSGGC priority matrix ie deprivation. Options for refurbishment / extension across HSCP and GP premises in the area very limited due to nature and location of current estate. Tightening capital funding available to support future developments across partner bodies.	Lack of integrated working and limited service delivery offering due to lack of available space to accommodate all service demand, lack of delivery on key strategic priorities eg PCIP. GPs remain in dated premises with little / no options for expansion to accommodate increasing demand related to housing / care home developments in the area, risk of GP Practice closure due to nature of tenure within the area with no ability of HSCP to respond. Lack of space to accommodate acute functions moving into the community eg Phlebotomy.	Service Delivery	NHSGGC Primary Care Property Strategy under development which will set out board priorities for primary care accommodation, ED HSCP Property Strategy in place and regular engagement with colleagues within the Council / NHS board to scope options for progressing strategic priorities, GG&C HSCP Capital Planning Group established to review board wide HSCP priorities.	4	4	16	2	Treat	Progression of actions within ED HSCP Property Strategy and in particular revisit the business case for an Integrated Health & Care Centre in the West Locality, continue to apply pressure locally and with the NHS Board for re-prioritisation of this option, explore opportunities for creation of capital funding within the HSCP and in collaboration with partners. Explore alternative solutions to address capacity within HSCP accommodation. Continue to explore all accommodation options within the west locality.	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP 14	Failure to secure an alternative system to Carefirst for Social Work case management and provider financial payments	Completion of business case, reliance on Council prioritisation of project in context of competing priorities across other Council services, lack of resources within the HSCP and Council support functions to progress implementation.	Current system not fit for purpose to meet the needs of system users. New cloud based systems in development and industry moving on leaving HSCP with out of date system and no opportunity for any further development. Lack of support in the event system malfunctions as system becomes obsolete. Limits opportunity for service redesign and efficiencies in working practices.	Service Delivery	Business case in development to support new system solution for SW caseload management and financial payments to care providers. Carefirst updates through HSCP Digital Board in place to support collaborative working across HSCP and Council services and promote importance and requirement for new system. Continued engagement with current system provider to ensure continued support available.	3	4	12	2	Treat	Escalation of business case to ensure prioritised for progression, planning of resource requirements through carefirst steering group.	2	4	8	3	Jean Campbell, CFRO, HOS	Chief Officer

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK
COMMITTEE**

DATE OF MEETING: 14TH MARCH 2024

REPORT REFERENCE: HSCP/280324/06

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER (07583902000)

SUBJECT TITLE: HSCP QUARTER 3 PERFORMANCE REPORT
2023 - 2024

1.0 PURPOSE

The purpose of this report is to inform the Performance, Audit and Risk Committee of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period October to December 2023 (Quarter 3).

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report; and
- 2.2 Consider the contents of the Quarter 3 Performance Report 2023 - 2024 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Quarter 3 Performance Report 2023-24 at **Appendix 1** contains a range of information, most of which is available and complete for the full reporting period.
- 3.2** There are routine delays with the publication of some data, particularly with validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides accurate proxy data while waiting for published national figures.
- 3.3** The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national health and wellbeing outcomes and the HSCP strategic priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – The report reflects on delivery of front line services to customers and patients.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

6.3 **NHS GREATER GLASGOW & CLYDE** – The report includes indicators and measures of quality and performance relating to services provided by NHS Greater and Clyde, under Direction of the HSCP Board.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 **APPENDICES**

8.1 **Appendix 1** – HSCP Quarter 3 Performance Report 2023 - 2024

SECTION 1

Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social or health care service targets can contribute to improved performance elsewhere across the whole system.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

The sections contained within this report are as listed and described below.

Section 2: Performance summary

This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan

The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators

This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators

LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance

This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance

This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance





Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section.

SECTION 2 Performance Summary

This section of the quarterly report ranks each of the performance indicators and measures that feature in the report against a red, amber and green (RAG) rating, reflecting activity against targets and improvement plans.

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

We have re-introduced the pre-Covid summary RAG rating (below), but caution should continue to be applied to interpretation. Full information on the impacts on performance is set out for each individual measure within the report.

-  Positive Performance (on target) improving
-  Positive Performance (on target) declining
-  Negative Performance (off target) improving
-  Negative Performance (off target) declining

Positive Performance (on target & maintaining/improving)

3.4	Number of accident and emergency attendances (all ages)
4.1	Number of homecare hours per 1,000 population 65+
4.2	Percentage of people aged 65+ with intensive needs receiving care at home
4.3	Percentage of service users aged 65+ meeting 6 week target
4.6	Percentage of adults in receipt of services who have had their personal outcomes fully or partially met
5.1	Percentage of people waiting less than 3 weeks for drug and alcohol treatment
5.2	Percentage of people waiting less than 18 weeks for psychological therapies
5.3	Percentage of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of Alcohol Brief Interventions (ABIs) delivered
5.6	Percentage of young people seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks
6.2	Percentage of Initial Child Protection Planning Meetings taken place within Child Protection national guidance

6.3	Percentage of first Child Protection review conferences taking place within 6 months of registration
6.6	Percentage of children receiving 27-30 months assessment
7.1	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	Percentage of Criminal Justice Social Work reports submitted to court on time
7.3	Percentage of Court Report Requests allocated to a Social Worker within 2 working days of receipt

 **Positive Performance (on target but declining)**

4.5	Percentage of Adult Protection cases where timescales are met
6.1	Percentage of Child Care Integrated Assessments for SCRA completed within 20 days

 **Negative Performance (below target but maintaining/improving)**

3.2	Number of unscheduled hospital bed days
3.3	Quarterly number of delayed discharge bed days
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
6.4	Percentage of children being looked after in the community
8.5	NHS Knowledge & Skills Framework

 **Negative Performance (below target and declining)**

3.1	Number of unplanned acute emergency admissions
6.5	Percentage of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation

SECTION 3

Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period (minimum 95% complete).

- 3.1 Emergency Admissions
- 3.2 Unscheduled hospital bed days; acute specialities
- 3.3 Delayed Discharges
- 3.4 Accident & Emergency Attendances

3.1 Emergency Admissions

Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting (aim to minimise).

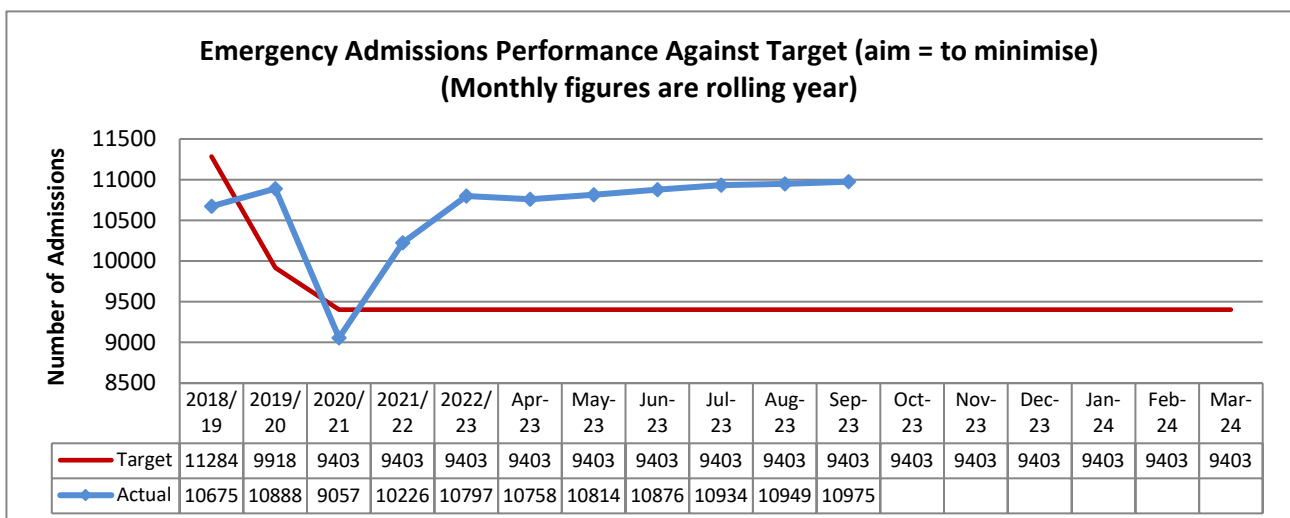
Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Target (2023-24)
2,763	2,695	2,753	2,763	Q3 not available	2,351

*Based on availability of complete data for quarter at time of report – subject to update.

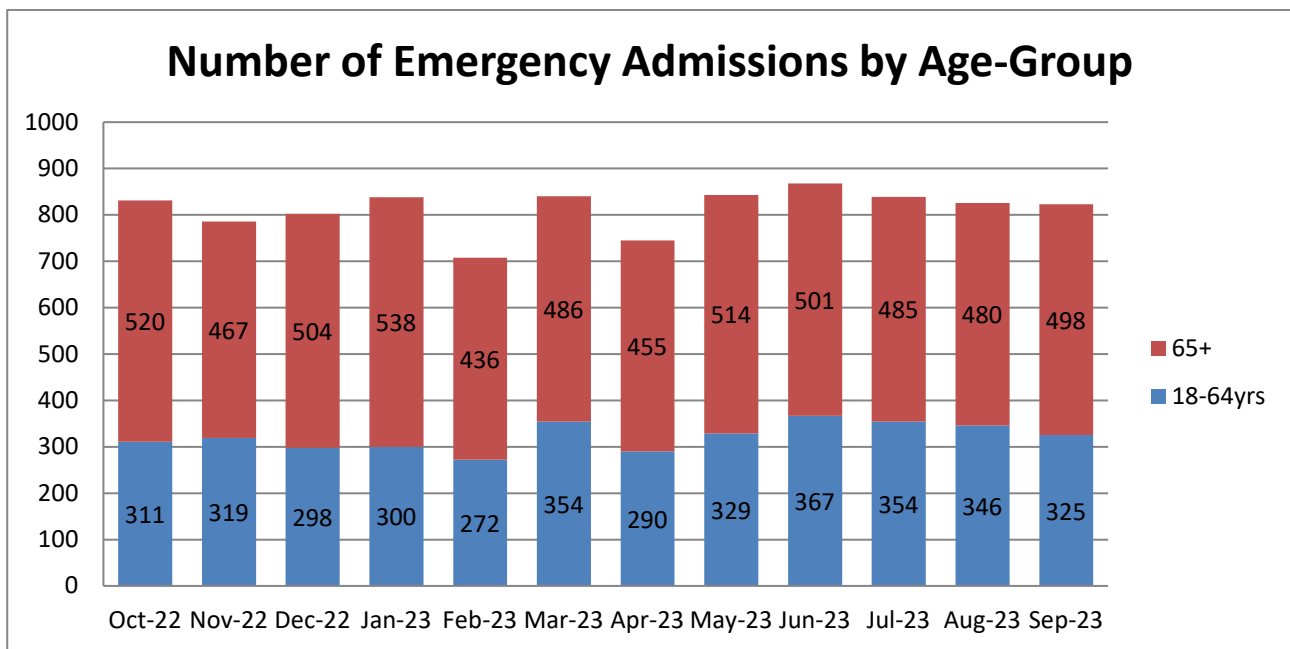
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



*Based on availability of complete data at time of report – subject to update

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:

The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, and how much of a burden of disease is potentially being experienced by our residents.

Monthly admission levels are at pre-pandemic levels and have largely plateaued over 2022/23 and 2023/24. The HSCP has not met its target for admissions since May 2021, but it should be noted that targets remain as those set by MSG in 2020/21 although the baseline has shifted significantly.

Improvement Actions:

The HSCP’s Unscheduled Care improvement activity includes the ongoing development of the Home First Response Service at the Queen Elizabeth University Hospital (QEUE), with corresponding extended, enhanced and advanced core services in the HSCP to assist in the prevention of admission and expedite discharge from acute services. Two HSCP Frailty Practitioners work in collaboration with Frailty Practitioners situated in the emergency department at the QEUE. The Frailty Practitioners are working with a limited number of GP practices to carry out focused improvement work and assess its impact. We have now embedded a community frailty pathway across GG&C. The HSCP continues to expand falls prevention work in care homes and community and has increasing access to advanced clinical decision making in community services through our Advanced Practitioner cohort. We also have a test of change in place to support care homes to avoid unnecessary admission of residents at weekends. Key to all of this this work is ensuring that behind these trends, people are receiving effective, timely access to assessment, diagnosis and treatment. Identifying individuals with complex needs through the locality practitioner groups enables more proactive care planning to reduce need for crisis resolution and transfers of care.

3.2 Unscheduled hospital bed days; acute specialities

Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting (aim to minimise).

Table 3.2: Quarterly number of Unscheduled Hospital Bed Days (all ages)

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
26,252	25,803	24,151	21,524	Q3 not available	20,181

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days

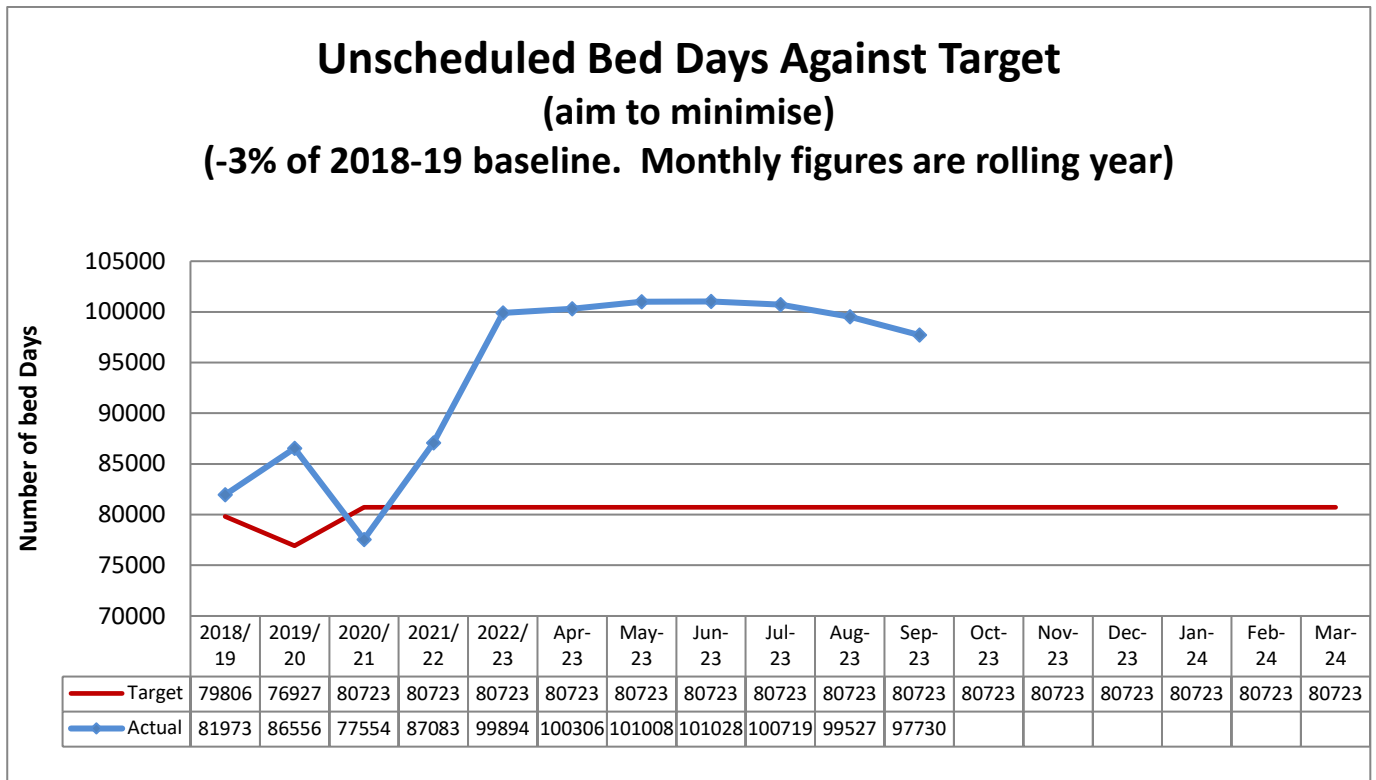
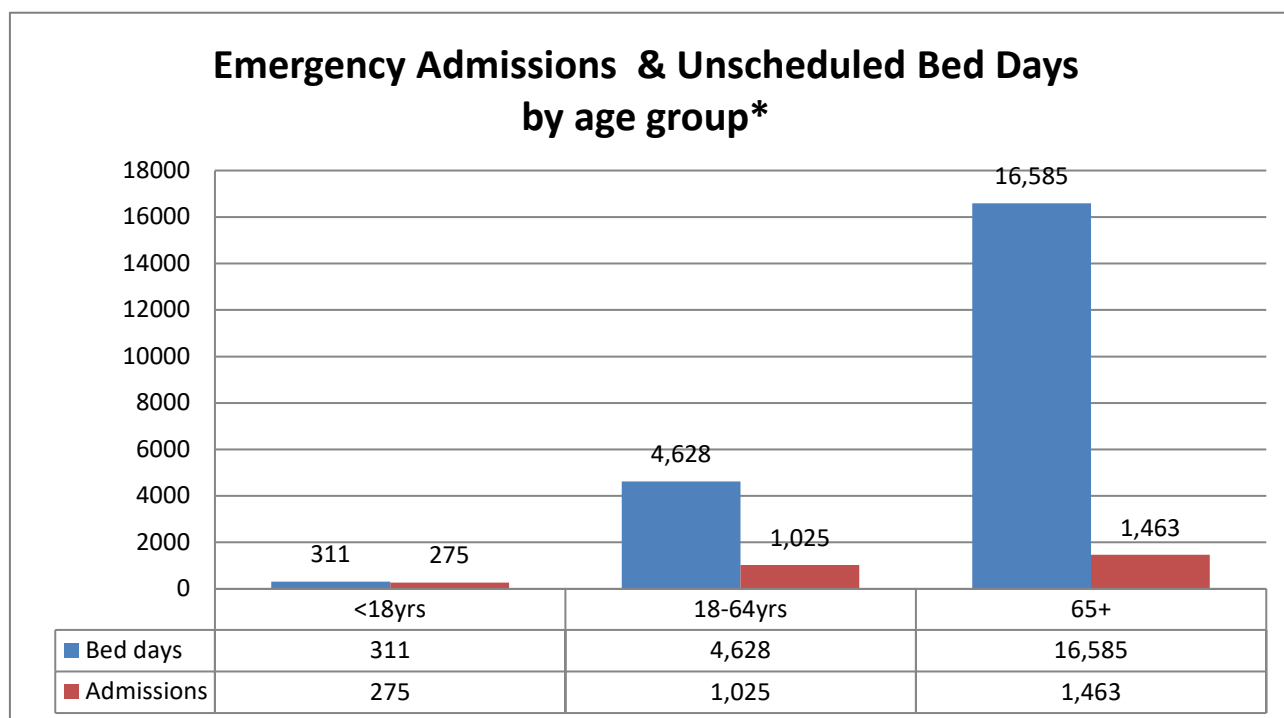


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (July 23 – September 23, >=95% complete)

Situational Analysis:

This indicator describes the number of bed days in secondary care used by patients who have had an unplanned admission. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019/20, the short term impact of the pandemic significantly reversed this trend during 2020/21. The “bounce-back” during 2021/22, which has been sustained into quarter 2 of 2023/24, has taken emergency bed days to above pre-Covid levels and significantly off-target. This is linked to the increasing complexity and frailty of people from East Dunbartonshire admitted as an emergency, and their suitability/safety for immediate discharge home. However, the number of unscheduled bed days has gradually decreased over the first two quarters of 2023/24.

Improvement Actions:

Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days and the potential harm to people of a hospital stay, is avoided. This continues to be an important component of managing hospital capacity. There is senior level daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. Proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and future care planning continues, as does work to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home, or to provide this as soon after an avoidable admission as possible. Targeted work continues to proactively link with secondary care to support earlier discharge through primary/secondary care clinician discussions.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily (aim to minimise).

Table 3.3: Quarterly Number of Delayed Discharge Bed Days (18+)*

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
1,618	2,187	1,674	1,834	Q3 not available	1,210

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.3a: Rolling year number of Delayed Discharge Bed Days (18+)

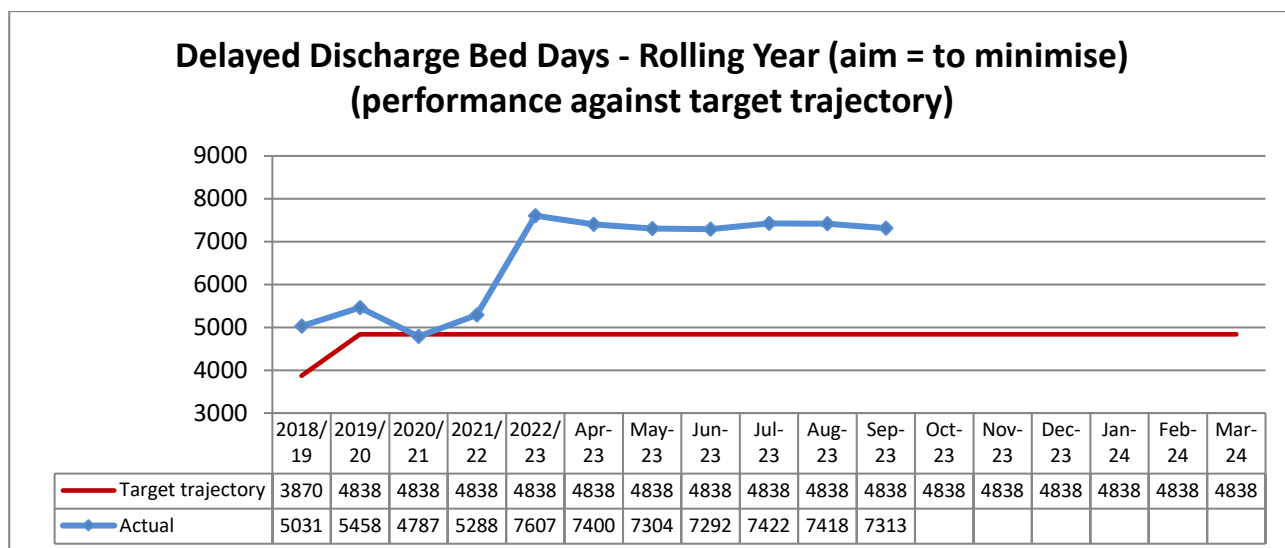
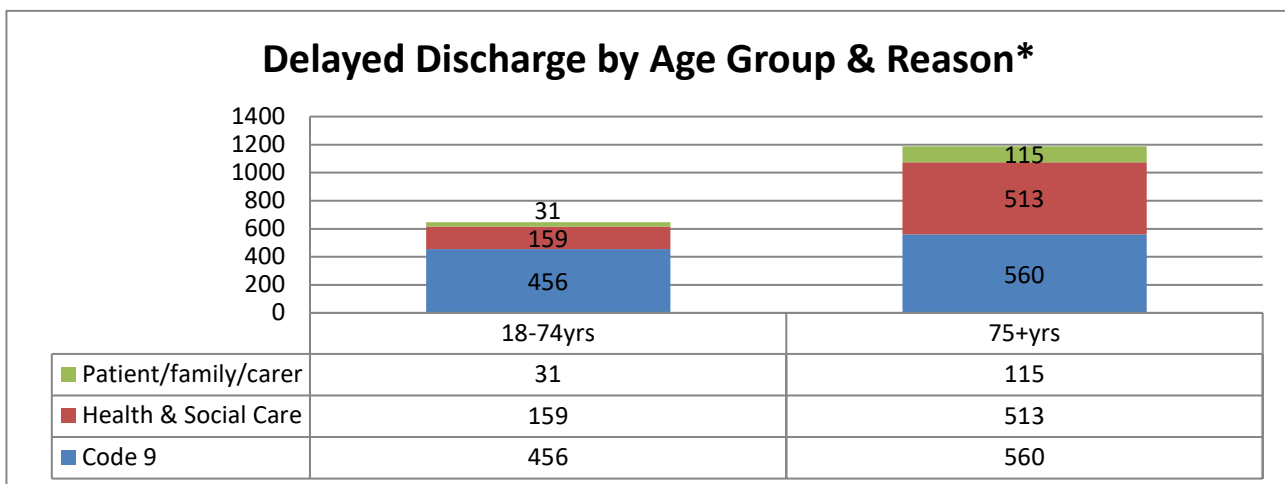


Figure 3.3b: Number of Delayed Discharges by Age and Reason



*Based on most recent complete 3 month data period (July to September 2023)

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and “deconditioning” that can occur while an inpatient, and allows hospital resources to be used for people in need of hospital based care. Complete national data is only available to September 2023, but figure 3.3a illustrates the very challenging circumstances that continue to be experienced nationwide in relation to patients delayed in their discharge.

The HSCP is confident in all efforts in relation to delayed discharges but there remain stubborn challenges regarding complex cases (particularly where patients are subject to Adults with Incapacity legislation), and placement or care package availability at times, particularly for people under 65 or who require complex care.

Improvement Actions:

Use of electronic operational activity dashboards continues to enable local oversight of community patients who have been admitted to hospital so that a response can be made quickly, prior to these patients being deemed fit for discharge. The HSCP can also see patients who have been admitted who are not currently known to us, again allowing early intervention. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate admission avoidance and discharge facilitation work (including discharge to assess). Attempts to expand the care at home component of the service have prevailed, where recruitment continued to be a challenge. The HSCP works closely with care homes and continuously develops our Care Homes Support team, and has attempted to increase our use of interim placement in line with Scottish Government expectations. Acceptance of a move to interim care remain at the choice of the individual and their family, however, and cannot be mandated by the HSCP.

3.4 Accident & Emergency Attendances

Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting (aim to minimise).

Table 3.4 Quarterly Number A&E Attendances (all ages)*

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
6,736	5,958	6,843	6,774	Q3 not available	6,740

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.4a: Rolling year number of A&E Attendances

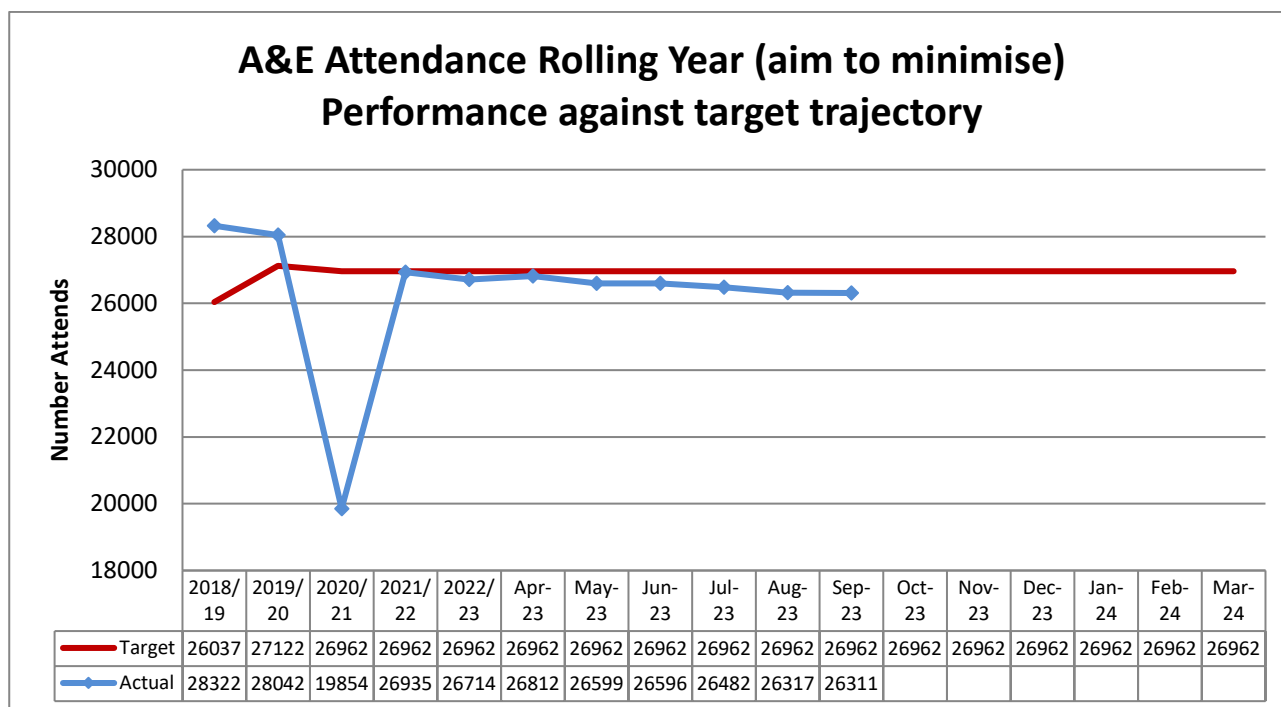
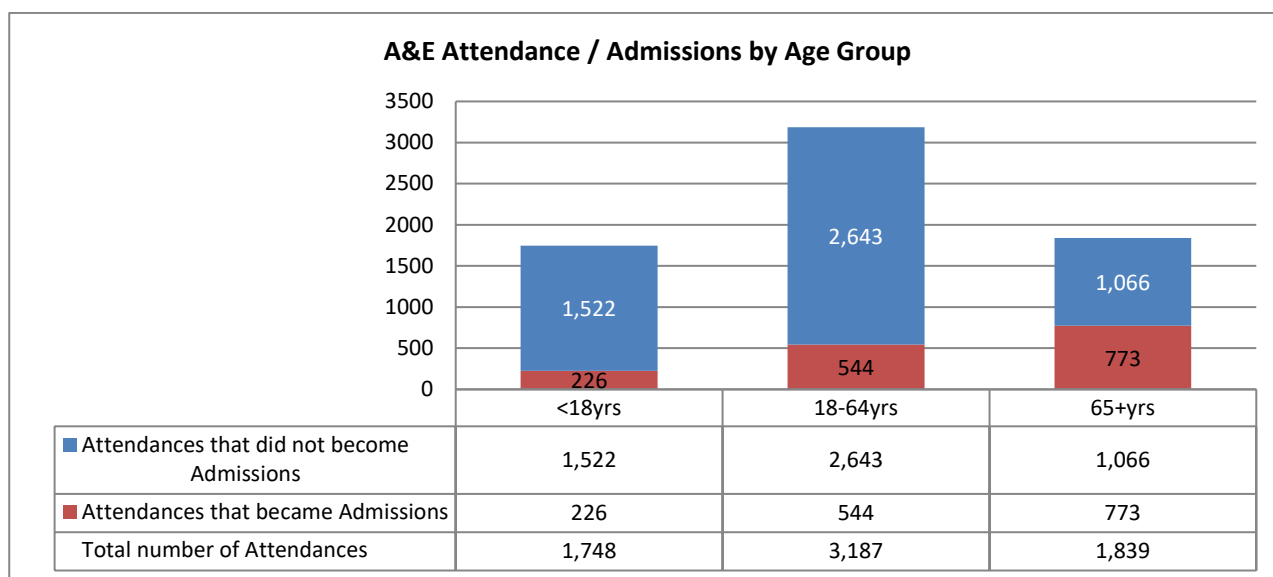


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group



*Based on most recent complete 3 month data period, July to September 2023 (>=95% data completeness)

Situational Analysis:

East Dunbartonshire had the lowest level of emergency department attendances, per 1,000 population, across Greater Glasgow and Clyde during 2022/23. These lower than average emergency attendance levels by area have continued into 2023/24, with attendances below target for 2023/24, to date.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged without admission, suggesting that a significant number of those in the younger age-groups attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level “Right Care, Right Place” continues to

operate across Scotland. Scotland’s new approach to urgent care has those with non-life threatening conditions who would usually visit an emergency department first, asked to call NHS 24 day or night on 111 through the NHS Board’s Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

Improvement Actions:

From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Locally we continue to upskill core services supported by senior clinical decision makers, to prevent avoidable admissions. Additionally, as referenced above, we are improving our response to people attending hospital following emergency conveyance or self-presentation.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is August 2023 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more recent figures. The table compares our performance for the reporting year to date against target and against other HSCP’s in Greater Glasgow and Clyde.

**East Dunbartonshire HSCP Unscheduled Care (NHSGGC data sources)
Data Summary: April to September 2023**

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	13,863	14,756	Green	2
Emergency Admissions (18+)	7,151	7,052	Amber	2
Unscheduled bed days (18+)	71,383	60,542	Red	4
Delayed discharge bed days (all ages)	5,567	3,629	Red	4

* RAG rating used:

Green: equal to or ahead of target (ahead of target is ‘positive’)

Amber: off-target by less than 10% (off-target is ‘negative’)

Red: off target by 10% or more

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4

Social Care Core Indicators

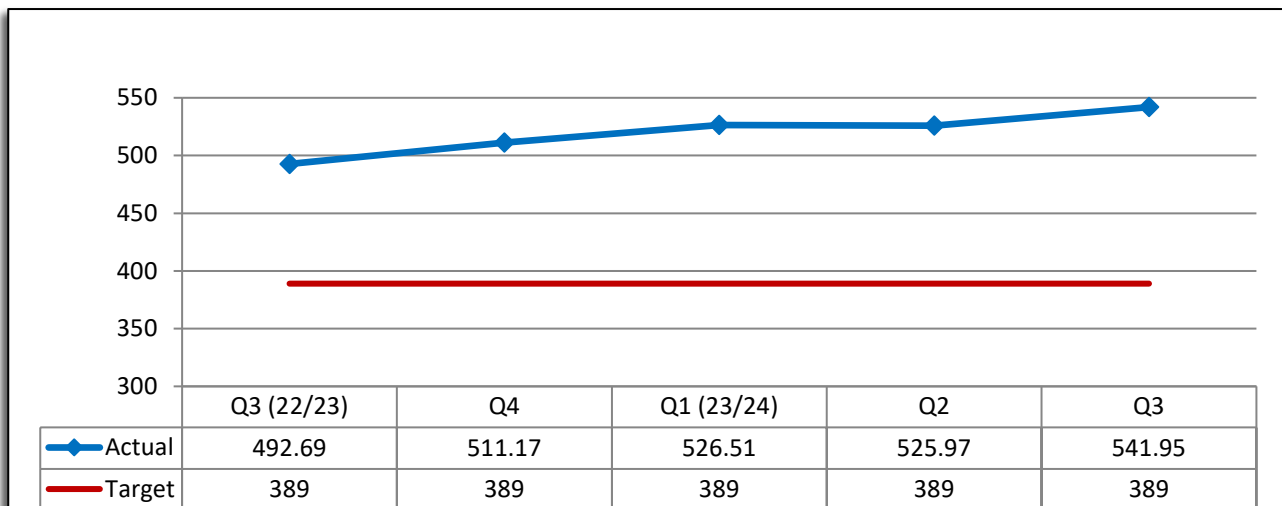
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the Health and Social Care Annual Delivery Plan and HSCP Unscheduled Care Plan.

- 4.1 Homecare hours per 1,000 population aged 65+yrs
- 4.2 People aged 65+yrs with intensive needs receiving care at home
- 4.3 Community assessment to service delivery timescale
- 4.4 Care home placements
- 4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care (aim to maximise in comparison to support in institutional settings).

Figure 4.1: No. of Homecare Hours per 1,000 population 65+ (IHSC-89-LPI-6)



Situational Analysis:

This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1,000 population over 65 has steadily increased in recent quarters and continues to be ahead of target in quarter 3 of 2023/24. Whilst this demonstrates success in supporting people in the community, the increase also indicates rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level of need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ are in receipt of at least one social/personal care at home service.

Improvement Action:

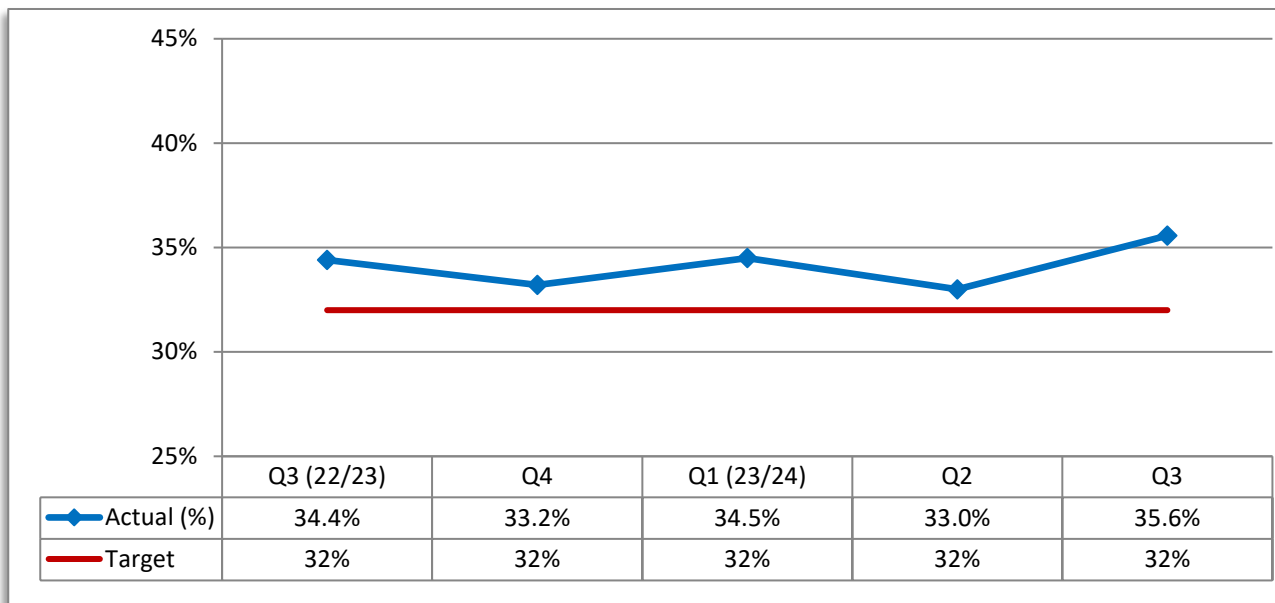
Care at home is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed. Both in house and commissioned services continued to stretch capacity and work flexibly to meet the demand challenges that present. Demand pressures are being actively managed by the service and monitored by the HSCP Operational Response Group (ORG).

4.2 People Aged 65+yrs with Intensive Needs Receiving Care at Home

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs (aim to maximise).

Figure 4.2a: Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise) (HSCP-SOL-SW3)



Situational Analysis:

This indicator is above target for quarter 3 of 2023/24. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a historic measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible. Traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using “just enough” support rather than creating over-dependency and afford people the opportunity to regain physical function through reablement as much as possible.

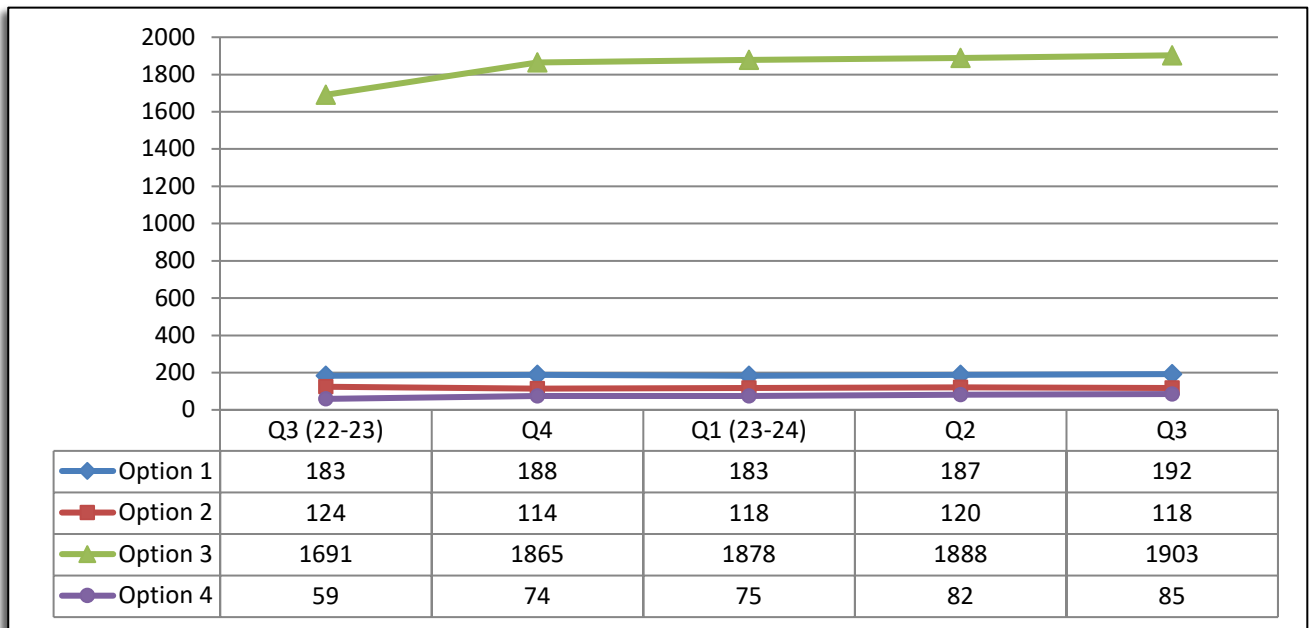
Improvement Action:

Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible for customers. The HSCP continue to experience challenges in meeting all demand for care at home services in house and through our commissioned provider partners. Workforce pressures remain the most common reason for capacity shortages. The service continue to meet excellent performance standards in undertaking reviews to ensure that optimum levels of care are provided, reducing packages where appropriate thus enabling care to be freed up for others. The in-house service continues to operate with higher than desirable levels of overtime use due to ongoing high numbers of vacancies across the service.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

4.2b (i): Number of people taking up SDS options



Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Note that if service users choose more than one support option (as per option 4), they will also be added to the total of each option that applies.

This quarter has seen an increased uptake in options 1, 3 and 4. The national recruitment and retention issues for social care staff are still having a significant impact across options 1 and 2. However, there continues to be an increase in the number of Option 1 customers purchasing support from persons who are registered as self-employed, after confirming

acceptance of the risks associated with purchase, which may be having a positive effect on the uptake of Option 1.

Option 1 – The service user receives a direct payment and arranges their own support

Option 2 – The service user decides and the HSCP arranges support

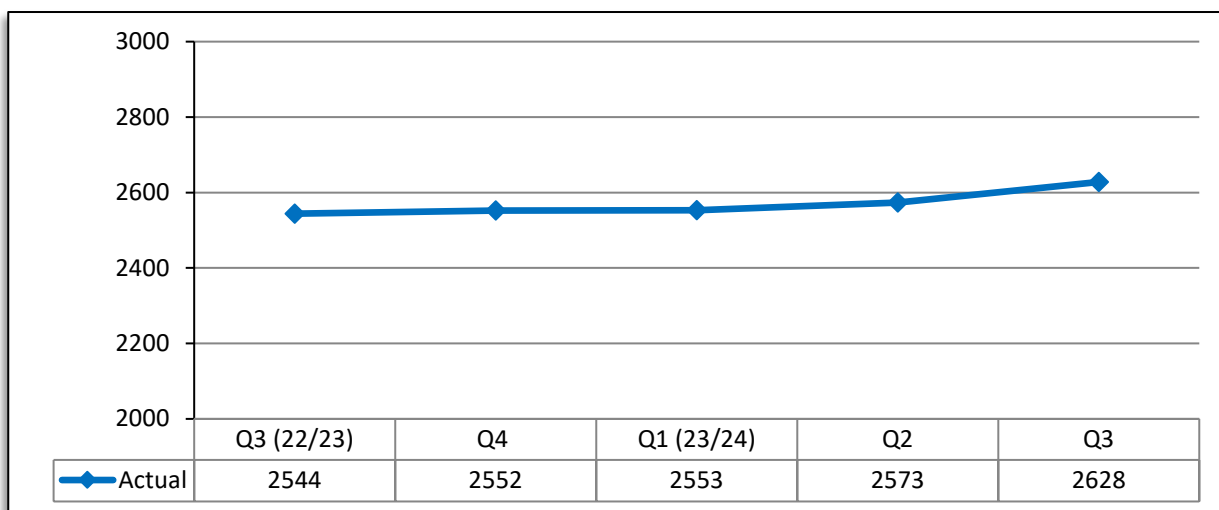
Option 3 – After discussing with the service user, the HSCP decides and arranges support

Option 4 – The service user uses a mixture of options 1-3.

Improvement Action:

We will ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the workforce. We will continue to work in partnership with the Third Sector to raise awareness about self-directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised. We will also continue to encourage the flexible use of Direct Payment budgets.

4.2b (ii): People Aged 75+yrs with a Telecare Package (aim to maximise)



Situational Analysis:

There continues to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

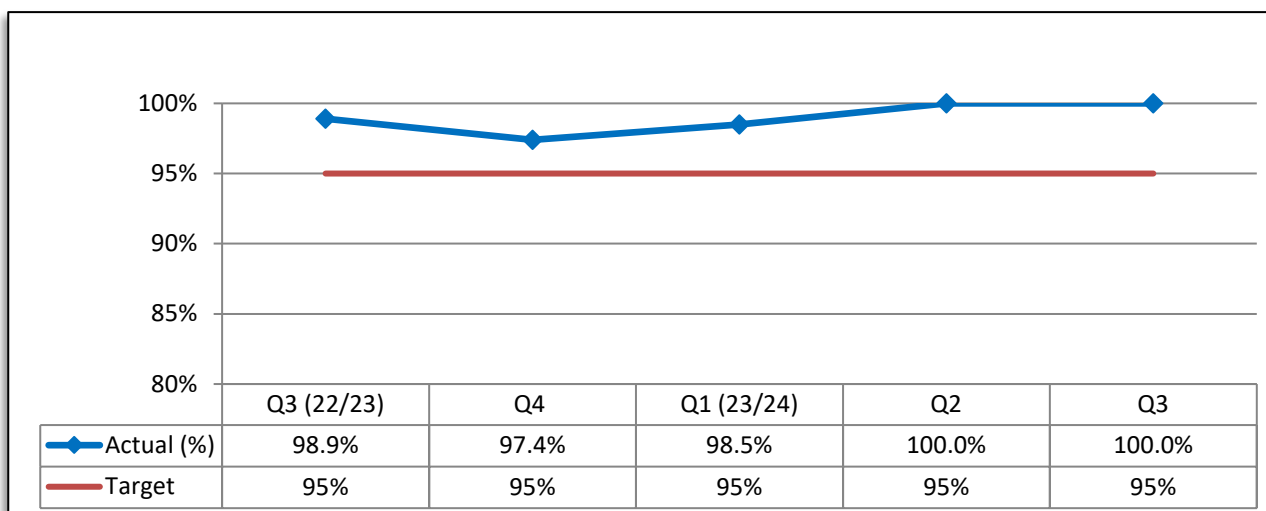
Improvement Action:

We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. The specification for a shared alarm receiving solution across all 32 local authorities has been finalised, with a go-live date of early 2024 for East Dunbartonshire, which includes a shared dataset for monitoring and reporting. Work is well underway in preparation for the go-live date.

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users (aim to maximise).

Figure 4.3: Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise) (HSCP-06-BIP-6)



Situational Analysis:

The HSCP generally reports consistently high levels of compliance against this indicator. Indeed, many people receive services well within the 6 week target from the completion of their community care assessment. In each of the quarters since Q2 of 2022/23, performance has been above target with 100% within target in Q2 and Q3 of 2023/24.

Improvement Action:

The focus is to continue to deliver high levels of performance in this area.

4.4 Care Home Placements

Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement (aim to monitor care home placement numbers/maintain baseline).

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot) (HCP-14-LPI-6)

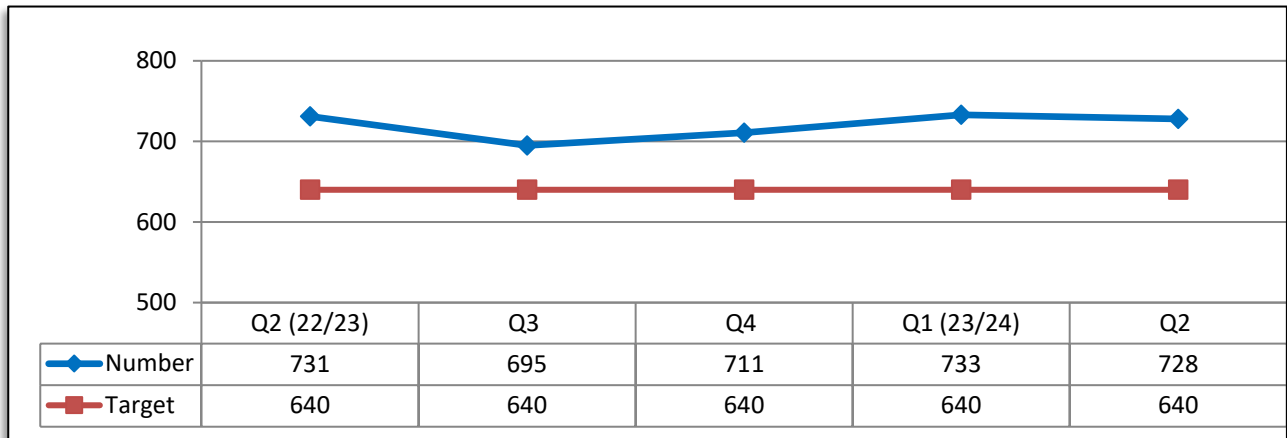
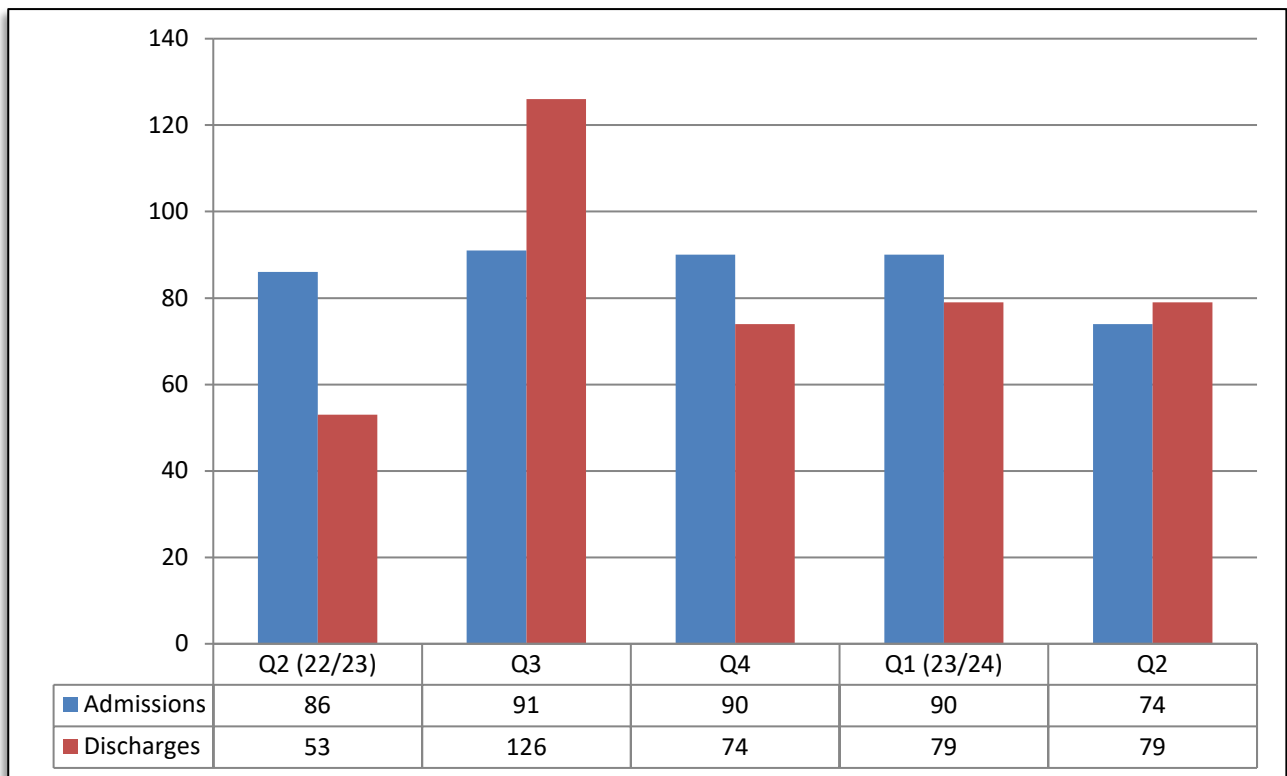


Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) (HCP-13-LPI-6 & HSCP-AS-LPI-1)



Situational Analysis:

Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of placements in long term care. Increases in care at home provision to older people demonstrates that this has been successful, but

demand pressures continue across all service sectors and we have experienced an increase in cases where long term care need is indicated.

The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to Quarter 2.

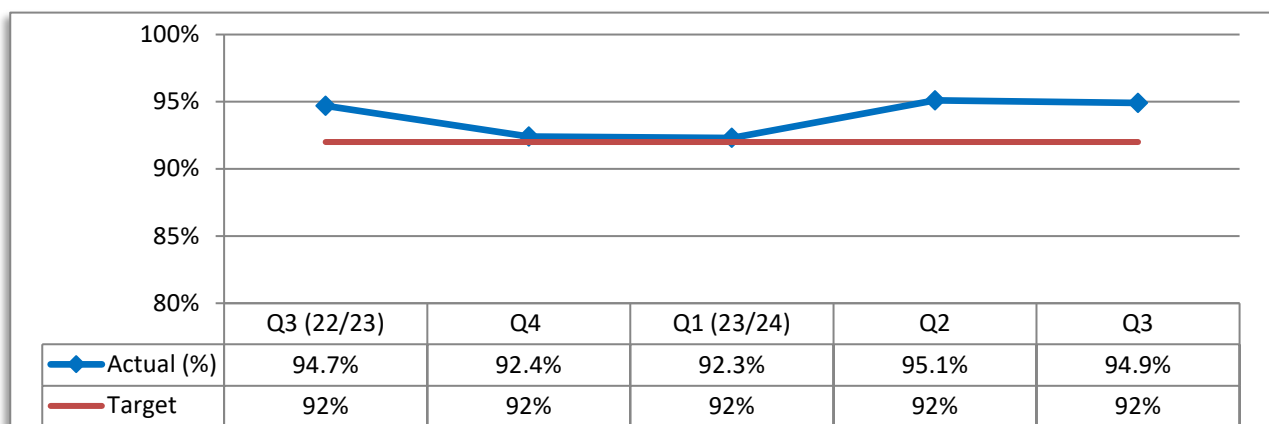
Improvement Action:

Work continues to analyse intelligence relating to care home admissions, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP to care homes in the area, enhanced by the input of our integrated care homes support team.

4.5 Adult Support & Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures the speed with which sequential Adult Support & Protection actions are taken against timescales laid out in local social work procedures (aim to maximise).

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise) (HSCP-05-BIP-6)



Situational Analysis:

Quarters 2 and 3 continued to see above target performance despite continuing high levels of demand, fluctuating pressures on workforce capacity, and an inspection from the Care Inspectorate. Business continuity measures continue to be applied as and when required.

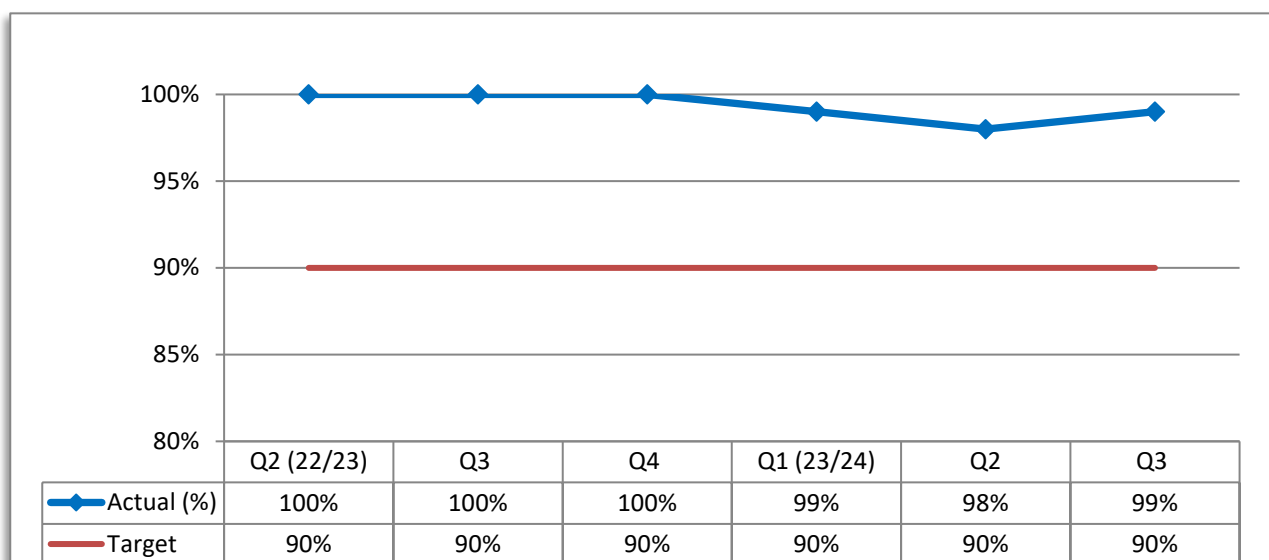
Improvement Action:

Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible.

4.6 Adult Social Work: Service User Personal Outcomes

Rationale: When preparing a support plan, social workers agree with service users the personal outcomes that and care and support should be aiming to meet. As a minimum, these should be designed to reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life outcomes. When services are reviewed (at least annually), social workers consider with service users the extent to which these personal outcomes have been fully or partially met, or not met. This measure reports on the extent to which personal outcomes have been fully or partially met, with data on all reviews being collated for the period (aim to maximise).

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met (Aim = to maximise) (HSCP-BIP-10)



Situational Analysis:

Quarter 3 has reported strong performance again for this indicator, at 99%, well above the target of 90%. 70 people with a completed review of support plan form had their needs fully or partially met during Q3.

Improvement Action:

The aim is that social work assessment and support management remains focused and specific on improving agreed outcomes for the people we support. This data is also produced at a team level, to permit examination at a more granular level on how effectively support is being targeted towards measurably reducing risks and also improving quality of life by maximising the potential benefits of informal as well as formal supports options.

SECTION 5

Local Delivery Plan (Health) Standards

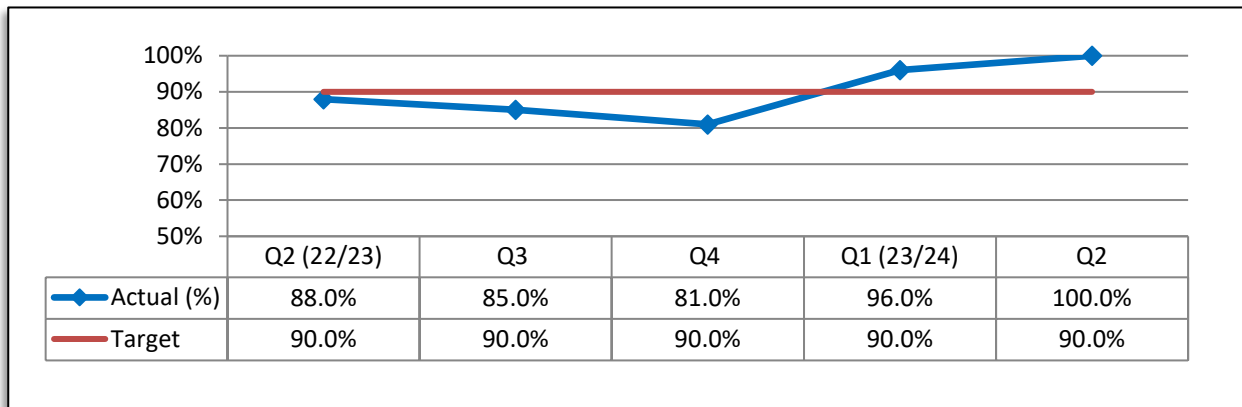
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- 5.1 Drugs & Alcohol Treatment Waiting Times
- 5.2 Psychological Therapies Waiting Times
- 5.3 Dementia Post Diagnostic Support
- 5.4 Alcohol Brief Interventions
- 5.5 Smoking Cessation
- 5.6 Child & Adolescent Mental Health Services Waiting Times

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1: Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



Situational Analysis:

Quarter 3 waiting time performance data has not yet been published at the time of this report. Performance in Quarter 2 exceeded the target with all 103 waits within the 3 week target timescale.

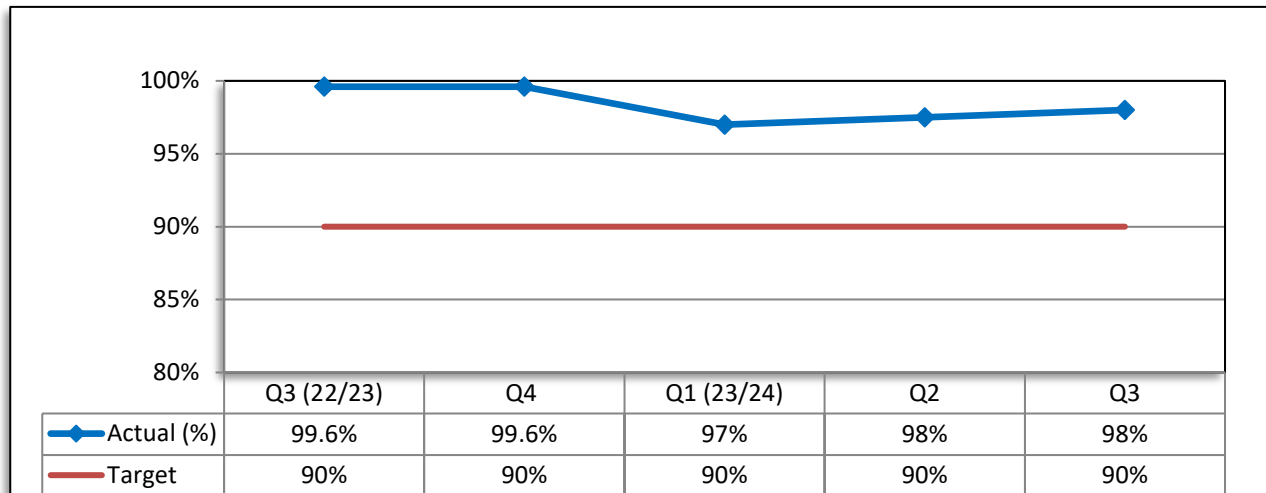
Improvement Action:

The Alcohol and Drugs Recovery Team continues to strive to improve waiting times performance. There remains substantial pressure on the service who are seeing continued increases in referrals.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2: Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



Situational Analysis:

This data brings together performance across the Community, Primary and Older People’s Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past year.

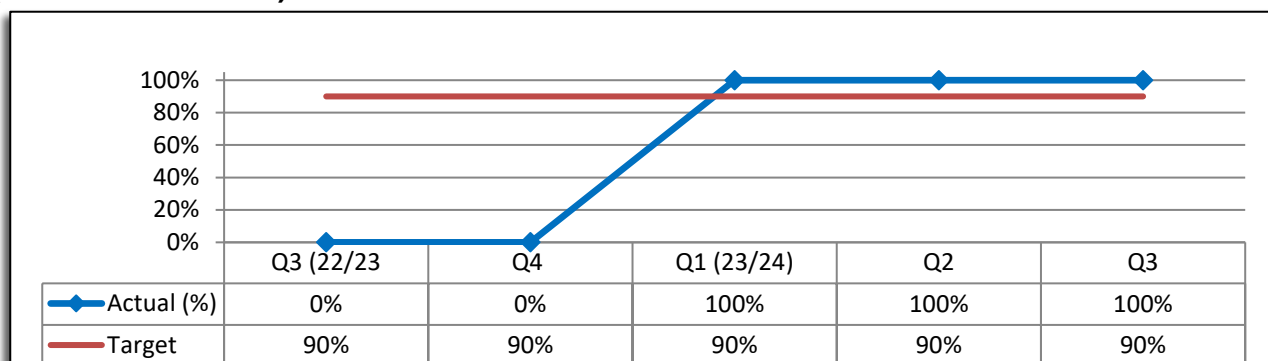
Improvement Action:

The mental health teams have learned from the pandemic and continue to offer support in a variety of ways, including maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including future care planning.

Figure 5.3: Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



Situational Analysis:

This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service is now delivered entirely in house and the success of this can be clearly seen in quarters 1, 2 and 3 of 2023/24, with all patients being seen within 12 weeks of being diagnosed.

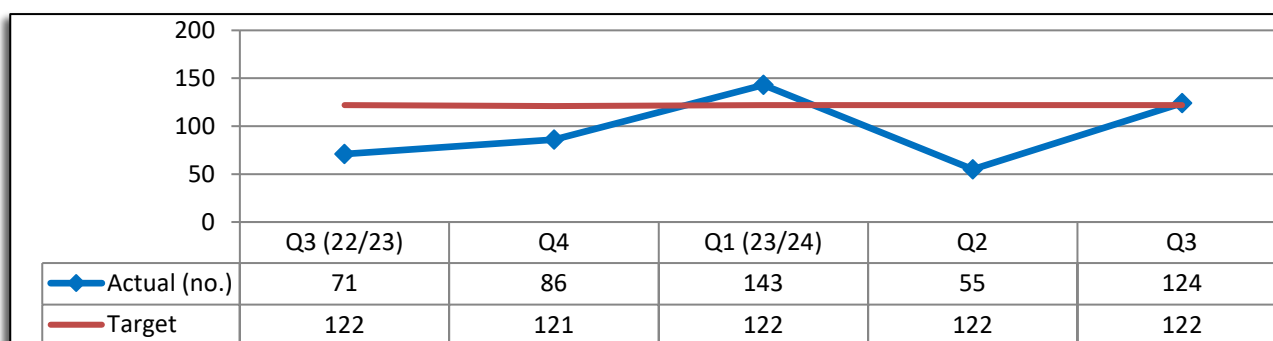
Improvement Action:

Work will be focused on sustaining good performance in this area.

5.4 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.4: Total number of ABIs delivered (aim = to maximise)



Situational Analysis:

Fig 5.4 shows that the delivery of ABIs was above target during quarter 3, following below target delivery in quarter 2.

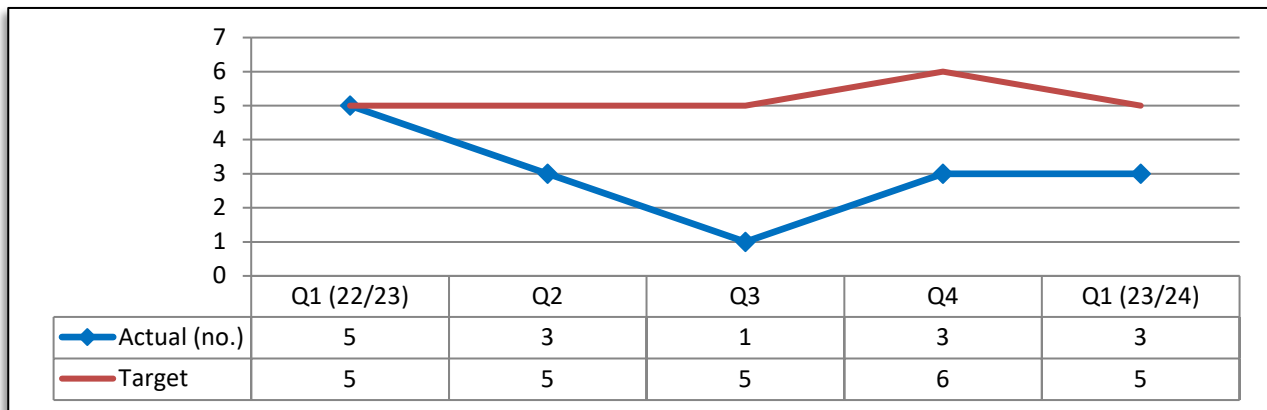
Improvement Action:

Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking cessation attempts at 12 weeks post quit, in the 40% most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking, still recognised as one of the biggest leading causes of preventable ill health and premature death. Smoking continues to be a key factor in health inequalities, estimated to be attributable to in the region of 8,260 deaths per year and many hospital admissions.

Figure 5.5: Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim = to maximise)



Situational Analysis:

The Quit Your Way service is delivered centrally by NHS GG&C and targets for smoking cessation are set centrally too. Data reporting is generally at least three months behind, so Fig 5.5 shows the most recent data available. After exceeding targets throughout 2021/22, performance in 2022/23 was below target each quarter after Q1. The service continues to face difficulties due to the continued lack of availability of some nicotine replacement therapy products, and significant capacity constraints experienced across community pharmacy and the wider service.

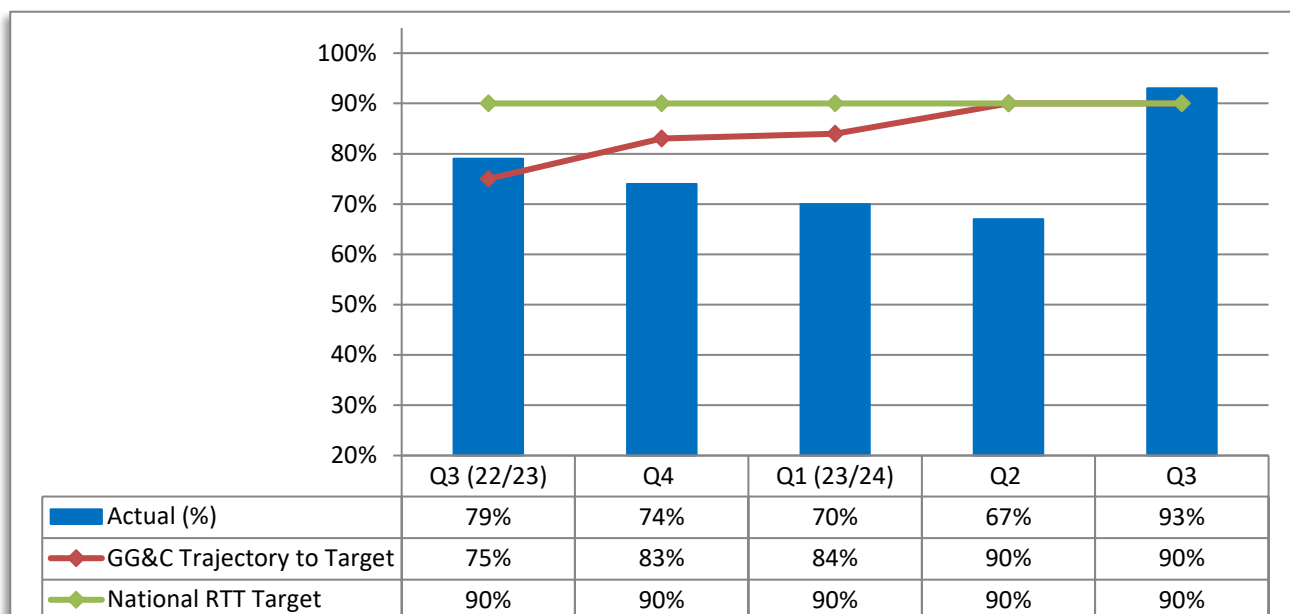
Improvement Action:

To support reinstatement of face-to-face service delivery, the Quit Your Way teams have been liaising with key partners and stakeholders to scope potential venues, and to raise the profile of QYW Cessation Services. A blended approach to service delivery continues while efforts continue to identify suitable NHS and community venues. Plans to re-instate pre-pandemic face-to-face support within KHCC, by means of a twilight/evening clinic, are underway with a planned start date of 29 January 2024. Public Health Pharmacy have recommended pharmacy training sessions to increase capacity and efficiency, and have also introduced an additional nicotine replacement therapy to the suite of options available, in place of products that remain unavailable. The impact of mitigating/improvement actions are expected to be observed over the coming quarters.

5.6 Child & Adolescent Mental Health Services (CAMHS) Waiting Times

Rationale: 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



Situational analysis:

NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to prioritise improvement in the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic, have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. This has meant the service is now meeting the RTT targets in East Dunbartonshire.

For quarter 3 in East Dunbartonshire, 92.8% of children who have had their first appointment, were seen in less than 18 weeks. Across quarter 3 in East Dunbartonshire, 97.3% of children who were still waiting for their first appointment, had waited less than 18 weeks.

CAMHS continue to focus on ensuring those children who have waited longest are seen, and this means that in early January 2024, the service had just 3 children waiting over 18 weeks, out of a total of 85 children waiting in East Dunbartonshire.

Improvement Actions:

The following improvement actions are in progress to address demand on the service:

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are being maintained, as the number of children waiting has reduced and NHSGGC Board has reached the national RTT target. Activity will now shift to providing return appointments.
- CAMHS Planning & Performance Group continues to meet to oversee plans to utilise Mental Health Recovery and Renewal Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning and recruitment for Phase 1 of MHRR funds is ongoing.
- Regular performance updates are supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Learning and development plan refreshed, Core Competency Frameworks developed for CAMHS Nurses at B5, B6 & B7, Care Bundles launched, and Q&A sessions offered to support implementation of standardised care bundles for CAMHS. These actions will ensure evidence based programmes are adopted and new and existing staff are well inducted and developed.
- Refresh of CAPA, including provision of team level quarterly reports, to improve throughput and to move to a full booking position where children are allocated a case manager and next appointment at onset of treatment.
- Delivery of online therapeutic group work for children, young people and parents on allocation lists continues to be developed. A range of informational videos have been produced for the NHSGGC YouTube channel to help families understand what the different groups involve and thus encourage engagement.
- Development and implementation of Neurodevelopmental pathway is ongoing.
- Single management structure implemented, this will provide greater flexibility across the system.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.

Agreed Trajectory until March 2024

The targets for 2023/24 are included in the table below. Please note that this trajectory is for NHS GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management monitor this closely and aim to keep the service on track to maintain the recent return to achieving the national RTT target.

Figure 5.6a National & Revised NHSGGC Targets for CAMHS

CAMHS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% NHSGGC CAMHS patients seen ≤ 18 weeks	81.3%	88.9%	92.3%	91.4%	91.1%	92.7%	97.4%	97.9%	97.8%			
NHSGGC Projection/Target	84.0%	83.0%	84.0%	86.0%	88.0%	90.0%	≥ 90%	≥ 90%	≥ 90%	≥ 90%	≥ 90%	≥ 90%
National RTT Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			

SECTION 6

Children's Services Performance

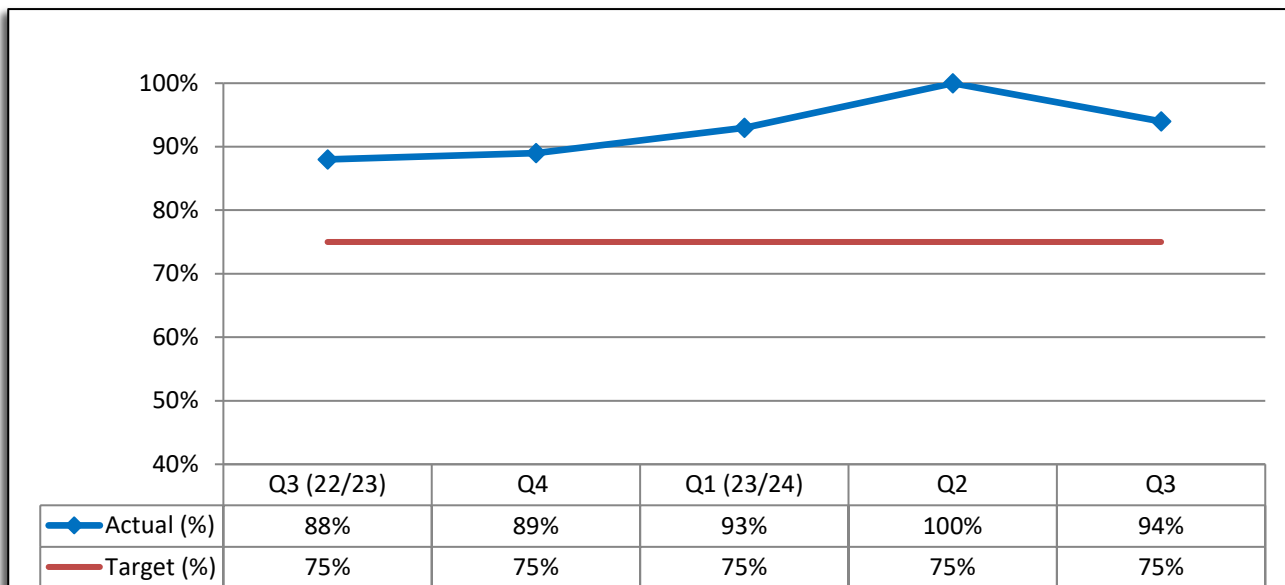
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- 6.1 Child Care Integrated Assessments for Scottish Children Reported Administration timescales
- 6.2 Initial Child Protection Case Conferences timescales
- 6.3 First Child Protection review conferences timescales
- 6.4 Balance of care for Looked After Children
- 6.5 First Looked After & Accommodated reviews timescales
- 6.6 Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reporters Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals (aim to maximise).

Figure 6.1: Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise) (HSCP-01-BIP-3)



Situational Analysis:

Quarter 3 demonstrates continued performance above target, with 16 of 17 reports submitted to SCRA arriving within the target timescale.

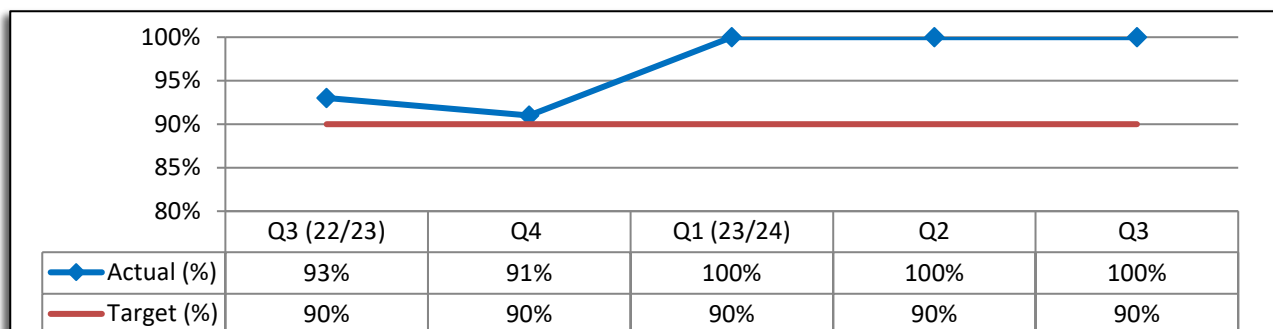
Improvement Action:

Maintain good performance.

6.2 Percentage of Initial Child Protection Planning Meetings taking place within Child Protection National Guidance target timescales (previously referred to as Initial Child Protection Case Conferences)

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee (aim to maximise).

Figure 6.2: Percentage of Initial Child Protection Planning Meetings taking place within 28 days of concern being raised, as per Child Protection National Guidance. (aim = to maximise) (HSCP-94-LPI-3)



Situational Analysis:

Performance in Quarter 3 is above target at 100% compliance, with all four Initial Child Protection Planning Meetings held within the target timescale during this period.

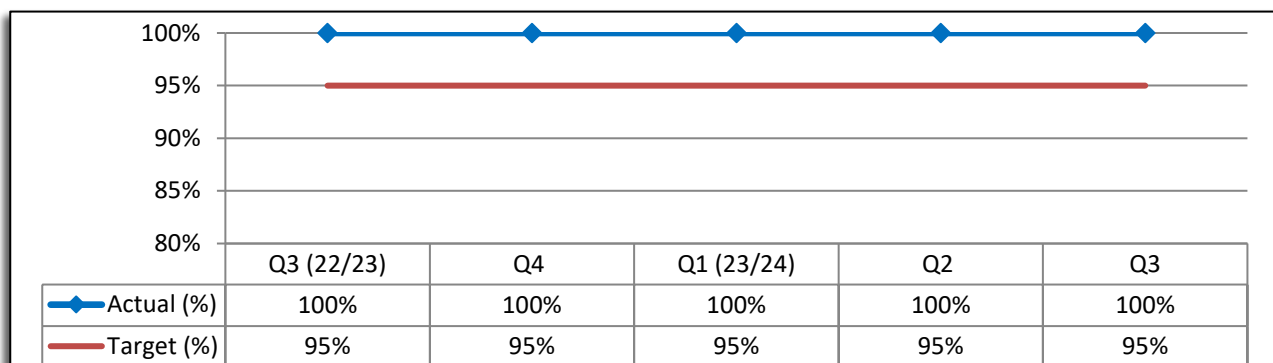
Improvement Action:

To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee (aim to maximise).

Figure 6.3: Percentage of first review conferences taking place within 6 months of registration (aim = to maximise) (HSCP-02-BIP-3)



Situational Analysis:

Performance in Quarter 3 continues to be above target at 100%, with all five Child Protection Reviews held within the target timescale during this period.

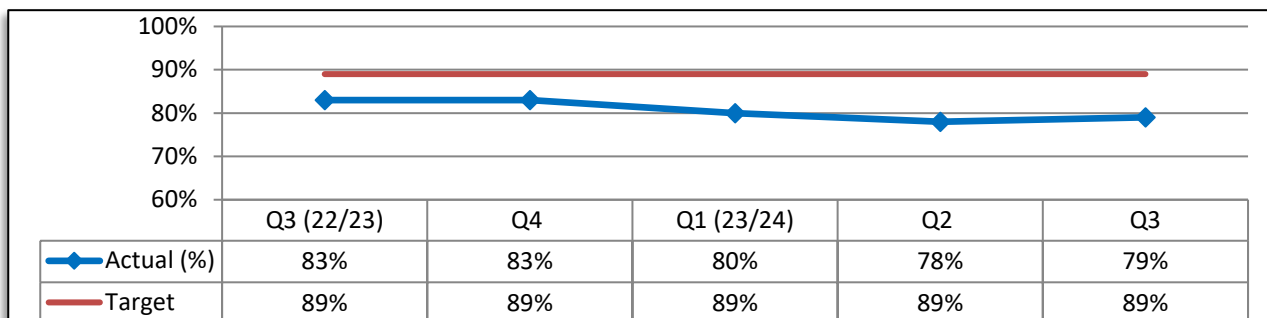
Improvement Action:

Service and Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies. Aim = to maximise

Figure 6.4: Percentage of Children being Looked After in the Community (aim = to maximise) (HSCP-SOL-CHN9)



Situational Analysis:

Performance in Quarter 3 has improved slightly from the previous quarter and continues to remain off-target. During this period, there was an increase in community placements and no change in residential placements, leading to an increase in the balance of care. The overall number of Looked After Children has increased by 5% from the previous quarter.

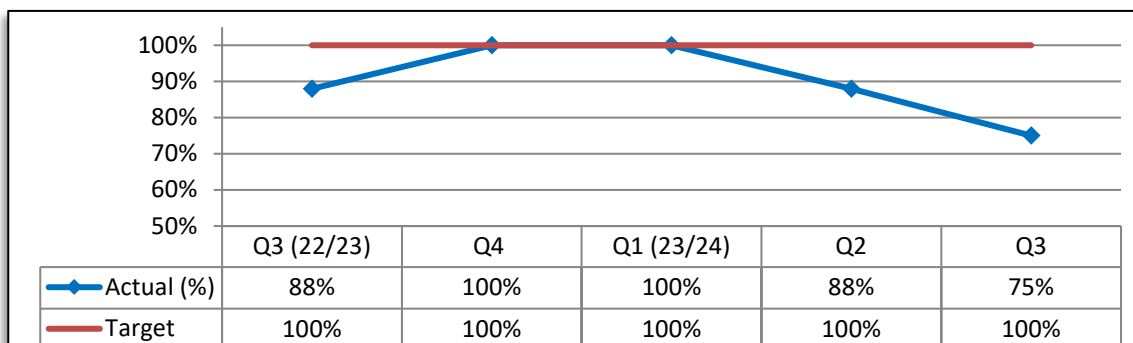
Improvement Action:

Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to the Corporate Parenting Board

Figure 6.5: Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise) (HSCP-04-BIP-3)



Situational Analysis:

Performance in Quarter 3 is below target, with 9 of 12 first LAAC Reviews taking place within the target timescale. All reviews were scheduled to take place within schedule. However, three reviews were rescheduled to accommodate and ensure attendance for all agencies and family.

Improvement Action:

To achieve and maintain high levels of performance.

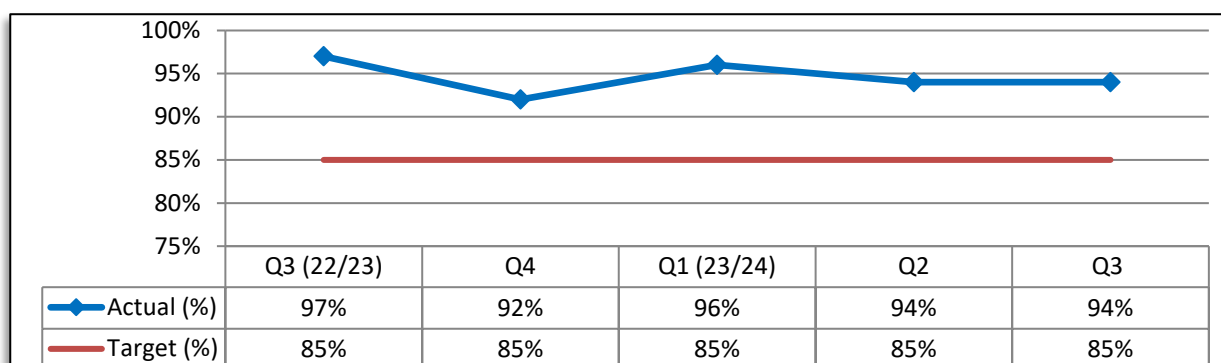
6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at the age of 3.

The Scottish Government target is for at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6: Percentage of Children receiving 27-30 month assessment (aim = to maximise)



Situational Analysis:

This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Quarter 3 performance continues to be well above target.

Improvement Action:

Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required.

SECTION 7

Criminal Justice Performance

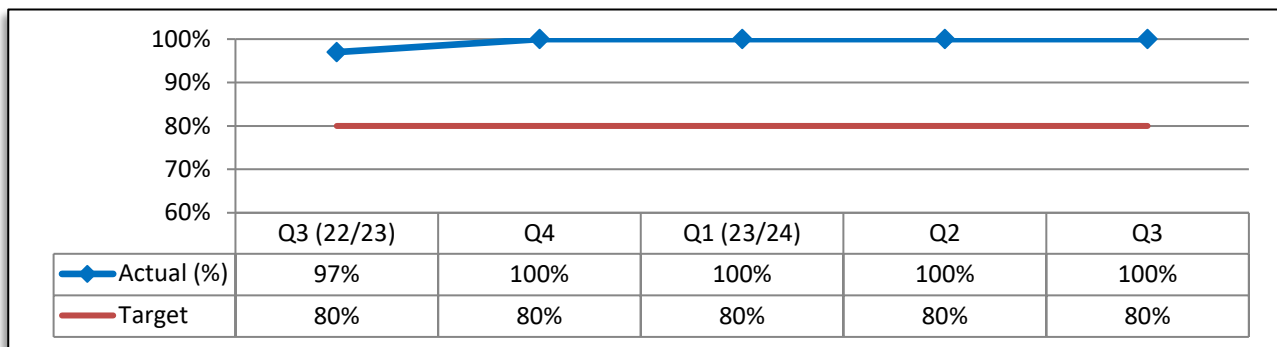
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

- 7.1** Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
- 7.2** Percentage of CJSW reports submitted to Court by due date
- 7.3** Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement within 7 Days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise) (HSCP-08-BIP-6)



Situational Analysis:

25 people were due to begin work placements during Quarter 3 and all of these started within timescale.

There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP note, employment contract clashing with immediate start or if they are subject to an existing order which means the new order cannot commence until the original one is completed. These factors are outwith the control of the service.

Improvement Action:

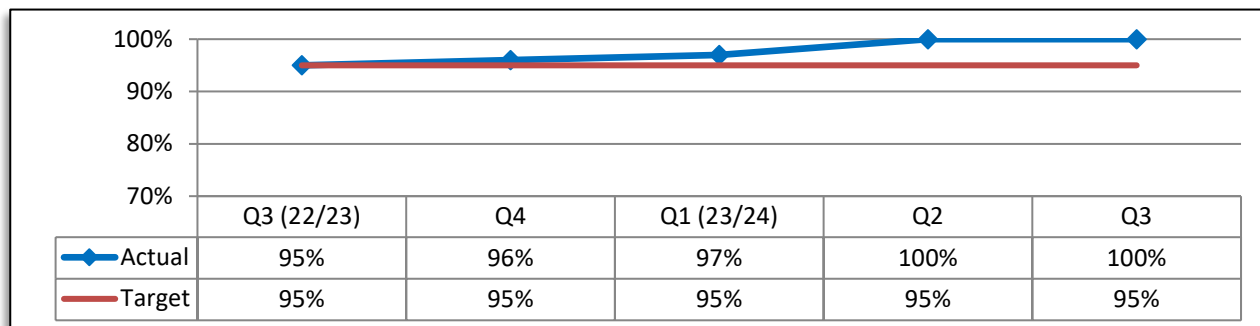
To maintain good performance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2: Percentage of CJSW reports submitted to Court by due date (aim = to maximise) (HSCP-07-BIP-6)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



Situational Analysis:

Performance in Quarter 3 continues to be above target. 54 reports were submitted to Court and all were submitted within the target timescale.

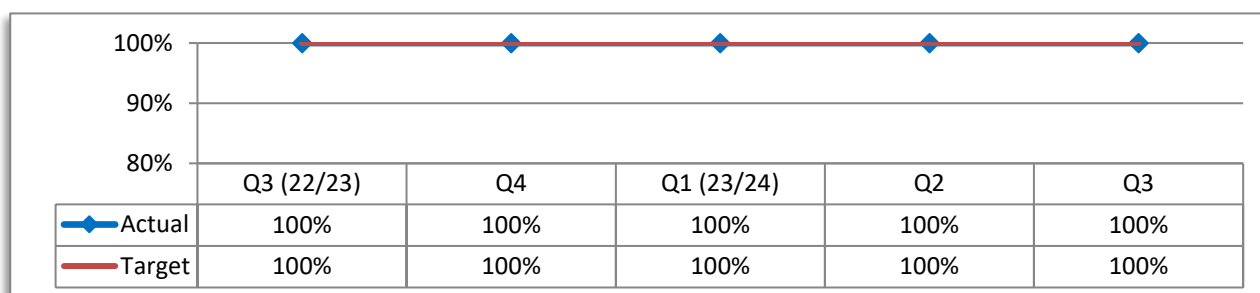
Improvement Action:

Monitor and improve performance.

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

Figure 7.3: Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise) (HSCP-CS-LPI-3)



Situational Analysis:

Performance continues to be on target with all 88 requests allocated within the target timescale.

Improvement Action:

The service will continue to maximise performance levels.

SECTION 8 Corporate Performance

- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

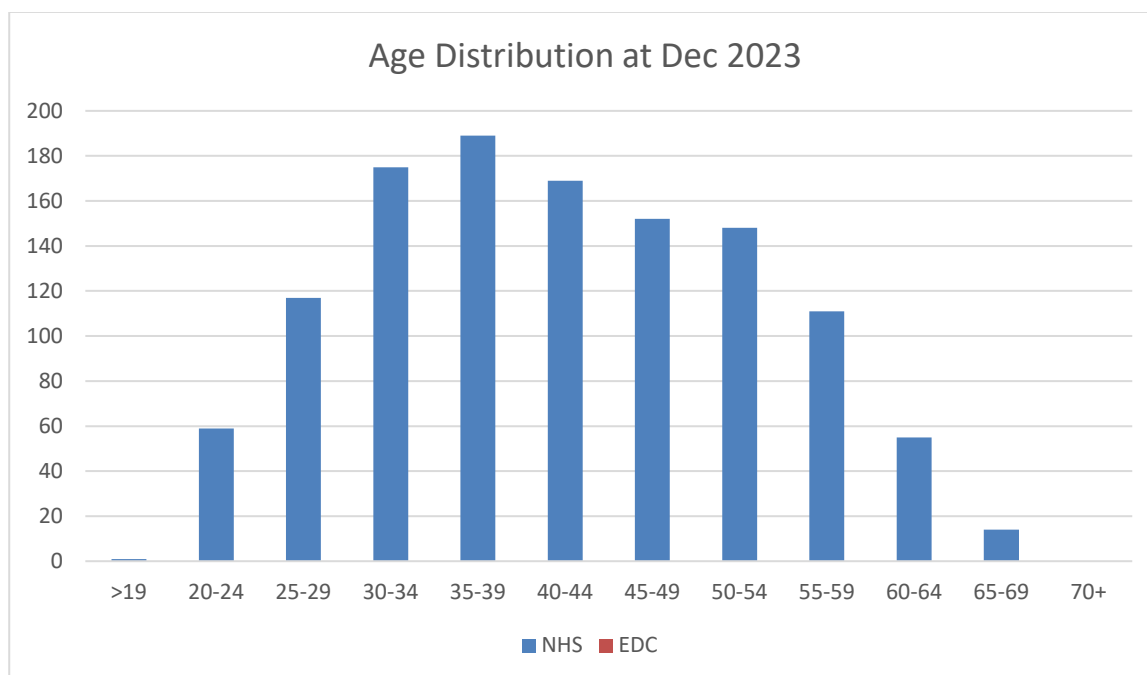
8.1 Workforce Demographics

Employer	Headcount				WTE			
	Dec 22	Jun 23	Sept 23	Dec 23	Dec 22	Jun 23	Sept 23	Dec 23
NHSGGC	375	388	403	404	321.7	331.21	343.3	343.1
EDC	598	585	595	TBC	512.78	504.36	506.4	TBC
Total	973	973	998	TBC	834.48	835.57	849.7	TBC

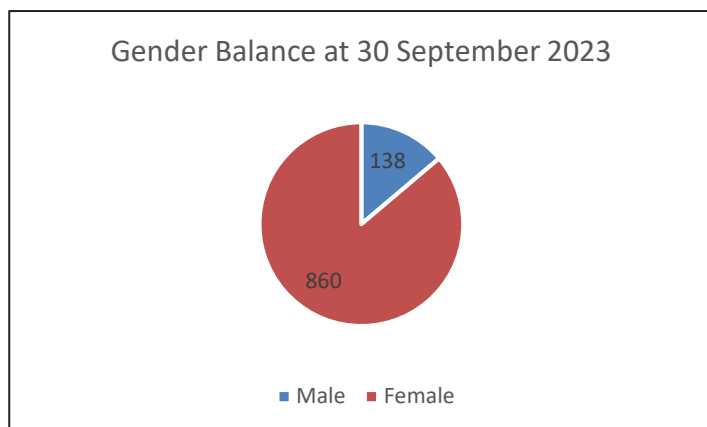
The picture for the NHS workforce within the HSCP shows an increase overall since December 2022 of 29 staff, with an overall increase of 21.4 WTE staffing. Council data for quarter 3 of 2023/24 is not yet available.

8.2 HSCP Staff by Age profile

Council data for quarter 3 of 2023/24 is not yet available. Therefore, only data reflecting the age profile of NHS staff within the HSCP workforce is detailed below.



8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant since the 4th Quarter of 2021-22, with 86% of staff being female. Council data for quarter 3 of 2023/24 is not yet available.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within the HSCP has seen a slight increase amongst NHS staff. Managers are working closely with absent staff to help them return. Sickness absence data for quarters 2 and 3 of 2023/24 is not yet available for Council staff.

EDC absence figures are Working Days Lost to sickness per Full Time Equivalent in line with the Local Government Benchmarking Framework:

Sickness / Absence % EDC	
Quarter	WDL per FTE
Q3 (22/23)	6.53
Q4	5.96
Q1 (23/24)	4.69
Q2	Not yet available
Q3	Not yet available
Average over 12 months	Not yet available

Sickness / Absence % GG&C	
Month	NHSGGC
Jan-23	6.47
Feb-23	5.25
Mar-23	5.23
April 23	4.8
May 23	5.27
June 23	5.14
July 23	5.83
Aug 23	5.56
Sept 23	4.49
Oct 23	4.55
Nov 23	5.87
Dec 23	6.26
Average	5.39

There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC. All absence is managed in line with policy.

8.5 Knowledge & Skills Framework (GG&C)

KSF Activity	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Actual %	61	62	61	60	58	54	54	56	57	59	59	66
Target %	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Work continues to promote the KSF conversation and ensure that staff wellbeing is a key component of the conversation.

8.6 Performance Development Review (Council)

Quarter	% recorded	Target %
Q3 (22/23)	19.30	80
Q4	25.30	85
Q1 (23/24)	4.48	65
Q2	Not yet available	75
Q3	Not yet available	

PDR (Performance Development Review) is East Dunbartonshire Council's process for reviewing staff performance and aligning their learning and development to service objectives.

Operationally, formal PDRs have not taken place in all areas; however, shorter term objective setting conversations have taken place. Further targeted work is still required around the PDR paperwork and process structure. Where formal PDRs have not been completed, managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

Data for quarters 2 and 3 of 2023/24 are not yet available.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 14th MARCH 2024

REPORT REFERENCE: PERF/140324/07

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES

SUBJECT TITLE: REVIEW OF WHISTLEBLOWING ACTIVITY
2023-24

1.0 PURPOSE

1.1 The purpose of this report is to update the Committee on activity undertaken to highlight the processes to be followed by staff if they wish to raise a concern using the Whistleblowing procedures as set out in Standard 8 of the national Whistleblowing Standards.

2.0 RECOMMENDATIONS

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

2.1 Note the contents of the report and seek

2.1.1 Regular updates on number of Whistleblowing claims made to either EDC, NHSGGC or the HSCP about services delivered by the HSCP.

2.1.2 Copies of information provided as part of National Speak up week in Oct 2024, and confirmation of how this information has been delivered across the HSCP and its Hosted services.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

- 3.1** The report sets out the legislative parameters that relate to staff and services working for East Dunbartonshire HSCP and the supports available to staff.
- 3.2** The Employment Rights Act 1996 highlights the protections available to staff who raise a complaint under Whistleblowing, to which East Dunbartonshire Council and NHSGGC as the employer of staff must comply. In addition NHSGGC is also covered by the 9 Whistleblowing Standards as set out by the Independent Whistleblowing Officer, including Standard 8 which is specific to the working of HSCPs.
- 3.3** Information on Whistleblowing is available on our HSCP website, which will direct you to both the East Dunbartonshire Council guidance including how to contact Public Concern at Work (A charity that offers support to staff) and the NHSGGC guidance including access to the “Speak up” pages that provide information about confidential contacts.
- 3.4** Currently there are no recorded Whistleblowing concerns having been raised through either East Dunbartonshire Council, NHSGGC or the HSCP directly.
- 3.5** It is important to remember that the HSCP has a number of other initiatives in place which give staff the opportunity to raise complaints and or concerns, these include annual Personal Development Reviews and TURAS appraisal which encourage staff to talk about their experience in the last year.
- 3.6** In addition all staff will receive regular supervision, on average between 6- 8 weekly which again provides opportunity to talk about concerns and issues
- 3.7** The HSCP has participated in the annual iMatter staff survey since its inception and has continually rated well in areas of staff communications –
- Well Informed – 82%
 - Involved in Decisions – 76%
 - Treated Fairly with Dignity and respect in an environment where Diversity is values – 82%
 - Provided with a safe working environment – 82%
 - I feel appreciated for the work I do – 80%
 - My work gives me a sense of achievement – 85%
- 3.8** Whistleblowing is included in our Induction Booklet since Jan 2024, including access to the “Raisin” booklet from Care Inspectorate and the “Speak up” booklet form NHSGGC.

4 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan – none
- 4.2** Frontline Service to Customers – none

- 4.3 Workforce (including any significant resource implications) – staff are well supported and informed on how to make use of the appropriate whistleblowing policies within their respective employing organisations.
- 4.4 Legal Implications – Compliance with Standard 8, of the National Whistleblowing Standards
- 4.5 Financial Implications – none
- 4.6 Procurement – none
- 4.7 ICT – none.
- 4.8 Corporate Assets – none.
- 4.9 Equalities Implications – none
- 4.10 Corporate Parenting – none
- 4.11 Other – none.

5 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

- 5.1 The risks are no risks to this report.

6 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – none
- 6.3 **NHS GREATER GLASGOW & CLYDE** – none
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7 **POLICY CHECKLIST**

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8 **APPENDICES**

Appendix 1 – National Whistleblowing Standards (NHS)
<https://inwo.spsso.org.uk/national-whistleblowing-standards>

Appendix 2 – Link to HSCP Website for Whistleblowing guidance [Whistleblowing Guide | East Dunbartonshire Council](#)

Appendix 3 – Care Inspectorate guidance on Whistleblowing [RAISIN~1.PDF](#)
(careinspectorate.com)

Appendix 4 – NHSGGC – Speak Up Campaign [Speak Up! - NHSGGC](#)



**INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER**

People Centred | Improvement Focused

The National Whistleblowing StandardsA

Introduction to the Standards

APRIL 2021A

1.A These Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

2.A The Standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards. A comprehensive list of the documents is provided on pages 5 and 6.

3.A The Standards consist of:

3.1. Whistleblowing principles

3.1.1. These underpin the approach that must be taken to handling any concerns raised by staff or those working in NHS services; and

3.1.2. They include definitions of a whistleblower and a whistleblower (see Part 1).

3.2. Procedure overview

3.2.1. This provides definitions and an explanation of what is a whistleblowing concern, who can raise a concern, and a brief description of the procedure for handling these concerns (see Part 2).

3.3. Supporting information

3.3.1. This sets out how the INWO expects the procedure to be applied, together with the governance arrangements that must be in place (see Parts 3-10).

4.A The aim is to provide a suite of documents and guidance which enable you to refer readily to the parts you most often use. The table of contents on pages 5 and 6 of this document gives an overview of what each document contains.

5.A These Standards are applicable across **all NHS services**. This means they must be accessible to **anyone** working to deliver an NHS service, whether directly or indirectly. 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. Specific instructions are provided for:

5.1. NHS service providers (both primary care services and contracted services):

5.1.1. Part 7 sets out what the INWO expects of these providers and how this should be achieved.

5.2. Health and social care partnerships (HSCPs):

5.2.1. Part 8 sets out expectations in relation to joint working arrangements between local authority and NHS staff.

5.3. Organisations involved in providing student and trainee placements:

5.3.1. Part 9 sets out expectations relating to students and trainees raising concerns.

5.4. Arrangements for volunteers:

5.4.1. Part 10 sets out how volunteers should be given access to these Standards.

6. To ensure effective leadership and oversight, the INWO has developed

governance requirements for boards, both in relation to their own internal processes (Parts 4 and 5) and in relation to management of their primary care and other contractual services (Part 6).

7. Further information about the INWO and additional resources for implementation of the Standards will be available on www.inwo.org.uk.

8. It is anticipated that the Standards will be reviewed three years after implementation, to identify any potential improvements or amendments.

9. Text marked in [square brackets] indicates a link or development that will be available in the final version of the Standards, but which is still currently under development.

The National Whistleblowing Standards – Contents

Part 1: Whistleblowing principles

- Open
- Focused on improvement
- Objective, impartial and fair
- Accessible
- Supportive to people who raise a concern and all people involved in the procedure
- Simple and timely
- Thorough, proportionate and consistent

Part 2: The procedure and when to use it

- Definitions
- Support and protection through the procedure
- Overview of the procedure for raising concerns
- Initial actions
- Confidentiality and anonymity
- The difference between a grievance and a concern
- Concerns raised with malicious intent
- Annex A: Contact details for support agencies, regulators and professional bodies
- Annex B: Examples to help to distinguish between whistleblowing and grievance/bullying & harassment issues

Part 3: The two-stage procedure

- Overview of the procedure
- Stage 1: Early resolution
- Stage 2: Investigation
- Independent external review
- Annex A: Further guidance for those receiving concerns on exploring the issues

Part 4: NHS Board and staff responsibilities

- Role of the Board of Directors
- The whistleblowing champion
- The role of NHS staff
- Training
- Handling concerns about senior staff
- Working with other organisations
- Overview of the procedure
- Stage 1: Early resolution
- Stage 2: Investigation
- Independent external review
- Further guidance on exploring the concern

Part 5: From recording to learning lessons

- The importance of recording and reporting
- IT systems
- What to record
- Key performance indicators
- Learning from concerns
- Annual reporting and monitoring performance
- Sharing the learning

Part 6: Board requirements and external services

- Requirement to meet the Standards
- Board oversight
- Ensuring compliance through contracts
- NHS boards and integration joint boards
- Working with higher education institutions
- Working with voluntary sector providers
- Providing a confidential contact

Part 7: Information for primary care providers

- Promoting raising concerns
- Requirement to meet the Standards
- How to raise concerns; options for small organisations
- Informing staff
- Recording of concerns
- Monitoring, reporting and learning from concerns

Part 8: Information for Integration Joint Boards

- Promoting raising concerns
- Requirement to meet the Standards
- Ensuring equity for staff
- How to raise concerns
- Recording of concerns
- Monitoring, reporting and learning from concerns

Part 9: Arrangements for students

- Student and trainee access to the Standards and the INWOA
- Students raising concerns within NHS services
- Students raising concerns through course advocates
- Recording student concerns
- Support for the student
- Signposting to the INWOA

Part 10: Arrangements for volunteers

- Volunteers' access to the Standards and the INWOA
- Volunteers raising concerns within NHS services
- Volunteers raising concerns through the charity's representative
- Recording volunteer concerns
- Support for the volunteer
- Signposting to the INWOA



**INDEPENDENT
NATIONAL
WHISTLEBLOWING
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People Centred | Improvement Focused

The National Whistleblowing StandardsA

Part 1

Whistleblowing principles

APRIL 2021A

Whistleblowing principles for the NHS

These principles underpin how NHS services **must** approach concerns that are raised by staff, students and volunteers about health services.

An effective procedure for raising concerns (whistleblowing) is:

1. **open**
2. **focused on improvement**
3. **objective, impartial and fair**
4. **accessible**
5. **supportive to people who raise a concern and all people involved in the procedure**
6. **simple and timely, and**
7. **thorough, proportionate and consistent.**

1. Open

- 1.1. Handle concerns **openly and transparently** throughout the process. At the same time, recognise and respect that everyone involved has the right to confidentiality.
- 1.2. Have clear governance arrangements that make sure someone is accountable for putting in place the procedure for raising concerns, and for monitoring and reviewing that procedure.
- 1.3. Following an investigation, make sure that any **lessons learned are shared** locally and more widely across the organisation. This should include telling people what improvements have been made as a result of the investigation.

2. Focused on improvement

- 2.1. Actively encourage staff, students and volunteers to report any concerns about patient safety or malpractice. Encourage them to do this as part of their day-to-day work, even before the start of any formal procedure.
- 2.2. The procedure for raising concerns should reflect and promote excellence in providing services.
- 2.3. Use the outcomes of concerns to identify and demonstrate **learning and improvement** and share best practice, both in providing services and in the procedure itself.
- 2.4. Have systems in place to make sure all reported whistleblowing concerns are investigated quickly and appropriately, and to monitor how they are handled.
- 2.5. Use information from cases where concerns have been raised to:
 - Guide the organisation's performance, targets and standards; and
 - Identify trends and highlight problems, with the overall purpose of **continuously improving** the way services are provided and concerns are handled.

3. Objective, impartial and fair

- 3.1. Procedures for raising concerns should be objective, based on evidence and driven by the facts and circumstances. They should not be based on assumptions. This should be clearly demonstrated.
- 3.2. Gather relevant facts and confirm these in an **objective, confidential and sensitive** way.
- 3.3. Staff investigating concerns should be **impartial, independent and accountable**. They must not be involved in investigations where they have a conflict of interest, or may be seen to have a conflict of interest.
- 3.4. Procedures for raising concerns should be **fair** to the person raising the concern, people investigating concerns, and anyone else involved in the investigation.

4. Accessible

- 4.1. Communicate the procedures for raising concerns **clearly**. The procedures should be **easy to understand and accessible to everyone**.
- 4.2. Senior staff must welcome concerns and make sure they are handled by people who have the appropriate skills and knowledge to investigate the concern and are authorised to take action.
- 4.3. Make sure the National Whistleblowing Standards and the organisation's procedures for raising concerns are well-publicised.

- 4.4. Procedures for raising concerns should be written in plain, clear language. Avoid jargon and technical terminology as far as possible. If you need to use technical terms, make sure they are explained. Procedures should be **clear to all staff** and **there should be no doubt about how whistleblowing and whistleblowers are supported**.

5. Supportive to people who raise a concern and all staff involved in the procedure

- 5.1. **Offer support and protection** to all staff, students and volunteers who raise a concern or who are directly involved in a concern, at all stages of the process.
- 5.2. When someone raises a concern, listen to them, support them, treat them with dignity and respect, and be sensitive and professional.
- 5.3. Offer alternative methods to people who may not want to raise concerns with their line manager. This should include access to a confidential and impartial contact.
- 5.4. As far as the law allows, respect the **confidentiality** of any person who raises a concern, unless they agree that you do not have to.
- 5.5. Make staff, students and volunteers aware of all forms of support and guidance that are available to people involved in whistleblowing.

5.6. People who raise a concern must not be victimised or suffer detrimental treatment as a result of raising a concern. This includes bullying and harassment, inappropriate use of policies, breaking the terms of their contract, financial loss and reputational or professional damage.

6. Simple and timely

- 6.1. Procedures for raising concerns should keep to the National Whistleblowing Standards.
- 6.2. Timescales should be clearly published and met wherever possible.
- 6.3. Investigations into a reported concern should be thorough. In particularly complex cases this may mean it is not possible to keep to published timescales. If timescales are not met for a good reason, tell the person who raised the concern (and any other relevant person) the reason, and give them a revised timescale for completing the investigation.

7. Thorough, proportionate and consistent

- 7.1. Procedures for raising concerns should provide **good-quality outcomes** through a thorough but proportionate investigation.
- 7.2. There should be detailed, well-publicised quality standards for handling concerns, and these should be supported by a clear explanation of what action will be taken if the standards are not met.
- 7.3. Investigation methods and approaches to handling concerns should be **thorough and consistent, but proportionate and appropriate** to the circumstances of the case.
- 7.4. All concerns should be treated seriously.
- 7.5. Findings and conclusions should be based on analysing evidence and weighing up the facts and circumstances. Decisions should explain your reasons and show clearly how findings and conclusions were used.
- 7.6. The outcomes of investigations should be appropriate to the findings, and should set out what actions will be taken, or have been taken, to put things right or improve practice.



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The National Whistleblowing StandardsA

Part 2

The procedure and when to use it

APRIL 2021A

Definitions

What is whistleblowing?

1. **Whistleblowing** is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as:

when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) 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.

2. This includes an issue that:

21. has happened, is happening or is likely to happen; and
22. affects the public, other staff or the NHS provider (the organisation) itself.

3. People also often talk about 'raising concerns' or 'speaking up'. These terms can also refer to whistleblowing. The issue just needs to meet the definition above, whatever language is being used to describe it.

4. Risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for. In a health setting, these concerns could include, for example:

- 4.1. patient-safety issues;
- 4.2. patient-care issues;
- 4.3. poor practice;
- 4.4. unsafe working conditions;
- 4.5. fraud (theft, corruption, bribery or embezzlement);
- 4.6. changing or falsifying information about performance;
- 4.7. breaking any legal obligation;
- 4.8. abusing authority; or
- 4.9. deliberately trying to cover up any of the above.

5. A whistleblowing concern is different to a grievance. A grievance is typically a personal complaint about an individual's own employment situation. There is more information about raising concerns and bullying and harassment in Annex B.

6. Healthcare professionals may have a professional duty to report concerns. Managers and all staff (including students and volunteers) must be aware of this, as it can affect how and when concerns are raised. However, the processes for handling concerns should be the same for any concern raised.

Who can raise a concern?

- 7.A **Anyone** who provides services for the NHS can raise a concern, including current (and former) employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social-care partnerships. A person raising a concern has usually witnessed an event, but they may have no direct personal involvement in the issue they are raising.
- 8.A If the person does not want to use this procedure, see the section on confidentiality at paragraph 58 for more information.
- 9.A More than one person can raise the same concern, either individually or together. Anyone receiving a concern must make sure they understand who wants to achieve what, and whether everyone wants to be kept informed and updated on the progress of any investigation.
- 10.A It is important for everyone involved in this procedure to be aware that some people may feel at greater risk than others as a result of raising a concern. For example:
- 10.1. employees whose employment may be less secure, such as agency staff or those who need a visa to work in the UK;
 - 10.2. students and others who are due to be assessed on their work;
 - 10.3. people from any of the recognised equalities groups.
- 11.A Some people may consider themselves to be more likely to be treated unfairly as a result of raising a concern, particularly if they are in more than one of the above groups. It is particularly important to make sure people are aware of the support available through this procedure, and that any concerns they raise are treated seriously.
- 12.A If the person is raising a concern about a service that is not their employer, for example, a district nurse working in a GP service, a locum pharmacist working for an agency, or a care assistant working within an HSCP service, they must be able to raise concerns either direct with their employer or within the service itself, and they must have full access to the National Whistleblowing Standards (these Standards).

How to raise a concern

13. These Standards are designed to work with, not repeat or replicate, NHS processes and procedures that staff use every day to report what is happening in local areas. These processes and procedures are called 'business as usual' in the Standards.
14. People may report or mention issues through business as usual processes which could meet the whistleblowing definition. To avoid duplication and confusion, the procedure set out in these Standards should normally only be used if:
- 14.1. no other procedure or processes are being used;
 - 14.2. an existing procedure or process has been used but has not resulted in the outcome the person raising the concern expected; or
 - 14.3. the person asks for the whistleblowing procedure to be used.
15. See below for more information about moving from business as usual to this procedure for raising concerns.
16. People should raise concerns within six months of first becoming aware of the issue the concern relates to. For more information on this, see Part 3A of the Standards.

Support and protection through the procedure

17. Nobody should be treated unfairly as a result of raising a concern, having a whistleblowing allegation made against them, or co-operating with any investigation. If staff are victimised as a result of being involved in a whistleblowing case, this must be treated as a disciplinary matter.

Support for the person raising a concern

18. It can be stressful and isolating to raise a concern, but when someone does raise a concern, they are trusting the organisation and giving it an opportunity to put right a wrongdoing or reduce risk. The organisation must repay this trust by protecting the person throughout the process and making sure they do not suffer any harm as a result of speaking up.
19. Anyone receiving a concern must:
- 19.1. thank the person for raising the concern;
 - 19.2. listen to them carefully;
 - 19.3. take the concern seriously; and
 - 19.4. reassure them that:
 - the concern will be handled sensitively;
 - they have done the right thing by raising the concern; and
 - they will not be treated badly, even if no risks are identified.

20. In some cases, it will be enough to thank the person raising the concern, and provide regular feedback on any resulting investigation. In other cases, the person may need more specialist support. Anyone receiving concerns must ask what support the person raising the matter may need and how this can be provided, when they first raise the concern. If support needs are identified, the appropriate resources must be provided wherever possible, and the person must be given contact details for support providers.

21. The support that is available may include:

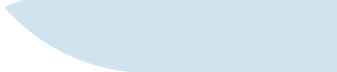
- 21.1. access to a confidential contact who can provide information and advice on the procedure for raising concerns, as well as support during the process;
- 21.2. counselling or psychological support services for people suffering from stress because they are involved in this procedure;
- 21.3. occupational health services which take account of the stress involved in raising a concern; and

21.4. considering, with the person who has raised a concern, a range of actions to reduce any consequences they are facing (or think they may face) as a result of raising the concern. These actions may include making changes at work or putting in place temporary arrangements to reduce risk.

22. Anyone raising a concern may want to have someone to support them at meetings, or throughout the process. This could be a union representative, a friend or colleague. If it is a friend, a relative or colleague, their role is to support the person raising the concern rather than to represent them or respond on their behalf. Union representatives can be more involved in discussions, although it is best if the person raising the concern openly shares the information they have. It is worth noting that the person providing support may also face some risks through being involved in the process. The person the concern was raised with should discuss this with them, and provide appropriate support.



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Employer's duty of care

23. Employers have a duty of care to their employees and must take all reasonable steps to protect their health, safety and well-being. They must do everything that is reasonable in the circumstances to keep their employees safe from harm. They also have a moral and ethical duty not to cause, or fail to prevent, physical or psychological injury.
24. Under their duty of care, employers may have to:
- 24.1. ensure, so far as is reasonably practicable, a safe work environment; and
 - 24.2. provide adequate training so that employees can safely carry out their designated role.
25. Employees also have a responsibility to take reasonable care for their own health and safety at work. For example, they should be able to refuse to do work that would be unsafe for them, without fearing disciplinary action. An employee also has a duty to take reasonable care for the health and safety of other employees who may be affected by their acts or omissions at work.
26. In the context of raising concerns, this means that the organisation should have systems in place to protect anyone who raises a concern from detriment.
27. If it becomes clear that a person who has raised a concern is being (or may be) treated unfairly or victimised, managers must take action. This may include informal action or formal disciplinary procedures. In most cases, removing the person who has raised a

concern from their workplace, either by relocating or suspending them, is not an appropriate response, as this reinforces the attitude that it is risky to raise concerns and shows that the organisation does not support people to speak up.

Legal protection for those raising concerns

28. The Public Interest Disclosure Act 1998 (PIDA) is often called the 'whistleblowing law'. It is there to protect all 'workers' (as defined in the Employment Rights Act 1996 – this classification is broader than, but includes all employees), who have made a 'protected disclosure' from being treated unfairly as a result of raising a concern. Protection against discrimination on the grounds of being a whistleblower, or appearing to be a whistleblower, is also given to applicants for work with some NHS employers (including NHS boards).
29. A concern is considered a 'protected disclosure' when it meets this legal test: the person raising it must **reasonably believe** that it is in the public interest to raise a concern, and that the information available shows that the following has happened, is happening or is likely to happen. For example:
- 29.1. a criminal offence
 - 29.2. an act that creates a risk to health and safety
 - 29.3. an act that damages the environment
 - 29.4. a miscarriage of justice
 - 29.5. a breach of any other legal obligation not being met
 - 29.6. concealment of any of the above being covered up

30. A full list is available in the legislation here: [http:// www.legislation.gov.uk/ukpga/1998/23/section/1A](http://www.legislation.gov.uk/ukpga/1998/23/section/1A)

31. It is important to note that making a 'protected disclosure' does not mean that the concern must be raised or investigated in a certain way. It provides legal protection for workers who suffer detriment **after** raising concerns. If a worker is unfairly dismissed or treated unfairly as a result of raising a concern, they can claim compensation under PDA at an employment tribunal.

32. PDA encourages workers to make the 'protected disclosure' to their employer first, if possible. However, this is not essential as it recognises that workers may have good reason for raising a protected disclosure outside their workplace (either before or after reporting the concern to their employer). PDA lists the 'prescribed persons' with whom workers can raise a concern with, beyond their own employer, and still have their employment protected.

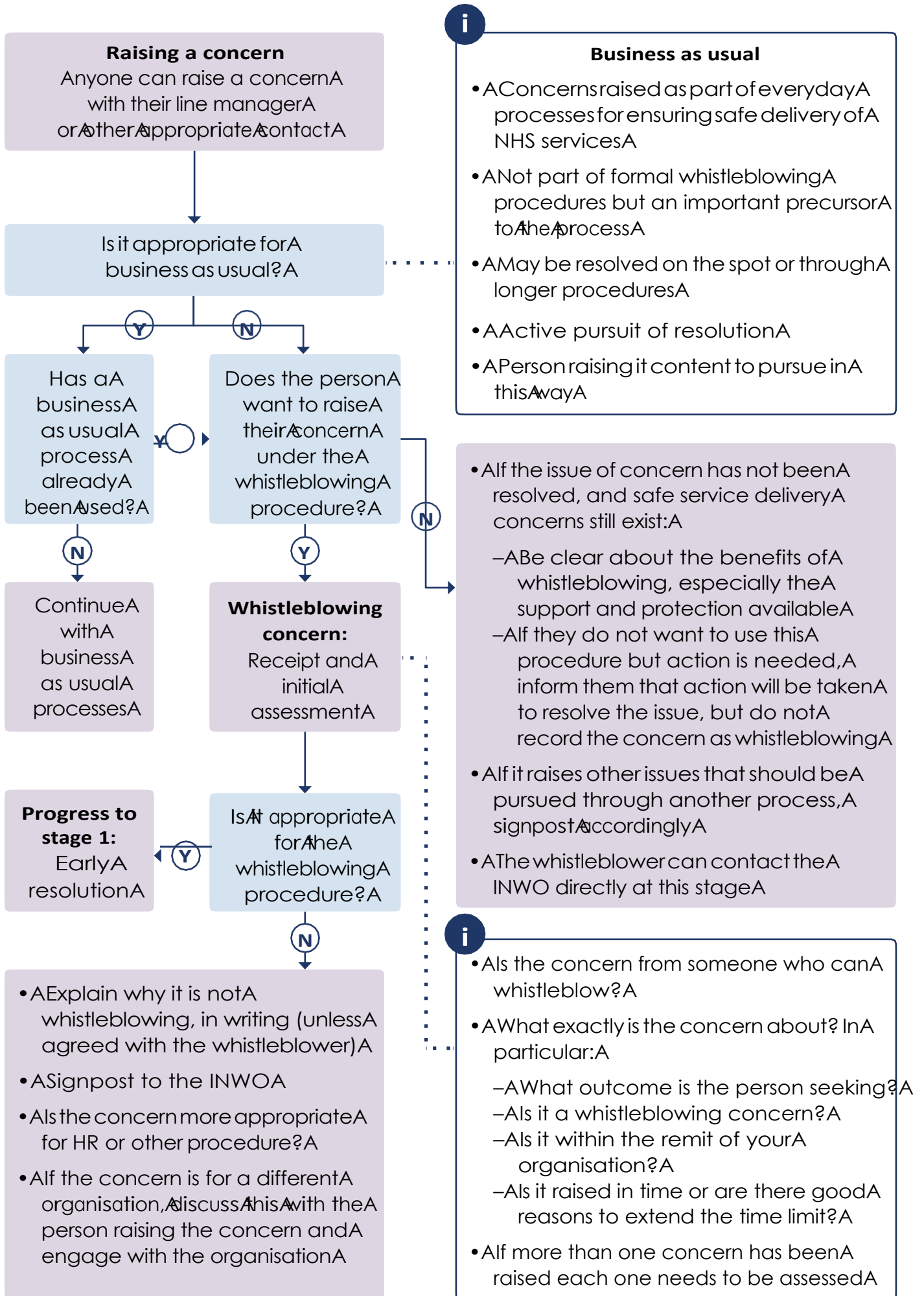
33. The Independent National Whistleblowing Officer (INWO) [is being added] to the list of organisations, so NHS employees [will be] able to raise their concerns direct. The INWO will approach each case on the basis that it is better for the organisation involved to identify the learning and improvements that are needed. However, they can agree to accept concerns direct if they do not feel it is reasonable to expect the person to use their employer's whistleblowing procedure. They will decide whether to do this case by case, but could take into account, for example, whether the organisation is very small or the issue involves very senior staff. In limited circumstances the INWO may be able to help make sure concerns are dealt with appropriately. This may include monitoring the progress of an investigation.

Overview of the procedure for raising concerns

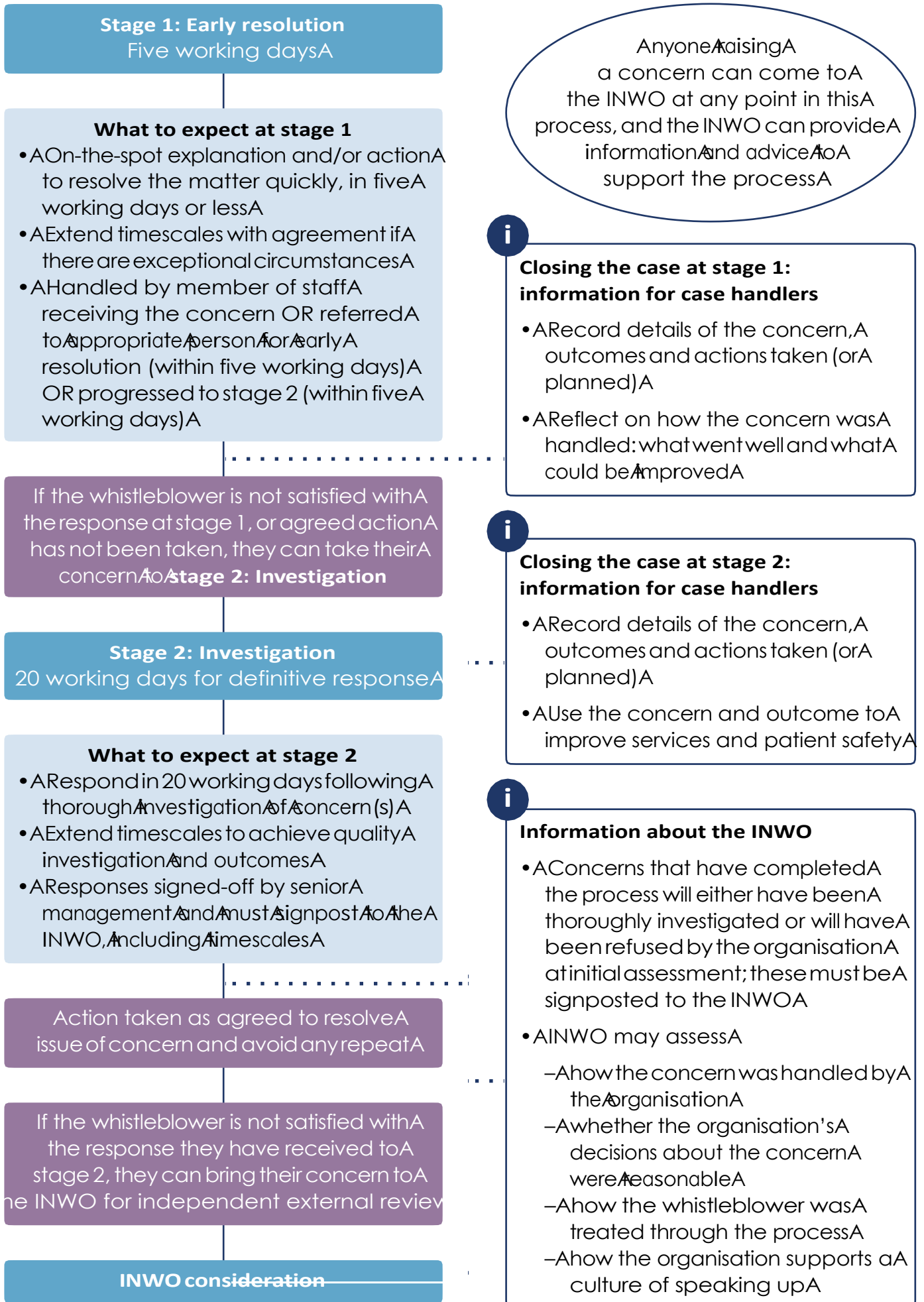
34. The procedure for raising concerns aims to provide a quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well-trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.

35. This overview summarises the main points, and provides further information to explain each stage.

Accessing the Standards



Stage 1 and 2 overview



36. ANHS boards and other NHS service providers must have arrangements in place to make sure the organisation supports people who raise a concern, takes all appropriate actions, and records and regularly reports on these concerns. They must also show they have learnt from any concerns that have been raised by putting in place service improvements, and share this learning with their staff and stakeholders.

Initial actions

37. All concerns are important to the organisation, and must be acted on to provide safe and effective care and treatment.

38. The *Accessing the Standards* flow diagram above works through whether a concern is appropriate for this procedure. The section below gives more information about how to make that decision.

Raising concerns through existing processes (business as usual)

39. People regularly identify risks or harm, and speak up to get them dealt with. This is usually very successful, with no repercussions for the person raising the concern. This is 'business as usual' and describes everyday processes or actions that deal with an issue or concern, including formal processes for identifying and improving patient safety. Some examples would be:

39.1. reporting short staffing on DATIXA (a system used for recording a range of incidents and reports by NHS boards), and action being taken to deal with this;

39.2. raising an issue during a team meeting or handover, leading to an investigation or action (or both);

39.3. an issue being investigated through an existing safe-practice review or audit.

40. It's not possible for these Standards to apply to every action that is taken through business as usual processes. These Standards will only apply if the person raising the concern asks for it to be handled under this procedure.

41. However, people who raise a concern should not necessarily need to know these Standards. Managers should identify issues which would be appropriate to handle under these Standards, and tell the person about the procedure. This might apply, for example, if the person is worried about their concern not being acted on or if they are worried they might be victimised by colleagues or management as a result of raising the concern.

42. Organisations should have service standards in place for their various business as usual processes. Whatever the issue and however it is raised, the organisation is expected to respond appropriately to concerns, and must not tolerate victimisation of anyone who raises a concern. How the person is treated through business as usual processes, and the organisation's response to the concern, can form part of any subsequent investigation by the INWO.

Who to raise a concern with

43. There should always be several options for raising concerns.
 - 43.1. people can raise a concern with their line manager or team leader;
 - 43.2. they can raise their concern with a more senior manager if circumstances mean this is more appropriate;
 - 43.3. organisations should have a confidential contact that people can raise concerns with (in some places there may also be speak-up ambassadors or advocates);
 - 43.4. large organisations should also provide a single phone number and email address for raising concerns.
44. Whoever receives it, each concern must be taken seriously and handled in line with the Standards.
45. Any organisation that provides NHS services in Scotland must provide access to a confidential contact. This could be a contact within the board, with another service provider, or through an independent service with which the organisation has a contract.
46. Each board must have clear arrangements in place so people know who to approach if they have any concerns about senior management or board members (see Part 4 of the Standards). These arrangements must be agreed with the whistleblowing champion, and must be available to staff, including through their confidential contact.
47. Anyone who wants to raise a concern about senior management must be able to discuss the most appropriate course of action with the board's confidential contact or other speak-up representative. They will be able to suggest the appropriate action to take, or pass on the concern, based on their assessment of the situation and the approach the person would prefer to take.
48. The arrangements within primary care (see Part 7 of the Standards), and for students (see Part 9) and volunteers (see Part 10), may be slightly different.
49. Concerns about fraud within the NHS can be raised directly with NHS Counter Fraud Services (CFS). There is more information about this service at <https://cfs.scot.nhs.uk/>. However, if someone with a concern about fraud wants to ensure access to these Standards they should first raise it with their confidential contact, or another appropriate manager. Details of any potential fraud must be passed onto the board's fraud liaison officer within two working days (in line with existing arrangements between the CFS and NHS boards). The fraud liaison officer will pass on these concerns to NHS CFS.

Getting information or advice

50. Information and advice about what options are available, whether it is appropriate to deal with a concern under this procedure, or what to expect, are available from:
- 50.1. the board's confidential contact for raising concerns or other speak-up representative;
 - 50.2. the INWO (phone 0800 008 6112 or email INWO@sps.gov.scot), who can provide information and advice about how a concern should be handled, and can provide support through the process;
 - 50.3. Union representatives;
 - 50.4. Professional bodies;
 - 50.5. University representatives (for students);
 - 50.6. NHS Education Scotland (for trainee doctors and dentists); and
 - 50.7. volunteer coordinators (for volunteers)
51. Anyone raising a concern may also be able to get support from other organisations, such as:
- their employer's occupational health service;
 - Employee Assistance Programme;
 - Chaplaincy services; and
 - Protect.
52. See Annex A for contact details for several relevant agencies.

Initial discussion

53. Once a concern has been raised (in writing, in person or by phone), there needs to be some discussion about whether the concern can be handled under this procedure. This should include:
- 53.1. considering whether the issue fits the definition of a concern suitable for this procedure;
 - 53.2. considering whether the issue is being handled through a business as usual;
 - 53.3. considering whether the person **wants** the issue to be handled through this procedure, and receive the support and protection that is available through it;
 - 53.4. directing the person to any other appropriate procedures (for example, HR procedures);
 - 53.5. considering issues relating to confidentiality; and
 - 53.6. considering what support would be helpful for the person.
54. If the person does not want to use this procedure, they can raise their concern without giving their name (see the section on anonymous and unnamed concerns below). The organisation can choose how to investigate the concern, but a good practice would be to follow the whistleblowing principles, and investigate the concern in line with the Standards, particularly if existing business as usual procedures have not been able to deal with the issue successfully.

55. If the organisation decides a concern cannot be handled under this procedure (for some or all of the issues raised), even if the person raising the concern has asked for this procedure to be used, it must record this decision and tell the person how to refer the matter to the INWO. Both sides must agree whether a written response is needed, and this agreement must also be recorded. If possible, the organisation should tell the person face-to-face or over the phone that it won't be following this procedure. It is important to record full and accurate details of the decision not to consider the concern through this procedure, and to make sure that the person understands this decision. If there is information that the organisation cannot share with the person, it should explain why.
56. If the organisation is not responsible for the issue of concern, the person receiving the concern should signpost to the appropriate organisation, or contact the INWO directly to make sure the concern is passed on and acted on appropriately. Remember to keep the person's details confidential.

Immediate threat to safety

57. If someone raises a concern that needs immediate action to avoid any further risk to patient safety, **action must be taken**. This is likely to involve referring the matter to an appropriate senior manager, but it will depend on the situation. The person raising the concern must also be told that this will happen, and why. Any confidentiality concerns must be taken into account and discussions should cover all the same issues as the initial discussion (above).

Confidentiality and anonymity

58. **Confidentiality** refers to the requirement not to disclose information about the person raising a concern, unless the law says that it can or must be disclosed. This includes anyone else involved in the process, such as other witnesses.
59. **Anonymity** refers to a situation when nobody knows the identity of the member of staff who raised the concern.

Confidentiality and data protection

60. Confidentiality **must** be maintained as far as possible in all aspects of the procedure for raising concerns. Staff need to know that their identity will not be shared with anyone other than the people they have agreed can know it, unless the law says that it can or must be. **The name of the person raising the concern must not be routinely or automatically shared at any point, either during the investigation or afterwards.** There are, however, times when information about the person raising a concern will become clear to others, or when it will be necessary to share this information in order to put things right or continue with an investigation.
61. It is important that all aspects of confidentiality are discussed when the person first raises the concern, as not doing so may lead to the organisation breaking data-protection law. The person should be given clear information by the person

that is applying the Standards and processing their personal data (or personal information) about what might or will happen to this data and about the lawful basis for processing it.

from recording to learning lessons, on the organisation's responsibilities in relation to data protection and information sharing.

Anonymous and unnamed concerns

62. The discussion should include:
 - 62.1. recording the concern, and who will have access to this information;
 - 62.2. who the concern will be shared with and why;
 - 62.3. who the person raising the concern is happy for their identity to be shared with, and in what circumstances;
 - 62.4. who else might need to know their identity and why;
 - 62.5. if there is a high risk that their identity could become clear to others, are there ways of reducing that risk; and
 - 62.6. what action could be taken to limit the number of people who are made aware of the concern, while still taking appropriate action.
63. It is important that all of the issues raised in the investigation are treated confidentially unless there is a lawful basis or requirement for sharing information with others.
64. To protect the identity of the person raising the concern, managers and clinical leads should look for ways to investigate the concern without making others suspicious. For example, making the investigation appear like carrying out business as usual or a random spot check.
65. There is more information in Part 5 of the Standards – **Governance**:
 66. An anonymous concern is one that has been shared with the organisation in such a way that **nobody** knows who provided the information.
 67. Alternatively, someone may raise a concern with the organisation but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).
 68. While the organisation must respect the person's request for their concern to be unnamed, it must also make it clear to the person that if their name is not recorded, their concern **cannot** be handled under the Standards and they cannot refer the matter to the INWO.
 69. The organisation should make it clear to all staff that they will not have the same level of protection if they raise an anonymous or unnamed concern as they would if their details were shared and recorded confidentially. Raising an anonymous or unnamed concern limits:
 - 69.1. the legal protections available to the person raising it;
 - 69.2. the organisation's ability to provide feedback and offer support; and
 - 69.3. the person's ability to ask the INWO to consider the matter.

The difference between a grievance and a concern

70. If other staff guess the identity of the person who has raised concerns, that person may be at risk of unfair treatment if they don't have the protection or support these Standards provide.

71. Raising an anonymous or unnamed concern may also mean the concern cannot be investigated and handled effectively, as there may be significant gaps in the information needed for the investigation.

72. If an anonymous or unnamed concern is raised, managers should record as much information as possible and carry out an appropriate investigation. The organisation can choose how to investigate the concern, and sometimes will need to take immediate action to reduce risks. Good practice would be to follow the whistleblowing principles and investigate the concern in line with the Standards, particularly if existing business as usual procedures have already been attempted.

73. Although it is good practice, the organisation is not **required** to follow these Standards.

74. A person raising a concern is usually a witness and may have no direct personal involvement in the concern they are raising. They are simply trying to tell management about the risks they have identified. These concerns usually affect other people; they are not **only** about matters that have a personal effect on the person raising the concern.

75. When a person raises a grievance or makes an allegation about being a subject to bullying or harassment, this relates to their own employment situation, employment rights or how **they** have been treated.

76. Examples of a grievance include if the person:

- 76.1. is not satisfied with their pay and working conditions;
- 76.2. disagrees with their terms of employment or workplace rules;
- 76.3. claims they are being treated unfairly at work;
- 76.4. claims they are being bullied or harassed; or
- 76.5. has a disagreement with a colleague.

77. See Annex B for examples of whistleblowing, grievances or bullying and harassment.

78. Sometimes a person may raise issues which contain both whistleblowing and grievance concerns. These issues need to be dealt with separately through the appropriate policies or procedures.

79. **If someone raises a combination of grievance and whistleblowing issues, the organisation must discuss all their concerns with them, and must tell them about all the options available to them, including services that may be able to support them.**

80. If a concern of public interest or a patient safety is raised through a grievance procedure, the organisation must ask the person if they want the concern to be raised through these Standards, with the protection they provide.

81. Issues relating to employment rights may also have a wider public interest (for example, if poor working conditions are having a damaging effect on the service provided). If it is not clear whether an issue is a grievance or a whistleblowing concern, the manager (or confidential contact) should find out what the person raising the concern wants to achieve (for example, a solution for them personally or a solution for patients, the organisation or the public). It may be that, whatever outcome the person is hoping for, in the interests of providing a safe service, the public interest issue needs to be considered and investigated. The concern **must not** be recorded as whistleblowing if the person raising it does not want it to be.

Claims of unfair treatment

82. If someone raises a concern and, at the same time, claims they have been treated unfairly as a result of raising this concern through business as usual, the initial discussion must identify what outcomes the person would like to achieve. The organisation must also direct them to any appropriate HR procedures to make sure this can be handled appropriately. It is also particularly important to make sure appropriate support is in place to prevent any further unfair treatment. If the organisation does not do this, it would be failing to meet its duty of care to its employee.

Concerns raised maliciously

83. Every concern should be considered fully and properly, whatever others may say about why it has been raised. However, if a full investigation reveals that a concern was knowingly based on inaccurate information in order to create difficulties for a colleague, the organisation should take appropriate disciplinary action against the person who raised the concern.

Annex A: Contact details for support agencies, regulators and professional bodies

Allied Health Professions Federation

Phone: 0131 226 5250A
Email: admin.ahpfs@ahpf.org.uk
Website: www.ahpf.org.uk/Contact.htm

British Dental Association

Phone: 01786 476040A
Email: enquiries@bda.org
Website: www.bda.org/contact-us

British Medical Association

Phone: 0300 123 1233A
Website: www.bma.org.uk/contact-bma

Care Inspectorate

Phone: 0345 600 9527A
Email: enquiries@careinspectorate.com
Website: www.careinspectorate.com/index.php/contact-us

Dental Defence Union

Phone: 0800 374 626A
Website: www.theddu.com

General Dental Council (currently unable to provide support to their registrants)

Phone: 020 7167 6000A
Website: www.gdc-uk.org/contact-us

General Medical Council (currently unable to provide support to their registrants)

Phone: 0161 923 6602A
Email: gmc@gmc-uk.org
Website: www.gmc-uk.org/contact-us

General Pharmaceutical Council

Phone: 020 3713 8000A
Website: www.pharmacyregulation.org

General Optical Council

Phone: 02075803898A
Website: www.optical.org

Health and Care Professions Council

Phone: 0300 500 6184A
Website: www.hcpc-uk.org/contact-us

Healthcare Improvement Scotland

Phone: 0131 623 4602A
Email: hcis.respondingtoconcerns@nhs.net
Website: www.healthcareimprovement.scotland.org/our_work/governance_and_assurance/responding_to_concerns.aspx

INWO Advice and Information Line

Phone: 0800 008 6112A
Email: INWO@sps.gov.scot
Web: <https://inwo.sps.gov.scot>

Medical and Dental Defence Union of Scotland

Phone: 0333 043 444A
Website: www.mddus.com

Medical Defence Union

Phone: 0800 716 646A
Website: www.themdu.com

Medical Protection Society

Phone: 0800 136 759A
Website: www.medicalprotection.org/uk/home

Mental Welfare Commission for Scotland

Phone: 0131 313 8777A
Email: enquiries@mwscot.org.uk
Website: www.mwscot.org.uk/contact-us

NHS Education Scotland

Phone: 0131 656 3200A
Website: www.nes.scot.nhs.uk/contact-us.aspx

NHS Scotland Counter Fraud Services

Phone: 01506 705200A
Website: www.cfs.scot.nhs.uk/contact-us.aspx

Nursing and Midwifery Council

Phone: 020 7637 7181A

Website: www.nmc.org.uk/contact-us/A**Optometry Scotland**

Phone: 0141 2020610A

Email: info@optometriscotland.org.ukWebsite: www.optometriscotland.org.uk/A/contact-us/contact-usA**Office Of The Uk Information****Commissioner – Scotland**

Phone: 0303 123 1115A

Email: Scotland@ico.org.ukWebsite: www.ico.org/A**Protect**

Phone: 020 3117 2520A

Website: www.protect-advice.org.uk/A/contact-us/AEmail: whistle@protect-advice.org.uk**Royal College of Nursing Scotland**

Phone: 0345 772 6100A

Website: www.rcn.org.uk/scotland/about/A/contactA**Royal College of Anaesthetists**

Phone: 020 7092 1500A

Website: www.rcoa.ac.uk/A**Royal College of Emergency Medicine**

Phone: 020 7404 1999A

Website: www.rcem.ac.uk/A**Royal College of General Practitioners**

Phone: 020 3188 7400A

Website: www.rcgp.org.uk/A**Royal College of Obstetricians and Gynaecology**

Phone: 020 7772 6200A

Website: www.rcog.org.uk/A**Royal College of Ophthalmologists**Website: www.rcophth.ac.uk/A**Royal College of Paediatrics and Child Health**

Phone: 020 7092 6000A

Website: www.rcpch.ac.uk/A**Royal College of Pathologists**

Phone: 020 7451 6700A

Website: www.rcpath.org/A**Royal College of Physicians of Edinburgh**Website: www.rcpe.ac.uk/A**Royal College of Physicians and surgeons of Glasgow**

Phone: 0141 221 6072A

Website: www.rcpsg.ac.uk/A**Royal College of Psychiatrists**

Phone: 020 7235 2351A

Website: www.rcpsych.ac.uk/A**Royal College of Radiologists**

Phone: 020 7405 1282A

Website: www.rcr.ac.uk/A**Royal College of Surgeons of Edinburgh**

Phone: 0131 527 1600A

Website: www.rcsed.ac.uk/A**Royal Pharmaceutical Society**

Phone: 0131 556 4386A

Website: www.rpharms.com/about-us/A/contact-usA**Scotland Deanery**

Phone: 0131 65 3200A

Website: www.scotlanddeanery.nhs.scot/A/contact/A**Scottish Social Services Council**

Phone: 0345 60 30 891A

Website: www.sssc.uk.com/contact-us/A

Annex B: Examples to help to distinguish between whistleblowing and a grievance or bullying and harassment issues

The following examples will help with deciding if the issue raised should be handled under this procedure or under the grievance or bullying and harassment procedure.

Whistleblowing	Grievance or bullying and harassment
Key test: The issue is in the public interest.	Key test: The issue relates solely to an individual and so is a matter of personal interest.
Examples	Examples
Management persistently pressurises the team into dangerous overtime conditions.	I haven't been granted my flexible-working request.
A person's dangerous working practices are leading to the risk of a serious incident.	I have been inappropriately shouted at by a senior manager in relation to an action that I took at work.
Working practices or actions may be a risk to others. [Note: Or it is suspected that there is something inappropriate happening in an area which could be a risk to the public, but there is not substantial evidence.]	I am not happy with the way my manager spoke to me when they discovered I was not following the correct health and safety procedures.





**INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER**

People Centred | Improvement Focused

The National Whistleblowing StandardsA

Part 3

The two-stage procedure

APRIL 2021A

Overview of the procedure

Stage 1: Early resolution Five working days

What to expect at stage 1

- On-the-spot explanation and/or action to resolve the matter quickly, in five working days or less
- Extend timescales with agreement if there are exceptional circumstances
- Handled by member of staff receiving the concern OR referred to appropriate person for early resolution (within five working days) OR progressed to stage 2 (within five working days)

If the whistleblower is not satisfied with the response at stage 1, or agreed action has not been taken, they can take their concern to **Stage 2: Investigation**

Stage 2: Investigation 20 working days for definitive response

What to expect at stage 2

- Respond in 20 working days following thorough investigation of a concern(s)
- Extend timescales to achieve quality investigation and outcomes
- Responses signed-off by senior management and must signpost to the INWO, including timescales

Action taken as agreed to resolve issue of concern and avoid any repeat

If the whistleblower is not satisfied with the response they have received to stage 2, they can bring their concern to the INWO for independent external review

INWO consideration

Anyone raising a concern can come to the INWO at any point in this process, and the INWO can provide information and advice to support the process

i **Closing the case at stage 1: information for case handlers**

- Record details of the concern, outcomes and actions taken (or planned)
- Reflect on how the concern was handled: what went well and what could be improved

i **Closing the case at stage 2: information for case handlers**

- Record details of the concern, outcomes and actions taken (or planned)
- Use the concern and outcome to improve services and patient safety

i **Information about the INWO**

- Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO
- INWO may assess
 - how the concern was handled by the organisation
 - whether the organisation's decisions about the concern were reasonable
 - how the whistleblower was treated through the process
 - how the organisation supports a culture of speaking up

Stage 1: Early resolution

1. Stage 1 is for simple and straightforward concerns that can be responded to within five working days or less. These concerns will involve little or no investigation, and can be handled by providing an explanation or taking limited action. The line manager should be involved in resolving the situation, where appropriate. Issues that are more complex, and will clearly take more than five working days to address, should move straight to stage 2.
2. Organisations must make sure staff have access to an impartial, confidential contact who they can contact by email or phone, or talk to in person. People can raise their concerns with their line manager, the confidential contact or another representative such as a senior manager.
3. Ideally, the person raising the concern will have a face-to-face discussion about the situation. However, if the concern is straightforward and has been raised with someone who is able to take appropriate action, this may be enough to resolve the issue. The person raising the concern must be updated with what has been done.
4. Anyone raising a concern can contact the INWO at any point in the process. The INWO can provide information and advice to support them, and can also give investigators and managers advice on how to handle concerns.

Initial discussions

5. **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 service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.
6. The person raising the concern must want it to be handled using this procedure. The organisation must offer to support them with raising their concern. The person can be accompanied by a union representative, friend or colleague. See Part 2 of these Standards for more details of the support that is available.
7. If the person does not want to use this procedure, they can raise their concern without giving their name. (See the section on anonymous and unnamed concerns in Part 2 of these Standards for more information about this.) The organisation can choose how to investigate the concern, but good practice would be to follow the whistleblowing principles and investigate the concern in line with these Standards, particularly if existing 'business as usual' procedures have not been able to address the issue successfully.

Time limit for raising concerns

8. The timescale for accepting a whistleblowing concern is within six months from when the person raising the concern became aware of the issue. The organisation can extend this time limit if there is good reason to do so, for example if the issue is still ongoing or if business as usual procedures have led to a delay. The most important thing to consider is whether there is any chance that the situation could create an ongoing risk of harm or wrongdoing.
9. If a case is not being handled under this procedure due to the timescales involved, this should be clearly explained to the person raising the concern. The organisation must also tell the person that they can ask the INWO to consider the decision.

Timescales – five working days

10. The organisation has five working days to respond to any concerns that are raised. The manager or the person who received the concern will normally provide the response. If there are clear and justifiable reasons why they cannot meet this timescale, someone more senior in the organisation may agree to allow them a further five working days to respond. Reasons for allowing more time for stage 1 include staff absence or difficulty arranging a meeting. The organisation must tell the person why it is not able to respond within five days, and when they can expect a response.

11. If it is clear from the start that a concern is too complex for the organisation to respond to within five working days, it should move straight to stage 2. If the organisation needs more time to provide a response at stage 1, it must not use this as a reason to delay moving the concern to stage 2.

Stage 1 discussion

12. Once the organisation has agreed that the concern should be handled under this procedure, the next stage is to discuss and agree:
- 12.1. what outcomes the person who raised the concern is hoping to achieve, and whether these are possible;
 - 12.2. what action the organisation needs to take to put things right, and appropriate timescales for this;
 - 12.3. whether all the issues are appropriate for this procedure or whether it would be appropriate to handle some of them under other procedures, and if so, which procedures to direct the person to (see Part 2 of these Standards);
 - 12.4. whether any immediate action is needed to put things right or reduce risk to patient safety or the organisation; and
 - 12.5. whether the person who raised the concern needs support (see Part 2) and, if so, how they will get this.

13. If the discussion at stage 1 raises issues which a manager considers would be more appropriate to handle under other HR procedures (such as grievance procedures), they should carefully consider whether any parts of the concern should be handled under this whistleblowing procedure.

14. If someone raises a concern, but a manager decides it is a grievance not a whistleblowing concern, they should tell the person this in writing. They **must** tell the person they can ask the INWO to review this decision if they are not satisfied with it.

15. When a manager or other person receives a concern, they must make sure that the person who raised it receives the support and information they need to consider all appropriate options for handling the concern, including HR procedures. They must tell the person what support is available, and when and how they can get it.

16. Discussions about the concern must cover:

- 16.1. what exactly the person is concerned about;
- 16.2. who else is involved;
- 16.3. what support the person raising the concern or other staff need (or are likely to need);
- 16.4. the best way to maintain the person's confidentiality;
- 16.5. the best person to respond to the concern; and
- 16.6. whether the concern can be responded to in five working days or fewer, or whether it should be handled at stage 2.

17. There is more guidance on considering concerns in Annex A.

Recording the concern

18. The organisation must record details of all concerns raised by staff and other workers. The manager (or other person) should record a concern when they receive it, and should consider any requests the person raising it makes to keep their details confidential (so they are only shared with people who need to know them in order to investigate and address the concern) or for the concern to be raised anonymously (so nobody in the organisation knows the identity of the person who raised it) (see Part 2). Full details on how to record concerns are provided in Part 5 of these Standards.

Closing the concern

19. The organisation must provide a written response to a concern that has been handled at stage 1, unless it has agreed with the person who raised the concern that this is not needed (in which case this decision should be recorded). The response (however it is provided) must:

- 19.1. respond to all the issues raised;
- 19.2. give the organisation's reasons for any decisions;
- 19.3. explain what action the organisation is taking in response to the concern; and
- 19.4. explain how the person can take their concern to stage 2 if they do not feel it has been handled properly.

20. If the organisation does not provide its response in writing, it must still keep a record of its decision and tell the person who raised the concern. It must then close the case and update the records system as appropriate. The date the case is closed is the date when the person receives the response to their concern.

Learning, improvements and recommendations

21. Concerns raised at stages 1 and 2 of this procedure will often identify changes that are needed to provide services more safely and efficiently, or improve governance arrangements (how the organisation is managed and held accountable for its actions). Any improvements must be appropriately planned, making sure that everyone concerned is kept informed of changes. There is more information on learning from concerns in Part 5 of these Standards. The organisation must include details of any changes that are identified as a result of a concern in the reports it produces on concerns (every three months and every year).

22. The organisation must also consider whether:

- 22.1. wider learning is needed across other departments following the investigation; and
- 22.2. the improvements would be beneficial to other NHS organisations across Scotland. If so, it should share them with national organisations or clinical groups to take forward as appropriate.

When to move a concern to stage 2

23. Some concerns will not be appropriate for stage 1, and should move straight to stage 2. This includes concerns which:

- 23.1. contain issues that are complex and need detailed investigation;
- 23.2. relate to serious, high-risk or high-profile issues; or
- 23.3. the person does not want to be considered at stage 1 because they believe a full investigation is needed.

24. Concerns that relate to serious, high-risk or high-profile issues may need someone more senior in the organisation to investigate them.

25. Or, after a concern has been considered at stage 1, the person who raised it can ask for it to be investigated at stage 2 if they do not feel that stage 1 has addressed the issue appropriately, and they still have concerns. They can do this immediately after receiving the decision at stage 1 or some time later.

26. The organisation should record that the concern has moved from stage 1 to stage 2, and the records system must be clear that this is the same concern, not a new one.

Stage 2: Investigation

27. Concerns handled at stage 2 of the whistleblowing procedure tend to be serious or complex, and need a detailed examination before the organisation can provide a response. Concerns can move straight to stage 2 if they include issues which are too complex to handle at stage 1, which means a full investigation is needed from the start.
28. An investigation aims to establish all the facts relating to the points raised in the whistleblowing concern. It should be thorough, in proportion to the seriousness of the concern and impartial, so that the organisation can identify any problems and consider what improvements can be made. This may include action to put things right in the short term, or an action plan for future changes. It is also very important to give the person raising the concern a full response that is based on evidence and sets out the organisation's final position.
29. If a concern which is appropriate for stage 2 is raised with someone who was involved in the situation, or was involved in a decision at stage 1, the organisation should do all it can to make sure the person can discuss the situation and their concern with an appropriate person who has not been involved in the situation. This may be a confidential contact or an impartial manager.

Timescales – 20 working days

30. The following timescales apply to stage 2.
- 30.1. The organisation should acknowledge the concern in writing within three working days.
- 30.2. It should provide a full response to all concerns as soon as possible, and within 20 working days, unless it needs to extend this time limit.
- 30.3. If the organisation needs to extend the time limit, it must tell the person raising the concern when they can expect a full response within the first 20 working days (and then at least every 20 working days after that).
- 30.4. The organisation should provide updates every 20 working days to everyone directly affected by the investigation. The updates should provide information about what progress has been made and what will happen before the organisation provides the next update or a full response.
- 30.5. If it will take longer than expected to provide a full response to a concern, the organisation should offer support to those involved during this period.

Acknowledgement

31. The acknowledgement should include:
- 31.1. contact details for the person overseeing the investigation;
 - 31.2. an explanation of the timescales at stage 2, when these timescales might need to be extended and what this would mean; and
 - 31.3. details of the support that is available for the person, including information about other agencies and their professional body if appropriate.
32. It may also be appropriate to provide other information in the acknowledgement, including:
- 32.1. Appropriate contact details in case there are any urgent safety issues during the investigation;
 - 32.2. a summary of the concern and the outcomes the person who raised it are hoping to achieve;
 - 32.3. an outline of the proposed investigation and who will be involved;
 - 32.4. an offer for the person who raised the concern to discuss the issues either with the investigating officer or a senior member of staff; and
 - 32.5. a consent form that gives a clear mandate, if a representative has raised the concern on the person's behalf.

Extending the timescale

33. The organisation should do all it can to meet the timescale above, as not doing so may delay changes that are needed to improve unsafe working practices, and could put patient safety or the organisation at risk, or have a harmful effect on the person raising the concern or the people involved in the investigation.
34. The organisation should aim to provide a full response within 20 working days, but this is not a target or performance measure. It **should carry out a thorough investigation that leads to good outcomes, even if that takes longer than 20 days**. The timescale is there to make sure that organisations take prompt action, and that there is an **ongoing focus on investigating and addressing the concern**, while keeping everyone involved updated on the progress of the investigation.
35. If the organisation cannot provide a final decision within 20 working days, it should still be able to show it has made **significant progress**. The investigation must not be delayed if this could be avoided.
36. There is no flexibility to pause or delay the whistleblowing procedure. The timescale can only be extended if there are clear and justifiable reasons for this. If there are, the investigator should ask a senior manager for authorisation to do so. The organisation must explain the revised timescales to the person who raised the concern and others involved in the investigation, as appropriate.

37. Reasons for extending the timescale might include:

- 37.1. the organisation needs essential accounts or statements from staff who are unavailable due to long-term sickness or leave;
- 37.2. staff have asked a representative from their professional body to be with them at a meeting, and this has caused unavoidable delays;
- 37.3. the organisation cannot get information that is essential to the investigation within normal timescales;
- 37.4. the investigation is disrupted by circumstances that the organisation could not have expected or avoided, for example industrial action or severe weather conditions.

38. If a complex concern, involving several issues, is likely to take longer than 20 working days to address fully, the organisation should consider whether it could respond to some of the issues in an interim report.

First considerations

39. When a concern is raised at stage 2 the organisation should consider the following issues:

- 39.1. whether any immediate action is needed to put things right or reduce risk to patient safety or the organisation;
- 39.2. who should investigate the concern. If possible, this should be a senior member of staff from another department or service. (Part 4 of these Standards on Board and Staff responsibilities reviews how to handle concerns about an organisation's senior leaders or board members.);
- 39.3. what the investigation should cover, using the list in paragraphs 12 and 16 and Annex A to look into the concerns in more detail;
- 39.4. how involved the person who raised the concern wants to be in the investigation, and whether this is appropriate;
- 39.5. whether it is appropriate to direct the person who made the concern to any other procedures (for example, HRA procedures);
- 39.6. what risks are involved, how they could be reduced, what support the organisation can provide to the person who raised the concern and how to make sure they have access to this;
- 39.7. what to expect in terms of timescales and updates.

40. Whenever possible, the organisation should discuss the above issues with the person raising the concern.
41. Managers should make sure they are aware of how the person would prefer to be contacted, and use this communication method whenever possible and appropriate. They must also take account of any data protection concerns when communicating, especially by email. If they are using an employee's work email address, the person raising the concern must have consented to this, as they may not always have access to it, or may have concerns about who else has access to it.
42. It is also important to take account of any accessibility issues the person has told the organisation about.

The investigation

43. The investigation must focus on the practices or procedures that are unsafe or inappropriate. It must focus on patient safety, safe working practices and good governance; it must be fair, robust and proportionate to the risks identified. It must aim to handle and provide a full response to all the issues involved in the whistleblowing concern that has been raised.
44. The organisation must tell the person raising the concern how the investigation will be carried out and what their role in it will be.
45. If a concern has already been through stage 1 of this procedure, the investigator should make sure they have all the case notes and associated information that was considered at stage 1. They must also work out, as early as possible, what extra information they will need and how they will get this.
46. It is good practice for the organisation to keep a record of meetings throughout the investigation (either notes or recordings), including any discussions with the person who raised the concern, and to share this record with those involved within an agreed timescale.
47. The investigation should be kept independent of any other procedures, including HR procedures. However, where possible, any linked procedures should be carried out in parallel with the whistleblowing procedure.
48. Similarly, if NHS Counter Fraud Services are carrying out an investigation into allegations of fraud, the organisation may still be able to investigate other issues. The board's Fraud Liaison Officer will be able to confirm if there is an ongoing fraud investigation and whether it would be appropriate to carry out any concurrent investigations.
49. Investigators and decision-makers must take account of the whistleblowing principles (see Part 1A of the Standards), and must:

- 49.1. be trained in what their role involves and how to carry it out;
- 49.2. give everyone involved the right to be heard;
- 49.3. not have a personal interest in the situation or the outcome;
- 49.4. act only on the evidence;
- 49.5. make decisions in good faith and without bias;
- 49.6. consider any person whose interests will be affected by the decision; and
- 49.7. have time set aside to carry out the investigation.

Other staff involved

- 50. Raising concerns can be stressful for anyone involved in the case, including the person who is being investigated, the investigator and witnesses. Everyone involved must be treated professionally and with respect.
- 51. If someone is accused of poor practice through this procedure, the organisation should tell them:
 - 51.1. that an investigation is taking place;
 - 51.2. of what they have been accused;
 - 51.3. what the investigation process is;
 - 51.4. what their rights and responsibilities are; and
 - 51.5. what support is available to them.
- 52. They do not need to know how the organisation found out about the concern, and the organisation must take care to protect the identity of the person who raised the concern.

Responding to the concern

- 53. At the end of the investigation, the organisation must give the person who raised the concern a full and considered response, setting out its findings and conclusions, and how it reached these. It must also provide evidence that it has taken the concern seriously and investigated it thoroughly. It must include the conclusions of the investigation and information about any action it has taken or plans to take as a result of the concern, both to deal with the current situation and to avoid it from happening again in the future.
- 54. It is best practice for a single, senior member of staff (or someone authorised to act on their behalf) to be responsible for reviewing each decision made under this procedure before the organisation issues its response. This person must make sure that all necessary investigations have been finished and action is planned to prevent future risks.
- 55. The organisation's response must be in writing and should also be provided in the way the person who raised the concern has told the organisation they prefer to be contacted. The organisation must keep a record of the decision and how it gave this to the person who raised the concern.
- 56. It must be clear from the response that this is the organisation's final decision, and that if the person is still not satisfied with it, or the way their concern has been investigated, they can take their concern to the INWO.

57. The organisation must also keep other people who were directly involved in the investigation updated on the final outcome, and must tell them about any recommendations or action they have taken as a result of the whistleblowing concern. Any updates must be in line with data protection law.

58. The quality of the investigation and the final (and any interim) report is very important. The report should:

- 58.1. be clear and easy to understand, and written in a way that is non-confrontational and focuses on the people involved;
- 58.2. use language appropriate to the person who raised the concern and their understanding of the issues;
- 58.3. address all the issues raised and show that each element has been fully and fairly investigated;
- 58.4. include an apology where things have gone wrong;
- 58.5. highlight any areas where the organisation does not agree with the person's concern and explain why no further action can be taken;
- 58.6. give the name of a member of staff the person can speak to if they don't understand something in the letter; and
- 58.7. explain how the person can refer their concerns to the INWO if they are not satisfied with the outcome of the organisation's investigation.

59. If anyone involved in the investigation has had ongoing support from their union or another third party, the organisation should also tell the person or organisation providing the support that it has issued a decision, to make sure they can provide appropriate support when the person needs it. (What further details the organisation can give will depend on the situation.)

Recording the concern

60. Details of all concerns investigated at stage 2 must be recorded. As with stage 1 concerns, the person who receives the concern should record it when they receive it, and consider any requests the person makes to keep their details confidential. (See Part 2 for information about anonymous and 'unnamed' concerns when no personal details are recorded).

61. The record at stage 2 must be a continuation of the record created at stage 1, if this applies. The organisation must update the details when the investigation ends.

62. Full details on how to record concerns are provided in Part 5 of these Standards.

Learning, improvements and recommendations

63. The process for learning, improvements and recommendations is the same as for stage 1. See paragraphs 21 and 22.

64. At the end of stage 2, organisations may also be able to learn from reflecting on how they have handled the concern. One way to do this, and to make sure the organisation provides consistent responses to concerns, is to involve two different parts of the organisation in reviewing how concerns have been handled and the outcomes of concerns. Not all organisations will be able to do this, but, it is good practice if it is possible.

Meetings and correspondence with the person who raised the concern after the organisation's decision

65. Once the person who raised the whistleblowing concern has received the organisation's decision, they can ask for more information or a meeting, but this should only be to explain the decision.

66. The organisation should make it clear before any meeting that it is for explanation only and not to reinvestigate or reopen the concerns raised. This meeting should be separate from any meeting relating to HR issues. If the person is not satisfied with the way they have been treated, the organisation should tell them they can ask the INWO to look into this. It should also direct them to any appropriate HR procedures.

67. The organisation should not consider any communication relating to how the investigation was carried out or the decisions or outcomes that were reached. Instead, it must refer the person who raised the concern to the INWO for stage 3 of this procedure.

Independent external review

68. Anyone who has raised a concern through this procedure can ask the INWO to consider the way the concern was handled, the outcome of the investigation, or how the person was treated through the process. If someone has not been allowed to raise a concern using this procedure, they can also ask the INWO to investigate this refusal, or the concern.

69. An INWO investigation may include:

- 69.1. how the organisation has responded to the concern raised, applied these Standards and investigated the issues raised;
- 69.2. whether the organisation's decisions and actions relating to the concern were reasonable in the circumstances;
- 69.3. how the organisation treated the whistleblower and other people involved, including telling them about any relevant HR procedures;
- 69.4. the organisation's wider approach to learning from concerns; including how it supports and encourages a culture of speaking up to improve patient safety and service delivery.

70. The INWO recommends that organisations use the wording below to tell people they can ask the INWO to consider the whistleblowing concern.

Information about the Independent National Whistleblowing Officer (INWO)

The INWO is the final stage for whistleblowing concerns about the NHS in Scotland. If you remain dissatisfied with an NHS organisation after its process has concluded, you can ask the INWO to look into your concern.

The INWO cannot normally look at concerns:

- where you have not gone all the way through the whistleblowing procedure, or
- more than 12 months after you became aware of the matter you want to bring to the INWO.

The INWO's contact details are:
INWO
Bridgeside House
99 McDonald Road
Edinburgh EH7 4NSA

Freephone: 0800 008 6112A

Online: www.inwo.org.uk/contact-usA

Website: www.inwo.org.ukA

71. If a person raises a whistleblowing concern with the INWO, the INWO may ask the organisation to send all relevant papers and other information to their office, or to speak directly with staff. For more information about what to expect from an INWO investigation, visit www.inwo.org.ukA

Time limits for raising concerns with the INWO

72. Anyone who has raised a concern and had a final response from the organisation can refer their concern to the INWO within 12 months from the date they became aware of the issue. (The INWO can decide to extend these timescales in a similar way as the organisation can, as described in paragraph 8 above.)

73. These Standards and the INWO's powers come into force in April 2021. The INWO only has powers to investigate if a concern has been raised, within the correct time limits, and under the procedure set out in these Standards.

74. Concerns which have been considered under previous whistleblowing procedures or arrangements (those that were in place before April 2021) must be handled under those procedures, and cannot be reviewed by the INWO. Issues raised under this procedure can relate to concerns that were first raised before April 2021, but the time limits above still apply.

75. If someone raises a concern directly with the INWO before the appropriate organisation has carried out a full investigation, the INWO can provide information and advice. They can also agree to investigate a concern that has not been raised with the organisation involved if they consider it is not reasonable to expect the person to use their employer's whistleblowing procedure. The INWO will approach each case on the principle that it is better for the organisation involved to investigate and identify the learning and improvements that are needed. The INWO will look at each case individually when deciding whether to accept a concern directly but could take into account, for example, whether the organisation is very small or the issue involves very senior staff. In limited circumstances the INWO may be able to help make sure concerns are handled appropriately. This may include, for example, monitoring the progress of an investigation.

Annex A: Further guidance for people receiving concerns

What does the person want to achieve by raising this concern, and can this be achieved?

When you receive a concern you need to be clear from the start about the outcome the person wants to achieve. The person may not be clear about this, or they may know that they want things to change but not be sure how. It may be appropriate to direct them to other HR procedures if there are connected issues.

Your discussions with the person should include whether the organisation can achieve the outcome they are hoping for. If it is not going to be possible to achieve the outcome, tell the person why. They may expect more than the organisation can provide, or you may feel that any action which would be needed to achieve the outcome is not in proportion to the risks that have been identified.

What exactly is the person's concern?

It is important to understand exactly what concern the person is raising. It may be necessary to ask for more information to get a full picture. When you receive a concern, remember that the person who raised it may be nervous about doing so. Make sure they have enough time and privacy to explain their concern fully. It can also be stressful to speak about a concern, so if you have a meeting you may need to take breaks or have more than one meeting.

Who are the other people involved?

Consider whether other staff are aware of the issue, or whether they should be. If so, who are the other staff, and has the person already discussed the concern with them? In particular, consider whether senior staff responsible for this area of work are aware of the issue, or whether they have been told about the concern. You should also take account of any previous investigations into this issue.

What support does the person raising the concern and other staff involved need?

Always check if the person raising the concern needs support. Discuss with them what support would be helpful and how this can be provided. This may include getting support from their trade union or professional representative body. Also consider whether others involved in the situation also need support and, if so, how this can be provided. (See Part 2 for a list of contact details for support agencies and professional bodies.)

Does the person raising the concern want their involvement to remain confidential?

It is important to discuss the level of confidentiality the person wants to maintain and how their details will be used. In all cases, the person's name must not be shared with anyone who does not need to know it in order to investigate the concern, unless it has to be shared by law.

It is important to ensure that records containing the person's name have access restricted. Sometimes the investigator will need to know who raised the concern, but in other cases this isn't necessary or appropriate.

The person may not want to have their details recorded at all. You should advise them that this is an 'unnamed concern', which would limit what can be done for them in terms of support and legal protection. They wouldn't have access to the Standards and the organisation would choose the best way to handle the concern. (See Part 2 of the Standards for more information about anonymous and unnamed concerns.)

Who is the best person to respond to the concern at stage 1?

If you cannot resolve the concern because, for example, you are not familiar with the issue or do not have the authority to make the changes that are needed, explain this to the person raising the concern, and pass details of the issue to someone who can. Keep the person who raised the concern informed about what is happening and who is responsible for investigating the matter.



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Part 4

Governance: NHS board and sta~ responsibilities

APRIL 2021A

Role of NHS board members

Leadership

- 1.A Board members have a critical role in setting a tone and culture in their organisation that values the contributions of all staff, including those who identify the need for changes through speaking up. This leadership role should not be underestimated, and is a critical function of the board when it comes to concerns raised about safe and effective service delivery.
- 2.A Board members need to show interest and enthusiasm for issues that arise through concerns raised by staff, and in particular, to support the learning and improvements that stem from them. They also need to ensure that the arrangements in place act to promote trust between staff and the board in raising concerns.
- 3.A Every NHS board must ensure that there is a clear description of the roles and responsibilities of staff in relation to raising and receiving concerns at each level of the organisation.

Monitoring

- 4.A The number of concerns raised by staff will be reported to a public meeting of the board on a quarterly basis. It is the board's responsibility to ensure this reporting is on time and accurate. The analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board members should show interest in what this information is saying about issues in service delivery as well as organisational culture. This may mean on occasions that board members challenge the information being presented or seek additional supporting evidence of outcomes and improvements. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data.

Services provided by other organisations

- 5.A All NHS boards are responsible for ensuring that the services that are contracted out by their organisation (including primary care and on site contracted services) have arrangements in place that encourage staff to raise concerns, including procedures that meet the requirements of the Standards.

6.A The board also has responsibility for ensuring there are arrangements in place that ensure students and volunteers are made aware of their right to access this procedure. In addition, systems must be in place to allow for communication and the raising of concerns via the universities and colleges which they work with to deliver student placements and training opportunities.

7.A NHS boards that work in partnership with local authorities, to provide health and social care with the oversight of an integration joint board (IJB), will also be expected to work with the IJB to ensure that all staff in the partnership can raise concerns about NHS services through this procedure.

8.A More detailed information is available about requirements on board members in relation to monitoring contracted services, primary care providers contracted services, health and social care partnerships (HSCPs), higher education institutions and voluntary sector providers in other parts of the Standards.

Support for the whistleblowing champion

9.A As non-executive directors, whistleblowing champions are part of the board. The board must show support for the whistleblowing champion, and must listen to and take action as a result of the issues they raise.

Support for the person raising concerns

10.A The board members' leadership in relation to raising concerns extends to ensuring that there are support systems in place for members of their staff who raise concerns. The support available may include:

- 10.1. access to a 'confidential contact' who is able to provide information and advice in relation to the procedure for raising concerns, as well as support during the process;
- 10.2. counselling or psychological support services for those suffering from stress due to their involvement in this procedure;
- 10.3. occupational health provision which would take account of the stresses involved in raising a concern;
- 10.4. consideration of a range of actions to reduce the impact on the individual, such as variations in their work or putting in place temporary arrangements to reduce risk.

11.A It is not appropriate to redeploy staff who have raised a concern, even if their concern involves issues relating to other staff or line management. Alternative options should always be considered.

The whistleblowing champion

12. Each NHS board has a whistleblowing champion who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer (INWO).
13. The whistleblowing champion is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion provides critical oversight ensuring managers are responding to whistleblowing concerns appropriately, in accordance with these Standards. 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.
14. Beyond the services delivered directly by the NHS board, the whistleblowing champion will have responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly, including primary care services, contracted services and those delivered by HSCPs, are meeting the requirements of the Standards. In particular, they may need to work with colleagues in IJBs to clarify expectations and requirements in relation to raising concerns.
15. The role of the whistleblowing champion is explained in more detail through guidance provided by the Scottish Government.

The role of NHS staff

Chief executive

16. Overall responsibility and accountability for the management of whistleblowing concerns lies with the organisation's chief executive, executive directors and appropriate senior management.
17. The chief executive provides leadership and direction in ways that guide and enable staff to perform effectively across all services. This includes ensuring that there is an effective whistleblowing procedure, with a robust investigation process which demonstrates how the organisation learns from the concerns they receive. The chief executive may take a personal interest in all or some of the concerns, or may delegate responsibility for the whistleblowing procedure to senior staff. Delegation must be clearly stated and accepted. Regular management reports assure the chief executive of the quality of performance.
18. The chief executive must work with board members to decide how oversight of the implementation of these Standards will be achieved, and who will have responsibility for this.

Executive directors

19. On the chief executive's behalf, executive directors may be responsible for:
- 19.1. managing whistleblowing concerns and the way the organisation learns from them;
 - 19.2. overseeing the implementation of actions required as a result of a concern being raised;
 - 19.3. investigating concerns; and/or
 - 19.4. deputising for the chief executive on occasion.
20. In particular, directors have responsibility and accountability for signing off stage 2 decision letters. They may also be responsible for preparing decision letters, though this may be delegated to other senior staff. Either way, they must be satisfied that the investigation is complete and their response addresses all aspects of the concern raised. This will reassure the person raising the issue that their concern has been taken seriously.
21. Wherever possible, it is important for the decision on a concern to be taken by an independent senior member of staff (i.e. a senior member of staff from another directorate, with no overlap with the concern that has been raised). Directors should retain ownership and accountability for the management and reporting of concerns.
22. If the director delegates responsibility for the process, then they must ensure that the person given this responsibility has the skills and resources to document the process, be able to evaluate the quality of the investigation, and ensure that recommendations are implemented.
23. The director responsible for primary care services has specific responsibilities for concerns raised within and about primary care service provision. They must ensure that all primary care services contracted by the NHS board are reporting appropriately on concerns raised and resolved by the provider. In addition, the director may be contacted in relation to concerns about primary care. These concerns may come to the NHS board in a range of ways:
- 23.1. From staff within primary care services, who are reluctant to raise concerns to their employer;
 - 23.2. From staff who have already raised concerns with their employer, but have not had a satisfactory response (stage 2A concerns); or
 - 23.3. From representatives of students in primary care settings (or the students themselves), who have raised concerns in relation to their placement in a primary care service.
24. There is more detailed information available about requirements for NHS boards in relation to primary care services as well as requirements for primary care providers (see Part 7 of the Standards) and higher education institutions (see Part 9).

HR or workforce director and their team

25. HR or workforce directors are responsible for ensuring all staff have access to this procedure, as well as the support they need if they raise a concern. They are also responsible for ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration.
26. HR teams will also be involved in assisting managers and confidential contacts to identify HR issues that are raised within concerns, and to provide appropriate signposting in relation to these HR issues.
27. The HR/workforce director is responsible for 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 have the skills to handle stage 1 concerns.
28. However, the HR/workforce director does not necessarily have any specific responsibilities in relation to implementing these procedures or investigating any concerns raised by staff, unless this is considered appropriate in a specific case. For example, they would be responsible for providing expert HR input when there is an interaction between HR procedures and an investigation into a concern.
29. HR functions should not be involved in investigating whistleblowing concerns, unless the concern directly relates to staff conduct issues.

Investigators

30. Investigations must be carried out by an appropriately skilled, senior member of staff from another directorate (where possible), and in particular, with no conflict of interest or perceived conflict of interest with the issue of concern. The investigator needs to take full account of the sensitivities of the case, and have strong inter-personal skills, including skills in supportive conversations. They need to be able to separate out the HR from the whistleblowing concerns, and to focus on the issues which are appropriate for this procedure.
31. Investigators have an important role in drafting recommendations. They should listen to those who have raised the concern or are involved in the service, to judge what is appropriate and reasonable, and how the service improvements can be taken forward.

The 'confidential contact' or whistleblowing ambassador

32. All organisations that deliver services for NHS Scotland must ensure that they provide staff with at least one point of contact who is independent of normal management structures (for the purposes of this role) and who has the capacity and capability to be an initial point of contact for staff from across the organisation (or their part of the organisation) who want to raise concerns. Small organisations such as those in primary care should work with their NHS board to ensure

access to a confidential contact for their staff. The confidential contact must support staff by providing a safe space to discuss the concern, and assist the staff member in raising their concern with an appropriate manager. This will not always be the person's line manager, and in some instances it should be someone with a level of independence from the situation.

33. However, this role goes beyond simply providing advice and support to those raising concerns. In particular, the confidential contact needs to:

- 33.1. work with the whistleblowing champion to ensure that all staff are aware of the arrangements for raising concerns within their organisation;
- 33.2. promote a culture of trust, which values the raising of concerns as a route to learning and improvement;
- 33.3. through direct contact with frontline staff, ensure they are aware of and have access to the support services available to them when they raise concerns;
- 33.4. assist managers in using concerns as opportunities for learning and improvement;
- 33.5. work with the chief executive and those they have identified to oversee application of the Standards, to ensure the Standards are functioning at all levels of the organisation.

34. Confidential contacts must have the appropriate skills to carry out a role that requires significant interpersonal skills and the capacity to work with all staff, from senior managers to support staff. This role is best suited to someone with experience of direct service provision rather than an HRA representative.

35. NHS boards may choose to broaden the reach of their confidential contacts, by recruiting whistleblowing mentors, or similar roles. These staff members would work with the confidential contact to broaden access to raising concerns, and assist with raising awareness across the organisation. It is up to each NHS board to develop such roles that meet the needs of their own structure and organisational requirements.

INWO liaison officer

36. The NHS board's INWO liaison officer 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 a response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

Fraud liaison officer

37. A If a concern includes issues of fraud, the board's fraud liaison officer should be contacted for advice. If appropriate, they will be able to pass information onto NHS Counter Fraud Services, for consideration and potential investigation. They will also be able to provide updates on the status of any investigation – whether it is ongoing, closed, or has been passed to the procurator fiscal. The fraud liaison officer will be responsible for sharing any updates with the appropriate case contact.
38. A Fraud liaison officers must also be aware of these Standards, and if someone raises a concern about fraud directly with them, they must enquire whether they want to raise the Standards. If so, they must make sure that appropriate steps are taken so that the concern is progressed appropriately. This may be by the fraud liaison officer, or by an appropriate manager, or the confidential contact.

Managers

39. A Any manager in the organisation may receive a whistleblowing concern. Therefore all managers must be aware of the whistleblowing procedure (see Part 3 of the Standards) and how to handle and record concerns that are raised with them. Managers must be trained and empowered to make decisions on concerns at stage 1 of this procedure. While all managers are encouraged to try to resolve concerns early and as close to the point of service delivery as possible, they should also be aware of who to refer a concern to if they are not able to personally handle it. They should also be aware of any barriers their staff may encounter in raising concerns, and work to reduce these barriers.

All staff

40. A 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.

Union representatives

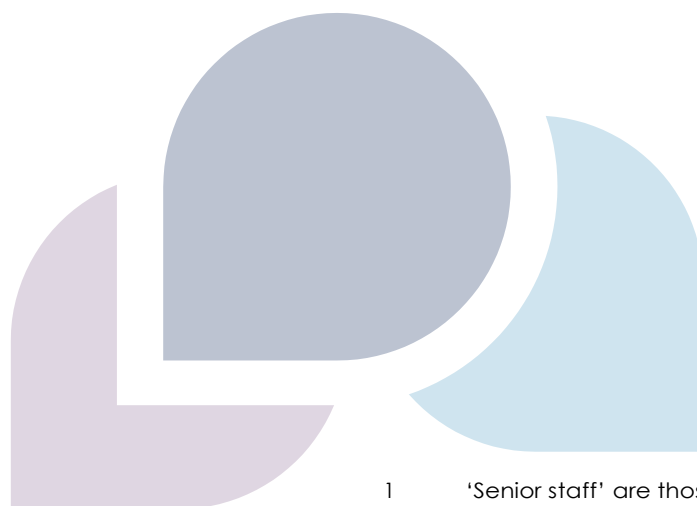
41. A Union representatives can provide helpful insights into the functioning of systems for raising concerns. They should be involved in implementation and monitoring of these systems where possible.

Training

42. NHS boards need to ensure that their staff have the knowledge and skills to implement the Standards. In particular, those with specific responsibilities detailed in the Standards must have appropriate training to ensure they can fulfil their roles and are fully informed of the requirements of their role. This includes:
- 42.1. whistleblowing champions;
 - 42.2. confidential contacts/whistleblowing ambassadors, and any other representatives for raising concerns;
 - 42.3. executive directors involved in signing off investigations; and
 - 42.4. investigators.
43. All staff will need to be informed of how to raise concerns, the channels they can use, the support available if they do raise concerns, and the benefits for the organisation in them doing so. Those who may receive concerns will also need training in supportive conversations/interview skills.

Handling concerns about senior staff

44. Whistleblowing concerns raised about senior staff¹ can be difficult to handle, as there may be a conflict of interest for the staff managing or investigating the concern. When concerns are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is not only independent of the situation, but empowered to make decisions on any findings of the investigation.
45. The organisation must ensure there are strong governance arrangements in place that set out clear procedures for handling such concerns. This should include consideration of who oversees the case; how other staff are treated through the process; who should investigate; and what support is in place to assist with the investigative process. For example, each NHS board must clearly set out how it intends to consider a concern raised about the chief executive or a board member.



¹ 'Senior staff' are those whose position in the organisation means that there are limited or no staff members with clear seniority over them.

Working with other organisations

Services provided on behalf of the NHS

46. NHS boards must ensure that all the services they use to deliver their services, including primary care providers or contractors, have procedures in place which are in line with these Standards. It is for each NHS board to ensure that external service providers are meeting the requirements of the Standards, and they must have mechanisms in place to provide this assurance.
47. These requirements include recording and reporting (see Part 6 of the Standards) on all concerns. This means that service providers must record concerns raised with them (or their confidential contact), monitor these concerns, and report them to the NHS board. The board is required to ensure that systems are in place to facilitate this reporting, and that they receive quarterly reports about concerns raised and performance against the Standards.
48. In addition to quarterly reporting of concerns raised within the board (and in relation to services delivered via an HSCP), there must also be systems in place to gather reports of concerns from primary care and contractors on a quarterly basis.

Higher education providers

49. Higher education institutions (HEIs) work closely with the NHS in a wide range of settings. This includes staff (who can be contracted to work for an HEI, but nevertheless carry out work for the NHS) and students. Anyone working or learning in NHS services must be able to access a procedure for raising concerns which is in line with these Standards. NHS boards must ensure that staff under contract with an HEI have equal access to any systems and arrangements for raising concerns as those under contract with the NHS.
50. NHS boards must ensure that systems are in place to enable this access, particularly for students. This means that arrangements for placements must include information for the student and their course representative on how to raise a concern, including access to the confidential contact.
51. NHS boards also need to ensure that concerns raised by staff or students of HEIs about the board's services and considered through the Standards are included in any reporting of concerns to the board and externally.
52. Further information on arrangements for students (see Part 9) covers these requirements in more detail.

Integration joint boards (IJBs)

53. Most NHS boards have arrangements with their local authority colleagues to provide health and social care services in an integrated way. The levels of integration vary between areas and services. However, NHS boards are expected to work with their local authority colleagues to ensure that arrangements are made by the IJB to enable all those working in NHS services to raise concerns about these services, whether they are employed by the local authority or directly by the NHS.
54. The requirement is for each IJB to develop an agreement that would allow for staff working across the partnership to raise concerns (in line with the Standards) across all the services they deliver, to ensure fair access to this procedure. The only procedural difference would relate to the final stage of the process: concerns relating to social work and care services should be signposted to the Care Inspectorate, whereas those relating to health services should be signposted to the INWO for review.
55. NHS boards also need to ensure that concerns raised by staff in integrated services are included in any reporting of concerns to the board and externally.

Voluntary sector providers

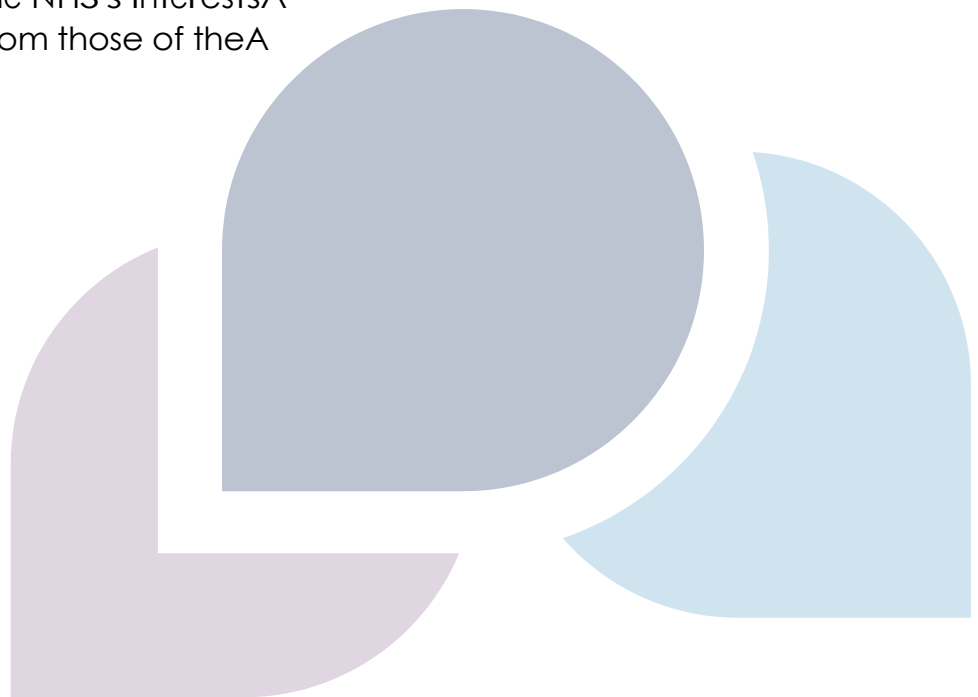
56. Voluntary organisations work alongside and within the NHS in a range of settings, from providing transport to direct care and support for patients. Both staff and volunteers of these organisations may identify issues of concern about the board's services. It is for NHS boards to ensure that there is clear information for these organisations on how they can raise concerns, in line with these Standards. Their staff and volunteers must have access to the NHS board's confidential contact, or other representative for raising concerns.
57. Managers in areas that regularly work alongside voluntary organisations must be aware of the need to facilitate access to this procedure, and any other local arrangements that are in place to ensure access.
58. NHS boards also need to ensure that concerns raised by volunteers or volunteer coordinators about the board's services and considered through the Standards are included in any reporting to the board and externally.
59. Further information on arrangements for volunteers (see Part 10) covers these requirements in more detail.

Regulatory investigations

60. ANHS boards are expected to work with organisations that regulate their services or staff, to ensure that investigations are as effective and efficient as possible, even when a concern has been raised with both the NHS and the regulator.

61. If a concern is raised with more than one organisation, it is always important to make sure that it is clear which elements of the concern are being pursued by which organisation, and what outcomes are being sought by the person raising the concern. In some instances, it may be appropriate to have parallel investigations, as the NHS's interests may be different from those of the other regulator.

62. Regulators must be informed if an investigation identifies issues around a professional's fitness to practise. However, both regulators and NHS providers must be aware of the potential for staff to raise concerns as an act of retribution. The Standards should be used for specific consideration of issues relating to risks to safe practice and patient safety, and must be kept separate from disciplinary issues.





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Part 5

Governance: from recording to learning lessons

APRIL 2021A

The importance of recording and reporting

1. One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of whistleblowing concerns and to identify opportunities to improve NHS services.
2. Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

IT systems

3. The organisation must have structured systems for recording whistleblowing concerns, their outcomes and any resulting action taken to resolve the concern. It is important that these systems are able to hold records in a way that takes full account of the need for staff confidentiality, the requirements of the General Data Protection Regulation (GDPR), and the current Scottish Government Records Management Code of Practice.

Confidentiality and data protection

4. It is essential that recording systems are able to maintain confidentiality, and that access to personal data (such as the person's identity and other personal information) is restricted. In some cases, this will mean that only one person or a very select (and specific) group can access this personal data. The person raising the concern should be informed as to who their personal data will or may be shared with and the body sharing the personal data must ensure that they have a lawful basis for sharing that data.
5. Every data controller and data processor (i.e. anyone that is receiving a concern and applying the Standards) must satisfy themselves that they are meeting the requirements of the General Data Protection Regulation and the Data Protection Act 2018¹, as well as their own duties of confidentiality. This relates both to the personal data of the person raising the concern and to all personal data and confidential information used in applying the Standards.
6. For example, the organisation should consider matters including, but not limited to, compliance with data protection law and confidentiality requirements when:

¹ The General Data Protection Regulation and the Data Protection Act 2018 can be found at: <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

- 6.1. recording a concern and setting limits on who will have access to the information being processed in relation to the concern raised, based on an assessment of what is needed for the process; and
 - 6.2. taking appropriate technical and organisational measures to preserve the integrity and security of the information;
7. Likewise, anyone that is receiving a concern and applying the Standards should give consideration to:
- 7.1. deciding who the concern will be shared with and why;
 - 7.2. finding out whether anyone sharing their own personal data understand who their personal data may or will need to be shared with, and under what circumstances; and
 - 7.3. assessing who else might need to be informed of the identify of the person raising the concern and why.
8. Information relating to the concern can be shared more widely than the person's personal details, though care must still be taken to do this lawfully and to consider who will have access to this information and what assumptions may be made about who raised the concern. This information should be shared only where it is necessary to resolve or investigate the concern. There should be a presumption against sharing information unless there is good reason to do so, to reduce risks for patients and/or the organisation.

- 9. All managers and the organisation's confidential contact or whistleblowing ambassador must be able to record concerns. However, they must not be able to access other records, unless they have good reason to do so, and have been given specific permission.
- 10. It may be appropriate to hold personal data about the person who has raised the concern in a different part of the system from that which contains details of the concern raised and handling of the case. Each organisation's IT arrangements will vary, to reflect their structures and the size of the organisation.

Enabling reporting

- 11. The organisation must ensure that systems allow for full reporting of all concerns raised under this procedure, regardless of who they have been raised with. There will be some members of staff who need access to data specifically for reporting purposes. As a minimum this would include the organisation's confidential contact or whistleblowing ambassador and the whistleblowing champion (for boards). Most organisations will need to ensure that others can also access some or all of this information, and it is for each organisation to establish how best to ensure effective reporting arrangements.

What to record

12. It is essential to record all information on whistleblowing concerns (including concerns raised anonymously) as follows:

- 12.1. person's name, work location (where appropriate), and contact details (mindful of their preferred method of contact) – access to this information must be restricted;
- 12.2. the nature of the concern raised;
- 12.3. if the concern was raised on behalf of another person, whether that other person has given consent to do so;
- 12.4. what role the person raising the concern has (e.g. nurse, technician, doctor, administrator, etc.);
- 12.5. date the concern was received;
- 12.6. date the event occurred;
- 12.7. how the whistleblowing concern was received;
- 12.8. service area to which the whistleblowing concern refers;
- 12.9. whether the concern includes an element of bullying and harassment and/or other HRA issue;
- 12.10. whether the concern raises issues of patient safety;
- 12.11. whether the person has already experienced detriment as a result of raising this concern;
- 12.12. date the concern was closed at the early resolution stage (where appropriate);
- 12.13. date the concern was escalated to the investigation stage (where appropriate);
- 12.14. date the concern was closed at the investigation stage (where appropriate);
- 12.15. outcome of the investigation at each stage;
- 12.16. findings in relation to safety concerns and potential harm;
- 12.17. findings in relation to concerns of fraud or administrative failures; and
- 12.18. action taken to remedy any findings.

Key performance indicators

Reporting whistleblowing concerns

13. All NHS service providers **must** record and review information in relation to concerns raised about their services on a **quarterly basis**.

14. Data required for these quarterly reports is based on these key performance indicators (KPIs):

14.1. a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns;

14.2. a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality);

14.3. a statement to report on levels of staff perceptions, awareness and training;

14.4. the total number of concerns received;

14.5. concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed;

14.6. concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage;

14.7. the average time in working days for a full response to concerns at each stage of the whistleblowing procedure;

14.8. the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days;

14.9. the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1; and

14.10. the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

15. Further information and guidance will be available in relation to these KPIs, and in particular in relation to the INWO's expectations of the statements on the INWO website.

Performance at stage 2 and extensions

16. The timescale of 20 working days for a concern to be closed at the investigation stage aims to ensure cases are progressed as efficiently as possible; while overall timescales will be measured, there is no performance measure or KPI that sets down how many cases must be closed within this timescale.

17. Extensions to timescales should be signed off by senior leadership, and only when it is clear that additional time is needed to ensure a thorough and robust investigation of the issues of concern. If an extension is granted,

those involved must all be informed of indicative revised timescales and regular updates on progress must be sent every 20 working days.

18. Any related HR processes should progress in parallel with an investigation into the concerns raised through this procedure. Every effort should be made to avoid delay in this procedure as a result of associated HR procedures, as this could raise the risk of unsafe or ineffective service delivery.

Senior management review

19. Concerns must be analysed for trend information to ensure service failures are identified and appropriate action is taken. Quarterly reporting to senior management helps to identify how services could be improved or internal policies and procedures updated. Where appropriate, this review must also consider any recommendations made by the INWO in relation to the investigation of NHS whistleblowing concerns.

20. The outcomes of these reviews should be reported via the organisation's governance structure to the NHS board for review by its members, or an equivalent governing body.

Reporting from primary care and other contracted services

21. NHS boards are responsible for ensuring all primary care and other contracted service providers supply the appropriate KPI information to their board as soon as possible after the end of the quarter.

22. For contracted services, the contract or service level agreement must set out the requirements in relation to reporting concerns.

23. In instances where no concerns have been raised within either primary care or other contracted services, there is no need to provide a quarterly return to the board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or an explanation that there have been no concerns raised. The board should use this longer-term monitoring of the raising of concerns to gain assurances that staff have confidence in the systems in place.

Learning from concerns

24. The two key ways of learning from concerns are:

- 24.1. identifying improvements based on the findings of an investigation; and
- 24.2. using statistical analysis of concerns raised at a departmental or organisational level to identify recurrent themes, trends or patterns of concerns.

Improvements following investigations

25. When an investigation identifies that there is a need for change, the organisation must proactively explore the root causes of the concern, how widespread the issue is and the likelihood of recurrence.
26. Investigations may identify improvements which are applicable across other services or clinical departments, and it is important for a senior leaders to ensure that every opportunity is taken to explore when a service improvements can lead to a wider organisational learning.

Statistical analysis

27. Statistical analysis can be used to identify trends, themes and patterns from the concerns raised across a department or service. Given the potential for different routes to be used to raise concerns, and for confidentiality concerns to limit the number of people informed of them, it is particularly important that the outcomes of concerns are reported and analysed.
28. Where a pattern is identified, this must be fully explored to identify if there are any shared root causes which should be addressed. For example, several concerns raised about cleaning services may reflect a more significant issue in relation to the delivery of cleaning services within a department.

Annual reporting and monitoring performance

29. Boards must publish an annual report setting out performance in handling whistleblowing concerns. This should summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, KPIs, the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.
30. Boards must work with their service providers (including primary care (see Part 7 of the Standards)) to ensure they get the required information so that this annual report covers all the NHS services provided through the board. An integration joint board (IJB) (see Part 8) reporting must also be covered in this report, unless a separate annual report covering all IJB services is published by the IJB itself. The annual report must also include concerns raised by students (see Part 9) and volunteers (see Part 10) about NHS services.
31. This provides the opportunity for boards to show that they have listened to their staff, addressed the concerns raised and made improvements to services. A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.
32. An increase in the number of whistleblowing concerns is not necessarily a cause for concern; it may reflect a shift towards a culture that values the raising of concerns as opportunities to learn and improve.

However, an increase in anonymous whistleblowing concerns may be driven by different considerations, and potentially a culture that does not value the raising of concerns. Likewise, very low numbers of concerns being reported may indicate a lack of confidence in the processes and support in place. The data should be considered in the context of existing trends and benchmarking data. The reason for any major variations must be fully explored, and appropriate action taken in response.

33. Every effort must be made during the preparation of these reports to ensure that the identities of those involved in whistleblowing concerns cannot be discerned from the information or context provided in the report. This is particularly relevant where small numbers of cases are involved. In such instances it may be necessary to provide more limited information.
34. These reports must be easily accessible to members of the public and available in alternative formats as requested.

Sharing the learning

35. As well as publicising performance in relation to concerns handling, all providers should show that they encourage staff to speak up, and that doing so leads to improvements in services. This can be achieved through sharing the learning from concerns as widely as possible, and by publicising good news stories on a regular basis. This could be through staff newsletters, leaflets, posters or on staff intranet pages, to ensure that staff across the organisation have easy access to it. This helps to show staff that raising concerns can influence service delivery and improve the profile and transparency of the whistleblowing procedure.
36. Openly and regularly discussing improvements that have been made as a result of concerns raised by staff at a team or departmental level will also encourage staff to raise their concerns. This must be done carefully and with sensitivity, to ensure appropriate confidentiality is maintained. However, the benefits of gaining staff trust through discussing and sharing improvements should be explored when possible.

The National Whistleblowing StandardsA

Part 6

Governance: NHS board requirements for external services

APRIL 2021A

Requirement to meet the Standards

- 1.A This part of the Standards sets out the responsibilities of all NHS boards for the services they provide indirectly – through primary care, contracted services (including any maintenance and domiciliary services), health and social care partnerships (HSCPs), and in conjunction with higher education institutions and voluntary sector providers.
- 2.A Further information on the requirements for these various service providers are available in Parts 7-10 of the Standards.

Board oversight

- 3.A NHS boards must have effective mechanisms for oversight of the concerns raised about their own services. They must also have systems in place to ensure that they are aware of concerns that are raised about the services they fund or support through alternative delivery routes.
- 4.A This means that boards must ensure that all services delivered by them or on their behalf have appropriate procedures in place for their staff, students, contractors, volunteers and others to access a whistleblowing procedure that is in line with these Standards.

- 5.A They must also ensure that they receive quarterly reports from all those organisations that deliver services on their behalf. In particular, boards will be expected to compile reports on concerns raised with primary care providers and contracted services.
- 6.A Boards must review these quarterly reports and follow up on any issues that they raise. They must also take a considered approach to what these reports say about the culture of speaking up within the organisation and beyond. This is particularly important in relation to primary care services, where a lack of reporting of any concerns may indicate difficulties for staff in raising concerns.

Ensuring compliance through contracts

- 7.A As set out above, it is the **NHS board's responsibility to ensure that primary care and other contracted service providers have procedures in place that are in line with these Standards**. This must form a part of all contracts or service level agreements with contracted service providers.
- 8.A Boards must have mechanisms for ensuring compliance with these requirements, including the requirement to report concerns handling information to the board on a quarterly basis when necessary.

9. Boards must have a confidential contact, who staff from primary care and contracted providers can contact if they do not feel able to raise their concerns within their own organisation.
10. This confidential contact must be able to provide information and support to the person raising a concern. They must also be familiar with routes for progressing such concerns and the requirements of the Standards, so they can discuss options with the person raising the concern.
11. Where an investigation within the contracted service is not possible, due to potential conflicts of interest, the provider must discuss the concern with the NHS board contracting the service, and work with the board to investigate the issue.
12. NHS boards must be willing to assist with the investigation of concerns raised in relation to primary care or contracted services. This assistance may involve providing an investigator with an appropriate level of experience and expertise, or advice on how to conduct an investigation. The board must gain assurances that appropriate action has been taken to address concerns raised with them about a service they are providing under contract.

NHS boards and integration joint boards

13. Each integration joint board (IJB) must develop an agreement which sets out how staff employed by both the NHS board and the local authority can raise concerns about services that are the responsibility of either the NHS board or the local authority.
14. This agreement must ensure that concerns about NHS services can be considered through the Standards. While good practice would suggest that a similar approach is taken to local authority services, these cannot be reviewed by the INWO, but are more likely to be appropriate for consideration by the Care Inspectorate.
15. The board must satisfy itself that:
- 15.1. concerns raised within the health and social care partnership (HSCP) are recorded and reported in line with the Standards;
 - 15.2. arrangements are in place for quarterly reporting of concerns raised by staff to the IJB itself; and
 - 15.3. quarterly reports reflect the concerns that have been raised within the HSCP, performance in handling these concerns and lessons learned.
16. Further information is provided in the Part 8 of the Standards, for IJBs.

Working with higher education institutions

Enabling students to raise concerns

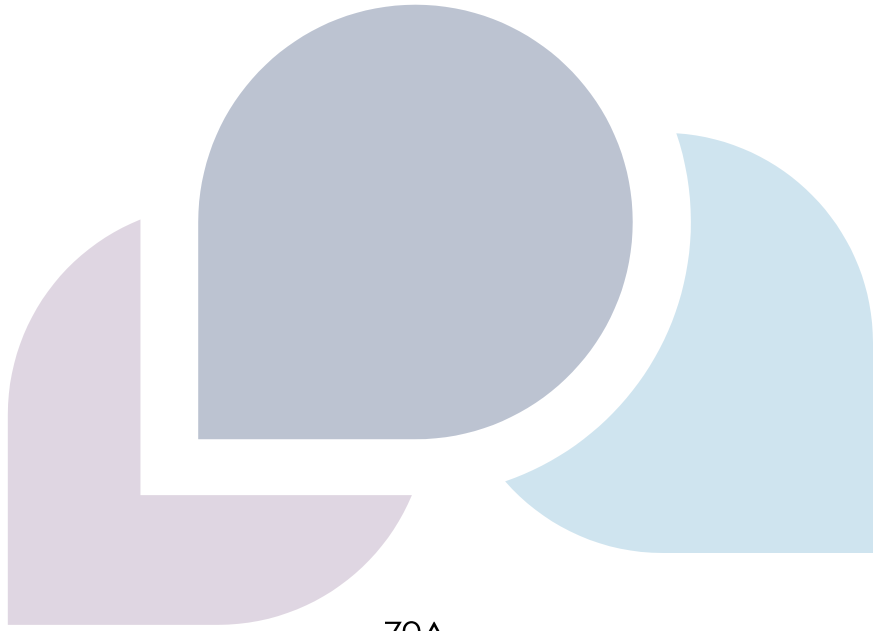
17. Students and trainees work in a range of settings, and cover many disciplines. Students must be able to raise concerns and have access to support services, in line with the Standards.
18. Students must also be encouraged to raise concerns with an appropriate manager within the service they are working in. Feeling confident and able to do this is an important part of their training. They must also have access to the board's confidential contact or whistleblowing ambassador. However, it is acknowledged that students are, mostly, inexperienced and particularly at risk of detriment in relation to their course marks. For this reason, it is important that they also have access to an alternative route for raising concerns.
19. In order to achieve this, higher education institutions (HEIs) courses must identify an appropriate contact for any student group that will be working in an NHS service. This could be a course coordinator or a similar. Their role will be to provide information and support to any students raising concerns with them. Further information is available in Part 9 of the Standards on arrangements for students.

Higher education institution staff in the NHS

20. Many NHS boards have departments where staff from HEIs work alongside NHS staff, and their educational and health care roles normally overlap. These workers are as likely as anyone else to identify an issue within an NHS service which needs to be addressed for the benefit of patient safety, efficient service delivery or good governance. It is therefore important that, in relation to whistleblowing, they should have equal access to this procedure and to the support they need in raising their concern.
21. On occasion, these staff may wish to raise a concern with a supervisor or line manager who is outside the NHS. However, while they may be well placed to provide support for the individual, they may not be well placed to take forward appropriate service changes. On this basis, HEI staff should be encouraged to raise concerns with an appropriate manager within the department they are working in. They must also have access to the board's confidential contact.
22. Boards must also ensure that access to the Standards is included within their Allied Health Professionals' NES Practice Placement Agreements, so that boards, HEIs and students are aware of the process.

Working with voluntary sector providers

23. Voluntary organisations work within the NHS in a number of ways, most common of which are:
- 23.1. provision of additional services, paid for by the voluntary sector, e.g. Macmillan nurses;
 - 23.2. provision of services contracted by the NHS, e.g. delivery of nursing care at home; and
 - 23.3. volunteers working within an NHS setting, e.g. ward visitors.
24. All these groups may find there are issues which concern them about how work is being carried out in an NHS service, so all must be able to access this procedure, and have access to the support and protection provided by these Standards.
25. People working for voluntary organisations contracted to provide a service for the NHS are included through contractual arrangements, in line with all other contracted services.
26. People working (either paid or voluntarily) for voluntary services that are additional to NHS services, but work alongside them, must be able to raise any concern they have with the most appropriate local manager. They must also be able to have access to the board's confidential contact and to any support they need in relation to raising the concern.
27. These workers may prefer to raise their concern with a representative from the voluntary organisation (particularly volunteers, who may not feel able to raise concerns directly). It is expected that each voluntary organisation that works within an NHS setting will have at least one member of staff who is informed and able to support their volunteer or colleague through this procedure. They can act as an advocate if the individual does not feel able to raise the concern themselves. NHS managers must facilitate such raising of concerns and be open to the learning opportunities they provide.



70A

Providing a confidential contact

28. A Details of the role of the confidential contact or whistleblowing ambassador are provided in Part 4 of these Standards. In relation to their role with external service providers, the confidential contacts must be aware of the board's obligation to receive concerns and provide support to anyone working within or alongside a service provided by the board. They must welcome such concerns and actively encourage them when promoting the raising of concerns.
29. A Confidential contacts are encouraged to develop relations with representatives from HEIs and voluntary sector providers, to develop a mutual understanding of their roles, and so if issues do arise, a communication is easier.
30. A Boards may choose to have several confidential contacts; it may be appropriate to have one specifically for these groups, and another to work with primary care and contracted services, to encourage the raising of concerns in these areas.



The National Whistleblowing StandardsA

Part 7

Information for primary care providers and other contracted services

APRIL 2021A

Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns. This document reviews the expectations for all primary care and contracted services in implementing the Standards.
2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations of all sizes can improve their services. In primary care and other small organisations it is particularly important to make this process easy and straightforward, and to show the benefits of raising concerns.
3. Staff in small teams or organisations can find it particularly difficult to raise concerns about the work they or their colleagues are doing, and it is important that they receive the support and encouragement they need to raise concerns in a way which can improve safe, effective service delivery and good governance.
4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour will set the tone for the way other staff behave, particularly in a small organisation. All NHS

services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

5. The Standards set out how the INWO expects primary care providers and contracted services to respond when staff raise concerns, and this includes providing support within a culture that welcomes concerns from people working within their services.

Requirement to meet the Standards

6. 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. This includes third sector organisations providing services on behalf of NHS Scotland and private companies under contract with NHS Scotland, including maintenance and domiciliary services.

7.A All those delivering NHS services **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so. Access to the Standards **must** be available to:

- 7.1. anyone who works directly for these services; and
- 7.2. anyone working for another organisation, but within these services, such as district nurses, agency staff, students/trainees and volunteers.

8.A If the individual is raising a concern about a service that is not their employer (such as a district nurse working in a GP service or a locum pharmacist working for an agency) then they must be able to raise concerns either directly with their employer or within the service itself, including full access to the Standards.

9.A This includes:

- 9.1. providing clear information about who staff and other workers can raise concerns with, both within the organisation and externally;
- 9.2. access to a two stage procedure (see Part 3), where the worker has agreed to use this procedure;
- 9.3. the availability of support (see Part 2) for those involved in raising a concern;

9.4. arrangements for raising concerns about senior staff (see Part 4);

9.5. the requirement to record (see Part 5) all concerns;

9.6. the requirement to report (see Part 5) all concerns internally and to the board on a quarterly basis; and

9.7. the requirement to share information about how services have improved following raising of concerns, taking care not to reveal who has raised the concern.

10.A Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWOA at the end of this process. More information about this is available in Part 3 of the Standards.

11.A When a primary care or contracted service is being delivered by a much larger organisation, such as a local pharmacy that is run by a national company, this company must ensure that any services delivered on behalf of NHS Scotland are compliant with these requirements.

How to raise concerns: options for small organisations

12. Small organisations face varying challenges around the raising of concerns, and it is important for managers to be aware of these. The most obvious difficulty is for staff to raise concerns in a confidential way, when the size of the team means it will be obvious who has raised the concern. This is likely to be exacerbated by worries that a concern may be investigated by another member of the team.
13. Small organisations can reduce the difficulties their workers may face in raising concerns by:
- 13.1. providing an alternative point of contact for raising a concern, for example, sharing 'confidential contacts' with other local services or practices. They would not share the details of who had raised the concern, but would act as the person's advocate, passing on information and updates as appropriate;
 - 13.2. using an external investigator to investigate concerns raised at stage 2.
14. To ensure all staff working for NHS providers can safely raise concerns about the services they provide, NHS boards are required to provide a confidential contact for primary care and contracted providers, and this person can provide information and advice to anyone considering raising a concern. If necessary the confidential contact will ensure that appropriate action is taken to reduce immediate patient risk.
15. Where an investigation within the organisation is not possible, due to potential conflicts of interest, the provider must discuss the concern with the NHS board contracting the service, and work with the board to investigate the issue.
16. For their part, NHS boards must be willing to assist with the investigation of concerns raised in relation to a primary care or contracted services. This assistance may involve providing an investigator with an appropriate level of experience and expertise, or advice in how to conduct an investigation. The board must gain assurances that appropriate action has been taken to address concerns raised with them about a service they are providing under contract.
17. Sharing information about how services have been improved may be more difficult if there is a concern about confidentiality. Care must be taken in reporting both statistical and case specific information. However, where this information can be appropriately anonymised, it provides the potential to reassure staff that their concerns will be listened to and acted on, so every effort must be made to share information in some way.
18. At the end of this process, the worker must be signposted to the INWO. The INWO's assessment of a case will consider whether the procedures were in line with the Standards, and that sufficient attempts have been made to ensure staff can raise concerns confidentially.

Informing staff

19. Encouraging staff to raise concerns early is the best way to resolve them easily. It is important, alongside encouraging staff to raise concerns, that they are also given the information they need to raise concerns through the Standards. This must include information on who they can raise concerns with, and how, including the board's confidential contact, as well as any local routes for raising concerns.
20. They must also be informed of the two stage process and contact details for the INWO, along with information about where they can access information and support on raising concerns. Ensuring this information is readily available will show staff that the organisation values the concerns that they raise.

Recording of concerns

21. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to primary care and contracted services.
22. There is not necessarily a need to have complex recording and reporting systems in place. However, it is important to ensure that there is the capacity to maintain confidentiality for the person raising the concern. This may be achieved by holding information on the person separate from information on the investigation of the concern. Ensuring that access to records is limited to those people for whom access is necessary in relation to the process is critical for compliance with confidentiality and data protection law. Ensuring that those raising concerns are informed of the extent of proposed information sharing before providing their personal information is equally important.



Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to primary care and contracted services.
24. It is important for all services to listen to staff concerns, and for this to lead to learning and service improvements. Learning can be identified from individual cases (including the potential for improvements across other areas of the service) and through statistical analysis of more minor concerns raised at stage 1 of the procedure. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
26. The number of concerns raised within a single primary care service may be limited, making the outcomes of a statistical analysis less valid. For this reason, it is particularly important that primary care services report their concerns data, including lessons learned, to their board. Each board will then be able to collate this information and identify areas for specific attention, based on the themes and trends within the services in their area. On this basis, primary care services must:
- 26.1. **annually report** concerns data to the board, even if to report that there were no concerns raised; and
 - 26.2. **quarterly** only report to the board if concerns were raised in that quarter; if no concerns have been raised, there is no need to report, though it is good practice to let the board know.
27. Individual services are also expected to show their staff that they value the concerns that are raised by staff and other workers. There are a range of ways they show this, and one of the best ways is to use case studies when concerns have led to improvements. All primary care and contracted services must publish information about the concerns that have been raised with them, unless this is likely to identify any individuals. High level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.



**INDEPENDENT
NATIONAL
WHISTLEBLOWING
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People Centred | Improvement Focused

The National Whistleblowing StandardsA

Part 8

Information for health and social care partnerships

APRIL 2021A

Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. This document reviews the expectations and options for health and social care partnerships (HSCPs) in implementing the Standards.
2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. HSCPs are in an unusual position in having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe or risky, or where they believe there has been improper conduct, mismanagement or fraud.
3. People working in joint teams may feel reluctant or uneasy in raising concerns relating to staff with different lines of management, or where employers have different arrangements in place for whistleblowing. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.

4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour sets the tone for the way other staff behave. All NHS services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

Requirement to meet the Standards

5. All those working in HSCPs **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of these Standards, and anyone raising a concern through these Standards will have access to the INWO, whoever their employer is.
6. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

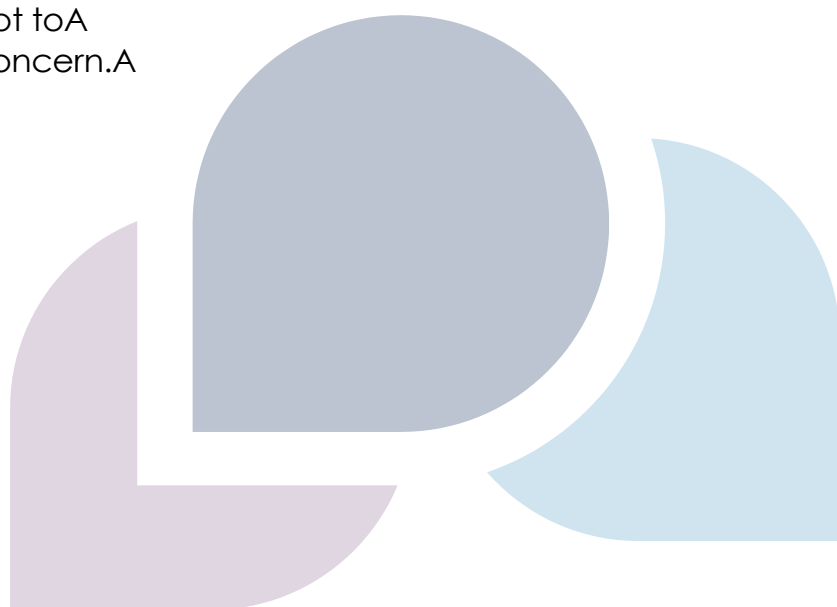
7.A This includes:

- 7.1. providing clear information about who staff and other workers can raise concerns with, either within their service or at a more senior level;
- 7.2. ensuring access to the 2 stage procedure (see Part 3 of the National Whistleblowing Standards), where the worker has agreed to use this procedure;
- 7.3. the availability of support (see Part 2) for those involved in raising a concern;
- 7.4. the ability to raise concerns about senior staff (see Part 4);
- 7.5. a requirement to record all concerns (see Part 5);
- 7.6. a requirement to report all concerns to the IJB and the NHS board on a quarterly basis (see Part 5); and
- 7.7. a requirement to share information about how services have improved as a result of concerns, taking care not to identify who raised the concern.

8.A Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWOA at the end of this process. More information about this is available in Part 3 of the Standards.

9.A It may be that in considering concerns about NHS services, issues are identified which relate to local authority services. If that is the case, the whistleblower should be signposted to the INWO in respect of issues that relate to NHS services and the Care Inspectorate or other appropriate regulatory or oversight body for issues that relate to local authority services.

10.A An agreement by the IJB may be required to ensure support and protection for all those working within the HSCP, in raising concerns about its NHS services.



Ensuring equity for staff

11. The requirement to have the Standards in place for all NHS services and not for local authority services could lead to disparity between those working for HSCPs. It could also lead to some confusion around which procedure to use, these Standards or the local authority's procedure for raising concerns. This could be particularly difficult where these services are closely integrated.
12. While this procedure must be available to all those working within NHS services, it is also important for those working in any of the HSCP's other services to also feel able to raise concerns. This is critical to:
- 12.1. ensure effective governance arrangements;
 - 12.2. enable safe and efficient delivery of services;
 - 12.3. ensure equity for staff whoever they work for;
 - 12.4. assist senior managers in sharing a consistent message in encouraging staff to raise concerns through a simple and straightforward procedure;
 - 12.5. enable a joined up approach to raising concerns, where lessons can be learnt across the organisation.
13. With this in mind, and particularly where services have been effectively integrated, the INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services. This would extend any agreement in place in relation to the raising of concerns for NHS services, and would ensure that all those working within the HSCPA have equal access to a procedure in line with these Standards. The only variation would need to be at the review stage, when concerns about different services would need to be signposted, as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.
14. The details of any extended agreement are for each IJB and their HSCP to consider; each HSCP have different arrangements in place for the delivery of their services, and it will be for them to consider whether such an agreement should cover all of their services or only the NHS services. This may depend to some extent on how differentiated the HSCP's services are from other local authority services; it would not be appropriate to create confusion for local authority staff in how to raise concerns about their services.
15. Chief officers are responsible for ensuring that systems and procedures are in place for raising concerns within these Standards, in relation to NHS services. They must also take a leading role in reviewing arrangements in relation to local authority services, and taking forward any changes to ensure the Standards can be met, as well as any other changes to ensure equity of access across the HSCP.

How to raise concerns

16. Those working in HSCPs must be able to raise concerns in several ways, including:
- 16.1. with their line manager or team leader (whether they are employed by the NHS or the local authority);
 - 16.2. a more senior manager from either employer if circumstances mean this is more appropriate; or
 - 16.3. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates); this may be someone within the board.
17. A key element of the Standards is for those people who raise concerns to be advised of their right, and agree to access this procedure. This can be done in the initial conversation about the concern, or following receipt of an email.
18. Within HSCPs, the confidential contact will need to be familiar with the way concerns are handled across its services, as well as the board's expectations around handling concerns.
19. The board's whistleblowing champion will have a role in ensuring that appropriate arrangements are in place to ensure delivery of the Standards. (Further information

about this role is available in Part 2 of the Standards.) They will be able to provide guidance for HSCP managers on how concerns raised in relation to NHS services must be handled, as well as sharing information about appropriate governance arrangements.

Recording of concerns

20. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
21. Each HSCP needs to consider how they hold information about concerns that have been raised through this procedure. In particular, there need to be systems in place to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, need to be stored in a way that will enable reporting and monitoring of concerns and concerns handling.
22. This may mean that concerns about local authority services are recorded separately from those relating to NHS services. Any joint systems that are developed will need to be able to separate out concerns about NHS services from those about the local authority services, so the NHS board can carry out appropriate monitoring of these concerns.

Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
24. It is important for all services to listen to staff concerns, and, where appropriate, for this to lead to organisational learning and service improvements. Learning can be identified from individual cases closed at stage 2 and through statistical analysis of concerns resolved at stage 1 of the procedure. This may include the potential for improvements across other areas of the service. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
25. NHS boards are responsible for collating reports of concerns raised in relation to the services they deliver, including those raised within the HSCPs in its area. In this way, boards will be able to identify areas for specific attention, based on the themes and trends across these HSCPs. Feedback from this process provides the opportunity to demonstrate the benefits of raising concerns.
26. Each HSCP is also expected to show their staff that they value the concerns that are raised by staff and other workers. All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals. High-level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.

The National Whistleblowing StandardsA

Part 9

Arrangements for students and trainees

APRIL 2021A

Student and trainee access to the Standards and the Independent National Whistleblowing Officer (INWO)

1. Students, trainees, and anyone on apprenticeships and internships working and/or studying within NHS services must have access to these Standards for raising concerns about NHS service delivery. They must be able to speak out by raising concerns over patient safety or malpractice, and they must have access to the support they need to do so.
2. Students and trainees are often at a specific risk of detriment during placements, as they will be relying on managers and mentors for assessment and grading. They may be deterred from raising concerns if they feel this would impact on their marks, and this concern must be taken into consideration when responding to concerns raised by students.
3. During their training, most students will be informed of what whistleblowing means and how raising concerns provides an important mechanism for service improvements. Some will also be informed of the duty they will have to raise concerns, once they are registered professionals. Their confidence in putting this into practice will vary, depending on a range of factors, including their previous placements and the culture they experience around them where they are working.

Students raising concerns within NHS services

4. Students and trainees working in an NHS setting should be encouraged to participate fully in the organisation's learning culture and should be encouraged to use the systems available to all regular members of staff to raise concerns.
5. They must have access to information and advice from all the same sources as other staff within the service, including:
 - 5.1 the board's confidential contact for raising concerns, or other confidential speak up contact;
 - 5.2 the INWO; a phone 0800 008 6112 or email INWO@sps.gov.scot), who can provide information and advice about how a concern should be handled, and can provide support through the process;
 - 5.3. A union representatives;
 - 5.4. A professional bodies;
 - 5.5. A university representatives (for students); and
 - 5.6. ANHS Education Scotland (for trainee doctors and dentists).
6. They must also be able to raise concerns with:
 - 6.1. a service manager or team leader;
 - 6.2. a more senior manager if circumstances mean this is more appropriate;
 - 6.3. A university representative (see below for details); or
 - 6.4. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates).

7.A All NHS boards and service providers must be open to receiving concerns either directly from a student, or through a representative from their course, and must ensure that these concerns are responded to in line with the Standards.A

8.A Students may have concerns that relate to the way their course has been managed or how their placement fits into their wider studies. Concerns such as these, that relate to their course rather than the delivery of NHS services, should be directed to the complaints procedure in their higher education institution (HEI). Concerns about NHS services should always be referred to the NHS for consideration, either by the student or via their course advocate, as detailed below.A

9.A (Staff that have NHS as well as teaching responsibilities should raise their concerns through the NHS procedure, as this will provide protection through the Standards.A See Part 6 of the Standards for further information.)A

Students raising concerns through course advocates

10.A In addition to the routes normally available to staff, students can also raise their concerns with a representative on their course. It may be that information and advice is enough for the student to then raise the concern within the service.A However, if this is not felt appropriate in the circumstances, or if the student

does not feel confident that this would achieve the right outcomes for them, they must be able to raise their concern through their course representative or course advocate'.A

11.A Each course that provides placements, traineeships or work experience in NHS services must have a named person (such as the course coordinator), who can act as an advocate, and take the concern to the board or primary care service on their behalf. This person must be fully aware of these Standards, what students can expect when they raise a concern, and who to contact in each of the boards where their students work, in case any concerns are raised.A

12.A The course advocate must provide information and advice to students, and discuss the implications of raising the concern either directly or through the advocate. This discussion must include:A

- 12.1. consideration of confidentiality issues;A
- 12.2. support available to the student and how to access it; andA
- 12.3. details of the procedure and what to expect.A

13.A If a student chooses to, they can use the course advocate to raise the concern on their behalf, and can choose whether they then remain anonymous to the board or a service provider. If they choose to be anonymous, all communication must go through the course advocate.A This includes enquiries for further information, updates and a final response at the end of the process.A

14. Trainees that are under a direct contract with NHS Education Scotland (NES) can choose to raise their concern directly with the NHS board they are working for, or through NES, with NES acting in the same way as an HEI. Trainees must be informed of who they can contact within NES if they want to raise a concern or would like advice or support in raising a concern.

Recording student concerns

15. Student concerns should be recorded in the same way as any other concerns. Detailed information about what to record is available in Part 5 of these Standards.

16. For concerns that are raised by a course advocate rather than by the student, the record should indicate the role of the person bringing the concern, as well as their full contact details, and information about the concern being raised. The name, contact details or any other personal details (including course details) of the student must not be recorded, as this could put them at risk of detriment.

Support for the student

17. Students raising concerns must have access to the same support as staff do in relation to raising concerns. Their course advocate will be able to provide some support in person. The advocate will also be expected to be able to advise on support options provided by the board or service provider. This may, on occasion, mean making special arrangements to ensure access, for example, to counselling which would normally be provided through an employee assistance scheme.

Signposting to the INWO

18. The final decision provided by the NHS service on any concern raised with them must include signposting to the INWO. This applies equally to student concerns, and, where appropriate, course advocates must take responsibility for passing on this information to the students concerned.



**INDEPENDENT
NATIONAL
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People Centred | Improvement Focused

The National Whistleblowing StandardsA

Part 10

Arrangements for volunteers

APRIL 2021A

Volunteers' access to the Standards and the Independent National Whistleblowing Officer (INWO)

- 1.A All volunteers working within NHS services must have access to these Standards; they must be able to speak out where they have concerns over patient safety or malpractice, and they must have access to the support they need to do so.
- 2.A Volunteers often have a unique perspective on the work of a ward or service. Their regular presence may mean they become aware of issues which are of concern, and they may well be uncertain of how to deal with them. They may also be uncertain about how serious a problem is, or whether it is something they should have any involvement in.
- 3.A Volunteers are unlikely to share their concerns unless they are encouraged and offered the opportunity to share their insights with others. They may not feel that a whistleblowing procedure applies to them, so it is particularly important to ensure that all volunteers are informed of the procedure and how they can access it.

Volunteers raising concerns within NHS services

- 4.A Volunteers do not have access to most NHS policies and procedures, but this procedure is an exception. They must have access to information and advice from all the same sources as board staff, including:
 - 4.1. the board's confidential contact for raising concerns, or other confidential speak up contact;
 - 4.2. the INWO (phone 0800 008 6112 or email INWO@spsso.gov.scot), who can provide information and advice about how a concern should be handled, and can provide support through the process;
 - 4.3. coordinator for the organisation they are volunteering for.
5. They must also be able to raise concerns with:
 - 5.1. a service manager or team leader;
 - 5.2. a more senior manager if circumstances mean this is more appropriate;
 - 5.3. a volunteer representative (see below for details); or
 - 5.4. a confidential contact for raising concerns (in some places there may also be whistleblowing ambassadors or advocates).
6. NHS boards must be open to receiving concerns either directly from a volunteer, or through a volunteer coordinator or representative.

Volunteers raising concerns through the charity's representative

- 7.A In addition to the routes normally available to staff, volunteers can also raise their concerns with a volunteer representative. This is the person nominated by the organisation arranging the volunteering opportunity (which could be directly through the NHS, a charity or other third sector provider). It may be that information and advice is enough for the volunteer to then raise the concern within the service. However, if this is not felt appropriate in the circumstances, or if the volunteer does not feel confident that this would achieve the right outcome, they must be able to raise their concern through the organisation's representative or volunteer coordinator.
- 8.A Any organisation that engages volunteers to work in NHS services must be provided with information about these Standards and asked to ensure that they have someone (such as the volunteer coordinator), who can act as an advocate, and take the concerns to the board or primary care service on the volunteer's behalf, if needed. This person must be fully aware of these Standards, what volunteers can expect when they

raise a concern, and who to contact in each of the boards where their volunteers work, in case any concerns are raised.

- 9.A The volunteer representative must provide information and advice to volunteers, and discuss the implications of raising the concern either directly or using the representative as an advocate. This discussion must include:
- 9.1. consideration of confidentiality issues;
 - 9.2. support available to the volunteer and how to access it; and
 - 9.3. details of the procedure and what to expect.
- 10.A If a volunteer chooses to, they can use the volunteer representative to raise a concern on their behalf, and can choose whether they then remain anonymous to the board or service provider. If they choose this anonymity, all communication must go through the volunteer representative. This includes enquiries for further information, updates and a final response at the end of the process.



Recording volunteer concerns

11. Volunteer concerns should be recorded in the same way as any other concerns. Detailed information about what to record is available in Part 5 of the Standards.
12. For concerns that are raised by a volunteer representative rather than by the volunteer, the record should indicate the role of the person bringing the concern, as well as their full contact details, and information about the concern being raised. The name, contact details or any other personal details (including volunteering role) of the volunteer must not be recorded, as this could put them at risk of detriment.

Support for the volunteer

13. Volunteers raising concerns must have access to all appropriate forms of support. Their representative will be able to provide some support in person. They will also be expected to be aware of, or seek out information about, support options provided by the board or service provider.
14. Boards must ensure that, wherever possible, volunteers have access to the same support as staff do in relation to raising concerns. This may, on occasion, mean making special arrangements to ensure access, for example, to counselling which would normally be provided through an employee assistance scheme.

Signposting to the INWO

15. The final response or feedback provided by the NHS service on any concern raised with them must include signposting to the INWO. This also applies to concerns raised by volunteers, and the volunteer representative must take responsibility for passing on this information to the volunteer concerned.



INWO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS

Web www.inwo.org.uk

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Raising concerns in the workplace

Guidance for employers, social service workers and social work students

Contents

About this guidance	3
Part 1 Guidance for social service workers and social work students	4
Your professional duty to raise a concern	4
Your responsibilities under the SSSC Codes	5
Raising a concern and whistleblowing	8
What is not whistleblowing?	9
How to raise a concern	9
Part 2 Guidance for social service employers and managers	14
Employer's responsibility under the SSSC Codes of Practice	16
Duty of Candour	16
Further advice	18
About us	19
Appendix 1 – Resources	20
Appendix 2 - Help and advice	21

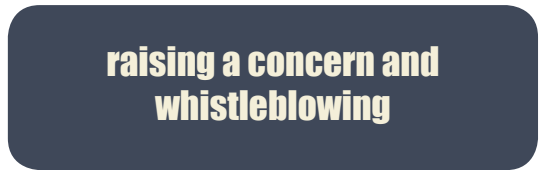
About this guidance

If you are an employee or a social work student and you are unsure about how to raise a concern in your workplace this guidance will help you. It explains the difference between raising a concern and whistleblowing and when a person raising a concern qualifies for legal protection under whistleblowing law.

The section for employers and managers gives guidance about how to deal with concerns and indicates what kind of culture, systems and processes should be in place to help staff speak up.

You should read the guidance together with any policies and procedures your employer has about raising concerns and whistleblowing alongside the SSSC Codes of Practice and other guidance we have available for workers and employers. A list of SSSC resources available to support workers and employers is included at Appendix 1.

We have produced this guidance in consultation with Unison and employer representative bodies.



Part 1 Guidance for social service workers and social work students

Your professional duty to raise a concern

Working in social services means you care for some of our most vulnerable citizens. Your position on the front line whether you are an employee, social worker, manager or supervisor means you are most likely to see poor practice when it happens.

Sometimes you see things that are wrong (which can vary from poor treatment, financial issues to employment conditions or the way a service is run) but you may not report it until it happens again. Or you may not be sure if it is wrong because you are new into a job. The important thing is to trust your judgement. If you see something you feel is wrong report it to your manager as soon as possible. Your colleagues may also have concerns, but if nobody speaks up its unlikely the situation will improve. You need to act to protect those in your care.

We expect all social service workers, regardless of their role, to take action to raise any concerns they have about the care, dignity and safety of people who use services.

You may be anxious about raising a concern because:

- it may affect your relationship with colleagues
- it may affect your career
- you may be treated differently by your colleagues or employer
- you may cause trouble for your colleagues
- nothing will be done as a result of you raising the concern.

However your role as a social service worker carries with it a significant level of public trust. Your main duty is to put the safety and wellbeing of people who use services first and act to protect

them. It is also your duty to raise valid concerns in an appropriate way, putting aside personal or professional loyalty.

Your responsibilities under the SSSC Codes

The Code of Practice for Social Service Workers sets out the clear standards of behaviour and competence you need to meet to provide safe and effective care to people who use services. The Codes set out what good practice and conduct look like and reflect professional and public expectations of the role of a social service worker.



You should feel able to speak out if you have any concerns about the quality and standard of care being given, or if you are concerned that the care provided will or has caused harm.

Working in social services can be extremely challenging, there are often high levels of demand placed on workers which can be difficult for employers and staff. Sometimes there are tight financial controls and budget pressures.

It is important that if you have good reason to believe that issues such as workloads, staffing levels, working environments or working arrangements are not safe whether they impact on people who use services or not, you raise your concerns. The Code of Practice requires you to do this.

If you are told not to raise or follow up a concern, even by someone more senior than you, you should not stay silent. All of our registrants have a duty to be open and honest.

These are examples of things you might want to raise a concern about, and the list is not exhaustive.

You have a child protection or adult protection concern about a person who uses care services.

Examples

- Colleagues speaking to people who use services in an abusive, mocking or mimicking way even if 'in jest'.
- Rough handling or retaliation during restraint.
- Stealing from service users or colleagues.

You are concerned about the fitness to practise of one of your colleagues.

Examples

- Coming to work under the influence of alcohol.
- Senior staff instructing others to undertake unsafe practices.
- Abusive or bullying behaviour towards colleagues.
- Making sexualised comments to people who use services or colleagues.

You are concerned about the standard or quality of care provided by a care service.

Examples

- Not maintaining the dignity of people who use services during personal care.
- Not changing a child's nappy and lying about having done so.

You are concerned that your employer is not complying with health and safety requirements or any other requirement imposed by law or the Health and Social Care Standards.

Examples

- Senior staff not taking action following a complaint or not taking a complaint seriously.
- Making false records of health and safety checks such as fridge or food temperatures.

There are a number of SSSC resources which can provide further guidance and support if you are unsure whether to raise a concern. See Appendix 1.

Raising a concern and whistleblowing

There is sometimes confusion about the difference between raising a concern and whistleblowing.

What is whistleblowing?

Whistleblowing is a legal term – and the Public Disclosure Act 1998 sets out a number of criteria for raising concerns to qualify as whistleblowing. Full details are on this website

<https://www.gov.uk/whistleblowing>

Whistleblowing is when a worker raises a concern about wrongdoing in the public interest. A worker can blow the whistle to someone in their own organisation or to a third party known as a 'prescribed person'. The SSSC and the Care Inspectorate are prescribed persons in the whistleblowing legislation.

If the concern meets the whistleblowing criteria, then the person who is blowing the whistle is legally protected from suffering any disadvantage or victimisation from their employer because of what they have done. In addition, any acts of victimisation against you by your colleagues should be treated as a disciplinary offence by your employer. Your employment and opportunities for future promotion or training should not be affected.

Most employers will have whistleblowing policies and procedures where you can find more information on how to blow the whistle. You should follow your employer's process first and only report your concerns to a 'prescribed person' like the SSSC or Care Inspectorate if your employer fails to take appropriate action.

There are a number of places you can find support and advice. Details of these are in Appendix 2.

What is not whistleblowing?

Raising a concern and making a complaint or grievance











There is a difference between raising a concern and making a complaint or grievance. A grievance or private complaint is about the person's own employment position and there is no public interest element. For example, a worker may raise a grievance against a colleague for breaching their confidentiality. Most employers will have a specific grievance procedure for doing this. This is not whistleblowing.

People who use services, their relatives or members of the public can also make complaints about social service workers or a care service. They can do so by making a complaint to the organisation using their complaints procedure, or to a prescribed body such as the SSSC or the Care Inspectorate. This is not whistleblowing.

How to raise a concern

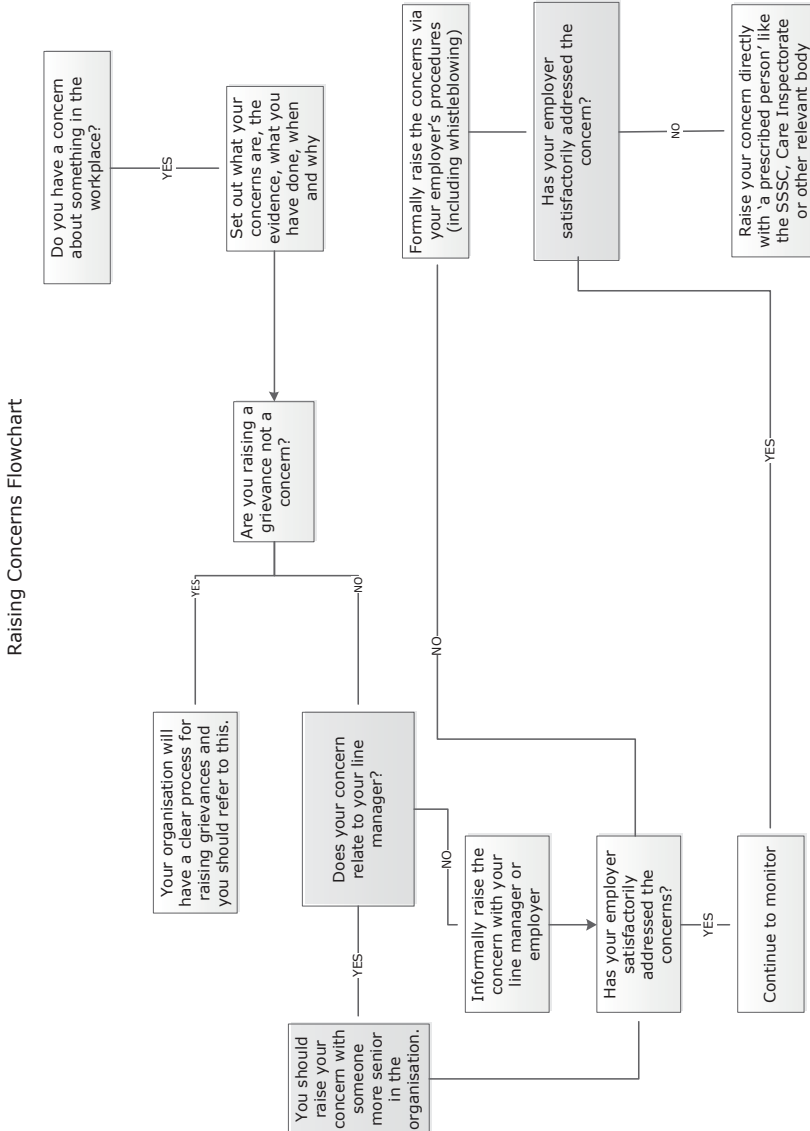
You should always try to raise concerns directly with your employer as far as possible. You can often do this informally, for example in a one to one supervision or team meeting, or by speaking to your manager, or another manager. Informal approaches, when taken early can improve a situation more quickly than 'saving up' evidence to raise a concern under formal procedures. All registered services must have a complaints procedure in place.

The following checklist may help you raise a concern.

-  Check your employer's procedures for raising and escalating concerns, including any whistleblowing policy.
-  Are you clear about what you are concerned about and why? What evidence do you have?
-  Does this issue just affect you or can you raise your concerns collectively? Even if no one else wants to raise concerns you should still raise them.
-  Have you recorded your concerns anywhere in writing?
-  Even if you raised them verbally you should either follow up with an email or record it somewhere so there is an audit trail.
-  What do you want to achieve by raising the concern?
-  You should acknowledge any personal grievance you have about the situation, but focus on the issue of safety of people using services.
-  If you are having a meeting to discuss your concerns make sure you are prepared for it.
-  Set out what your concerns are, the evidence in support, what you have done, when and why.
-  Don't forget if you are a member of a trade union or professional association you can contact them for advice and/or support.

Raising a concern flowchart

Follow the steps set out in this flowchart when you are raising a concern.



Can I raise a concern confidentially?

You can raise it in confidence or anonymously, but it is better to be open about it. Your focus should be on protecting vulnerable people.

It can be difficult to speak out, but there are risks when you raise a concern anonymously. Raising a concern anonymously makes it more difficult to investigate the concern as the person raising the concern is not known and it is therefore not possible to ask follow up questions or request further information to assist the investigation. It is also easier to get protection under whistleblowing law if you raise the concern openly. It is also important to note that although it is anonymous people may still guess who raised the concern.

Your employer's policy should allow you to raise a concern confidentially, which means your name will not be revealed without your permission, unless required by law. When you raise your concern you must make it clear if you are doing so confidentially.

What response should I expect when I raise a concern?

When raising a concern you should be listened to carefully and you should not worry about how people react. Your employer should investigate your concern, thoroughly, promptly and confidentially. They should tell you how they intend to deal with your concern and set a timescale for responding to you. If this is not the case then you can go to a 'prescribed person' like the SSSC or Care Inspectorate.

What to do if you're still not satisfied with how your concern has been dealt with

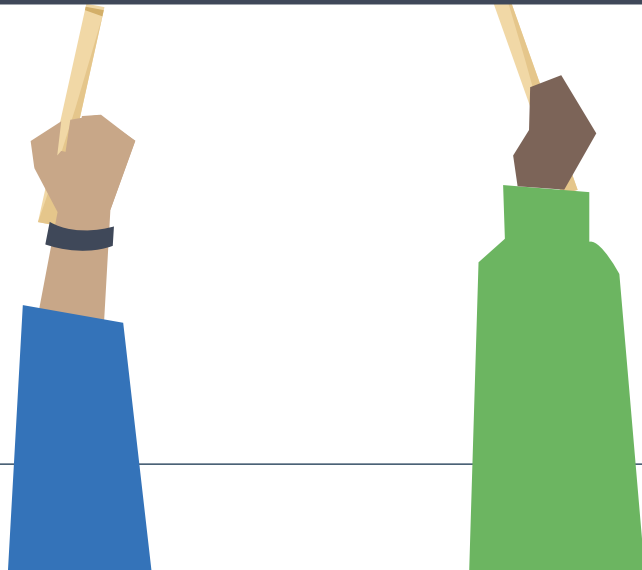
If you have followed all processes available to you through your employer without success or if you feel you cannot raise your concern with your employer you can make a complaint directly with a regulatory body. If your concern is about an individual or

work colleague this should be raised with the relevant professional regulatory body. If this is a social service worker or student it will be the SSSC. If your concern relates to the quality of care provided by a registered care service rather than an individual, raise it with the Care Inspectorate which is the service regulator.

If your complaint relates to a social work service, you should make a formal complaint through the local authority complaints process.

Information about what will happen when you raise a concern with the SSSC is at <http://www.sssc.uk.com/fitness-to-practise/raising-a-concern/people-who-use-services,-carers,-colleagues-and-the-public>

If you or your employer refers a concern to the SSSC or Care Inspectorate you will be expected to cooperate and provide information to us



Part 2 Guidance for social service employers and managers

Developing a culture that encourages openness and honesty is important so that staff feel comfortable with raising concerns. It is everyone's role to define and develop this mind-set and being proactive about asking staff if they have any concerns for example in supervision will help. Pressures in the work environment are inevitable, but regularly taking the time to discuss these with staff can be a good way to address any concerns the staff may have as a result. You should proactively and routinely seek feedback from staff and welcome complaints as a learning opportunity. We expect organisations to have oversight of individual's complaints and consider making changes for everyone's care as a result.

Many employers and managers are also registered with the SSSC in their own right, and so must also comply with the SSSC Code of Practice for Social Service Workers.

Employers must treat all concerns with equal importance however they are raised. You should encourage and support a workplace in which staff:

- can speak openly and freely about their concerns
- can be reassured that whatever they say will be treated with appropriate confidence and sensitivity
- will be treated courteously and sympathetically and where possible will be involved in decisions about how their concerns are handled.

You must also make sure that you:

- have policies and procedures in place to manage concerns which all staff have access to
- proactively encourage all staff, including temporary staff, to raise concerns about the safety of service users, including risks posed by colleagues
- take all concerns seriously and ensure the person who raises the concern is not victimised
- investigate all concerns properly and keep all staff up to date with your progress
- protect any staff who raise concerns from unfair criticism or retaliation, including any negative consequences and dismissal
- have systems in place to support staff who are the subject of a concern, whether it is due to poor performance, health or behaviour
- do not stop anyone from raising a concern.

It is important that the instructions you give to staff as managers or employers, or the expectations you have of staff, do not negatively affect the care given or their ability to comply with the SSSC Codes of Practice.

You can find information from the SPSO on complaint handling here: <http://www.valuingcomplaints.org.uk>

Employer's responsibility under the SSSC Codes of Practice

The SSSC Code of Practice for Employers of Social Service Workers sets out your responsibilities for making sure your workforce is trusted, skilled and confident.



Duty of Candour

As part of developing a culture of openness and honesty organisations should be aware of their Duty of Candour. The Duty of Candour provisions set out a range of things that need to happen when unexpected or unintended harm has occurred.

Where does Duty of Candour come from?

The Duty of Candour provisions are set out in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill which was given Royal Assent on 6 April 2016. The implementation date for the Duty of Candour provisions was 1 April 2018.

The Act introduces a statutory organisational duty of candour on health, care and social work services.

What is the Duty of Candour?

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in harm or death, as defined by the Act.

Organisations must follow a duty of candour procedure which includes notifying the person affected, apologising and offering a meeting to give an account of what happened.

How can I find out more?

You can find more information including a leaflet on the **NHS Little Things Make A Big Difference** web pages under the Duty of Candour resources section.

There is a new elearning module which you can access from the resources section and it is also available on the **SSSC Learning Zone**.

The non-statutory guidance which underpins the organisational duty of candour is available here: <http://www.gov.scot/Publications/2018/03/1321>

You can also find information on the Scottish Government website: <https://www.gov.scot/Topics/Health/Policy/Duty-of-Candour>

Further advice

If you need any further advice about raising a concern you can contact the SSSC or the Care Inspectorate. Contact details are noted below.

Scottish Social Services Council

Phone: 0345 60 30 891

Website: <http://www.sssc.uk.com/contact-us>

Care Inspectorate

Phone: 0345 600 9527

Website: <http://www.careinspectorate.com/index.php/contact-us>



About us

The Scottish Social Services Council

The Scottish Social Services Council (SSSC) was set up in 2001 as the regulatory body for the social service workforce in Scotland.

Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development.

Where people fall below the standards of practice and conduct we can investigate and take action.

The SSSC Codes of Practice for Social Service Workers and Employers set the standards expected of social service workers and employers. Workers and employers must keep to these standards to protect and enhance the interests of people who use services. If a worker does not adhere to the Codes of Practice then the SSSC may investigate whether their fitness to practise is impaired.

The Care Inspectorate

The Care Inspectorate was established in 2011 as the regulatory body for care services in Scotland. It has the general duty of furthering improvement in the quality of care services in Scotland.

Its vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

The Care Inspectorate inspects registered care services, assessing quality against the Health and Social Care Standards. It can investigate complaints about care services. If it finds that care is not good enough, it can take action including making recommendations and issuing requirements for improvement and change.

Appendix 1 – Resources

The SSSC has a number of different resources available to provide help and support to social service workers and employers, including:

The **Continuous Learning Framework** introduces you to different aspects of your learning and development in social services, including how your employer can support you.

Making better decisions gives examples of situations and dilemmas you may come across at work. It helps you to safely experience the impact of the decisions you make in these situations and to address these if something goes wrong.

You will find all our learning resources on the **Learning Zone** and resources to support your leadership development on **Step into Leadership**.

Duty of Candour

You can find guidance focusing on the implementation of the duty of candour procedure for all organisations that provide health services, care services or social work services in Scotland on the Scottish Government website here:

<https://www.gov.scot/Topics/Health/Policy/Duty-of-Candour>

The Scottish Social Services Council in partnership with Care Inspectorate, Healthcare Improvement Scotland, Scottish Government and NHS Education for Scotland has developed an **e-learning module** on the Learning Zone for workers which will support organisations with implementation.

Appendix 2 - Help and advice

If you are not sure whether, or how, to raise a concern, you can get advice from:

- a senior member of staff or an impartial colleague
- your trade union representative
- your professional association

- Citizens Advice
<https://www.citizensadvice.org.uk>

- an employment law solicitor – you can search the Law Society of Scotland website for solicitors in your area
<https://www.lawscot.org.uk/find-a-solicitor>

- Advisory, Conciliation and Arbitration Service (ACAS) – a government body which provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law
<http://www.acas.org.uk>

- Public Concern at Work – a charity which provides free, confidential legal advice to people who are concerned about wrongdoing at work and not sure whether, or how, to raise a concern
<http://www.pcaw.org.uk>

Raising concerns at work, while the right thing to do, can be very stressful, particularly if you are worried that you will receive a negative response. It is important to stay focused on the issue you raised concerns about, but you will need to be resilient to see things through. It is important you get advice and support from the people or organisations above and from family and friends.



Scottish Social Services Council

Compass House
11 Riverside Drive
Dundee
DD1 4NY

Tel: 0345 60 30 891

Email: enquiries@sssc.uk.com

Web: www.sssc.uk.com



Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.gov.scot

Care Inspectorate Enquiries: 0345 600 9527

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 14TH MARCH 2024

REPORT REFERENCE: PERF/140324/08

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: JOINT INSPECTION OF ADULT SUPPORT & PROTECTION SERVICES – INSPECTION REPORT AND ACTION PLAN

1.0 PURPOSE

1.1 The purpose of this report is to update the Committee on the outcome and publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire.

2.0 RECOMMENDATIONS

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

- 2.1** Note the publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire.
- 2.2** Note that the Action Plan in response to the inspection findings will be overseen by the Adult Protection Committee reporting to the Chief Officer's Group.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

3.1 On the 16th October 2023 the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland wrote to the Chief Executive of East Dunbartonshire Council to advise that they would undertake a joint inspection of Adult Support and Protection arrangements in East Dunbartonshire.

3.2 The focus of the joint inspection was to provide;

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

3.3 The Inspection Team conducted the investigation focussing upon two particular areas of our work and quality indicators;

- Key adult support and protection processes
- Leadership for adult support and protection.

3.4 The Inspection was undertaken in phases between November 2023 and January 2024. Actions carried out included a staff survey, preparation of a position statement, provision of relevant supporting evidence, file reading and sampling of Social Work, NHS and Police Scotland records, and focus groups with staff across the partnership and third sector.

3.5 The first formal feedback on any element of the inspection findings was provided on the 19th of February 2024 when the Care Inspectorate issued the draft report for factual accuracy followed by the Professional Discussion 2 feedback which took place on the 21st February 2024. The factual accuracy report feedback was provided in line with the agreed timeline of 23rd February 2024. The embargoed report was published 5th March 2024 and the report was finally published 12th March 2024.

FEEDBACK FROM INSPECTION / MAIN FINDINGS

3.6 The same methodology and approach has been applied by the Joint Inspection Team across Scotland. East Dunbartonshire were one of six pilot inspection sites in 2017 the remaining 25 partnerships have been inspected following the development of the inspection methodology. The full national cycle of inspection reports is now being completed by the current Joint Inspections of the original six partnerships.

3.7 The Joint Inspection team report against the two key quality indicators using an assessment grading of;

- Very Effective
- Effective with recommendations
- Important areas of weakness

3.8 East Dunbartonshire's Joint Inspection report highlights significant areas of good practice and areas for further development and concluded on an assessment grading for the two quality indicators;

- Key adult support and protection processes – **Effective with Recommendations**
- Leadership for adult support and protection - **Effective with Recommendations**

3.9 This evaluation is applied identifying that there are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

3.10 The report highlights the following summary of strengths and areas of good practice;

- Adult support and protection inquiries were undertaken in line with the revised code of practice. They were comprehensive, collaborative, and effectively determined whether the three-point criteria was met.
- The quality of completed chronologies was a clear strength. Strong collaboration and promotion of a trauma informed-approach supported effective decision making and protective actions.
- Adult support and protection investigations were competent and comprehensive. A significant number of health professionals were trained as second workers. This ensured that adults at risk of harm benefitted from a collaborative and multi-agency approach.
- Strategic leaders effectively communicated the joint vision for adult support and protection. This was well understood by staff at all levels.

3.11 The report also highlighted three priority areas for improvement.

- The partnership should promote more consistent use of chronologies to inform analysis and better reflect the impact of life events on the adult at risk of harm.
- The partnership should ensure that risk assessments are undertaken, and case conferences held for all adults at risk of harm when necessary. These are key components of protection and support for adults and will improve how protection risks are identified and mitigated.
- The partnership's self-evaluation framework should be assessed and refined to ensure it can identify all areas for improvement. This will strengthen leadership and governance of adult support and protection practice across the partnership.

3.12 Additional commendation was given in relation to the staff survey response which the Joint Inspection Team identified as one of the strongest staff survey returns nationally, reflecting the strength of our collaborative working and collective and shared ownership of adult support and protection.

3.13 An Action/Improvement Plan will be developed in response to the areas for improvement identified and this is to be submitted to the Care Inspectorate by the 24th April 2024. The Action / Improvement Plan will be overseen by the Adult Protection Committee reporting to the Chief Officer's Group.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – The inspection relates to the delivery of adult support and protection services to customers.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – The inspection relates to the delivery of statutory functions specifically adult support and protection work and the inspection process is also in line with statutory requirements.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 The inspection process seeks to assess our key processes and strength or our strategic leadership, in the delivery of Adult Support and Protection services in East Dunbartonshire. The findings offer assurance that these are effective with clear strengths supporting positive experiences and outcomes for adults at risk of harm, with three priority area identified for further development.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Scottish Ministers formally direct the Care Inspectorate to lead a joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Adult Support and Protection services are supported by East Dunbartonshire Council

6.3 NHS GREATER GLASGOW AND CLYDE – Adult Support and Protection services are supported by East Dunbartonshire Council

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 Appendix 1 – East Dunbartonshire Joint Inspection Adult Support and Protection Report



JOINT INSPECTION
OF **ADULT SUPPORT**
AND **PROTECTION**

East Dunbartonshire Partnership March 2024

Contents

Joint inspection of adult support and protection in the East Dunbartonshire partnership	3
Summary – strengths and priority areas for improvement.....	6
How good were the partnership’s key processes to keep adults at risk of harm safe, protected and supported?	7
Screening and triaging of adult protection concerns.....	8
Initial inquiries into concerns about adults at risk of harm	9
Inquiries including the use of investigatory powers	10
Collaborative working to keep adults at risk of harm safe, protected and supported.....	12
Key adult support and protection practices	15
How good was the partnership’s strategic leadership for adult support and protection?	17
Summary	21
Next steps.....	22
Appendix 1 – core data set	23

Joint inspection of adult support and protection in the East Dunbartonshire partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an [overview report](#) which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership¹ areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated [codes of practice](#) were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The East Dunbartonshire partnership had fully adopted the codes of practice.

The focus of this inspection was on whether adults at risk of harm in the East Dunbartonshire partnership area were safe, protected and supported.

The joint inspection of the East Dunbartonshire partnership took place between October 2023 and February 2024. We scrutinised the records of adults at risk of harm for the preceding two-year period from October 2021 to October 2023.

Quality indicators

Our quality indicators² for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two 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?

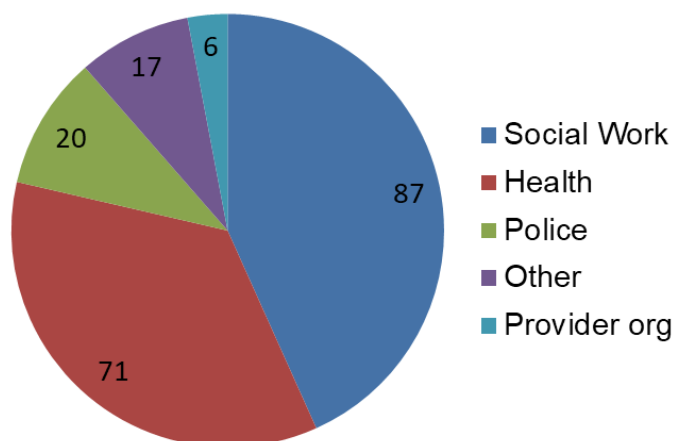
Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Two hundred and one staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

Respondents by Employer type



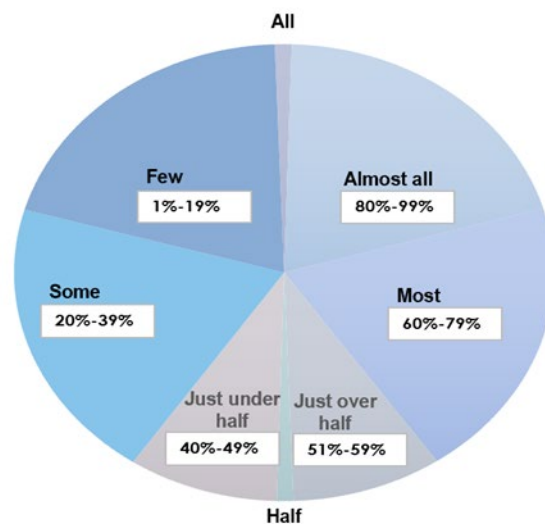
The scrutiny of social work records of adults at risk of harm. This involved the records of forty adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of forty-two adults at risk of harm for whom inquiries have used investigative powers under sections 7-10 of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 36 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges

Data descriptors for percentage scale



Summary – strengths and priority areas for improvement

Strengths

- Adult support and protection inquiries were undertaken in line with the revised code of practice. They were comprehensive, collaborative, and effectively determined whether the three-point criteria was met.
- The quality of completed chronologies was a clear strength. Strong collaboration and promotion of a trauma informed approach supported effective decision making and protective actions.
- Adult support and protection investigations were competent and comprehensive. A significant number of health professionals were trained as second workers. This ensured that adults at risk of harm benefitted from a collaborative and multi-agency approach.
- Strategic leaders effectively communicated the joint vision for adult support and protection. This was well understood by staff at all levels.

Priority areas for improvement

- The partnership should promote more consistent use of chronologies to inform analysis and better reflect the impact of life events on the adult at risk of harm.
- The partnership should ensure that risk assessments are undertaken, and case conferences held for all adults at risk of harm when necessary. These are key components of protection and support for adults and will improve how protection risks are identified and mitigated.
- The partnership's self-evaluation framework should be assessed and refined to ensure it can identify all areas for improvement. This will strengthen leadership and governance of adult support and protection practice across the partnership.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries effectively determined whether adults were at risk of harm. All initial inquiries that involved investigatory powers were undertaken by a council officer, in keeping with the adult support and protection code of practice.
- Comprehensive and timely investigations were conducted for adults who required them. Health professionals were effectively deployed as second workers when necessary.
- Completed chronologies were of a high standard. The well-designed format was co-designed with staff and supported trauma informed practice. However, chronologies were not completed for some adults at risk of harm who needed one.
- Case conferences effectively determined what was needed to keep an adult at risk of harm safe. Police and health always attended when invited. The reasons why adults did not attend needed to be more accurately recorded in the minutes of meetings.
- Half of adults at risk of harm did not have a risk assessment and some adults did not have a case conference when they should have done. Although the quality of those completed was high, protection planning was inconsistent.
- The application of local guidance linking the risk assessment and management procedure (RAMP) was inconsistent. Some adults at risk of harm subject to RAMP were therefore denied access to the safeguards adult support and protection legislation offered.
- Referrals to independent advocacy were not consistently made limiting the adult at risk of harm's ability to express their views and wishes.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Screening and triaging of adult protection concerns

All adult support and protection referrals and adult concern reports were recorded on the social work IT system upon receipt. This was overseen by the shared services business support team. Referrals were then forwarded on to the relevant specialist or locality team where social work team managers or deputising senior practitioners screened all referrals and concern reports within one working day.

All adult protection referrals automatically triggered a duty to inquire under the Adult Support and Protection (Scotland) Act 2007 unless there was already an ongoing inquiry. Adult concern reports sent by the police were also escalated to an adult protection inquiry where warranted.

Decisions to progress to an adult support and protection inquiry, were accurately recorded as an outcome of the screening process.

Repeat adult support and protection referrals or adult concern reports received within a six-month period were escalated to service manager level for a review of the circumstances. Multi-agency meetings were frequently used options to share information and agree a pathway for intervention if necessary.

Initial inquiries into concerns about adults at risk of harm

The partnership was an early adopter of the Scottish Government's revised code of practice for adult support and protection. It took positive steps to align social work capacity and resources to ensure requirements were met. These measures contributed to significant improvement in the quality of practice since the 2017 inspection.

Commendably, every initial inquiry where investigative powers were enacted was carried out by a council officer in a timely manner. The quality of almost all inquiries were good or better and completed in keeping with the principles of the act. The three-point criteria was almost always correctly applied. Communication between multi-agency partners at this early stage was effective. Strong management oversight also complemented this effective area of practice. This level of collaboration supported effective decision making and consequently every episode reached the right stage of the adult support and protection process. In just over half of initial inquiries, the adult at risk of harm was informed of their rights and that they were subject to adult support and protection activity.

Interagency referral discussions

Following a pilot in 2018, interagency referral discussions (IRDs) were included in East Dunbartonshire partnership's local adult support and protection procedures. They were managed under a joint protocol agreed by social work, Police Scotland, and health and could be initiated by any partner.

While this was a very positive step taken by the partnership, IRDs were under-utilised. This limited the potential benefits for considering and mitigating against risk of harm. A more consistent approach would strengthen practice.

Inquiries including the use of investigatory powers

Chronologies

Where chronologies were completed, the quality was good or better in almost all cases reflecting a significant strength in this area of practice. This was aided by a well-designed tool available for and used by both child and adult protection services. Strengths included the concise level of detail recorded and clear layout of key events. This supported a trauma-informed approach that enabled staff to recognise and take account of past and present complex life events.

Some records that should have contained a chronology did not. The partnership's own audits showed more work was needed to ensure that all adults at risk of harm benefitted from this commendable approach.

Risk assessments

There was a risk assessment in half of the records we read. Where available, all were timely and nearly always informed by multi-agency partners' views. The quality of those completed was mostly good or better. Positive features of completed risk assessments included the comprehensive level of detail and analysis of risk.

While the overall quality of completed risk assessments was high, the partnership must address the significant number of adults at risk of harm with no risk assessment in their record. Risk assessments in cases not progressing to case conference should be an area of particular focus. Risk assessment is a critical area of practice that should be addressed to ensure all adults are safe from harm.

The partnership identified that risk assessment practice required improvement and targeted improvement actions were ongoing.

Investigations

Almost all records included a comprehensive investigation. Positively they were timely, and appropriate parties were involved every time including council officers. Where second workers were needed, they were almost always deployed including where health professionals were needed. The quality of most investigations was good or better and almost all effectively determined if the adult was at risk of harm. There was a combined inquiry and investigation template co-designed with staff that supported this work. This template contributed to effective work in this important area of practice in accordance with the code of practice.

Adult protection initial case conferences

Where case conferences took place, they effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported. The quality of case conferences was positive with almost all being good or better. Case conferences were almost always undertaken in a timely manner with most involving the relevant professional parties. Health and police attended every time they were invited.

Just under half of cases should have progressed to the initial case conference stage but did not. For those cases that failed to progress, this meant the adult missed the opportunity to benefit from careful protection analysis and planning. A common diversion for those who should have progressed was the use of various pre-planning meetings and the Risk Assessment and Management Procedures (RAMP). Senior staff were clear that the RAMP process was specifically for complex cases that did not meet the three-point criteria, but we found this varied. Both processes were coupled together with adults frequently passing between the two processes. There was inconsistency of practice in this area of work.

The adult's attendance at case conferences is important but sometimes not appropriate. Almost all records showed that adults were not invited to case conferences with the reasons evident just under half the time. The commitment to carer involvement was clearer. They were always invited where appropriate, were well supported and attended every time.

Adult protection plans / risk management plans

Protection plans were completed when an initial or review case conference decided that one was necessary to manage risk under adult support and protection or RAMP. Cases that did not progress to case conference did not benefit from a risk management plan. Some records did not have a protection plan when they should have. This was an area of practice needing some attention. All of those completed were up to date and almost all reflected the input of multi-agency partners. The quality of most was good or better.

Adult protection review case conferences

The picture for review case conferences mirrors the issues in the initial case conferences. They were timely, of good quality and effectively determined how to keep the adult safe when they took place. Just under half the time they did not take place when they should have.

Implementation / effectiveness of adult protection plans

The partnership used core group meetings where relevant, to review allocated actions of protection plans arising from adult support and protection case conferences. Where protection plans were in place, they were almost always collaborative and effectively determined what was needed to keep the adult at risk of harm safe. The quality of protection planning for adults who did not move on to case conference was mixed. Too often the records did not detail what needed to be done to keep adults safe from harm.

Large-scale investigations

The partnership recently updated its large-scale investigation guidance in 2023. No large-scale investigations had been conducted during the inspection timeframe.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

The partnership broadly followed the West of Scotland interagency adult support and protection practice guidance 2019. The partnership has diverged from the West of Scotland guidance for areas related to the Scottish Government's revised code of practice. Local operational adult support and protection procedures were updated in 2023 and took account of these changes. They were well embedded and supported confidence amongst staff.

The partnership recently implemented a public protection website with both public and staff facing pages. Although the adult protection pages still required some development, they allowed staff to access policies, procedures and other relevant documents more easily.

Staff felt they were well supported to work collaboratively. There was strong collaboration evident in key areas of practice including investigations and case conferences. Health and police attended all case conferences when invited and it was clear from case conference minutes that agencies collaborated to support and protect adults at risk.

Health involvement in adult support and protection

Community-based health services in the partnership area were well organised and effective. Key health staff at all levels were often co-located with social work colleagues which promoted effective networking and knowledge sharing. A dedicated joint team worked closely with care home providers. The integrated care home support team addressed care home related referrals in a timely manner and supported improvements in practice that reduced risks to adults living in these settings.

NHS Greater Glasgow and Clyde provided acute hospital services. In line with the NHS public protection accountability and assurance framework, the NHS board recently developed a public protection strategy and service. The public protection leads attended the adult protection committee to ensure clear links and information sharing.

Health staff made referrals for adult support and protection in some of the cases. Timely feedback was provided to the referrer in most instances. Health staff fully understood their role and what to do when concerns about an adult at risk of harm arose. They were confident about appropriately escalating matters relating to adult support and protection and applying the three-point criteria.

The quality of community health services interventions was always good or better. The interventions provided following emergency readmissions were mostly good. Medical examinations were always carried out when required. Commendably, suitably qualified health professionals were always deployed as second workers when appropriate. This was a strong area of practice. Health colleagues always attended case conferences when invited however, in some cases the partnership did not invite health colleagues. This was an area for improvement.

Health staff shared information appropriately and effectively. Commendably, in most cases adult support and protection information was evident in and well recorded in health records.

Capacity and assessment of capacity

For some adults at risk of harm, an assessment of capacity was necessary. Staff sought these most of the time when required. A suitable health professional carried out capacity assessments promptly when requested on all occasions. Overall, this was a positive element of practice.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost all effectively assessed for threat of harm, risk, investigative opportunity, vulnerability and engagement (THRIVE). Just over half of cases had an inaccurate STORM Disposal Code (record of incident type).

In almost all cases the initial attending officers' actions were evaluated as good or better. The assessment of risk of harm, vulnerability and wellbeing was accurate and informative in all cases. The wishes and feelings of the adult were always appropriately considered and recorded.

Where adult concerns were recorded, officers did so efficiently and promptly on all occasions, using the interim vulnerable persons database (iVPD).

In almost all instances, frontline supervisory input was evident. Supervisory oversight was found to be good or better on most occasions.

Divisional concern hub staff actions and records were good or better in almost all of the cases read, with a resilience matrix and relevant narrative of police concerns recorded in all instances. Almost all referrals were shared by the divisional concern hub timeously to partners.

The inspection team were encouraged by the commitment of Police Scotland in the creation of a dedicated adult, support and protection team. Officers were tasked to deal with any issues and work alongside statutory and third sector partners, to improve the wellbeing of individuals who placed the greatest demands on services. This resource commitment built on existing relationships and enhanced a collaborative approach to complex or protracted cases.

The initiation of an escalation protocol review (instances of repeat police involvement) appeared to be well embedded with almost all relevant cases following

the protocol. When the escalation protocol was adhered to, almost all action was rated good or better.

The Police attended case conferences on all occasions when invited. It was evident that the Police were invited to most case conferences.

Third sector and independent sector provider involvement

The third and independent sector made a few adult support and protection referrals. They provided additional support in some cases and were involved in delivering crucial services relating to protection plans. Almost all adults at risk of harm who needed additional support from services got it. For most adults, this support was comprehensive, effective, and met the adult's personal outcomes. All provider staff who responded to the survey were supported to work collaboratively and understood their role. They were positive about their opportunities to participate in multi-agency training and development opportunities.

Key adult support and protection practices

Information sharing

Information sharing between partners was timely and effective. Almost all staff agreed that they understood their role and knew what to do if they were concerned that an adult was at risk of harm. Local adult support and protection procedures encouraged agencies to make referrals where there were concerns. On most occasions, referrers were offered feedback in accordance with procedures.

Management oversight and governance

While most social work managers read adult support and protection records, discussions and decisions from supervision were evident just under half the time. Overall, most recording was in line with the needs of the adult at risk of harm. Governance of police records was almost always evident. Commendably, health records demonstrated management oversight most of the time.

Involvement and support for adults at risk of harm

The views of adults at risk of harm were almost always considered throughout their adult support and protection journey. Potential barriers to their involvement were effectively addressed, and effective support for the adult at risk of harm, was provided in almost all cases. Unpaid carers were also consulted, and their views consistently sought indicating a strong person-centred approach by staff.

Less positively, only a few adults at risk of harm were invited to case conferences. These were critical decision-making forums that had the potential to change adults' lives. More transparency in this important area of practice was needed.

Independent advocacy

Adults at risk of harm were not routinely offered advocacy. Reasons for not referring to advocacy were not always recorded. A referral was made in just over half of the cases where it was deemed appropriate. When the advocacy service was offered, it was always provided timeously and helped the adults at risk of harm's views to be articulated and heard. A more consistent approach would benefit adults at risk of harm to express their views.

Financial harm and alleged perpetrators of all types of harm

A few adults at risk of harm whose records we read experienced financial harm. The partnership took effective multi-agency action to stop this harm in all cases. The perpetrator was almost always known to the partnership, and it undertook the necessary supportive work with them most of the time. The quality of work with perpetrators was good or better in just over half of cases.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced some improvement to their safety due to the partnership's adult support and protection intervention. For most adults this was a result of multi-agency working. Almost all adults who required additional support received it.

Adult support and protection training

The partnership's adult support and protection learning strategy was reviewed annually. This supported a comprehensive and ambitious local multi-agency training programme including a bespoke approach for local community health teams. All social workers within adult services were expected to undertake council officer training when they met the requirements set out in the revised code of practice. This resulted in sufficient council officers to meet the demands of adult support and protection work within the partnership.

Training was viewed very positively by staff. All survey respondents agreed that the adult support and protection training that they received provided them with the skills, confidence, and knowledge to undertake their role and duties.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- The vision for adult support and protection was well understood by staff at all levels across the partnership.
- Strategic leaders drove a high level of strategic collaboration that led to impressive innovations and improvements in some areas of practice.
- The partnership had well embedded leadership and governance frameworks that oversaw the quality of adult support and protection activity.
- The approach to self-evaluation should be assessed and refined to better highlight those key areas for improvement identified. A more comprehensive approach will strengthen the partnership's delivery of competent and effective practice.
- There was no involvement of adults with lived experience on the adult protection committee. The partnership was implementing a strategy to address this issue.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The partnership had a clear vision statement it intended to refresh and promote in the spring of 2024. Commendably, almost all staff agreed that local leaders provided them with a clear vision for their adult support and protection work. Strategic leaders and frontline staff worked in proximity and joint working practices promoted a culture of co-production with staff. A champions group supported such initiatives. The adult protection committee and lead officer played a key role in promoting the vision in their work. The lead officer often attended team meetings and partner agency forums to promote and embed adult support and protection priorities in practice.

The partnership's vision would benefit from being more clearly embedded in their strategic planning and delivery of core documents. This would provide a stronger and more visible golden thread for its vision.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The chief officers' group provided the high-level oversight for adult support and protection work. The group consisted of relevant agencies and meetings were planned at regular intervals. There was good evidence that this meeting connected well with the adult protection committee, public protection and wider health and social care strategic groups.

The chief officers' group received regular adult protection performance reports as well as briefings on the results of adult support and protection self-evaluation activity. They ensured necessary scrutiny and analysis. The independent convenor oversaw both child and adult protection committee activity which ensured a further layer of scrutiny. The convenor and lead officers shared dedicated administrative support that made effective use of their time.

Following the publication of the NHS Public Protection Accountability and Assurance Framework NHS Greater Glasgow and Clyde developed an NHS GGC public protection strategy. The public protection service was transitioning from a child protection unit to a public protection service. Adult support and protection work was well supported by the public protection leads and service team who attended the adult protection committee. This strengthened links across protection agendas.

The adult protection committee oversaw five sub-groups. Two operated jointly with the child protection committee. These arrangements provided opportunities for collaboration which the partnership took advantage of including the development of their effective chronology tool. Work across the sub-groups was collaborative and well supported by the chief officers' group. Improvement activities were co-produced and included representation across sectors and staff groups. For example, this was evident in their hoarding and self-neglect, integrated care home support team and large-scale investigation work. The partnership's efforts to promote this approach was evident amongst staff who shared a very high level of staff confidence in their strategic leadership team.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

Adults and carers were not directly represented on the adult protection committee. The partnership recognised this and placed a high value on the voice of lived experience. There was previously a consultation sub-group that was deemed impactful, but its lifespan had ended. In response, the adult protection committee reviewed their approach and was actively developing a participation strategy. This built on the positive achievements of the previous sub-group and was engaging adults with lived experience to inform the partnership's priorities and adult protection committee business plan and improvement cycle.

This plan identified what needed to be done to further integrate the voices of those with lived experience in the partnership's improvement journey. The strategy aimed to ensure the views of adults with lived experience was routinely captured and that this influenced strategic change and improvement. These were cognisant with the principles of adult support and protection legislation.

Delivery of competent, effective, and collaborative adult support and protection practice

The partnership had tools in place to ensure a very high level of adult support and protection work. Governance arrangements were long-standing and well embedded. Self-evaluation, audit, and improvement activity was collaborative and inclusive. However, despite these robust frameworks, there were several areas of key practice that required close attention. This included chronologies, risk assessments, protection plans, investigations, and case conferences.

While the quality of work done in these areas was sound, there were too many instances where more adult support and protection work should have been done to secure the safety of the adult. Adults who should have accessed these interventions risked missing out on protection planning and mitigation.

The risk assessment and management procedure (RAMP) process was well understood by social work managers and leaders. This level of confidence was not consistent across frontline social work services or other agencies including health and police. A few staff said the RAMP and adult protection key processes often converged. While we commend the complex case RAMP alternative to adult support and protection processes, there should be clearer delineation of those parallel processes.

Quality assurance, self-evaluation, and improvement activity

The partnership had a strong history of undertaking annual multi-agency self-evaluation activity that was thematic and took account of a small number of cases. Commendably, the third sector was well represented in this process led by the adult protection committee's continuous improvement sub-group. This was stood down during the Covid-19 pandemic but had re-started. Both the methodology and approach were mostly sound including benchmarking against other relevant national reports.

Action plans developed following this work were embedded in the adult protection committee's improvement plan and overseen by the adult protection committee and chief officers' group. Actions relating to wider health and social care issues were well connected to wider governance and reporting frameworks. Improvements were joint in nature and crossed partner agencies.

Routine social work audits took place, some of which related to protection or high-risk cases. Police Scotland G Division's adult protection team took on a quality assurance role in relation to the handling of adult concern reports and the adult protection committee was well sighted on the NHS public protection governance and accountability framework.

Overall, the deployment of multi-agency self-evaluation and audit was well embedded and collaborative. That said, refinement was needed to ensure it more accurately identified those areas for improvement noted in this inspection. Although we are assured the systems to govern and oversee improvement were in place, a more comprehensive approach was needed to impact more widely on areas for improvement.

Learning reviews

The partnership had not undertaken any learning reviews during the timeframe of the inspection. Learning points were addressed from an initial case review that was undertaken.

The partnership updated their learning review protocol. This was a helpful document that was aligned with the national guidance 2022 and provided a useful section on implementing recommendations.

Summary

Key processes

Overall, the partnership demonstrated resilience since 2017, including during the Covid-19 pandemic. During this period, it had maintained their approach to self-evaluation and audit and were early adopters of the code of practice.

The 2017 joint inspection of adult support and protection in East Dunbartonshire highlighted chronologies as an area for improvement. In response, the partnership implemented a chronology project in conjunction with staff from across children's and adult services. They effectively identified the barriers to creating, updating, and reviewing chronologies. The resulting improvement ensured a shared template with a focus on trauma and portability for young people transitioning from children's services. A prompt for managers to check for completion of chronologies was introduced to the reflective supervision tool in 2019 and staff were trained. Subsequent partnership audits found quality had improved but challenges remained with completion of chronologies. We found this remains the case. There was significant improvement in the quality of chronologies, but completion had only slightly progressed.

In 2017 just over half of initial inquiries were good or better. Improvement in this area was significant with all initial inquiries now good or better. Compliance with the code of practice was closely adhered to, with strong collaboration and oversight evident.

In 2017 almost all adults at risk of harm had a risk assessment completed, but this had since reduced to half. Protection plans had also declined from being present in almost all cases to just over half. Where completed, the quality of risk assessment had remained stable, with the quality of mostly good or better.

The quality of investigations in 2017 was a strength with almost all good or better. This had reduced, but as in 2017 almost all effectively determined if the adult was at risk of harm and all were completed timeously. A multi-agency approach was evident. Commendably, health staff were trained and acted as second workers when this was beneficial to the investigatory process.

Despite clear guidance the risk assessment and management procedure (RAMP) was used for some adults at risk of harm as an alternative to adult support and protection processes. This remains the case with convergence between the two processes impacting on the outcomes of a few adults at risk of harm. Adults meeting the three-point criteria should always access the protective safeguards afforded by adult support and protection legislation. In 2017 The chief officers' group were sighted on the need to monitor this delineation and oversight should continue as a priority.

Strategic leadership

The level of staff confidence in strategic leaders had improved since 2017 and was a positive feature of this inspection, reflected in our staff survey. This foundation forged close working relationships and confidence amongst staff across the partnership.

In 2017 the strategic leadership team had a clear vision that promoted productive and collaborative work for adult support and protection. There was effective oversight of multi-agency practice and the partnership used long established self-evaluation and audit activities to identify areas for improvement to good effect.

While this largely remained, the audit and self-evaluation approaches needed to be reviewed to ensure that key areas for improvement were identified and subsequently embedded in improvement plans. The competence and effectiveness of key areas of adult support and protection practice will improve as a result.

The strategic leadership continued to promote collaborative working. Close working relationships were evident at all levels, particularly between social work and health staff in adult support and protection work. They were strong operational and strategic partners. The integrated care home support team had reduced adult support and protection referrals from care homes and ensured that protection issues were dealt with consistently from a multi-agency perspective.

Next steps

We asked the East Dunbartonshire partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 95% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 95% of episodes where the three-point criteria was applied correctly by the HSCP
- 98% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 100% were one to two weeks
- 85% of episodes evidenced management oversight of decision making
- 100% of episodes were rated good or better

Staff survey results on initial inquiries

- 96% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 2% did not concur, 1% didn't know
- 91% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 3% did not concur, 6% didn't know
- 90% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 3% did not concur, 7% didn't know

Information sharing among partners for initial inquiries

- 88% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 61% of adults at risk of harm had a chronology
- 95% of chronologies were rated good or better, 5% adequate or worse

Risk assessment and adult protection plans

- 50% of adults at risk of harm had a risk assessment
- 74% of risk assessments were rated good or better
- 58% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 73% of protection plans were rated good or better, 27% were rated adequate or worse

Full investigations

- 94% of investigations effectively determined if an adult was at risk of harm
- 100% of investigations were carried out timeously
- 72% of investigations were rated good or better

Adult protection case conferences

- 58% were convened when required
- 93% were convened timeously
- 100% were attended by the adult at risk of harm (when invited)
- Police attended 100%, health 100% (when invited)
- 93% of case conferences were rated good or better for quality
- 100% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 45% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 93% of inquiry officers' actions were rated good or better
- 93% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 67% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 70% good or better rating for the quality of ASP recording in health records
- 74% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 98% of cases evidenced partners sharing information
- 95% of those cases local authority staff shared information appropriately and effectively
- 95% of those cases police shared information appropriately and effectively
- 100% of those cases health staff shared information effectively

Management oversight and governance

- 69% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 76%, police 90%, health 61%

Involvement and support for adults at risk of harm

- 83% of adults at risk of harm had support throughout their adult protection journey
- 76% were rated good or better for overall quality of support to adult at risk of harm
- 90% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 2% did not concur, 8% didn't know

Independent advocacy

- 58% of adults at risk of harm were offered independent advocacy
- 100% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 73% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 100% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 17% of adults at risk of harm were subject to financial harm
- 100% of partners' actions to stop financial harm were rated good or better
- 20% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 93% of adults at risk of harm who needed additional support received it
- 86% concur adults subject to ASP, experience safer quality of life from the support they receive, 3% did not concur, 11% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 82% concur local leaders provide staff with clear vision for their adult support and protection work. 5% did not concur, 13% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 82% concur local leadership of ASP across partnership is effective, 2% did not concur, 15% didn't know
- 78% concur I feel confident there is effective leadership from adult protection committee, 3% did not concur, 18% didn't know
- 62% concur local leaders work effectively to raise public awareness of ASP, 10% did not concur, 28% didn't know

Quality assurance, self-evaluation, and improvement activity

- 69% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 4% did not concur, 26% didn't know
- 75% concur ASP changes and developments are integrated and well managed across partnership, 4% did not concur, 21% didn't know

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 14TH MARCH 2024

REPORT REFERENCE: PERF/140324/09

CONTACT OFFICER: CAROLINE SINCLAIR, CHIEF OFFICER

SUBJECT TITLE: AUDIT SCOTLAND REPORT - NHS IN
SCOTLAND 2023

1.0 PURPOSE

1.1 The purpose of this report is to present the Audit Scotland report on the NHS in Scotland 2023.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit & Risk Committee:

2.1 Note the contents of the Audit Scotland report on the NHS in Scotland 2023.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3 BACKGROUND/MAIN ISSUES

- 3.1** This Audit Scotland report is an annual report and provides assurance over NHS Scotland's performance and finances and assesses the progress of ongoing reforms.
- 3.2** The report reflects the need for short-, medium- and long-term investment and reform to ensure the future sustainability of the NHS in Scotland. It provides an update on the implementation of longer-term reforms, such as the Sustainability and Value Programme and the Care and Wellbeing Portfolio approach, alongside reporting on how recovery has progressed.
- 3.3** The key messages from the report are set out below:
- Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability.
 - The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.
 - There are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services. The current absence of an overall vision makes longer-term planning more difficult for NHS boards.
- 3.4** There were a number of recommendations set out in the report for the Scottish Government and for the Scottish Government and NHS boards collectively:

The Scottish Government should:

- develop and publish a national NHS capital investment strategy in 2024, stating how spending is being prioritised and the overall estate is being managed (paragraph 30).
- ensure that the relationship between new financial engagement arrangements and the NHS Scotland Support and Intervention Framework is widely understood by stakeholders ahead of NHS boards preparing and submitting their 2024/25-26/27 financial plans (paragraph 39).
- publish a revised Medium-Term Financial Framework (MTFF) for health and social care, following publication of its wider Medium-Term Financial Strategy (MTFS) in 2024 (paragraph 41).
- confirm which indicator(s) will be used to measure year-on-year reductions in waiting times (paragraph 49).

- publish a National Workforce Strategy update for health and social care that includes guidance on improving staff wellbeing and culture ([paragraph 75](#)) and indicative workforce growth projections ([paragraph 79](#)) in 2024.
- revisit its NHS Recovery Plan commitments and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why ([paragraph 92](#)).
- publish clear and transparent annual progress reports on:
 - the work being undertaken on the reform of services showing the effectiveness and value for money of new innovations and ways of delivering NHS services ([paragraph 103](#))
 - the Care and Wellbeing Portfolio to better show how it is making a difference ([paragraph 108](#)).
- work with NHS boards, their staff, partners, and the public to develop a new long-term vision for the wider health system by 2025 that sets out national priorities and recognises the interdependencies in the healthcare system, to enable the necessary reforms that will ensure the future sustainability of health services ([paragraph 121](#)).

The Scottish Government and NHS boards should:

- work together to progress the 13 actions set out in the Value Based Health and Care Action Plan, empowering staff to take advantage of innovative opportunities for service reform and transformation and measuring the difference Realistic Medicine is making to outcomes and service sustainability1 ([paragraph 116](#)).
- ensure that the new approach to self-assessment within the revised Blueprint for Good Governance in NHS Scotland is rolled out across all NHS boards in 2024 and that any areas for improvement identified are addressed ([paragraph 126](#)).

3.5 The Audit Scotland is included as **Appendix 1**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan – none
- 4.2** Frontline Service to Customers – none
- 4.3** Workforce (including any significant resource implications) – none
- 4.4** Legal Implications – none
- 4.5** Financial Implications – none
- 4.6** Procurement – none
- 4.7** ICT – none.

- 4.8 Corporate Assets – none.
- 4.9 Equalities Implications – none
- 4.10 Corporate Parenting – none
- 4.11 Other – none.

5.0 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

- 5.1 The risks are no risks to this report.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – none
- 6.3 **NHS GREATER GLASGOW & CLYDE** – none
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7.0 **POLICY CHECKLIST**

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Audit Scotland Report – NHS in Scotland 2023

NHS in Scotland 2023

AUDITOR GENERAL 

Prepared by Audit Scotland
February 2024

Contents

Key messages	3
Recommendations	4
Introduction	6
1. Financial performance and outlook	7
2. Operational performance and recovery	23
3. Reform and redesign	38
Endnotes	51
Appendix 1.	54
Appendix 2.	55
Appendix 3.	57

Accessibility

You can find out more and read this report using assistive technology on our [website](#).

For information on our accessibility principles, please visit: www.audit-scotland.gov.uk/accessibility.

Audit team

The core audit team consisted of: Leigh Johnston, Martin McLauchlan, Fiona Lees, Naomi Ness and Liam Prior under the direction of Cornilius Chikwama.

Key messages

- 1** Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability.
 - 2** The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.
 - 3** There are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services. The current absence of an overall vision makes longer-term planning more difficult for NHS boards.
-

Recommendations

The Scottish Government should:

- develop and publish a national NHS capital investment strategy in 2024, stating how spending is being prioritised and the overall estate is being managed ([paragraph 30](#)).
- ensure that the relationship between new financial engagement arrangements and the NHS Scotland Support and Intervention Framework is widely understood by stakeholders ahead of NHS boards preparing and submitting their 2024/25-26/27 financial plans ([paragraph 39](#)).
- publish a revised Medium-Term Financial Framework (MTFF) for health and social care, following publication of its wider Medium-Term Financial Strategy (MTFS) in 2024 ([paragraph 41](#)).
- confirm which indicator(s) will be used to measure year-on-year reductions in waiting times ([paragraph 49](#)).
- publish a National Workforce Strategy update for health and social care that includes guidance on improving staff wellbeing and culture ([paragraph 75](#)) and indicative workforce growth projections ([paragraph 79](#)) in 2024.
- revisit its NHS Recovery Plan commitments and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why ([paragraph 92](#)).
- publish clear and transparent annual progress reports on:
 - the work being undertaken on the reform of services showing the effectiveness and value for money of new innovations and ways of delivering NHS services ([paragraph 103](#))
 - the Care and Wellbeing Portfolio to better show how it is making a difference ([paragraph 108](#)).
- work with NHS boards, their staff, partners, and the public to develop a new long-term vision for the wider health system by 2025 that sets out national priorities and recognises the interdependencies in the healthcare system, to enable the necessary reforms that will ensure the future sustainability of health services ([paragraph 121](#)).

The Scottish Government and NHS boards should:

- work together to progress the 13 actions set out in the Value Based Health and Care Action Plan, empowering staff to take advantage of innovative opportunities for service reform and transformation and measuring the difference Realistic Medicine is making to outcomes and service sustainability¹ ([paragraph 116](#)).
- ensure that the new approach to self-assessment within the revised Blueprint for Good Governance in NHS Scotland is rolled out across all NHS boards in 2024 and that any areas for improvement identified are addressed ([paragraph 126](#)).

Introduction

- 1.** The NHS provides a range of vital services to thousands of people, everyday, across Scotland. We publish an annual report on the NHS in Scotland to provide assurance over NHS Scotland's performance and finances and to assess the progress of ongoing reforms.
- 2.** Our [NHS in Scotland 2022](#) report focused on progress against the NHS Recovery Plan 2021–2026 (published in August 2021), as the health system emerged from the Covid-19 pandemic. It highlighted that progress against recovery ambitions had been slow, and that the financial, workforce and demand pressures faced by the NHS presented an ongoing risk to recovery from the pandemic.
- 3.** This report reflects the need for short-, medium- and long-term investment and reform to ensure the future sustainability of the NHS in Scotland. It provides an update on the implementation of longer-term reforms, such as the Sustainability and Value Programme and the Care and Wellbeing Portfolio approach, alongside reporting on how recovery has progressed.
- 4.** This includes an increased focus on funding and financial performance, position and sustainability compared to our recent reports; analysis of service performance and patient safety; and progress on wider reforms aimed to ensure services are sustainable into the future. We outline our audit methodology in [Appendix 1](#), provide more detailed board level performance data in [Appendix 2](#) and comment on the progress made against the recommendations from our NHS in Scotland 2022 report in [Appendix 3](#).

To note:

- 5.** When reporting on funding and finances, we refer to changes in real terms in this report. This means that we are showing financial information for past and future years at 2022/23 prices, adjusted for inflation so that they are comparable. To adjust for inflation we use gross domestic product (GDP) deflators, which are published quarterly by HM Treasury. GDP deflators are the standard approach adopted by both the UK Government and Scottish Government when analysing public expenditure. As a result of the way that GDP is calculated, Covid-19 resulted in volatility across 2020/21 and 2021/22. To compensate for this, and to provide meaningful comparisons between years, we have used an average GDP growth rate for 2020/21 and 2021/22 in our calculations to separate inflation (increases in prices) from changes in outputs and those largely attributable to Covid-19 spending.

1. Financial performance and outlook

The NHS in Scotland faces medium-term financial challenges that highlight the need for service reform

Health funding has been increasing in real terms, and is projected to take up an increasing share of the Scottish Government's budget

6. The Scottish Government manages health spending as part of its overall budget process. Health remains the single largest area of Scottish Government spending, accounting for 39 per cent of the budget in 2022/23. Between 2013/14 and 2022/23, direct health spending has increased by 21 per cent in real terms. The Scottish Government health budget in 2022/23 was £17.8 billion. Most health funding is provided to territorial boards to deliver services ([Exhibit 1, page 8](#)).

7. NHS boards delegate a significant proportion of their budget to **Integration Authorities (IAs)** to fund health services such as primary and community care. In 2022/23, territorial boards delegated £7.2 billion directly to IAs, 49 per cent of their budgets. In turn, NHS boards received £7.5 billion back to provide services on behalf of IAs. Alongside these payments NHS boards also transferred £0.7 billion on behalf of themselves and IAs directly to councils. The Accounts Commission produces an annual report on the finances and performance of Integration Joint Boards (IJBs), next due for publication in June 2024.

8. The Scottish Government received significant Covid-19 related funding linked to increased UK Government spending in both 2020/21 and 2021/22. A total of £2.9 billion (2020/21) and £2.6 billion (2021/22) of this funding was used to support health and social care. From 2022/23 onwards, however, any spending related to Covid-19 was expected to be funded from the Scottish budget rather than from specific funding allocations and be managed as part of NHS boards' annual budget-setting processes. This resulted in a real-terms decrease in health spending between 2021/22 and 2022/23, reflecting the reduction in Covid-19 related funding ([Exhibit 2, page 9](#)).

9. The overall health and social care budget for 2023/24 was set at £19.1 billion, representing over one-third of the total Scottish budget and 38 per cent of the discretionary budget, although in-year changes reduced this to £18.9 billion.² This means, in real terms, there was a small annual reduction in the health budget of 0.2 per cent. However, this relates mainly to increases in the annual transfers of social care funding to the local government portfolio to support social care and mental health service delivery.

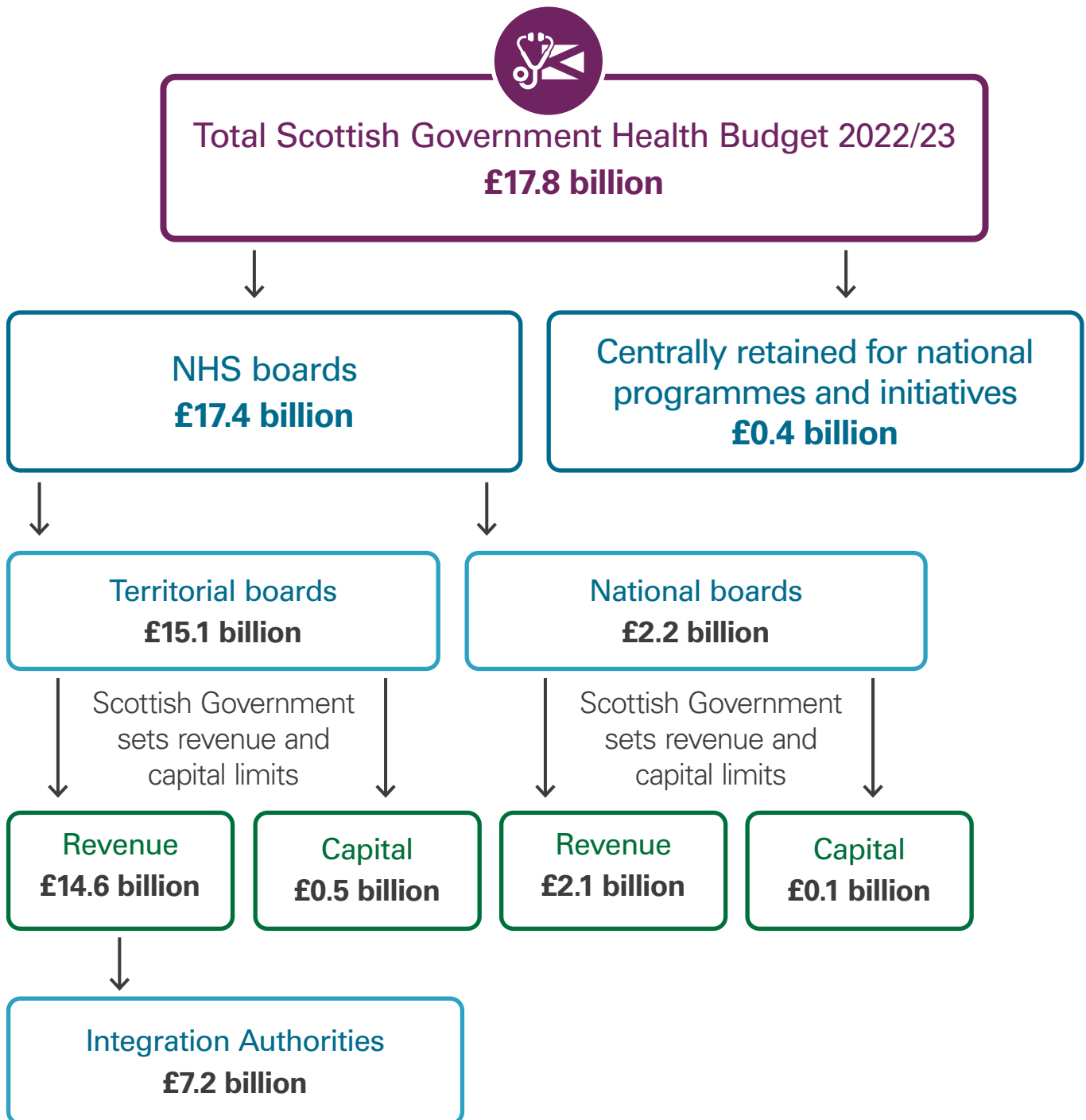


Integration Authorities

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires councils and territorial NHS boards to work together in partnerships, known as Integration Authorities (IAs).

As part of the Act, new bodies were created – Integration Joint Boards (IJBs). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, follows a Lead Agency model.

Exhibit 1. Scottish Government health funding in 2022/23



Note: Figures may not balance due to rounding.

Source: Scottish Government Budget documents and NHS boards' audited accounts

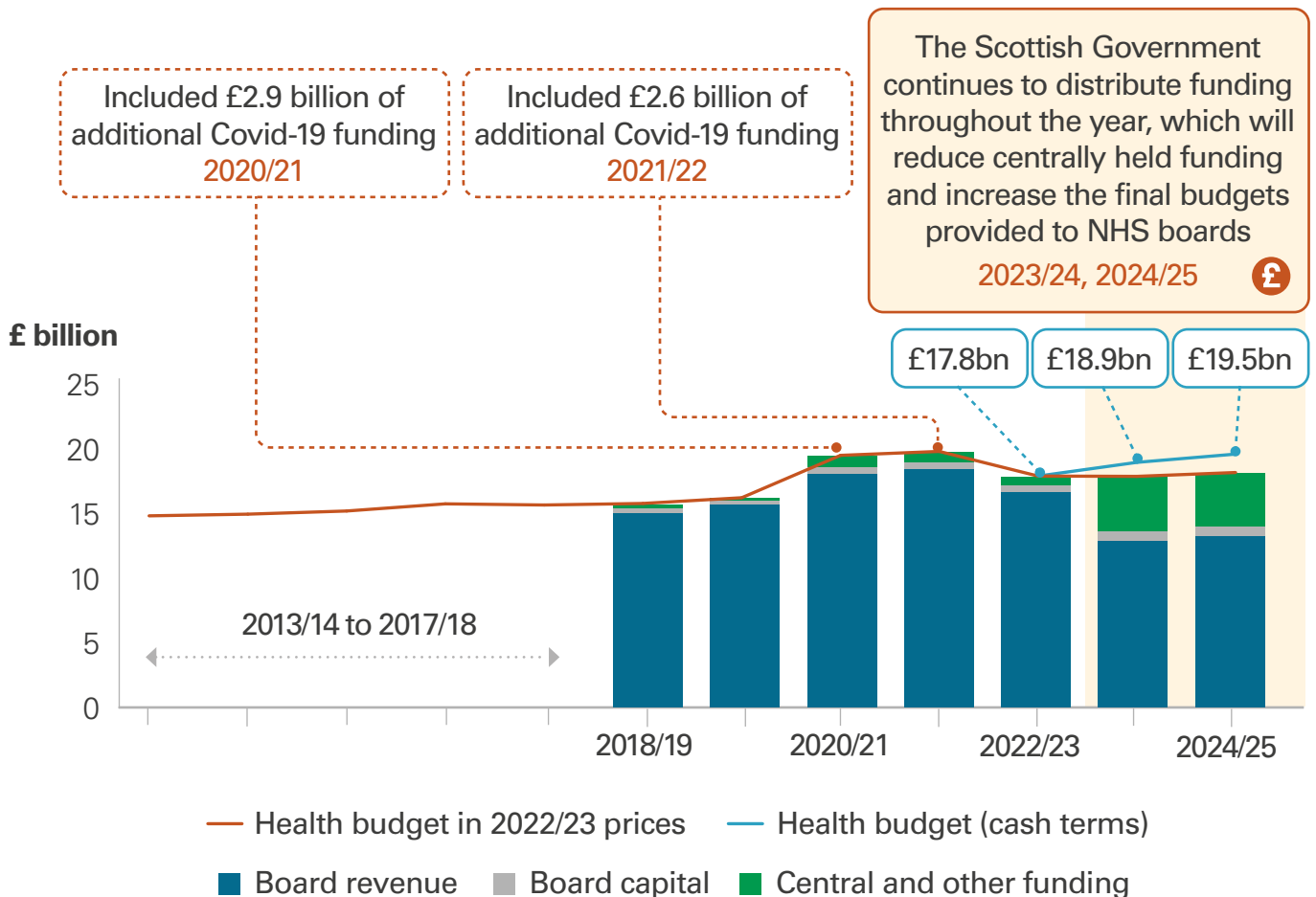
10. In its Medium-Term Financial Strategy (May 2023), the Scottish Government reflected the Scottish Fiscal Commission's projections that health spending will grow faster than that of other public services.^{3, 4} The growth in health spending up until 2027/28 was, however, one reason that the Scottish Government forecast that its budget would potentially not be enough to meet its spending commitments. This highlights the challenge of meeting healthcare costs in the medium term.

11. The Scottish Government published its 2024/25 budget plans in December 2023, with the health budget of £19.5 billion representing a real-terms annual increase of 1.7 per cent and reflecting the longer-term trend of real-terms increases in health spending. The Scottish Government published a single-year budget but has indicated that it intends to provide further public sector-wide spending plans in 2024, including a refreshed Medium-Term Financial Strategy, Resource and Capital Spending Reviews and an Infrastructure Investment Plan.

Exhibit 2.

The health budget has been increasing in real terms since 2013/14

Specific funding was given to support the response to Covid-19, and funding is now increasing again annually.



Notes:

1. The total health budget reflects the position from relevant Scottish Government budget documentation as at December 2023. From 2022/23 it is shown in both cash and real terms, but all other figures have been adjusted to 2022/23 prices.
2. Board allocations reflect the final allocations to NHS boards up to 2022/23 and assume all capital funding distributed to boards from 2023/24 onwards.
3. Central funding represents the difference between the health budget and direct board allocations and, from 2023/24 onwards, funds distributed in-year. It also includes some technical elements of the Scottish Budget and so differs from the 'Centrally retained' funding in [Exhibit 1](#).

Source: Audit Scotland analysis of Scottish Government budget documentation and NHS boards' audited annual accounts

The Scottish Government has made progress in moving boards towards receiving their calculated share of the health budget

12. The Scottish Government uses a formula developed by the NHS Scotland Resource Allocation Committee (NRAC) to assess how much funding each of Scotland's 14 territorial NHS boards should be allocated. NRAC funding covers hospital and community health services and GP prescribing. It considers many factors that influence the need for, and cost of, providing healthcare such as population size, deprivation levels and geographical differences.

13. The Scottish Government currently adjusts NRAC allocations to reflect specific need and ensure stability of funding, with some boards receiving more than their formula allocation (and others less). The Scottish Government committed to moving all boards closer to receiving their NRAC calculated share of funding, known as parity, by gradually increasing all annual resource allocations to boards in real terms, but giving those boards receiving above target allocations smaller relative increases.⁵

14. Following the extraordinary measures taken throughout the Covid-19 pandemic, including suspending medium-term planning arrangements and using Covid-19-specific funding to ensure that boards were fully funded, moving towards parity has resumed in 2023/24. Currently no board is more than 0.6 per cent below parity (compared to 0.8 per cent in 2018/19).⁶ The Scottish Government has committed to reviewing the NRAC formula and this work is currently ongoing.

All boards met financial break-even requirements in 2022/23, but over one-third of territorial boards needed financial support to do so

15. In 2020/21 and 2021/22, the Scottish Government provided non-repayable financial support to ensure all NHS boards delivered financial balance due to the exceptional financial challenges related to responding to the Covid-19 pandemic. From 2022/23, however, boards were again expected to operate within their financial targets. They can also make use of limited financial flexibilities, allowing them to operate within one per cent of their **core revenue budget**, offsetting any annual overspend over the next two years ('three-year break-even').

16. All 22 NHS boards met their break-even requirements in 2022/23, but this was achieved only after five territorial boards received additional funding from the Scottish Government, and one made use of the three-year flexibility:

- NHS Ayrshire and Arran (£25.4 million), NHS Borders (£11.7 million), NHS Dumfries and Galloway (£9.3 million), NHS Fife (£9.7 million) and NHS Highland (£16.0 million) all received additional financial support (brokerage).



Core revenue budget

NHS boards receive budget limits from the Scottish Government. These are referred to as the revenue resource limit (RRL) and capital resource limit (CRL).

Core revenue budgets are those spent on delivering services, for example to pay staff and buy medicines.

Core capital budgets are spent on building and maintaining the NHS estate or investing in new medical equipment.

Non-core budgets are for technical accounting adjustments, for example depreciation.

- NHS Tayside made use of the three-year flexibility to allow it to spend an additional £9.6 million in 2022/23.

From 2022/23, additional funding will again be repayable. The Scottish Government will set repayment terms only once these boards have returned to a break-even position.

Seven boards failed to make planned savings in 2022/23 and the NHS remains reliant on one-off savings

17. In 2022/23, NHS boards were once again required to produce three-year financial plans. Boards had to prepare to manage the end of Covid-19-specific funding streams despite some associated costs continuing. The three-year plans submitted to the Scottish Government in 2022 indicated that, in 2022/23, three of the 14 territorial boards and seven of the eight national boards expected to break even, subject to achieving £620.6 million of savings.

18. The final health budget undergoes significant in-year changes due to a number of factors. In-year funding allocations to boards, alongside additional support and flexibilities, reduced the 2022/23 required savings to around £464 million, with boards collectively achieving £441 million of this target. Notably, however, two-thirds of the savings delivered were one-off, non-recurring measures which will not contribute to efficiencies on an ongoing basis.

19. For 2023/24, the Scottish Government has set an NHS-wide target for boards to deliver recurring annual savings equivalent to three per cent of their **baseline RRL**. While boards did deliver savings equivalent to three per cent of the baseline RRL in 2022/23, two-thirds of savings were non-recurring in nature and seven boards failed to achieve their own revised savings targets. The level of savings, both in value and the reliance on one-off, non-recurring savings, was in line with historical (pre-Covid) savings delivered ([Exhibit 3, page 12](#)).

Even if ambitious future savings targets are achieved, boards are likely to require further financial support

20. The savings identified in the 2023/24 three-year financial plans will not be sufficient to allow boards to break even. At the beginning of 2023/24 only 62 per cent of required savings had been identified, with a further 20 per cent to be drawn from identified potential savings and 18 per cent remaining unidentified. Even if savings in excess of those delivered in recent years are achieved, and savings are delivered as per the plans, it was forecast that annual deficits in excess of £0.5 billion would still require to be addressed by 2025/26 ([Exhibit 4, page 13](#)).



Baseline RRL

Boards' revenue budgets are further split into recurring funding that will be received every year, and specific funding.

This allows boards to identify their 'baseline' revenue funding, which is the funding they can be certain they will receive in future years to meet day-to-day spending.

The Scottish Government and NHS boards can then use this baseline budget as part of their medium-term financial planning, including the savings they may need to make.

Exhibit 3.

Historically boards have found it difficult to deliver planned savings and have often relied on non-recurring measures, as in 2022/23

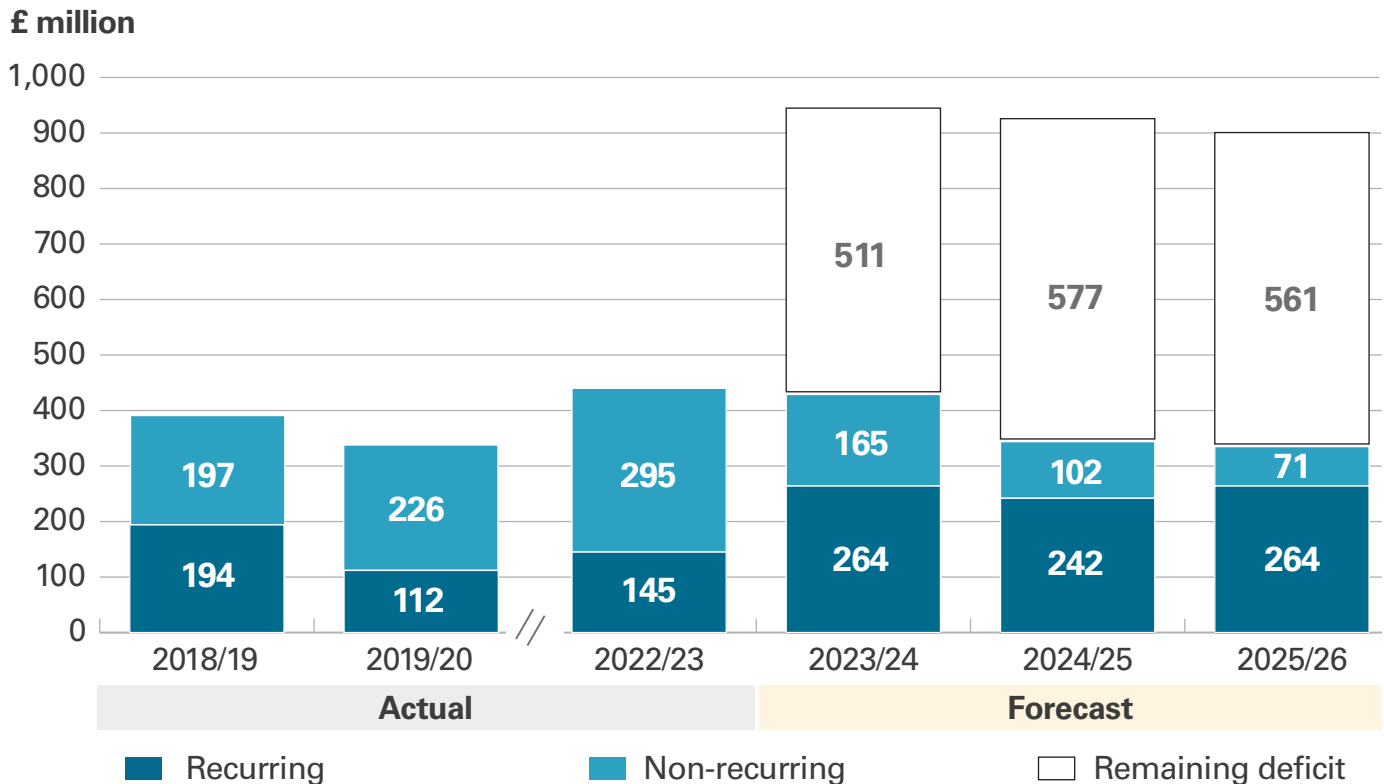
NHS Board	Savings made (£ million)			Savings target (£ million)	Savings made as a percentage of baseline RRL (%)
	Recurring	Non-recurring	Total		
NHS Scotland	145.5	295.5	441.0	464.0 ❌	3.5
NHS Ayrshire & Arran	6.5	4.8	11.3	16.7 ❌	1.4
NHS Borders	2.4	7.6	10.0	11.5 ❌	4.3
NHS Dumfries & Galloway	2.2	21.3	23.5	23.5 ✔️	7.0
NHS Fife	3.0	6.8	9.8	11.7 ❌	1.3
NHS Forth Valley	9.0	20.3	29.3	29.3 ✔️	4.9
NHS Grampian	2.5	7.7	10.2	5.4 ✔️	1.0
NHS Greater Glasgow & Clyde	54.8	119.7	174.5	174.5 ✔️	7.0
NHS Highland	3.0	7.0	10.0	26.0 ❌	1.4
NHS Lanarkshire	9.5	45.0	54.5	54.5 ✔️	4.0
NHS Lothian	14.7	9.1	23.8	25.9 ❌	1.5
NHS Orkney	0.9	2.4	3.2	4.9 ❌	5.7
NHS Shetland	1.2	2.9	4.1	3.1 ✔️	7.2
NHS Tayside	4.4	19.0	23.4	23.4 ✔️	2.7
NHS Western Isles	2.2	1.8	4.0	4.0 ✔️	4.8
NHS 24	1.3	1.4	2.6	2.6 ✔️	3.2
NHS Education for Scotland	0.0	2.8	2.8	2.8 ✔️	0.6
NHS Golden Jubilee	1.0	2.0	3.0	4.6 ❌	4.3
NHS National Services Scotland	14.7	3.1	17.8	16.8 ✔️	4.8
Healthcare Improvement Scotland	0.4	0.0	0.4	0.0 ✔️	1.2
Public Health Scotland	4.3	0.3	4.6	4.6 ✔️	8.7
Scottish Ambulance Service	7.5	9.9	17.4	17.4 ✔️	5.5
The State Hospital	0.0	0.8	0.8	0.8 ✔️	2.1

✔️ Savings target met ❌ Savings target not met

Source: Audit Scotland analysis of NHS audited information

Exhibit 4.

Even if savings are delivered as planned over the next three years, significant forecast deficits remain to be addressed



Notes:

- 2020/21 and 2021/22 are excluded due to operational pressures and funding arrangements related to Covid-19. 2022/23 totals differ between Exhibits 3 and 4 by £1 million due to rounding.
- Savings achieved in 2022/23 were equivalent to 3.5 per cent and planned savings in 2023/24 are equivalent to 3.2 per cent of baseline RRLs. Planned savings in 2024/25 and 2025/26 are around 2 per cent of forecast annual Core RRLs. Remaining deficit is against forecast Core RRLs.
- Figures for 2023/24 onwards have not been adjusted by Audit Scotland as they were adjusted by boards when preparing their financial plans.

Source: Audit Scotland analysis of NHS audited information and the Scottish Government's summary of NHS board three-year financial plans submitted to them in summer 2023

21. A total of £200 million was provided to boards over the summer of 2023 in in-year adjustments, including money for new medicines funding, movement towards NRAC parity and to address issues of financial sustainability. The latest assessment, made at the mid-point of 2023/24, is that this additional funding has now reduced the forecast 2023/24 deficit to around £400 million but the level of savings achieved by NHS boards is behind schedule.

NHS boards faced significant cost pressures in 2022/23, with staff and prescribing costs increasing alongside inflation

22. Direct responses to Covid-19 within the healthcare environment, the pandemic-related healthcare backlog, and wider societal and behavioural changes have altered how health services are delivered. In 2022/23, boards had to manage the end of Covid-19-specific funding streams, although some associated costs continued. At the same time, general inflationary pressures, increasing utility prices and higher than expected pay deals have increased significant areas of NHS spending. For example, the costs associated with primary and secondary prescribing rose, in real terms, with increases in unit costs. These external factors have resulted in increased volatility as boards have tried to plan in the medium term ([Exhibit 5, page 15](#)).

Staffing remains the most significant cost for NHS boards and will continue to increase




















23. Staff costs across the NHS increased again in 2022/23, both in real terms and as a proportion of overall NHS spending, to £9.8 billion. Commitments around pay, and terms and conditions, play an important role in the recruitment and retention of staff. Staff costs are subject to annual increases but will also rise because of recruitment ambitions to increase the number of NHS employees, including nurses and doctors. There is an ongoing commitment to no compulsory redundancies for NHS staff.

24. Recently agreed pay deals, reflecting higher than expected inflation, resulted in significant wage increases across the public sector. For example, junior doctors in Scotland agreed to a 4.5 per cent wage deal in 2022/23, with an average increase of 12.4 per cent agreed for 2023/24. Similarly, NHS workers subject to the Agenda for Change agreement (which includes nurses, midwives, paramedics and others) agreed an average 7.5 per cent increase in pay in 2022/23, with a further 6.5 per cent average increase in 2023/24.

25. The National Workforce Strategy for Health and Social Care in Scotland (March 2022)⁷ committed to increasing the NHS workforce over the next five years by one per cent (1,800 Whole Time Equivalent (WTE)) to ensure there is sufficient workforce capacity, but this does not take into account any reduction in WTE hours. Forthcoming changes such as the intention to move staff, including nurses, to a 35-hour working week will mean more WTE staff being needed to meet staffing requirements and provide the same number of working hours.

Exhibit 5.

Boards faced significant cost pressures in 2022/23 and these pressures are likely to continue

	Change since last year ¹	Change from five years ago ¹
 Net expenditure £17.0 billion	 -6.0%	 13.6%
 Staff costs £9.8 billion	 0.4%	 23.5%
Medical and dental staff £2.3 billion	Nursing and midwifery £3.7 billion	Other staff, including AHPs £3.8 billion
 Agency staff costs² £381.8 million (3.9% of total staff costs)	 27.5%	 97.2%
Including medical agency ³ £119.6 million (+10% since last year)	Including nursing agency ³ £169.7 million (+79% since last year)	Cost of using the nursing bank ⁴ £277.7 million (+12% since last year)
 Prescribed drugs costs £2.1 billion	 0.6%	 3.7%
In primary care: £1.1 billion	 0.5%	 -5.4%
In secondary care: £979.9 million	 0.7%	 16.9%
 Capital and estate costs Expenditure: £528.5 million	 -3.1%	 38.7%
Backlog maintenance of £1.1 billion at the end of 2022 Energy costs: +21% in a year Cleaning costs: +28% in a year		

Cont.

	Change since last year ¹	Change from five years ago ¹
 Clinical negligence and other risks indemnity scheme (CNORIS)		
Set aside to manage future potential clinical negligence payments: £804.2 million	 3.5%	 11.5%

Notes:

1. All changes are in real terms.
2. Agency staff costs (£381.8 million) are as reported in NHS staff and remuneration reports. This includes all agency and directly engaged staff, for example those on temporary contracts, and not just medical and nursing agency staff.
3. Medical agency (£119.6 million) and nursing agency (£169.7 million) costs are included in this overall figure and are published separately by NES.
4. Costs related to the use of the nursing bank are not included within agency costs, or separately disclosed in NHS board accounts, but are published by NES.

Source: Audit Scotland analysis of NHS boards' 2022/23 audited accounts, Scottish Government management information and NES Workforce statistics

26. Total agency staff costs continued to rise in 2022/23, increasing by over 25 per cent overall, and with a significant annual increase in spending on agency nurses (79 per cent). Increases in spending on agency staff, however, pre-date this and, at the same time, use of nursing bank staff has also been increasing. Boards spent £278 million on nursing bank staff in 2022/23, an annual real-terms increase of 12 per cent and 50 per cent since 2018/19.⁸ In 2023, the Scottish Government removed flexibilities on the use of agency staffing which it had introduced during the Covid-19 pandemic, with the impact of this likely to be shown in 2023/24 NHS spending. Nonetheless, agency and bank staffing is likely to remain a significant cost while vacancies are filled on a permanent basis ([paragraph 71](#)).

Capital funding will not be sufficient to deliver new healthcare facilities and also maintain the current estate

27. The capital budget available to NHS boards has been increasing in recent years, but this has largely been committed to pay for specific new building projects, including the development of the National Treatment Centres (NTCs). Hospitals represent 60 per cent of the total estate, and investment in recent years has resulted in a newer estate. Around 70 per cent of the estate is in good condition and used efficiently.⁹

28. Future capital funding available, however, is likely to be constrained. The Scottish Government's overall capital funding now includes ring-fenced funding for research and development. The funding that can be spent on equipment, new buildings and maintenance is therefore unlikely to keep pace with increasing costs and existing commitments related to delivering the NTCs. While this will impact wider investment in new buildings, it also means that the funding available for maintaining the current estate is unlikely to be sufficient ([Case study 1](#)).

Case study 1. National Treatment Centres

In the NHS Scotland Recovery Plan 2021-2026, the Scottish Government announced plans for a network of National Treatment Centres (NTCs). These were expected to contribute to the overall ambition of delivering 55,000 additional inpatient and day case procedures by 2025/26 (NTC's delivering 40,000 of these) and involve significant recruitment (1,500 NTC-based staff).

Initially, nine NTCs were announced, to be completed by 2026 at an estimated cost of £400 million, including the second phase of development at the Golden Jubilee Hospital. The programme was then extended to include the redevelopment of the Princess Alexandria Eye Pavilion, bringing the total number of NTCs to 10, with costs revised to £600 million.

Currently, only three NTCs are operational (Golden Jubilee Phase 1, NHS Fife and NHS Highland), with Golden Jubilee Phase 2 and the NTC located in NHS Forth Valley now due to open in 2024.

The NTC located in NHS Ayrshire and Arran was scheduled to open as planned in 2025, but delays and slippage across the programme meant the remaining five NTCs would not be delivered until 2027, impacting their contribution to the 2025/26 activity targets. Due to global supply chain issues and construction inflation, the cost of building the remaining NTCs has also been significantly revised. The latest estimates available indicated that the first four NTCs have cost around £190 million to build, and that the cost of building five of the six remaining NTCs would be £730 million (not including the NTC based in NHS Lanarkshire).

Following the 2024/25 budget in December 2023, the Scottish Government indicated that all major projects in construction will be completed, including Phase 2 of the Golden Jubilee, but that NHS boards should pause the development of any projects that have not yet passed certain development milestones. This includes the remaining six NTCs.

Source: Audit Scotland

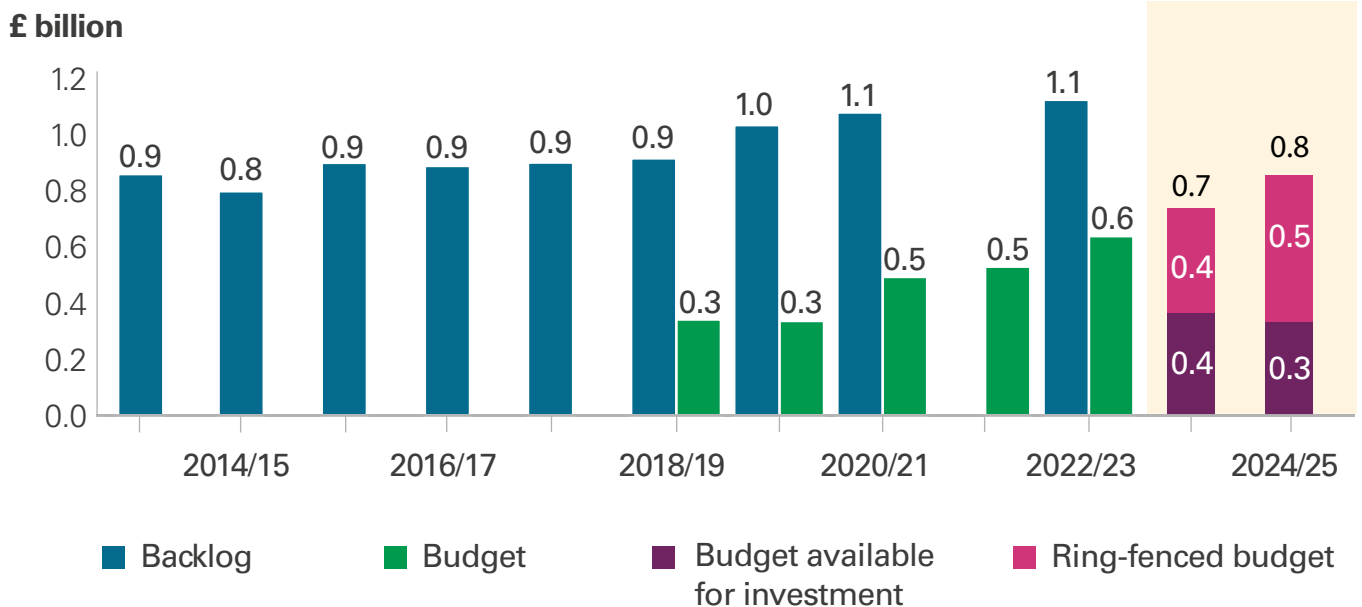


29. There is already a significant backlog of maintenance required across the NHS estate, with the identified backlog now exceeding £1.1 billion ([Exhibit 6](#)). As capital budgets available for new buildings and maintenance decrease, it is not clear how boards will address both routine and backlog maintenance requirements as the existing estate ages.

30. In our recent briefing [Investing in Scotland's Infrastructure](#), we set out the challenges the Scottish Government faces as it looks to manage a decreasing capital budget while meeting its infrastructure investment ambitions. Deployment of limited health capital funding will require clear strategic oversight of the national estate, alongside transparency about how projects are being prioritised, and coordinated action to address the maintenance backlog. A national NHS capital investment strategy, drawing upon current information about the state of the estate and up-to-date cost projections for new building projects, would help to ensure that the existing estate can be maintained and reshaped to meet future clinical needs.

Exhibit 6.

The maintenance backlog across the NHS estate now exceeds £1.1 billion, almost double the total 2022/23 capital budget and three times the future budgets that can be spent to address it



Notes:

1. Work to assess the value of maintenance required was not undertaken in 2021.
2. Figures may not total due to rounding.

Source: Audit Scotland analysis of Scottish Government budget documentation and management information related to backlog maintenance

Currently, Reinforced Autoclaved Aerated Concrete (RAAC) across the NHS estate is unlikely to require significant spending in the short term

31. RAAC represents a risk to the public sector estate and, under certain circumstances, requires immediate remedial work to be undertaken. Initially, a desktop survey was completed by NHS boards to assess which properties may contain RAAC. Across 11 territorial boards, 254 properties were identified as having a high or medium likelihood of containing RAAC. Information about these properties was published on relevant board websites and on the NHS Scotland Assure website. NHS Scotland Assure then led a national programme of physical surveys of these properties to assess the presence of RAAC across the NHS estate in Scotland, concluding this work in November 2023.

32. Of the buildings physically surveyed, RAAC was identified as being present in 32. This resulted in the planned closure of one building being brought forward, and remedial work being undertaken at another. No urgent remedial work was required at the other 30, with ongoing monitoring deemed appropriate. This has limited the immediate potential demand on the capital budget that widespread remedial work would have necessitated.

33. Since the initial survey work was undertaken, a further 150 buildings have been identified or reclassified as having a potentially medium or high likelihood of containing RAAC. The programme of physical survey work has been extended to these sites and is expected to conclude in March 2024, prior to physical surveys then being carried out on those properties identified as having a low likelihood of RAAC being present.

Recognising the scale of the overall financial challenge the Scottish Government has put in place a range of support for boards

34. The Scottish Government has now established the Financial Improvement Group (FIG) to monitor and support boards in delivering their planned savings and wider elements of financial planning. Made up of senior stakeholders from across NHS boards and the Scottish Government, the FIG meets monthly to support boards and Health and Social Care Partnerships (HSCPs)/Integration Joint Boards (IJBs) to work towards achieving financial balance, supporting the wider Sustainability and Value Programme ([paragraph 98](#)).

35. Boards continue to develop their own financial plans but, on submission to the Scottish Government, these are reviewed by the FIG which gives its opinion on the level of detail and assurance provided. In 2023, a small number of boards were asked to resubmit their financial plans following this initial review ([Exhibit 7, page 21](#)).

36. The Scottish Government has now established a central Financial Delivery Unit (FDU). The FDU is aiming to support the delivery of board savings at a more operational level, assisting boards in identifying savings and supporting their delivery by issuing detailed guidance on how individual boards made specific savings so that others can look to implement the same measures.

There is a need for greater clarity about Scottish Government monitoring and support as financial challenges become more widespread

37. Alongside the work of the FIG and FDU, the Scottish Government has introduced new financial support and engagement arrangements for 2023/24 to help individual boards address the financial challenges they are facing. NHS boards have been categorised into three engagement groups: Tailored Support; Enhanced Monitoring and Quarterly Engagement. Those in the first two categories received specific support to develop current financial plans aimed at improving the underlying financial health of the board.

38. Where NHS boards are not delivering effective performance against agreed outcomes or appropriate governance, or are facing significant financial challenges, boards may be subject to additional scrutiny and support through the **NHS Scotland Support and Intervention Framework** (the framework).¹⁰ The Scottish Government's National Planning and Performance Oversight Group (NPPOG) considers both performance and finances when deciding where to place a board on the framework, which consists of five levels. Each increase in the level assigned corresponds to increased formal monitoring and intervention from the Scottish Government. Six NHS boards are currently escalated to stage three or above on the framework ([Exhibit 7, page 21](#)).

39. Historically, where a board required additional financial support (brokerage), or was forecasting significant deficits, they would have been escalated up the framework. Escalation on the framework was paused at the end of March 2020 to enable all boards to focus on ensuring an effective response to the pandemic. Due to systemic financial pressures emerging across boards in the medium term there is a need for greater clarity around the level of support offered to boards. This includes clearly communicating how decisions are made about boards being assigned to an engagement level; how boards can move to a lower engagement level; and the relationship between financial support categories and placement on the more formal framework. The Scottish Government needs to clarify the plans for future escalation on financial grounds and ensure that the placement of boards on the framework, and what this means, is communicated and understood.



NHS Scotland Support and Intervention Framework

Stage 1 – steady state: NHS boards are delivering in line with agreed plans. Normal reporting arrangements in place.

Stage 2 – enhanced monitoring: Some variation from agreed plan(s), possible delivery risk if no remedial action is taken.



Stage 3 – enhanced monitoring and support: Significant variation from plan, risks materialising, Scottish Government commissioned tailored support package is required.

Stage 4 – senior external support and monitoring: Significant risks to delivery and tailored support is not producing the required improvements. Senior level external support required.


Stage 5 – statutory intervention: The level of risk and organisational dysfunction is so significant that the NHS Board requires direct intervention using statutory powers of direction.

Exhibit 7.

Scottish Government financial support arrangements 2023/24

Scottish Government engagement	Criteria	NHS boards	Current framework level	Financial support sought in 2022/23
 <p>Tailored support</p>	<ul style="list-style-type: none"> Financial forecast deficit position significant deviation from average position. Appropriate Scottish Government support to develop and implement financial recovery plan. 	NHS Borders	3 (financial)	£11.7 million brokerage
		NHS Dumfries and Galloway	2	£9.3 million brokerage
		NHS Highland	3 (financial and non-financial)	£16.0 million brokerage
		NHS Ayrshire and Arran	3 (financial)	£25.4 million brokerage
		NHS Orkney	3 (financial)	
 <p>Enhanced monitoring</p>	<ul style="list-style-type: none"> Financial plan requires to be resubmitted, either due to financial position or significant weaknesses identified in plan. Specific actions set for board to complete to address issues. This may be supported potentially with less formal Scottish Government support. Regular engagement with board to ensure delivery of these actions. 	NHS Fife	2	£9.7 million brokerage
		NHS Tayside	3 (non-financial)	£9.6 million flexibility
		NHS Grampian	2	
		NHS Shetland	1	
		Scottish Ambulance Service		

Cont.

Scottish Government Engagement	Criteria	NHS Boards	Current framework level	Financial support sought in 2022/23
 <p>Quarterly engagement</p>	<ul style="list-style-type: none"> Board to be subject to regular monthly monitoring and quarterly review. Board expected to continue to participate with national forums to share good practice and learning with other boards. 	NHS Forth Valley	4 (non-financial)	
		NHS Greater Glasgow and Clyde	1	
		NHS Lanarkshire	1	
		NHS Lothian	1	
		NHS Western Isles	1	
		All other National Boards		

Note: The framework applies to NHS territorial boards only. National boards are covered by separate arrangements.

Source: Scottish Government

Boards require greater certainty to appropriately plan for the medium term

40. Boards submitted financial plans for the period 2023/24 to 2025/26 to the Scottish Government in the summer of 2023, after the preparation of the 2023/24 Annual Delivery Plans (ADPs) and three-year Medium Term Plans (MTPs). Financial plans made assumptions relating to allocation uplifts, inflation, pay and prescribing cost growth as well as ongoing Covid-19 costs and targeted efficiency savings. Boards prepared and submitted these plans in the absence of a revised MTFF. Auditors at a number of boards recommended that detailed scenario planning be included in future financial plans and reporting submitted in public to boards, as well as in quarterly forecasting to the Scottish Government.

41. The 2018 MTFF aimed to provide a clear indication of future financial scenarios for health and social care over the medium term, it being aligned to the Scottish Government's own wider MTFS. In our [NHS in Scotland 2022](#) report, we recommended that the Scottish Government publish a revised MTFF as soon as possible after the May 2023 MTFS was published. This is still required, which the Scottish Government recognises and has stated its aim is to publish a revised MTFF in spring 2024. This is needed alongside the better alignment between the annual activity planning cycle that the Scottish Government has introduced for 2024/25. NHS boards are now required to develop their existing MTPs and produce three-year delivery plans for submission, alongside their three-year financial plans ([paragraph 97](#)).

2. Operational performance and recovery

The NHS in Scotland is still struggling to recover following the Covid-19 pandemic, and increasing demand is adding to capacity issues

42. In addition to the financial pressures the NHS is facing, described in [Part 1](#), its operational performance and recovery continues to be challenged by a range of other systemic issues. Even before the Covid-19 pandemic, NHS boards were finding it difficult to consistently meet waiting times standards, particularly for planned care.

The NHS in Scotland is still struggling to provide healthcare in a timely way; most waiting times standards are not being met

43. Performance against national waiting times standards shows that the NHS in Scotland is still struggling to provide healthcare in a timely way for many patients. Only three out of eight key waiting times standards have been met at a national level in any quarter in the last five years ([Exhibit 8, page 24](#)). Between July and September 2023, only one out of eight key waiting times standards was met at NHS Scotland level. When the latest quarter is compared with the equivalent quarter a year ago, performance has improved against four standards, but has deteriorated in the other four. Performance against each standard varies among boards. ([Webpage table](#))

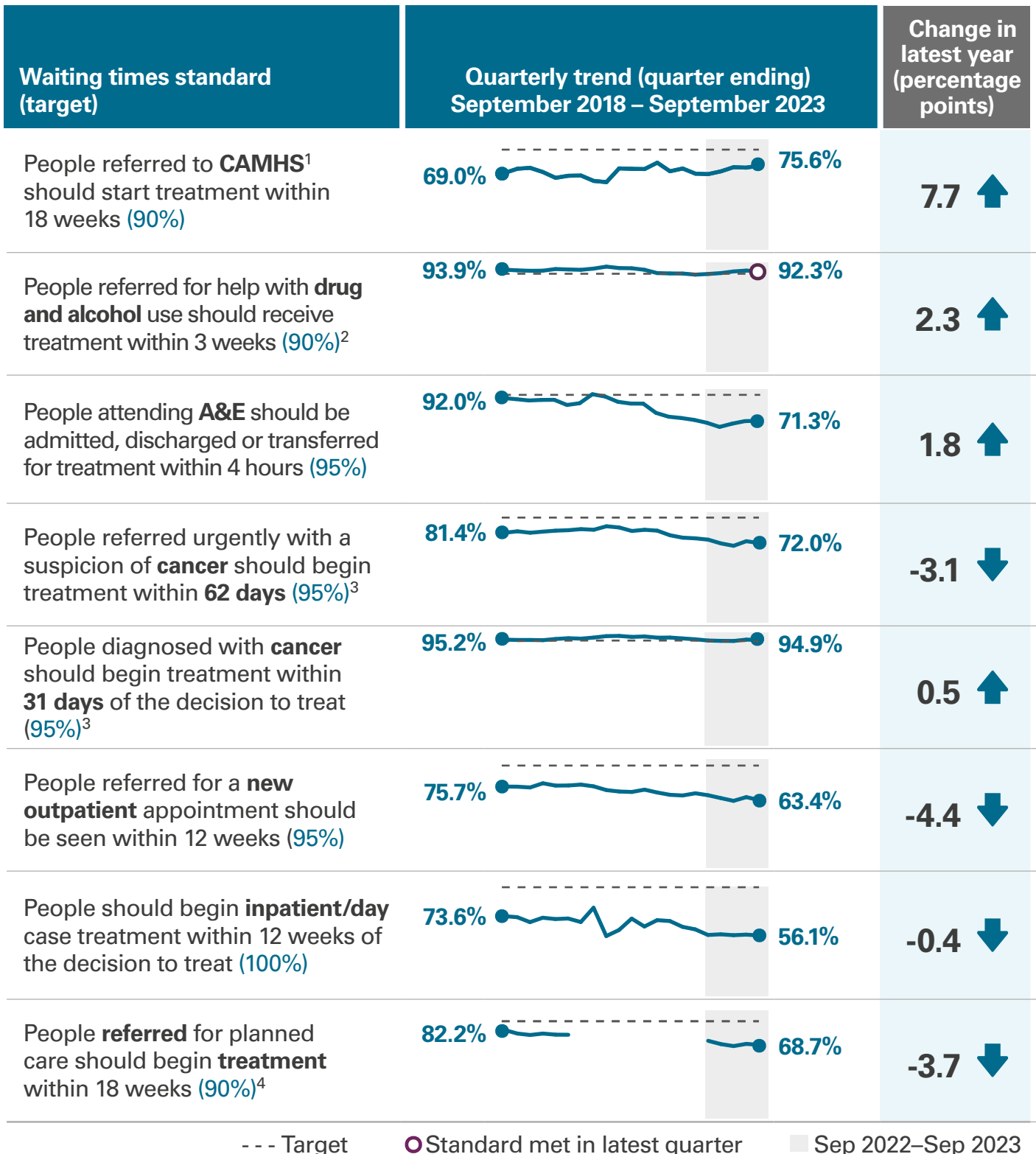
44. Although waiting times standards are an official measure of performance, they do not provide a comprehensive picture of post-pandemic service performance or recovery. Performance against the standards continues to be influenced by the backlog of care that built up during the pandemic, efforts to reduce the number of long waits for planned care, the availability of staff and hospital beds, and other factors that affect activity and capacity.¹¹

45. There are no current plans to change the waiting times standards; the Scottish Government and NHS boards still aim to reduce waiting times and meet the standards in the future. They have agreed interim targets and trajectories to help monitor performance as services recover from the pandemic. The Scottish Government has recently reviewed and updated official guidance on planned care waiting times, reflecting newer working practices.¹² This includes how appointments at NTCs should be managed and the waiting list improvement work led by the national Centre for Sustainable Delivery (CfSD).

Exhibit 8.

Performance against key waiting times standards, September 2018 to September 2023

Only one out of eight key waiting times standards is currently being met in NHS Scotland.



Notes:

1. Child and Adolescent Mental Health Services (CAMHS).
2. Drug and alcohol standard includes community and prison based services only.
3. The cancer waiting times standards do not apply to all referrals/cancers.
4. National trend data for the referral to treatment standard is unavailable for some quarters.

Source: Public Health Scotland

Meeting waiting times standards for cancer remains a priority, but performance against the 62-day standard is poor

46. The Cabinet Secretary for NHS Recovery, Health and Social Care has the objective of showing an improvement in cancer waiting times by April 2024, set by the First Minister as part of the 2023/24 Programme for Government.¹³ In our [NHS in Scotland 2022](#) report, we noted that cancer referrals had increased and were higher than pre-pandemic. This growth in referrals has continued in 2023. In the quarter ending 30 September 2023, NHS Scotland was struggling to meet the 31-day standard, with four boards not meeting it. No boards were meeting the 62-day waiting times standard ([Exhibit 8, page 24](#)).¹⁴

Planned care activity has increased in the last year, but so has demand, and so waiting lists continue to grow

47. Waiting lists for planned care are still substantially larger, and waiting times substantially longer, than before the pandemic ([Exhibit 9, page 26](#)). The number of new outpatient attendances and inpatient/day case admissions increased in the year to September 2023, but so did demand. Furthermore, activity is still running below pre-pandemic levels, and more cases are being added to waiting lists than are being removed. In the year to September 2023 waiting lists continued to grow, but the rate of growth has slowed for the inpatient/day case waiting list.¹⁵

48. Although some progress has been made in reducing some of the longest waits, key targets for eradicating long waits have been missed and reducing the number of long waits remains a priority:

- The number of ongoing waits for a new outpatient appointment, where patients have been waiting over a year, increased in the year to September 2023 by 7.2 per cent. This means that the target to eradicate these waits in most specialties by March 2023 was not achieved.
- The number of ongoing waits for inpatient/day case treatment, where patients have been waiting over 18 months, increased in the year to September 2023 by 7.8 per cent. This means that the target to eradicate these waits in most specialties by September 2023 was not achieved.

New commitments on waiting lists and waiting times are unlikely to be met in 2023/24

49. In the 2023/24 Programme for Government, the Scottish Government made commitments to reduce waiting lists and waiting times year on year.¹⁶ Based on current progress, it is unlikely that it will meet these commitments in 2023/24 ([Exhibit 9, page 26](#)). The Scottish Government has not stated which indicator it intends to use to measure year-on-year reductions in waiting times, but for 2023/24 the focus is still on eradicating the longest waits.

Exhibit 9.

New outpatient and inpatient/day case waiting list activity, size and waiting times

Planned care activity has increased in the last year, but so has demand, and so waiting lists continue to grow.

	Pre-Covid		Latest year	Change
New outpatient waiting list activity	Year to Sep 2019	Year to Sep 2022	Year to Sep 2023	Latest year
Attendances	1,460,289	1,208,048	1,237,657	2.5%
New outpatient ¹ ongoing waits and waiting times	End of Sep 2019	End of Sep 2022	End of Sep 2023	Latest year
Number of ongoing waits	319,356	475,618	525,654	10.5%
Over 12 weeks (standard)	87,365	252,105	302,777	20.1%
Over 1 year (long wait target) ²	3,594	37,353	40,052	7.2%
Median ongoing wait (days) ⁴	45	93	107	14 days
90th percentile ongoing wait (days) ⁵	166	332	333	1 day
Inpatient/day case waiting list activity	Year to Sep 2019	Year to Sep 2022	Year to Sep 2023	Latest year
Admissions	281,785	194,503	232,601	19.6%
Inpatient/day case ongoing waits and waiting times	End of Sep 2019	End of Sep 2022	End of Sep 2023	Latest year
Number of ongoing waits	77,806	141,286	151,093	6.9%
Over 12 weeks (standard)	24,845	95,738	103,112	7.7%
Over 18 months (long wait target) ³	486	16,520	17,812	7.8%
Median ongoing wait (days) ⁴	48	168	166	-2 days
90th percentile ongoing wait (days) ⁵	196	582	579	-3 days

Notes:

1. Before October 2019, the new outpatient waiting list included some patients waiting for a diagnostic test. These patients are no longer included in this list, so caution is required when comparing figures for September 2019 to later years.
2. New outpatient long wait target to eradicate waits of over one year by March 2023.
3. Inpatient/day case long wait target to eradicate waits of over 18 months by September 2023.
4. Median ongoing wait: half of ongoing waits are less than or equal to this time.
5. 90th percentile ongoing wait: nine out of ten ongoing waits are less than or equal to this time.

Source: Public Health Scotland

50. Waiting lists and waiting times continue to be particularly long for some specialties. For example, nearly one-third of waits for inpatient/day case treatment are for an orthopaedic procedure, and the number of waits for this specialty increased to 45,549 in the year to September 2023 (+7.3 per cent). Orthopaedics has the highest number of ongoing waits lasting over 18 months (6,290 or 13.8 per cent of all ongoing waits within this specialty).¹⁷

51. Progress in increasing activity, reducing waiting lists and eradicating long waits also varies among boards ([Appendix 2](#)). The CfSD is supporting boards to adopt good practices and implement a range of programmes to manage demand and increase capacity. This includes working with specialty delivery groups to reduce unwarranted variation among boards, and initiatives such as active clinical referral triage and patient-initiated review. The National Elective Coordination Unit is helping boards to validate waiting lists, reduce unnecessary appointments and coordinate the use of available capacity across NHS Scotland.¹⁸

52. Apart from the indicators of activity mentioned above, there are other signs that activity has increased in NHS Scotland in the last year. For example, the number of return outpatient attendances and the number of procedures performed in acute hospitals increased in 2022/23.¹⁹ More planned operations were scheduled in the year to September 2023 compared with the previous 12-month period.²⁰ Activity in each of these areas is, however, still below pre-pandemic levels.

Winter planning began earlier in 2023 and focused on building resilience across the health and social care system

53. The Scottish Government took a more proactive approach to planning for winter 2023/24 compared with previous years. Building on lessons from 2022/23, planning began in early spring 2023 and involved organisations from across health and social care. This included establishing a single, whole-system oversight and planning group to replace the separate governance structures used in earlier years. A whole-system winter planning summit was also held in August 2023. This was the first time that people from across the health and social care sectors, trade unions, local authorities and the third sector were brought together to plan for winter in this way.

54. Unlike previous winter plans, the 2023/24 plan does not rely on non-recurring funding.²¹ Many of the actions in the plan are already being implemented as part of wider reform and improvement programmes. Two announcements relating to funding were made as part of the 2023/24 winter plan:

- £50 million for the Scottish Ambulance Service (SAS) to help support increased demand. SAS's Demand and Capacity Programme began in 2019 with core funding of £40 million, with further funding to set up an integrated clinical hub and patient pathways navigations centre (£5 million) and to cover Covid-19-related costs (£5 million).

- £12 million to create an additional 380 Hospital at Home service beds, over and above the 800 beds already available. In 2022/23 more than 11,000 patients received care through part of this service,²² and its expansion will allow acute care to be provided to more patients in their own homes. Capacity will also be extended into new service areas to help reduce hospital admissions.²³

55. The 2023/24 winter plan focuses on building resilience across the system to cope with increased demand and surges in demand no matter when they occur. Winter will always bring particular challenges, but more fundamental capacity and demand pressures need to be addressed. These pressures include workforce shortages in health and social care,²⁴ an ageing population,²⁵ the growing burden of disease,²⁶ an increasing number of people with multiple health conditions,²⁷ health inequalities,²⁸ and the healthcare backlog that built up during Covid-19.²⁹

Demand for unscheduled care continues to cause pressure, but the Scottish Government and NHS boards are acting to address this

56. The Urgent and Unscheduled Care Collaborative (UUCC), launched in June 2022, is working to protect inpatient capacity for those with the greatest need. The UUCC has five strands focusing on urgent care pathways in the community, flow navigation centres/redesign of urgent care, Hospital at Home services, assessment and care pathways in Accident and Emergency (A&E) departments, and hospital discharge planning.

57. The Redesign of Urgent Care Programme has been incorporated into the UUCC. Originally implemented in December 2020, this programme aims to reduce the number of people who self-present at hospital, particularly when this is not the best place for them to receive care. If they need to attend an A&E department, patients may be given a scheduled, or 'planned', time to attend.

58. According to activity data published by Public Health Scotland (PHS), there are fewer unplanned A&E attendances now than before the pandemic. In the year to September 2019 there were 1.7 million unplanned A&E attendances. This compares with 1.5 million in the year to September 2023.³⁰ However, it is not known how many people are presenting at A&E departments as planned attendances. PHS is working with boards to improve the consistency and quality of planned attendance data so that it can be reported in the future.

59. The impact of the Redesign of Urgent Care Programme is not yet clear. An independent evaluation of the programme is currently in progress and is due to report in 2024. This evaluation will assess patient and staff experiences of the programme; it will also consider the programme's current performance and how its impact can be evaluated on an ongoing basis.

60. Ninety-five per cent of people attending A&E departments should be seen and admitted, discharged or transferred within four hours. This standard is an important indicator of pressure throughout the acute care system, but currently it applies only to unplanned A&E attendances. Despite the work described above to reduce unplanned attendances, performance against the four-hour standard remains poor and instances of extreme overcrowding in A&E departments have been reported.³¹ Performance against the standard fell to a low in December 2022 (62.1 per cent). Although it began to recover in spring 2023, performance levelled out at around 71-73 per cent during the summer months. Performance in September 2023 fell to 70.0 per cent, one per cent better than at the same point a year earlier.³²

Increased ambulance turnaround times are reducing the effectiveness of work to improve urgent and unscheduled care

61. Additional funding provided to SAS over the last few years has helped the service to increase capacity by employing extra staff ([paragraph 54](#)). It has also allowed SAS to focus on reducing the demand for ambulances and on A&E departments through initiatives such as the integrated clinical hub (covered as a case study in [NHS in Scotland 2022](#)).

62. Overcrowding and increased waiting times in A&E departments are, however, leading to increased ambulance turnaround times at hospital. This is reducing the effectiveness of SAS's improvement work. On average, compared with before the pandemic, SAS staff are spending around 23 minutes longer at the hospital for every patient conveyed there.³³ This reduces the availability of ambulances for other emergency patients, affects SAS staff rest periods, and undermines patients' experience and safety. Like the A&E service, the ambulance service is not designed to care for patients for extended periods.

63. The Scottish Government issued new guidance in April 2023 to support the safe and timely handover of patients who arrive at hospital by ambulance, particularly when A&E departments are under pressure. It sets out the responsibilities of SAS and receiving hospitals and underlines the importance of working together. The guidance states that, by August 2023, 100 per cent of patients should be handed over within 60 minutes. Turnaround times, however, indicate that handover within one hour is not always achieved and show that turnaround performance varies widely among hospitals.³⁴

The Scottish Government and NHS boards have worked to reduce delayed discharges, but they remain stubbornly high

64. In our [NHS in Scotland 2022](#) report, we noted that delayed discharges were a barrier to patient flow through hospitals, which puts pressure on the whole system. Furthermore, patients whose discharge is

delayed can have poorer experiences and poorer outcomes. The Scottish Government developed a Delayed Discharge and Hospital Occupancy Plan early in 2023 and issued it to boards in March. The plan is evidence-based and promotes known good practice in terms of discharge planning and whole-system working. Implementing the plan, however, has not managed to free up as much capacity in hospitals as was anticipated.

65. The number of people whose discharge has been delayed is still higher than pre-pandemic. The Scottish Government had hoped to reduce the number of people who were delayed in their discharge at each monthly census point to around 1,400-1,550 by summer 2023, but 1,688 is the lowest number of people delayed achieved at any census point in 2023 (March). At the end of September 2023, the number of people whose discharge was delayed (1,835) was slightly lower than at the equivalent point a year earlier (1,885).³⁵

66. People who are delayed in their discharge continue to occupy a considerable number of hospital beds.³⁶ The Delayed Discharge and Hospital Occupancy Plan indicates that boards should be aiming for a hospital occupancy rate of around 85-89 per cent. The occupancy rate for acute specialty beds across NHS Scotland was 88.1 per cent in 2022/23. This is higher than the previous year (2021/22: 84.4 per cent) and higher than pre-pandemic (2019/20: 85.8 per cent). But, this annual figure does not capture the variation among hospitals or peaks in particular months or weeks. Board-level data show that eight boards had a hospital occupancy rate above 90 per cent in 2022/23.³⁷

67. Hospital occupancy rates and patient flow are affected by the number of delayed discharges, but also by the length of time patients stay in hospital even when their discharge is not delayed. The average length of stay associated with all inpatient discharges, delayed or otherwise, has increased in recent years. This is particularly the case for those patients admitted as an emergency (7.6 days in 2022/23 versus 6.6 days in 2019/20).³⁸

68. Alongside work to reduce attendances, admissions and length of hospital stay, some boards are implementing continuous flow models to try to improve patient flow and prevent overcrowding in A&E departments. For example, NHS Greater Glasgow and Clyde has introduced GlasFLOW. This system uses a regular schedule of patient moves from A&E to inpatient wards, in line with expected discharges from hospital. A&E staff report that this model has allowed responsibility and risk to be shared across the hospital system, but have stressed that it is 'not a magic bullet'. The board also noted that the model is supported by other programmes such as Discharge without Delay.³⁹ When introduced, it is vital that the impact of a continuous flow model is monitored to ensure that patient safety and experience issues are not transferred to other parts of the system.

69. A lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. This is supported by data showing that many patients whose discharge is delayed are awaiting the completion of care arrangements to allow them to live in their own home (awaiting social care support), waiting for a place in a nursing home, or awaiting the completion of a post-hospital social care assessment. Just over a quarter of delays are for complex reasons, for example when a patient lacks capacity or is awaiting a place in a specialist facility.⁴⁰ Our three case study boards highlighted the importance of encouraging patients to plan for the future by putting in place anticipatory care plans and power of attorney arrangements. If a patient loses the capacity to make decisions, having these plans in place can help to reduce delays and also safeguard the patient's wishes.

70. As at autumn 2023, several systemic pressures in NHS Scotland remained unresolved, despite focused work to tackle them. Changing this situation will rely on wider and more rapid reform of services and investment in preventative measures. It will also require a shared sense of responsibility and collaboration across the whole system. The Auditor General plans to consider these issues further in an audit of primary care services in 2024.

Despite growth in the workforce, the number of vacancies remains high and staff turnover and absences have increased

71. The number of staff employed in the NHS in Scotland has increased over the last five years, however the number of vacancies has also increased ([Exhibit 10, page 32](#)).⁴¹ The use of agency and bank staff has also increased, with significant growth in the costs associated with this ([Exhibit 5](#) and [paragraph 26](#)).

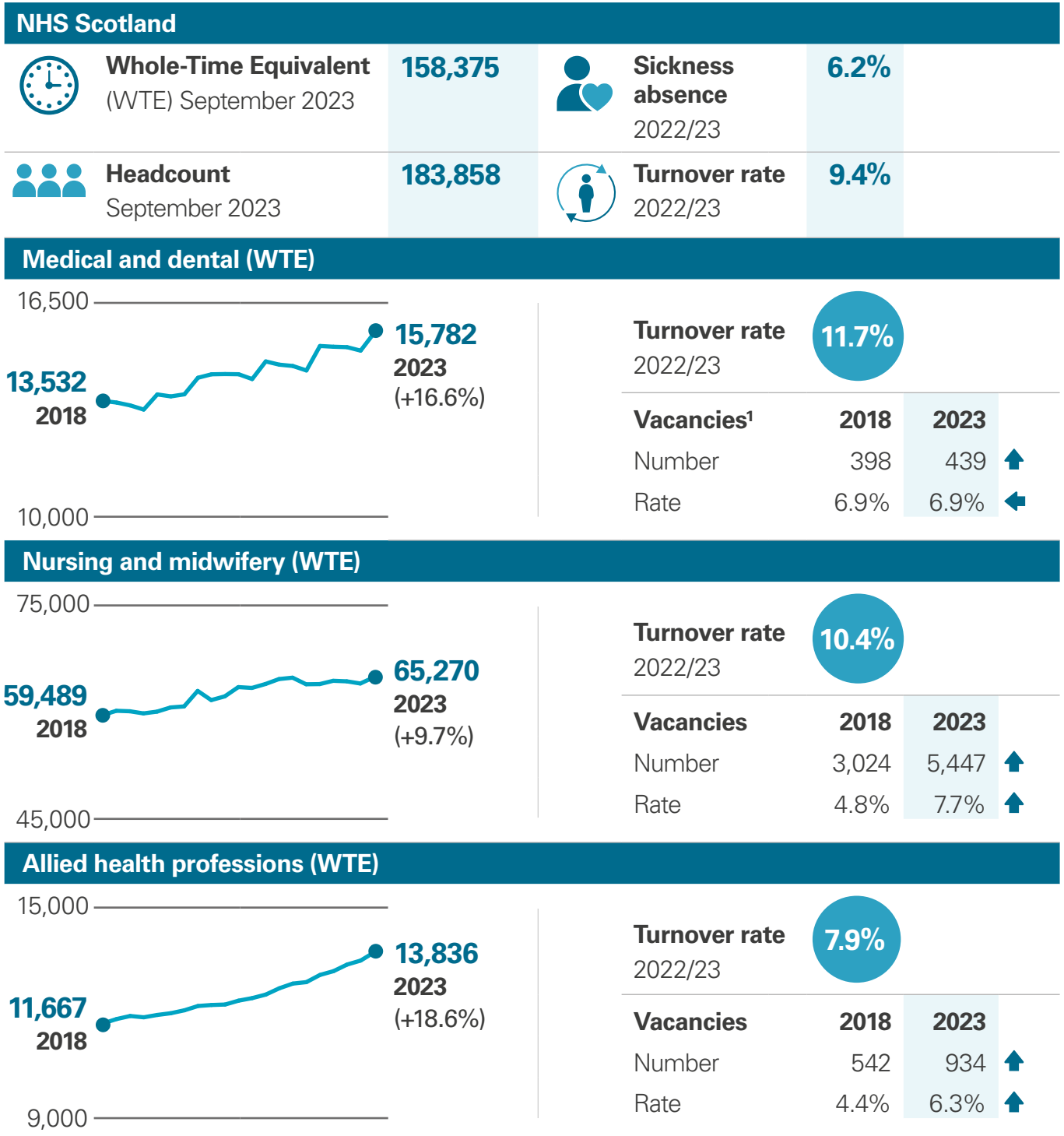
72. Staff sickness absence increased in 2022/23 to 6.2 per cent; equivalent to 9,719 WTE staff over the year. This is above the four per cent national standard set by the Scottish Government, and is the highest rate reported in the last ten years. Given that Covid-19-related absences have been included in this rate since September 2022, the figure for 2022/23 is not directly comparable with earlier years.

73. Workforce capacity is also affected by high staff turnover rates. In the first year of the pandemic turnover dropped markedly, but it has risen sharply since. The expiry of fixed-term contracts among temporary staff, taken on during the pandemic, contributed to a historically high overall turnover rate of 9.4 per cent in 2022/23, but turnover rates for permanent staff are also historically high.

Exhibit 10.

NHS Scotland workforce: September 2018 – September 2023

The NHS Scotland workforce has grown in the last five years, but so has the number of vacancies.



Note:

1. Consultant grades only.

Source: NHS Education for Scotland

NHS staff remain under significant pressure and it is not clear that the workforce strategy and other ongoing actions will resolve this challenge

74. The results of the latest iMatter health and social care staff survey indicate that overall employee satisfaction has improved.⁴² However, our three case study boards and NHS Education for Scotland (NES) confirmed that the NHS workforce remains under significant and sustained pressure. National support for staff wellbeing has begun to move away from the short-term measures put in place during the Covid-19 pandemic, towards longer-term programmes managed by NES. For example, the Coaching for Wellbeing service, launched in May 2020, provides free coaching to support health and social care staff; 3,709 staff had registered for coaching by the end of 2022/23.

75. The Scottish Government previously committed to publishing the Improving Wellbeing and Workforce Culture Strategy. Instead of a standalone strategy, the Scottish Government now plans to incorporate new guidance and principles into its National Workforce Strategy for Health and Social Care.⁴³ It is expected to publish an update on the progress of this overarching strategy, including this new guidance, in spring 2024.

76. Several other national programmes are also under way to improve the recruitment, training and retention of NHS staff. One major workstream is the Nursing and Midwifery Taskforce, announced in February 2023. Four working groups focusing on attraction, education and development, culture and leadership, and wellbeing are expected to develop initial recommendations for the taskforce by early 2024. All four groups are considering retention of staff.

77. The recruitment and retention of staff in remote and rural areas is an ongoing concern. The Scottish Government has commissioned NES to establish a National Centre for Remote and Rural Health and Care to help address this issue. The centre will have an initial focus on primary care. The Scottish Government is also developing a Remote and Rural Workforce Recruitment Strategy for Health and Social Care, expected by the end of 2024.

78. Despite these programmes, workforce and performance data show that there is a continuing mismatch between the demand for, and the availability of, staff to work in health and social care. It is not yet clear whether the actions set out in the National Workforce Strategy for Health and Social Care, published by the Scottish Government in March 2022, will be enough to resolve this ongoing challenge.

79. Workforce planning, recruitment, training, retention and wellbeing are closely tied to NHS Scotland's ability to provide safe, high-quality care that ensures the best outcomes for patients. The Health and Care (Staffing) (Scotland) Act 2019 is due to be implemented in April 2024. It sets out statutory requirements for safe staffing across health and care services and aims to support better understanding of workforce requirements. In the National Workforce Strategy for Health and Social Care, the Scottish Government committed to publishing indicative projections of workforce growth and to review these projections annually. The Scottish Government has said that it intends to publish initial projections as part of the workforce strategy update, expected in 2024.

Operational performance and workforce capacity challenges are having a direct impact on patient safety and experience

80. In April 2022 and November 2022, Healthcare Improvement Scotland (HIS) wrote to NHS boards to highlight some serious concerns identified during Safe Delivery of Care inspections of acute hospitals, to enable all boards to review their systems and procedures in light of inspection findings.⁴⁴ HIS has confirmed that the issues raised in these letters remain key areas of focus for their inspections to help support the delivery of safe and effective person-centred care ([Exhibit 11, page 35](#)).



81. HIS also noted areas of good practice. Examples include staff working well together in challenging circumstances to manage and mitigate risk, positive and caring interactions between staff and patients, and staff working hard to deliver safe care. Several of HIS's concerns, however, relate to workforce issues. For example, high levels of supplementary staffing, staff feeling exhausted, staff feeling unable to provide safe patient care, and staff's lack of confidence in local processes for raising concerns and having them acted upon. The Scottish Public Services Ombudsman/Independent National Whistleblowing Officer echoed these issues in its 2022/23 annual report.⁴⁵

82. The Scottish Government has already taken steps to support NHS staff to raise concerns about patient safety and poor organisational culture through the National Whistleblowing Standards that came into operation in April 2021. The standards are designed to encourage a 'speak up' culture and to ensure that people who raise concerns can do so without fear of victimisation, discrimination or disadvantage. Awareness of the standards is promoted within NHS boards and via online training provided by NES.

Exhibit 11.

Key patient safety concerns raised in Healthcare Improvement Scotland Safe Delivery of Care inspections of acute hospitals

Overcrowding in A&E, the use of non-standard areas, staff wellbeing, medicines governance and the condition of buildings are key areas of concern in relation to patient/staff safety and experience.

Area of concern	Example of impact on patient/staff safety and experience
 <p>Extreme overcrowding in A&E and other admission units, and the use of non-standard areas to provide patient care (paragraph 60)</p>	<ul style="list-style-type: none"> • Patients seated in corridors and waiting areas for long periods of time, without care needs being met. • Patients being cared for in 'locked areas', preventing patients and visitors from leaving the area without staff assistance. • Patients waiting for a dedicated bed space not having the required level of privacy. • Emergency fire evacuation procedures within overcrowded areas not being fully considered.
 <p>Staff wellbeing (paragraphs 74 and 81)</p>	<ul style="list-style-type: none"> • Staff expressing feelings of exhaustion. • Staff expressing concerns about their ability to provide safe patient care. • Staff expressing concerns around their ability to escalate concerns and feel that they are being listened to.
 <p>Workforce pressures and higher than normal levels of supplementary staffing (paragraph 26)</p>	<ul style="list-style-type: none"> • Poor skill mix and high use of agency nurses contributing to gaps in record keeping. • Staff having less or limited experience of the specialty they are working in.
 <p>Unsafe practice around medicines governance</p>	<ul style="list-style-type: none"> • Prepared intravenous medications left unattended. • Inadequate checks of medication, dose or patient details. • Medication cupboards and trolleys left unlocked and unattended.
 <p>Poor condition of the healthcare built environment and lack of maintenance (paragraph 29)</p>	<ul style="list-style-type: none"> • Lack of planned preventative maintenance, including testing of fire safety equipment and water safety testing. • Damaged surfaces, flooring and walls. Leaking pipes and unsealed drains. • Inadequate precautions to manage built environment infection risks to patients.

83. If someone working with the NHS raises a concern locally and is not satisfied with the response, they can escalate their concern for external review to the Independent National Whistleblowing Officer (INWO). The number of cases currently being referred to the INWO is still relatively low, but concerns should be referred there only when they have not been resolved locally. In 2022/23, the INWO provided advice to 90 people and received 125 cases, 12 of which it progressed to a full investigation.⁴⁶

Some staff still lack trust in processes for raising concerns

84. Despite the introduction and promotion of the Whistleblowing Standards, some staff still appear to lack awareness of and trust in the escalation process. It also appears that some staff do not believe that raising a concern locally will lead to the necessary action. Responses to questions about raising concerns included in the 2023 iMatter staff experience survey confirm that some staff still lack confidence in this area.⁴⁷

85. There are other indicators of patient safety within NHS Scotland, such as significant adverse event reviews (SAERs). Since January 2020, NHS boards have been required to notify HIS of all category one SAERs; this is the most serious type of adverse event, for example one that may have contributed to, or resulted in, unexpected death. HIS has confirmed that, because of increased compliance with reporting requirements, the number of SAER notifications has generally increased in the last few years. Currently, however, there is no publication showing national trends in SAERs.

86. HIS has highlighted a lack of consistency in the way that SAERs are currently recorded and is leading a programme of national standardisation work to address this. HIS is also reviewing and updating its Learning from Adverse Events Framework. This important work, which will ensure that national data about SAERs is robust, is still ongoing and there are no plans to publish national figures while this work is under way.

87. Alongside patient safety, patient experience remains a valuable indicator of quality of care. NHS boards capture patient experience in a number of ways including through patient surveys, complaints procedures, incident reporting and stories submitted to the Care Opinion website. National information on patient experience, however, is captured less frequently and the National Care Experience Survey Programme is currently under review. The Chief Medical Officer's Value Based Health and Care Action Plan includes an action to develop a national person reported experience measure to improve the provision of person-centred care.⁴⁸ The plan also has an action to explore the use of patient-reported outcome measures to drive improvement and better value care.

A new Patient Safety Commissioner will advocate for the welfare and safety of patients

88. The Patient Safety Commissioner (PSC) Bill was passed by the Scottish Parliament in September 2023, and a PSC will now be appointed in

Scotland. The role of this new Commissioner will be to amplify the voice of patients and other members of the public, and improve the safety of healthcare in Scotland.

89. The new Commissioner will be independent of government and will have wide-ranging investigatory powers to look at any issue with a significant bearing on patient safety. The PSC will consider the whole healthcare system, including independent healthcare. The Commissioner's role is wider than the equivalent position in England, where the focus is on medicines and medical devices.

90. The Scottish Government has stated that the role of the PSC is not to replicate the work of other organisations. For example, the Commissioner will not consider individual complaints or harms in the way that the Scottish Public Services Ombudsman does. The PSC is expected to be a small body, so it will need to be focused and work in collaboration with other parts of the system. An advisory group, including patient representatives and subject area experts, will support the Commissioner.

Operational challenges have slowed progress in achieving the ambitions of the NHS Recovery Plan

91. In 2021 the Scottish Government published its NHS Recovery Plan 2021-2026, which outlined its ambitions for recovering and renewing health services and clearing the backlog of care.⁴⁹ The Scottish Government published its 2023 annual update on progress made against the recovery plan in December 2023.⁵⁰

92. Previously, we recommended that the Scottish Government report clearly and transparently on progress made against the recovery plan, including whether any changes in indicated targets and timescales would be needed. The 2023 annual update has failed to progress this recommendation. Updates against a range of the ambitions are absent; other targets are mentioned but with no reference to the progress made; and others are reported so that the contribution of the actions taken to overall performance is difficult to identify. In some cases, the way progress towards specific ambitions is now being presented is also different from in the original recovery plan with no explanation given as to why.

93. From the 2023 progress update, however, it is clear that progress in certain areas is behind schedule. Delays in opening NTCs, for example, will have reduced their contribution to planned additional procedures and the recruitment of staff to work in them. Similarly, we note above that across a range of indicators performance is currently below pre-pandemic levels, and has the potential to fall further as a result of pressures in winter 2023/24. There is a clear risk to achieving the planned increases in activity levels that the recovery plan outlined by 2025/26.

3. Reform and redesign

A clear vision is required to move from recovery to reform; and significant service transformation is needed to ensure the future sustainability of the NHS

94. Financial challenges ([Part 1](#)) and operational pressures ([Part 2](#)) mean that the NHS has continued to focus on recovery and responding to short-term challenges. But the NHS now needs to move away from short-term firefighting to long-term fundamental change.

The Scottish Government and NHS boards have adopted a three horizons approach to planning

95. Work to support boards has adopted a three horizons model, ensuring that the responses to short-term pressures (Horizon 1) are designed to support delivery of outcomes and address emerging financial challenges. Horizons 2 and 3 involve developing larger more complex reforms over the medium and longer term ([Exhibit 12, page 39](#)).

96. For 2023/24, the Scottish Government issued national guidance to boards about preparing activity-based Annual Delivery Plans (ADPs) and three-year Medium Term Plans (MTPs), alongside their financial plans. The ADPs and financial plans represented Horizon 1 for boards. Boards agreed their local operational and strategic priorities, aligning these to the **10 national drivers of recovery**. These plans formed the basis of formal performance and improvement discussions between boards and the Scottish Government. The Scottish Government has now moved to strengthen and better align activity and financial planning processes.

97. For 2024/25, NHS boards have been asked to develop their existing MTPs into three-year Delivery Plans, meaning activity and financial plans will cover the same periods and be prepared concurrently. Delivery Plans will continue to refer to the national drivers of recovery, but should also align with the ministerial priorities for NHS Scotland set out in the Programme for Government, and include detailed actions for 2024/25. By setting out high level priorities and aligning activity and financial planning, it is hoped that NHS boards will be better able to plan within their own financial context to deliver both national and local priorities. The Scottish Government is introducing a Delivery Performance Framework that will set out how the progress and impact of the three-year delivery plans will be assessed, and how this will inform performance and improvement discussions.

10 national drivers of recovery

- 1.** Improved access to primary and community care to enable earlier intervention
- 2.** Urgent & Unscheduled Care – Provide the Right Care, in the Right Place, at the right time
- 3.** Improve the delivery of mental health support and services
- 4.** Recovering and improving the delivery of planned care
- 5.** Delivering the National Cancer Action Plan (spring 2023-2026)
- 6.** Enhance planning and delivery of the approach to health inequalities
- 7.** Fast-track the national adoption of proven innovations
- 8.** Implementation of the Workforce Strategy
- 9.** Optimise use of digital and data technologies in the design and delivery of health and care services
- 10.** Climate Emergency and Environment

Exhibit 12.

The Scottish Government acknowledges a wider programme of reform to consider longer-term changes that improve sustainability, including outcomes prioritisation, is now needed and has set this out in their hierarchy of reform planning

Sustainability and Value

The Sustainability and Value Collaborative is a joint effort between Integration Authorities and NHS boards to deliver better value care, make effective use of resources through financial improvement and to optimise within available resources. The intention is not to replace actions that can be agreed and implemented locally in each board area, but to drive opportunities to be identified and implemented on a cross-Scotland basis.

Horizon

1

CHOICES

Review of Health and Social Care Director budgets to prioritise/rationalise commitments, as defined in the Programme for Government, and to set out CHOICES regarding options that can be delivered by the Portfolio within a defined financial envelope. This will require balancing policy priorities, operational recovery and managing within existing resources.

Horizon

2

Reform and Change

Given the residual financial gap, after implementation of CHOICES and Sustainability and Value, decisions regarding reform and change will be necessary if financial balance is to be achieved. This will involve considering options that include both policy and service reform and change. Given the requirement for such actions to close a 'significant' financial gap, decisions will require to balance the need to achieve resource savings while ensuring that changes are consistent with the longer-term priorities and strategy.

Horizon

3

Source: Scottish Government

The Sustainability and Value Programme identifies savings and efficiencies, with a focus on annual break-even rather than longer-term reform

98. Work to support boards in responding to immediate challenges in 2022/23 and 2023/24 was largely delivered through the Sustainability and Value Programme. Launched in 2022, it aimed to support boards to achieve and maintain financial balance. The financial challenges facing boards means that the immediate focus of the programme was to try to reduce the scale of possible deficits in 2023/24, but with some longer-term efficiencies, for example those relating to workforce, featuring in the programme's workplan.

99. Bringing together senior representatives from the Scottish Government, NHS boards and Integration Authorities, four thematic groups supported the Sustainability and Value Board across its work:

- Operational Performance and Delivery Group: has oversight of the progress of national and local plans to deliver planned and unscheduled care waiting times targets, considering the wider system impact on areas such as cancer and diagnostics, and to support identification of national efficiencies.
- Climate Emergency and Sustainability Board: looks at opportunities for efficiencies related to estates, energy management and clinical waste and ensures that they are both financially and environmentally advantageous.
- Workforce: addresses workforce-related programmes, such as the use of agency and locum staff, permanent staffing levels and future workforce requirements to identify a longer-term programme of potential savings.
- Value Based Health and Care Group: its remit is largely aligned to the actions set out in Delivering Value Based Care (2022)⁵¹ and its associated action plan (2023)⁵² which look to support the practise of **Realistic Medicine**.⁵³

The Financial Improvement Group (FIG) then operates as the primary interface with boards, assisting them to identify immediate savings opportunities and actions to respond to emerging issues ([paragraph 34](#)). The impact of the Sustainability and Value Programme and the FIG, which have good visibility and are well understood across boards, has not, as yet, been sufficient to address forecast deficits in 2023/24 ([paragraph 21](#)). In November 2023, a new NHS Scotland Planning and Delivery Board was established, with a remit covering national programmes, strategic programmes and national improvements. The Sustainability and Value Board ceased to operate at this point, with its responsibilities being transferred to this new board. The four thematic groups remain in operation but now report to the new board.



The principles of Realistic Medicine

1. Shared decision making.
2. A personalised approach to care.
3. Reduce harm and waste.
4. Reduce unwarranted variation.
5. Managing risk better.
6. Become improvers and innovators.

National commitments to deliver reform and innovation are at risk of not being delivered

100. Adopting digital healthcare solutions is one way the NHS can identify efficiencies and increase productivity, both in response to immediate pressures and to enable longer-term changes in how health services are administered and delivered. The Scottish Government's and the Convention of Scottish Local Authorities' Digital Health and Care Strategy (Care in the Digital Age) was published in 2021 and aims to deliver new digital products and solutions to support priorities including proactive and preventative care and NHS recovery.⁵⁴

101. The Care in the Digital Age 2023/24 Delivery Plan, published in August 2023, stated that 53 out of 60 commitments in the 2022/23 delivery plan were delivered or were on track for delivery, with the remaining commitments carried forward into the 2023/24 delivery plan.⁵⁵ However, a further five actions have subsequently been reclassified as at risk and carried forward from 2022/23 into the 2023/24 delivery plan. While some commitments take time to deliver, and can span multiple years, a key risk for digital reform is uncertainty around the availability of the funding to deliver programmes such as Digital Front Door, Digital Dispensing and an integrated health and social care record. Such innovations are required as preparations are made for the proposed development of the National Care Service.

102. Alongside national digital programmes, the Scottish Government has commissioned NHS Golden Jubilee to host the CfSD to assist boards in implementing transformation programmes and adopting new and innovative approaches to delivering care. Part of the CfSD's work is the Accelerated National Innovation Adoption (ANIA) pathway which fast-tracks technological innovations from market to roll-out across boards in NHS Scotland. Through the ANIA pathway, the Scottish Government expects more technological solutions to be implemented on a 'Once for Scotland' basis, meaning that boards can adopt technological innovations more quickly. In the past year, the ANIA pathway has been developing projects to capture digital images for dermatology referrals and to increase access to closed loop monitoring systems for type one diabetes, but the adoption of these national solutions remains a local decision for each board.

103. NHS boards are also putting in place their own innovative approaches to improving care and creating more sustainable services. Boards are working in partnership with local authorities, the third and independent sectors, the academic sector and local industry to develop, test and implement innovative solutions. New models of care are going beyond the use of communication technologies such as Near Me to focus on supporting patients in the community and increasing service efficiency through automation and online data capture. While there is evidence that some nationally developed programmes are being adopted, further monitoring and reporting is needed to determine how digital programmes and the work of the CfSD are contributing to efficiencies on a national basis, both financially and operationally.

There is a need for greater transparency in reporting progress of the Care and Wellbeing Portfolio against its strategic priorities

104. The Scottish Government's Care and Wellbeing Portfolio aims to move towards a more sustainable health and care system that supports improvements in population health and reduces health inequalities. The Scottish Government intends this to be a cohesive portfolio of activity to shape and coordinate reform over Horizons Two and Three, rather than a set of separate projects.

105. Since we reported on its development last year, the portfolio's approach and internal structures have been refined and its membership expanded to include a broader range of Scottish Government and external stakeholders, and it has been adopted across the sector as a way of prioritising preventative care ([Exhibit 13, page 43](#)). Some progress has been made in embedding elements of its work, for example strengthening boards' roles as **anchor institutions**. But there is a lack of transparency in reporting overall progress, which is obscuring the risks to the portfolio being able to deliver the reforms needed to reach its ambitions. To address this, the Scottish Government, working with Public Health Scotland, has now launched a publicly available Care and Wellbeing Dashboard. This remains in the early stages of development, but aims to allow the progress that the portfolio is making against specific indicators to be monitored.

106. The portfolio has identified a high risk that immediate priorities will not be successfully delivered due to a lack of strategic direction on scope and priorities. It has struggled to define the scope and direction of the NHS Recovery, Renewal and Transformation programme, resulting in focus shifting to a broader 'Long-term Planning' programme. The portfolio is also reviewing how workforce assumptions and constraints are likely to affect what it can deliver and has identified a risk of portfolio programmes not being sufficiently aligned or integrated with existing strategies and priorities at national and local levels. If these risks are not fully addressed on a sustainable basis, the impact of the portfolio will be limited.

107. The Portfolio Board is taking action to mitigate or reduce these risks, however successfully delivering the strategic aims and outcomes of the portfolio will require significant service change, a widespread shift in focus to preventative care, and effective collaborative working across many boundaries. While links are being made between the portfolio and various ongoing strategies, the Board must have a clear strategic direction for all programmes, effectively plan actions in the short and long term, and strengthen the coherence between portfolio programmes and the many actions taking place across the public sector that affect population health and inequalities.



An **anchor institution** is defined as a large organisation whose long-term sustainability is tied to the wellbeing of its population. Anchors get their name because they are 'rooted' in their communities, are unlikely to relocate, and have significant assets and resources which can be used to influence the health and wellbeing of communities.

NHS boards can increase their contribution to primary prevention by becoming exemplar anchor institutions. By providing access to quality work, procuring goods and services locally where possible, and ensuring their land and buildings are used to advantage the local community. NHS boards can improve the lives of people in the communities it serves by enhancing wealth and wellbeing in the local population.

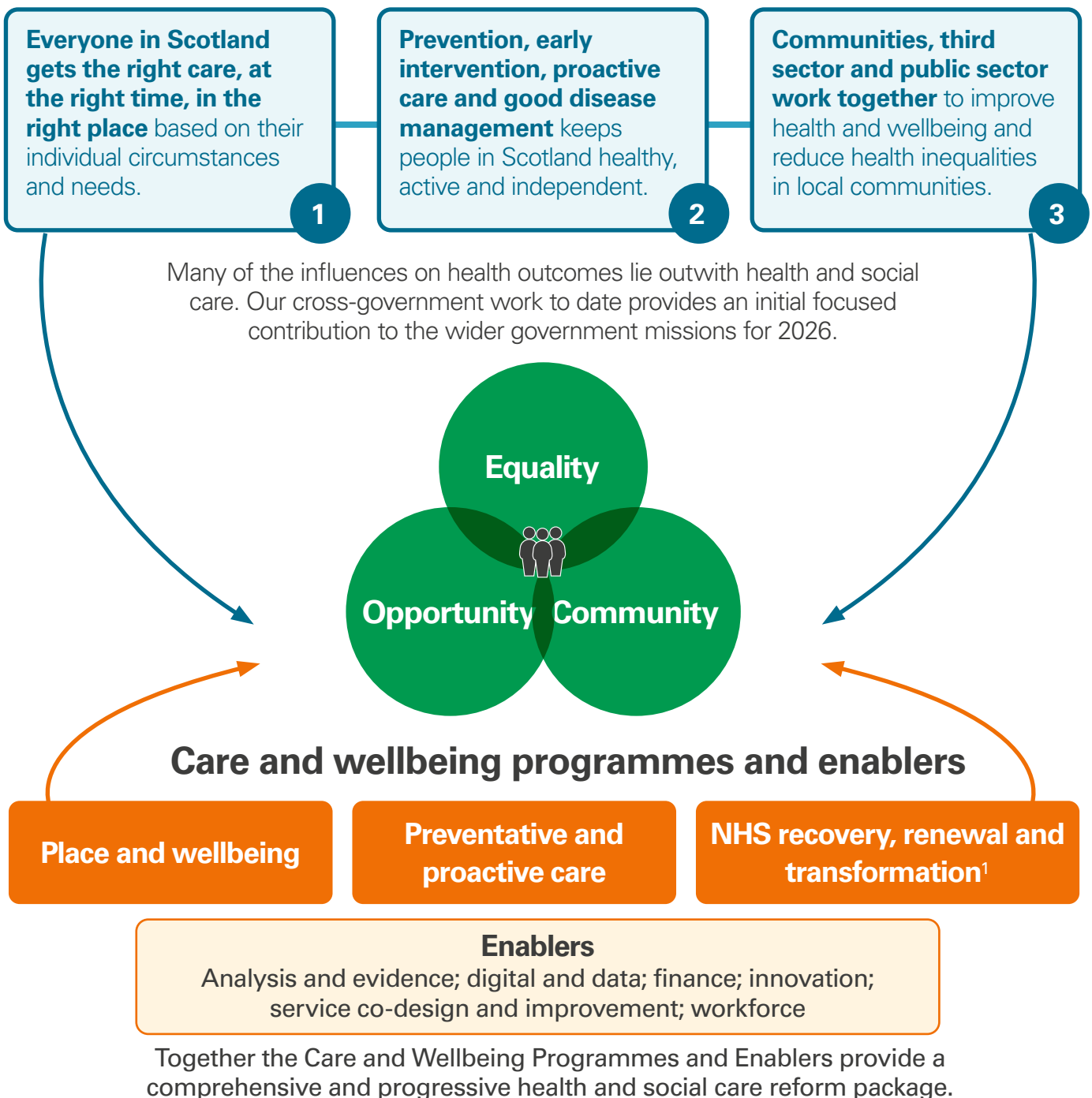
Exhibit 13.

The Care and Wellbeing Portfolio’s mission and objectives were revised in 2023 to reflect the refreshed Programme for Government

Care and Wellbeing Portfolio

Improved population health and wellbeing, reduced inequalities and sustainable health and care services.

Our aim is achieved by taking a person-centred approach to delivering clear outcomes spanning short, medium and long term.



Note 1. As noted in paragraph 106, the ‘NHS recovery, renewal and transformation’ programme has shifted focus to ‘Long-term planning’.

108. Without clear and transparent reporting, it will be difficult for the Scottish Government to demonstrate how the portfolio enablers and programmes are progressing or how its approach is making a difference.

There is an increased focus on public health interventions and prioritising prevention, but this still remains secondary to more immediate operational pressures

109. A whole-system approach to improving the health of the Scottish population is essential to reducing the demand for health and care services. People's health is shaped by social and economic factors, health behaviours, health services, and the physical environment. Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future. This work is not the sole responsibility of NHS Scotland; every sector has a contribution to make and it requires long-term and cross-sector investment focused on improving the wider factors that affect health. Public health improvements play an important role in shaping future demand for health and care services. While improving health is everyone's responsibility, the Scottish Government, through its Care and Wellbeing Portfolio, aims to provide leadership on prioritising population health within the public sector. A key partner in this work is Public Health Scotland (PHS).

110. PHS has described **three types of prevention**, detailing their value and how they can be used to help manage current and future demand for health services.^{56,57} It has also published analysis which suggests that, despite an overall projected decline in the population of Scotland by 2043, annual disease burdens could increase by 21 per cent.⁵⁸ Two-thirds of this increase is predicted to be due to cardiovascular diseases, cancers and neurological conditions. However, this forecast does not factor in changes to prevention activity, service provision, advances in treatments or diagnostics. All types of prevention have a role to play in reducing this burden, but investment in primary prevention has been identified as the area which can make the biggest difference to the population's health and future demand for health services.

111. PHS's modelling of demand and capacity within NHS Scotland is being used by the Scottish Government, NHS boards and some HSCPs to better understand current pressures and to plan how available resources can best be used. Currently this work is mainly based on the acute hospital system, but PHS are working to refine this work and incorporate wider health and care data as they become available. Models to predict disease prevalence and how population change may impact demand for health and care services in the future are now in development. These models are intended to support decision-making around how resources are targeted towards public health interventions that can influence the scale and likely nature of future demand.



PHS has described three types of prevention:

Primary prevention is action that tries to stop problems happening (for example, by improving the conditions in which people work, live and grow).

Secondary prevention is action that focuses on early detection of a problem to support early intervention and treatment and reduce the level of harm (for example, cancer screening services).

Tertiary prevention is action that attempts to minimise the harm of a problem through careful management (for example, rehabilitation support for people who have experienced a stroke).

112. The importance of improving population health and reducing health inequalities, while continuing to deliver operational priorities, is reflected in the delivery planning guidance issued to NHS boards. Delivery Plans have begun to set out how boards will continue working on reducing health inequalities. However, the performance indicators on which boards are currently judged still tend to focus on more immediate pressures such as waiting times, in effect deprioritising the resourcing of preventative measures.

Realistic Medicine can support better use of resources to deliver person-centred outcomes, but stronger clinical leadership is required

113. There are many opportunities for clinicians and patients to work together to make health and care decisions that can contribute to better use of resources and improved health outcomes. After the immediate response to Covid-19, there is now a renewed focus on Realistic Medicine, which aims to develop a culture of shared decision-making between clinicians and patients and reduce the amount of healthcare interventions that do not add value. Realistic Medicine is partly being taken forward under the Value Based Health and Care Group ([paragraph 99](#)), but local clinical leadership is needed to apply the principles consistently in everyday practice.

114. Scotland's Chief Medical Officer noted in his annual report that research by the Organisation for Economic Co-operation and Development (OECD) estimates that 20 per cent of spending on healthcare does not result in improvements in health.⁵⁹ This is due to various factors including inefficient use of resources, treatment decisions that do not give patients the outcome they would most value, over-investigation and over-treatment, and not taking full advantage of conservative treatment options that deliver better outcomes.

115. Clinicians are being asked to implement the principles of Realistic Medicine by encouraging patients to explore with care teams what treatment options would make the most impact on their own life. Clinical practice should also exhibit a culture of stewardship, where everyone considers their role in the effective use of resources, and clinicians need to be supported by senior clinical and executive leadership to manage clinical risk differently. Staff must be empowered to implement new models of care, reduce practices that are of less value, and take advantage of innovative opportunities for service reform and transformation ([paragraph 103](#)).

116. The Chief Medical Officer has set out how the Scottish Government, NHS boards and their partners should deliver Realistic Medicine in the Value Based Health and Care Action Plan.⁶⁰ The plan sets out 13 actions related to staff training and development, maximising the use of tools that support further adoption of Realistic Medicine, and measuring the impact of Realistic Medicine on patients. The Scottish

Government intends to publish a measurement framework to evidence progress against these actions and the difference Realistic Medicine is making to outcomes and service sustainability.

Boards are planning over the longer term, but the scale of the challenge requires national coordination and a shared vision

117. Boards are trying to address the current operational challenges they face by implementing a range of approaches to improvement and redesign and working with national partners such as the CfSD. Boards are developing their own longer-term strategies to deliver reform over the next 10-15 years. NHS Tayside intends to refresh its strategic plan this year, and both NHS Dumfries and Galloway and NHS Greater Glasgow and Clyde have developed strategic visions in partnership with Integration Authorities. These plans incorporate key areas such as the importance of digital and innovation, future demand and capacity modelling, and prioritising preventative and person-centred approaches as services are redesigned. Boards, however, told us that there now needs to be greater national leadership to meet the scale of change that will be required.

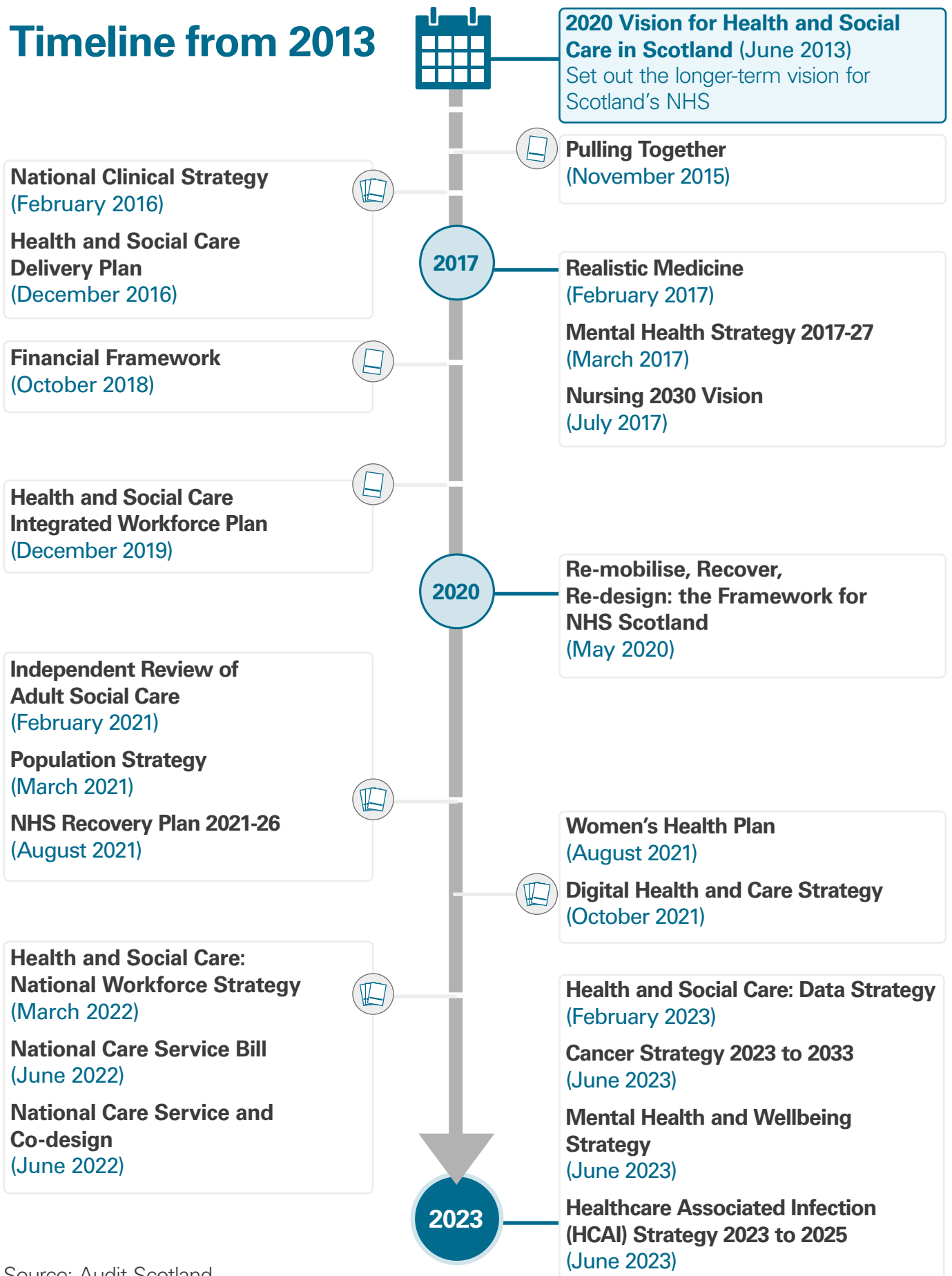
118. National planning is often done in isolation and to shorter timescales, exacerbated by one-year budget settlements. Key considerations for boards such as infrastructure and workforce requirements are planned over several years, and it is difficult to make local changes of the scale required. Boards highlighted the need for difficult financial decisions at a level not seen before, without a coherent sense of direction or an all-encompassing strategy to inform their own strategic planning. This is particularly challenging for smaller or rural boards as they have limited opportunity for radically changing local services in isolation.

119. The Scottish Government has recognised the need to better align boards' operational planning cycle to financial planning and has put plans in place to do this from 2024/25. But there is also a need to ensure that NHS boards' operational Delivery Plans ([paragraph 97](#)) are supported by a shared longer-term vision of what future health services will look like.

120. The national policy context in which the NHS operates is complex, with a range of strategies, plans and policies in place but no single, overall vision of what health services will look like in the future ([Exhibit 14, page 47](#)). The ambitions within the Scottish Government's 2020 Vision were not achieved by 2020.⁶¹ The Covid-19 health emergency and subsequent recovery has been the immediate focus since then, but the lack of a long-term national vision is hindering boards' ability to plan and deliver reform at the scale, pace and ambition required.

Exhibit 14.

There has been no unified vision for the future direction of the entire healthcare system published since 2013



121. To reduce demand on the whole health and care system, public health and preventative health care measures need to be prioritised. As part of the 2024/25 budget statement, the Scottish Government indicated its intention to take forward a 'National Conversation' about the future of the NHS.⁶² The Scottish Government should now work with NHS boards, their staff, partners, and the public to develop a long-term strategy for health and social care and support the movement from recovery to reform (Horizon 3). It should set out priorities that support large-scale, system-wide reforms, advancing and building upon ongoing work such as the focus on prevention and Realistic Medicine, and recognise the interdependencies across the health care system. This is increasingly important given the proposed development of the National Care Service.

To support longer-term reform, effective and collaborative leadership will be required

122. Successfully implementing longer-term reforms requires strong executive and clinical leadership to address the current operational and financial challenges, while also looking to implement new approaches to designing services that will meet longer term need. In the joint Auditor General for Scotland and Accounts Commission [report on progress with health and social care integration](#), we highlighted the importance of 'systems leadership' in a complex environment. Effective collaborative leaders should exhibit influential leadership and the ability to empower others, promote awareness of the organisation's goals, engage service users, and prioritise continual development.

123. The current challenges of leading in a complex and uncertain environment are putting leadership capacity across NHS Scotland at increasing risk, and there are concerns that boards are finding it difficult to recruit externally for senior executive and clinical roles. In the past year the Chief Executives at four boards have announced their retirements (NHS Dumfries and Galloway, NHS Forth Valley, NHS Highland, and NHS Tayside). It has subsequently been announced that the Chief Executive of NHS Grampian will take up the same post at NHS Tayside, but this still leaves four out of 14 territorial boards recruiting new Chief Executives.⁶³

124. There is a renewed focus on succession planning and leadership skills development at various levels, both within individual boards and nationally. The Scottish Government has commissioned NHS Education for Scotland to deliver a range of leadership development programmes, known collectively as Leading to Change. The national programmes offered include the Aspiring Chief Executives programme (for senior leaders nominated by boards) and the Developing Senior Systems Leadership Programme (with a focus on system-wide collaborative leadership).

To support reform NHS boards must have good governance arrangements in place

125. System-wide reforms will require boards to operate effectively, liaise with their local populations and to report progress transparently. To support this, NHS boards must have good governance arrangements in place that provide sufficient scrutiny and assurance of financial and operational performance. The Scottish Government aims to support NHS boards by issuing guidance and carrying out reviews of governance arrangements across boards. The Scottish Government revised its Blueprint for Good Governance in NHS Scotland in November 2022.⁶⁴ The second edition of the blueprint sets out principles of good governance, emphasising the importance of rigorous challenge and scrutiny as well as collaboration with other stakeholders, including the public. The model set out in the revised blueprint places more emphasis on delivering change, and prioritising innovation and a learning culture, at the same time as meeting operational outcomes and targets.

126. The blueprint sets out three levels of evaluation: appraisal of individual board members' performance; a regular board self-assessment exercise; and external review of the organisation's governance arrangements. A new approach to self-assessment has been piloted and is to be rolled out to all boards by March 2024, aiming to provide constructive challenge and strengthen effective scrutiny and self-evaluation. A new Healthcare Governance Advisory Board is being set up and will recommend an approach to external review of board governance. These reviews will include how boards engage with stakeholders, including the public. We will continue to consider the effectiveness of the governance arrangements within NHS Scotland, including the results of the external reviews, as part of both the annual audits of individual NHS boards and our programme of national reporting.

127. There were limited governance and financial management concerns arising from 2022/23 annual audit work. Issues around governance, leadership and culture were, however, highlighted by the auditors of NHS Forth Valley. The board has been escalated on the Scottish Government's NHS Scotland Support and Intervention Framework ([paragraphs 37–39](#)). Following escalation, an independent review of the corporate governance arrangements in NHS Forth Valley was undertaken. The learning outlined by the review may enable other NHS boards to identify opportunities to improve their own governance arrangements ([Case study 2, page 50](#)).

Case study 2.

NHS Forth Valley Corporate Governance Review

In December 2023, the Auditor General published a report to draw Parliament's attention to concerns in relation to the governance, leadership and culture in NHS Forth Valley and set out the progress the board is making in addressing these issues.



In November 2022, the board was escalated to stage 4 of the NHS Scotland Performance Escalation Framework (since renamed the Support and Intervention Framework). As a result of the escalated governance arrangements an independent review of the corporate governance arrangements in the organisation was undertaken. The review was intended to assist the board in identifying any improvements to their approach to corporate governance that will be required to address the range of performance-related issues included in the Escalation Improvement Plan.

The assessment of the effectiveness of the governance arrangements in NHS Forth Valley is grounded in the NHS Scotland Blueprint for Good Governance (2022). The conclusions in the report focused on the Board's approach to active and collaborative governance.

An active governance approach to delivering good governance requires Board members 'to focus on the right things, consider the right evidence and respond in the right way'. Overall, while the board generally was focusing on the right things, the review noted that there were two notable exceptions to this that should be considered the root cause of many of the significant challenges currently faced by the organisation. These are the failure to agree an appropriate business model for the delivery of integrated health and social care, and the difficulties experienced in building and maintaining a high-performing Executive Leadership Team. The review was also concerned that the Board was not always able to consider the right evidence or respond in the right way.

A collaborative approach to governance needs to be adopted by the key partners in the healthcare system to ensure governance arrangements are understood and aligned to achieve the best outcomes for the population and ensure best value in the use of public funds. The review found there was a lack of a productive and collaborative approach to governance particularly in respect of the integration of health and social care. The reasons behind the lack of collaborative governance reported by the review, reflect those outlined in our 2018 [Health and social care integration report](#), including: an unwillingness by some senior leaders to relinquish power and control; a lack of understanding of responsibilities and accountabilities; and difficult relationships between partners.

The review made 51 wide-ranging recommendations for improvements to the Board's governance arrangements. The review also recommended that there was merit in sharing the learning with all NHS boards to enable them to consider the review and possibly identify opportunities to improve their own governance arrangements.

Source: NHS Forth Valley Corporate Governance Review: Final Report, October 2023 and Audit Scotland

Endnotes

- 1** Value based health and care action plan, Scottish Government, September 2023.
- 2** The Health and Social Care Portfolio in 2023/24 represented around one third of Total Managed Expenditure, which includes Non-Domestic Rates (NDR) income and Annually Managed Expenditure (AME) relating to Social Security expenditure, pension costs and accounting adjustments. Excluding these budget elements, around 40 per cent of the funding that the Scottish Government can direct to support its priorities (the discretionary budget) was spent on health and social care.
- 3** Scotland's Fiscal Outlook: The Scottish Government's Medium-Term Financial Strategy, Scottish Government, May 2023.
- 4** Fiscal Sustainability Report – March 2023, Scottish Fiscal Commission, March 2023.
- 5** The NRAC formula was implemented in 2009/10. Upon its adoption, the Scottish Government and TAGRA (Technical Advisory Group on Resource Allocation) committed to movement towards parity over the longer term through management of the annual uplift process as described.
- 6** This is the current position following distribution of £200 million of funding to NHS boards in Quarter 1 of 2023/24, as outlined in paragraph 21, and provided by the Scottish Government.
- 7** National Workforce Strategy for Health and Social Care in Scotland, Scottish Government, March 2022.
- 8** NHS Scotland Workforce, as at September 2023, NHS Education for Scotland, December 2023.
- 9** Statistics about the age, use and condition of the NHS estate (including levels of identified backlog maintenance) were provided to us by the Scottish Government.
- 10** Previously known as the NHS Scotland Performance Management Framework, or escalation, it was renamed in September 2023.
- 11** Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2023, Public Health Scotland, November 2023.
- 12** NHS Scotland Waiting Times Guidance, Scottish Government, November 2023.
- 13** Policy Priority Agreements, NHS Recovery, Health and Social Care: First Minister's letter to Cabinet Secretary, Scottish Government, September 2023.
- 14** Cancer Waiting Times in NHS Scotland, 1 July to 30 September 2023, Public Health Scotland, December 2023.
- 15** Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2023, Public Health Scotland, November 2023.
- 16** Policy Priority Agreements, NHS Recovery, Health and Social Care: First Minister's letter to Cabinet Secretary, Scottish Government, September 2023.
- 17** Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2023, Public Health Scotland, November 2023.
- 18** National Elective Coordination Unit Annual Report 2022/2023, Centre for Sustainable Delivery, November 2023.
- 19** Acute hospital activity and NHS beds information (annual), year ending 31 March 2023, Public Health Scotland, September 2023.

- 20** Cancelled Planned Operations, month ending 30 September 2023, Public Health Scotland, November 2023.
- 21** Health and social care: winter preparedness plan 2023-2024, Scottish Government, October 2024.
- 22** Hospital at Home Programme progress update (older people/acute adult), Healthcare Improvement Scotland, March 2023.
- 23** Meeting of the Parliament Official Report, statement by Michael Matheson on planning for winter 2023-24, Scottish Parliament, 24 October 2023.
- 24** NHS Scotland Workforce, as at September 2023, NHS Education for Scotland, December 2023.
- 25** Scotland's Census 2022 – Rounded population estimates, National Records of Scotland, September 2023.
- 26** Forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years, Public Health Scotland, November 2022.
- 27** Multimorbidity: A Priority for Global Health Research, Academy of Medical Sciences, April 2018.
- 28** Scotland's Population 2022, The Registrar General's Annual Review of Demographic Trends, National Records of Scotland, October 2023.
- 29** Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times, quarter ending 30 September 2023, Public Health Scotland, November 2023.
- 30** Accident and Emergency Activity, month ending September 2023, Public Health Scotland November 2023.
- 31** Safe Delivery of Care inspections of acute hospitals – findings letter to NHS boards: November 2022, Healthcare Improvement Scotland, November 2022.
- 32** Accident and Emergency Activity, month ending September 2023, Public Health Scotland, November 2023.
- 33** Board Quality Indicators Performance Report, Scottish Ambulance Service, November 2023.
- 34** Unscheduled Care Operational Statistics, Scottish Ambulance Service, November 2023.
- 35** Delayed discharges in NHS Scotland, month ending September 2023, Public Health Scotland, November 2023.
- 36** Delayed discharges in NHS Scotland (annual, planned revision), 2022/23, Public Health Scotland, December 2023.
- 37** Acute hospital activity and NHS beds information (annual), year ending 31 March 2023, Public Health Scotland, September 2023.
- 38** Acute hospital activity and NHS beds information (annual), year ending 31 March 2023, Public Health Scotland, September 2023.
- 39** Using an evidence-based approach to improve unscheduled care, Glasgow Continuous Flow Model (GlasFLOW), NHS Greater Glasgow and Clyde, June 2023.
- 40** Delayed discharges in NHS Scotland, month ending September 2023, Public Health Scotland, November 2023.
- 41** NHS Scotland Workforce, as at September 2023, NHS Education for Scotland, December 2023.
- 42** Health & Social Care Staff Experience Survey 2023, Scottish Government, November 2023.
- 43** National Workforce Strategy for Health and Social Care in Scotland, Scottish Government, March 2022.
- 44** Safe Delivery of Care inspections of acute hospitals – findings letter to NHS boards: November 2022, Healthcare Improvement Scotland, November 2022.

- 45** Annual Report and Financial Statements 2022-23, Scottish Public Services Ombudsman, October 2023.
- 46** Annual Report and Financial Statements 2022-23, Scottish Public Services Ombudsman, October 2023.
- 47** Health & Social Care Staff Experience Survey 2023, Scottish Government, November 2023.
- 48** Value based health and care action plan, Scottish Government, September 2023.
- 49** NHS Recovery Plan 2021-2026, Scottish Government, August 2021.
- 50** NHS Recovery Plan 2021-2026 Annual Progress Update 2023, Scottish Government, December 2023.
- 51** Delivering value based health and care: a vision for Scotland, Scottish Government, December 2022.
- 52** Value based health and care action plan, Scottish Government, September 2023.
- 53** Delivering value based health and care: a vision for Scotland, Scottish Government, December 2022.
- 54** Enabling, connecting and empowering: care in the digital age, Scotland's digital health and care strategy, Scottish Government and COSLA, October 2021.
- 55** Care in the digital age: delivery plan 2023-24, Scottish Government and COSLA, August 2023.
- 56** Public health approach to prevention and the role of NHS Scotland, Public Health Scotland, January 2023.
- 57** The case for prevention and sustainability of health services, Public Health Scotland, July 2023.
- 58** Forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years, Public Health Scotland, November 2022.
- 59** Realistic Medicine: doing the right thing – Chief Medical Officer for Scotland Annual Report 2022-2023, Scottish Government, June 2023.
- 60** Value based health and care action plan, Scottish Government, September 2023.
- 61** NHS in Scotland 2019, Audit Scotland, October 2019.
- 62** Scottish Budget 2024 to 2025: Deputy First Minister statement, Scottish Government, 19 December 2023.
- 63** Internal candidates have been appointed at NHS Highland and NHS Dumfries and Galloway, and interim appointments have been made at NHS Grampian and NHS Forth Valley.
- 64** The Blueprint for Good Governance in NHS Scotland, second edition, Scottish Government, November 2022.

Appendix 1.

Audit methodology

We aim to answer the following audit questions in this report:

- What was the financial performance of the NHS in Scotland in 2022/23, and what is the medium-term financial outlook?
- How is the NHS in Scotland performing against national commitments, and what progress is being made with recovery?
- What is being done to reform and redesign the NHS in Scotland, including making it financially sustainable?

Our findings are based upon:

- the 2022/23 audited accounts and annual audit reports of NHS boards and supplementary returns provided by appointed auditors
- analysis of NHS board accounts, Scottish Government budget documents
- relevant Scottish Government strategies, plans and publications
- activity and performance data published by Public Health Scotland, NHS Education for Scotland and other national boards
- interviews with senior officials in the Scottish Government and NHS boards.

This central work was supplemented by targeted work at three NHS boards (NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde and NHS Tayside). This included a more in-depth review of board strategies and plans, and interviews and discussions with senior staff.

Advisory Panel

To support our work, an Advisory Panel was established to provide challenge and insight at key stages of the audit process. Members sat in an advisory capacity only and the content and conclusions of this report are the sole responsibility of Audit Scotland.

We wish to extend our thanks to the members of the panel: Andrew Bone (NHS Borders); Lorraine Cowie (NHS Highland); Julie Carter (Scottish Ambulance Service); Stephen Gallagher (Scottish Government); and Scott Heald (Public Health Scotland).

Appendix 2.

NHS board performance against selected waiting list indicators

New outpatient waiting list indicators (September 2023)

NHS board	Attendances in year to Sep 2023	Change in year to Sep 2023 (%)	All ongoing waits Sep 2023	Change in year to Sep 2023 (%)	Ongoing waits over a year Sep 2023 ¹	Change in year to Sep 2023 (%)
NHS Scotland	1,237,657	2.5 ↑	525,654	10.5 ↑	40,052	7.2 ↑
NHS Ayrshire & Arran	94,622	5.0 ↑	47,689	7.6 ↑	5,409	-26.5 ↓
NHS Borders	21,677	-9.8 ↓	11,813	11.7 ↑	1,485	-7.1 ↓
NHS Dumfries & Galloway	32,177	7.3 ↑	10,629	3.5 ↑	20	-86.0 ↓
NHS Fife	78,251	4.9 ↑	30,300	14.9 ↑	2,427	161.5 ↑
NHS Forth Valley	68,967	-0.4 ↓	19,312	7.4 ↑	84	-63.3 ↓
NHS Grampian	112,091	2.3 ↑	51,684	21.7 ↑	6,117	45.7 ↑
NHS Greater Glasgow & Clyde	343,198	5.8 ↑	146,522	3.8 ↑	7,463	-38.4 ↓
NHS Highland	51,909	4.4 ↑	25,171	22.5 ↑	2,068	1.0 ↑
NHS Lanarkshire	109,510	1.5 ↑	67,132	37.7 ↑	7,661	266.6 ↑
NHS Lothian	221,444	1.8 ↑	79,510	-2.2 ↓	5,603	4.2 ↑
NHS Orkney	4,231	-4.4 ↓	1,513	39.8 ↑	27	92.9 ↑
NHS Shetland	4,671	-2.9 ↓	1,346	28.2 ↑	9	28.6 ↑
NHS Tayside	86,054	-7.4 ↓	31,319	10.8 ↑	1,675	34.3 ↑
NHS Western Isles	6,279	2.3 ↑	1,367	17.7 ↑	4	0.0 ←
NHS Golden Jubilee	2,576	8.6 ↑	347	7.1 ↑	0	-100.0 ↓
	Fewer attendances than a year ago		More ongoing waits than a year ago		More ongoing waits over a year than a year ago	

Note: 1. There was a new outpatient target to eradicate long waits of over one year by March 2023.

Inpatient/day case waiting list indicators (September 2023)

NHS board	Admissions in year to Sep 2023	Change in year to Sep 2023 (%)	All ongoing waits Sep 2023	Change in year to Sept 2023 (%)	Ongoing waits over 18 months Sep 2023 ¹	Change in year to Sep 2023 (%)
NHS Scotland	232,601	19.6 ↑	151,093	6.9 ↑	17,812	7.8 ↑
NHS Ayrshire & Arran	15,949	18.0 ↑	7,863	-8.1 ↓	753	-13.8 ↓
NHS Borders	2,951	24.6 ↑	2,539	7.0 ↑	310	-9.9 ↓
NHS Dumfries & Galloway	7,969	11.9 ↑	4,729	30.8 ↑	2	-60.0 ↓
NHS Fife	13,121	15.6 ↑	7,805	40.4 ↑	134	197.8 ↑
NHS Forth Valley	9,486	6.3 ↑	4,822	15.7 ↑	23	-41.0 ↓
NHS Grampian	18,537	14.0 ↑	16,409	4.6 ↑	2,775	1.5 ↑
NHS Greater Glasgow & Clyde	64,059	21.0 ↑	44,878	9.3 ↑	6,634	36.4 ↑
NHS Highland	13,153	24.5 ↑	7,004	-7.5 ↓	772	-42.9 ↓
NHS Lanarkshire	17,601	29.4 ↑	11,621	-0.7 ↓	1,634	-1.7 ↓
NHS Lothian	40,209	31.4 ↑	27,780	3.2 ↑	3,256	2.5 ↑
NHS Orkney	738	-8.2 ↓	346	-4.7 ↓	2	-71.4 ↓
NHS Shetland	933	-17.3 ↓	359	10.8 ↑	6	0.0 ←
NHS Tayside	20,986	11.0 ↑	12,911	13.6 ↑	1,496	7.3 ↑
NHS Western Isles	1,410	-0.8 ↓	327	-27.5 ↓	0	-100.0 ↓
NHS Golden Jubilee	5,499	10.3 ↑	1,700	8.0 ↑	15	36.4 ↑
	Fewer admissions than a year ago		More ongoing waits than a year ago		More ongoing waits over 18 mths than a year ago	

Note: 1. There was an inpatient/day case target to eradicate long waits of over 18 months by September 2023.

Source: Public Health Scotland

Appendix 3.

Progress against the recommendations from NHS in Scotland 2022

Recommendations for Scottish Government	Progress/status
<p>Publish a revised Medium-Term Financial Framework (MTFF) for health and social care that clearly aligns with the Medium-Term Financial Strategy (MTFS) for the entire Scottish Government, as soon as possible after the next MTFS is published, to determine what financial resources will be available and to give a clear understanding of potential financial scenarios.</p>	<p>In progress.</p> <p>The MTFS was published in May 2023, but a revised MTFF has not been published yet. Publication planned for 2024.</p> <p>Further action recommended.</p>
<p>Complete work on modelling demand and capacity to inform planning for future service delivery, taking into consideration demographic change, service redesign options and anticipated workforce capacity.</p>	<p>In progress.</p> <p>A model exists and work to develop and improve this model is ongoing.</p>
<p>Revisit NHS Recovery Plan commitments annually and use annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why.</p>	<p>No progress.</p> <p>The NHS Recovery Plan update was published in December 2023 but does not clearly report progress. Further action recommended.</p>
<p>Ensure targets for tackling the backlog of care are clear, publish accessible and meaningful information about how long people will have to wait for treatment, and urgently explore all options to provide support to the most vulnerable people waiting for treatment to minimise the negative impact on their health and wellbeing.</p>	<p>In progress.</p> <p>Work to improve waiting times information for patients ongoing.</p>
<p>Publish annual progress updates on the reform of services, showing the effectiveness and value for money of new innovations and ways of delivering NHS services.</p>	<p>Limited progress.</p> <p>Updates for some programmes published. We repeat this recommendation in this report.</p>

Cont.

Recommendations for Scottish Government and NHS boards	Progress/status
<p>Work with partners in the social care sector to progress a long-term, sustainable solution for reducing delayed discharges from hospital.</p>	<p>Limited progress. Awaiting decision on National Care Service.</p>
<p>Ensure focus on staff retention measures is maintained, including wellbeing support, and continually look at ways to increase the impact of these measures.</p>	<p>In progress. Awaiting National Workforce Strategy progress update.</p>
<p>Work together more collaboratively on boards' delivery, financial and workforce plans to maximise boards' potential to achieve the ambitions in the NHS Recovery Plan, by balancing national and local priorities against available resources and capacity and setting realistic expectations for the public.</p>	<p>In progress. We note the arrangements to support boards to develop plans and to better align activity and financial planning.</p>
<p>Urgently implement a programme of engagement with the public to enable an open discussion about the challenges facing the health sector in Scotland and help inform future priorities and how the delivery of services will change.</p>	<p>Limited progress. There is evidence of engagement locally and nationally but longer-term strategies, plans and reforms still need to be developed.</p>

NHS in Scotland 2023



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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**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda
Planner
Meetings
January 2024 – December 2024**

Updated 06/03/24

Standing items (every meeting)
Minutes of last meeting (JC)
Internal Audit Update (GMcC)
HSCP Annual Delivery Plan Update (JC)
HSCP Corporate Risk Register (JC)
HSCP Performance Management Reports (AW / AC)
Committee Agenda Planner (JC)
Care Inspectorate Reports as available
Relevant Audit Scotland reports as available
HSCP Committee Agenda Items – January 2024
Internal Audit External Quality Assessment 2 (GMcC)
HSCP Directions Log Progress Update
Care Inspectorate – Meiklehill and Pineview Service Inspection October 2023
HSCP Committee Agenda Items – March 2024
Internal Audit Plan 2024/25 (GMcC)
Progress Report – External Audit (Mazars)
Performance Management Update Qtr3 22/23 (AC / AW)
Whistleblowing Policy (TQ)

Joint Adult Support & Protection Inspection (DA)
Audit Scotland Report – NHS in Scotland (CS)
HSCP Board Agenda Items – June 2024
Annual Internal Audit Report (GMcC)
Annual Audit Plan – External Audit (Mazars)
Unaudited Annual Accounts 2023/24 (JC)
Performance Management Update Qtr4 23/24 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
HSCP Board Agenda Items – September 2024
Final Audited Annual Accounts 2023/24 (JC)
Mazars Annual Audit Report (TR)
Care at Home Inspection Update (DP)
HSCP Board Agenda Items – January 2025
Social Work Commissioning Update 2024/25
HSCP Committee Agenda Items – March 2025
Internal Audit Plan 2025/26 (GMcC)
Annual Audit Plan – External Audit (Mazars)
Performance Management Update Qtr3 24/25 (AC / AW)
HSCP Board Agenda Items – June 2025
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)

Unaudited Annual Accounts 2024/25 (JC)
Performance Management Update Qtr4 24/25 (AC / AW)
HSCP Directions Log Progress Update