



## CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

# Integrated Joint Board - Financial and Workforce monitoring report for the 3 months to 30<sup>th</sup> June 2021

## Introduction

The financial and workforce monitoring report provides an overview of the Integrated Joint Board's financial position at the end of June 2021. It contains the following sections:

1. Key Figures and Comments
2. Income and Expenditure
3. Chief Officer's Administration and Management budgets
4. Head of Locality Services budgets
5. Head of Partnership Services budgets
6. Head of Dental Services budgets
7. Head of Mental Health budgets
8. Associate Medical Director budgets
9. Alcohol and Drugs Partnership
10. NHS Set Aside budgets
11. Financial Efficiency Plan
12. Workforce
13. Risks
14. Glossary

## 1. Key Figures and Comments

	Year To Date Month 3			Full Year Projection		
	Budget	Actual	Variance	Budget	Projection	Variance
	Under/(over)			Under/(over)		
	£'000	£'000	£'000	£'000	£'000	£'000
NHS	9,041	8,837	204	43,504	44,270	(766)
NHS Pay Award not yet allocated	0	0	0	0	(382)	382
CnES	5,329	7,972	(2,643)	21,295	22,233	(938)
General Reserves		0	0		(993)	993
Earmarked Reserves	0	0	0	0	(329)	329
	<b>14,370</b>	<b>16,809</b>	<b>(2,439)</b>	<b>64,799</b>	<b>64,799</b>	<b>0</b>

### Headlines

- 1.1 At 30<sup>th</sup> June 2021 the Board is showing an overspend of **£2,439k** and a projected breakeven position once budgeted reserves have been applied and residential and other income accruals have been adjusted.
- 1.2 There are a number of areas of concern at month 3 (included within outturn position) and further review is being undertaken to clarify figures which will be reported back at month 4. To note the Scottish Government have provided the pay rise for NHS in full and although that money was received, it was too late to allocate to individual services and is shown in the above table separate. For month 4 the funding will be shown against individual services.
- 1.3 The IJB continue to require funding for Covid-19 costs. There will be Covid-19 funding available although the Scottish Government have indicated any Covid-19 funding carried forward may need to be used first. Late in 2020/2021 IJB received Social Care Funding for Local Authority pressures. The Board have asked the Scottish Government if this money can be used for transformational and workforce development this year rather than toward Covid-19 expenditure, to-date we have had no confirmation either way. These reserves are not part of the general reserves required to break even but are held in earmarked reserves for transformational change.
- 1.4 The IJB workforce continues to be under great pressures with high vacancies, high levels of retirements due in the next two years, high percentage of over 55 within the workforce and increased levels of sickness. A summary RAG status is shown at paragraph 1.8 and a detailed analysis of workforce data can be found in section 12.

### Month 3 high level variances

- 1.5 There are a number of high level variances (at month relatively low numbers) which are summarised below and detailed in the sections 2 to 10:
  - CnES Residential Care – There is a projected overspend of **£208k**. The overspend relates on the whole to the use of relief workers due to high sickness levels.

- Community Hospitals – There is a projected overspend of **£194k** due to the use of agency staff and bank to cover vacancies and sickness. The staffing costs will be reviewed to ensure there are no vaccination costs that need to be transferred to Covid-19.
- There is an identified pressure of **£200k** in the Boards OOH service for both managing the Barra community hospital and for the normal GP OOH service. An option paper has been drawn up and we are hoping to put in place a cost neutral solution if recruitment is possible. The projected overspend has assumed the solution will be in place by October 2021. If there are delays this overspend may increase.
- There is a projected underspend of **£217k** in the homecare services. This is mostly due to the level of vacancies held, net underspend of £614k, offset by projected agency costs of £342k. The budget already assumed a £250k saving from vacancy so the underspend in staffing is actually £864k less the agency cost
- There are emerging pressures on the Acute Nursing budget with high bank covering sickness in the medical wards. A review is taking place on projected bank costs and by month 4 the pay award funding will be allocated and a better idea of the likely year end position will be available.

#### Efficiency Savings

- 1.6 The Integrated Joint Board's cash efficiency target is £3,839k, this is the IJB required efficiency savings.
- 1.7 It is estimated that the IJB has already achieved savings of £775k, against the Financial Efficiency Plan (FEP) and at month 3 the Board is forecasting to achieve £3,566k of these savings. Some of the high risk savings may not achieve but there are at present other areas that will save beyond their target to compensate.

#### Workforce

- 1.8 Detailed analysis has been undertaken on IJB workforce issues described in chapter 12. A summary RAG status of the main areas of concern is shown overleaf, to note Primary Care Investment Fund staff are shown in clinical admin.
- 1.9 The workforce part of this report is statistically but the Chief Officer, Chief Finance Officer together with Human Resources colleagues will be analysing the results and looking at where we can make a difference. Looking at the population and demographics of the Island, this is not a task simply for the IJB partners but all stakeholders on the Islands and the Scottish Government and can build on work already being undertaken by the Community Planning Partnerships (CPP). There is some Government funding (Bond of £50,000 for 100 families) due to be available shortly to help with Scottish Island depopulation but it is not just about bringing people up to live here but bringing onto the island families of working age and keeping these people and their young children on the island to provide a

sustainable workforce and community for the future. Previously CPP identified we need 1,000 working age families to inward migrate.

Short Term Risk 1-3 years	Vacancies	Age	Retiral	Sickness
Medical Staffing	H	H	L	L
Allied Health Professionals	H	M	L	L
Dental	M	M	L	M
Hospital (Acute) Nursing	H	M	H	H
Community Hospital Nursing	H	H	M	H
Community Nursing	H	H	M	L
Mental Health Nursing	H	M	L	H
Clinical Admin	H	H	L	L
Adult Services	H	H	M	H
Residential Services	H	H	H	H
Home Care & Reablement	H	H	H	H
Criminal Justice	H	M	L	L
Strategic Commissioning & PS	M	L	L	L
Assessment and Care Services	H	M	L	M
Management and Admin	H	L	L	L

- 1.10 To note the age column is recognising staff over 55 however, the retiral for the short term will be looking at 63+ age group. You can therefore have a higher risk relating to 55+ but a medium short term retiral age as more of the staff are in the 55-60 age range.

## 2. Income and Expenditure Summary

Sections 2-9 of this report provide further detail on the operational position

Income & Expenditure at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>						
Chief Officer - Management	(17)	3,103	(3,119)	345	1,484	(1,139)
Head of Locality Services	5,357	5,165	192	20,717	20,699	18
Head of Partnership Services	2,605	2,198	408	14,156	14,097	59
Head of Dental Services	815	828	(13)	2,793	2,857	(64)
Head of Mental Health Services	794	675	119	3,172	3,266	(94)
Associate Medical Director	2,872	2,943	(71)	15,944	16,146	(202)
Alcohol and Drugs Partnership	169	152	17	576	576	0
Acute Set Aside	1,774	1,746	28	7,096	7,378	(282)
NHS Pay Award not yet allocated	0	0	0	0	(382)	382
General Reserves	0	0	0	0	(993)	993
Earmarked Reserves	0	0	0	0	(329)	329
<b>Total Net Cost</b>	<b>14,370</b>	<b>16,809</b>	<b>(2,439)</b>	<b>64,799</b>	<b>64,799</b>	<b>0</b>

2.1 The above table shows the IJB's overall spending position at the end of Month 3 analysed by Heads of Service. Subsequent sections give more detail on each of the lines shown above.

## 3. Chief Officer Administration and Management

Chief Officer - Management at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Management	230	253	(23)	711	730	(19)
Community Admin	27	20	7	84	84	0
CnES Management and Admin	(350)	2,753	(3,103)	(756)	364	(1,120)
Housing Services	77	77	0	306	306	0
<b>Surplus/ (Deficit)</b>	<b>(17)</b>	<b>3,103</b>	<b>(3,119)</b>	<b>345</b>	<b>1,484</b>	<b>(1,139)</b>

3.1 The above table shows the spending position on the Chief Officer's management budgets.

3.2 The overspend against CnES Management and Admin is due to the non-drawn down of budgeted reserves within the CnES partners budget and yearend accruals reversed but income not yet received. The income will be received by month end and reserve adjustment will take place at year end.

**IJB Audit Committee 08.09.21**

**Agenda Item: 5.2**

**Purpose: For Assurance / Discussion**

#### 4. Head of Locality Services

Head of Locality Services at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000
Community Nursing	1,086	920	166	4,345	4,249	96
Community Hospitals	592	662	(70)	2,368	2,562	(194)
CnES Residential Care	1,280	1,700	(421)	5,114	5,322	(208)
Adult Care and Support Services	872	918	(46)	3,036	2,929	107
CnES Home Care	1,491	939	552	5,708	5,492	217
Adult Care Transport	36	25	11	145	145	0
Community Care	0	0	0	0	0	0
<b>Surplus/ (Deficit)</b>	<b>5,357</b>	<b>5,165</b>	<b>192</b>	<b>20,717</b>	<b>20,699</b>	<b>18</b>

- 4.1 The above table shows the spending position on the Head of Locality's budgets. There is an in year underspend of **£192k** and a projected underspend of **£18k**.
- 4.2 There is a projected underspend of **£217k** in the homecare services. This is mostly due to the level of vacancies held, net underspend of £614k, offset by projected agency costs of £342k.
- 4.3 CnES Residential Care has a projected overspend of **£208k**. The overspend relates on the whole to the use of relief workers due to high sickness levels.
- 4.4 Community Nursing is projected to underspend **£96k** due to vacancies at present in the nursing team. We expect some vacancies to be filled in year.
- 4.5 There is a projected overspend of **£194k** due to the use of agency staff and bank to cover vacancies and sickness. The staffing costs will be reviewed to ensure there are no vaccination costs that need to be transferred to Covid-19.
- 4.6 There is a projected underspend of **£107k** in Adult Care and Support Services due to higher than expected vacancies.

## 5. Head of Partnership Services

Head of Partnership Services at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000
Podiatry	131	113	18	525	525	0
Dietetics	84	71	13	337	337	0
Occupational Therapy	183	183	0	734	740	(6)
Physiotherapy	253	240	13	1,009	1,010	(1)
Community Care	31	31	0	1,919	1,919	0
Integration Funds	0	0	0	1,891	1,891	0
Criminal Justice	63	53	10	250	199	51
Assessment and Care Services	325	444	(119)	1,356	1,331	25
Commissioning and Partners	1,002	806	197	4,005	4,016	(10)
Adult Mainland Placements	533	256	276	2,129	2,129	0
<b>Surplus/ (Deficit)</b>	<b>2,605</b>	<b>2,198</b>	<b>408</b>	<b>14,156</b>	<b>14,097</b>	<b>59</b>

5.1 The above table shows the spending position on the Head of Partnership's budgets. There is a **£408k** projected underspend in year and a projected **£59k** underspend at year end. There is not major variances projected at yearend.

## 6. Head of Dental Services

Head of Dental Services at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000
Community Dental inc. Oral Health	139	106	33	229	216	13
General Dental Services	676	722	(46)	2,564	2,641	(77)
<b>Surplus/ (Deficit)</b>	<b>815</b>	<b>828</b>	<b>(13)</b>	<b>2,793</b>	<b>2,857</b>	<b>(64)</b>

6.1 The Dental Service is projecting to overspend at year end by **£64k** due in part to reduced levels of service resulting in less income being received. This projection will be reviewed closely each month to ensure project are updated to match any increase in services offered.



## 7. Head of Mental Health Services

Head of Mental Health Services at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Mental Health Management	164	128	36	656	601	55
Mental Health Consultants	131	96	35	521	637	(116)
Mental Health Nursing	499	451	48	1,995	2,028	(33)
<b>Surplus/ (Deficit)</b>	<b>794</b>	<b>675</b>	<b>119</b>	<b>3,172</b>	<b>3,266</b>	<b>(94)</b>

7.1 The above table shows the spending position on the Head of Mental Health budgets.

7.2 There is a projected overspend of **£116k** relating to the employment of a high cost psychiatrist working a one in two rota.

## 8. Associate Medical Director

Associate Medical Director at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Medical	63	52	11	253	253	0
GMS	1,738	1,738	0	6,964	6,963	1
GPS - Prescribing	399	399	0	5,685	5,686	(1)
FHS	438	437	1	2,104	2,104	0
Out of Hours	234	317	(83)	938	1,140	(202)
<b>Surplus/ (Deficit)</b>	<b>2,872</b>	<b>2,943</b>	<b>(71)</b>	<b>15,944</b>	<b>16,146</b>	<b>(202)</b>

8.1 The above table shows the spending position on the Associate Medical Director budget.

8.2 There is an identified pressure of **£200k** in the Boards OOH service for both managing a community hospital OOH and for the normal GP service. An option paper has been drawn up and we are hoping to put in place a cost neutral solution if recruitment is possible. The projected overspend has assumed the solution will be in place by October 2021. If there are delays this overspend may increase.

## 9. Alcohol and Drugs Partnership

Alcohol & Drugs Partnership at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Alcohol and Drugs Partnership	169	152	17	576	576	0
<b>Surplus/ (Deficit)</b>	169	<b>152</b>	17	<b>576</b>	<b>576</b>	0

- 9.1 The above table shows the spending position on the Alcohol and Drugs Partnership budget. There are no major variances projected at year end.

## 10. NHS Set Aside

Set Aside at Month 3	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Nursing	1,054	1,083	(29)	4,214	4,488	(274)
SLA - General Medicine	154	154	0	617	617	0
General Medical Consultants	301	261	40	1,204	1,212	(8)
Pharmacy	99	82	17	398	398	0
ECR - Adult Mental Health	166	166	0	663	663	0
<b>Surplus/ (Deficit)</b>	<b>1774</b>	<b>1,746</b>	<b>28</b>	<b>7,096</b>	<b>7,378</b>	<b>(282)</b>

- 10.1 The above table shows the spending position on the NHS Set Aside budget. The set aside budget is showing an in year underspend of **£28k** and a projected overspend of **£282k**.
- 10.2 There are emerging pressures on the Acute Nursing budget with high bank covering sickness in the medical wards. A review is taking place on projected bank costs and by month 4 the pay award finding will be allocated and a better idea of the likely year end position will be available.

**11. Financial Efficiency Plan – action plans to achieve break-even**

The following table shows the agreed actions, lead officers, contribution to savings and progress to date together with financial risk rating. The table shows that at month 3 the Board has achieved £775k and the Board is projected to achieve £3,566k of the identified cash savings.

**IJB Audit Committee 08.09.21**  
**Agenda Item: 5.2**  
**Purpose: For Assurance / Discussion**

Ref.	Proposal	R/NR	Saving 21/22	M3 Target	M3 Actual	Projection	Variance	Financial Risk
CNES1	Optimisation of care input (digital medication prompts, safety checks, asset based assessment)	R	150	38	-	75	-75	H
CNES2	Maximise income through charging for residential and non-residential care on basis of full cost recovery (report to go to committee for approval)	R	200	-	-	0	-200	H
CNES3	Introduce fleet cars for higher mileage home care workers	R	30	8	-	0	-30	M
CNES8	Review of residential skills mix	R	30	8	-	0	-30	M
CNES9	Review of High Cost Packages	R	50	13	13	50	0	M
CNES10	Review of adult care skills mix	R	30	8	-	0	-30	M
CNES12	Reduce the frequency and cost of off-island placements for mental health and social care patients/service users	R	100	25	25	100	0	M
NHS2	Dental Efficiencies due to reduced service - filling of vacancies with agency Dentists is not required	NR	200	50	20	150	-50	M
CNES4	Review of IT input	R	10	3	3	10	0	L
CNES5	Opportunistic vacancy savings on CNES pay budgets - This would recognise that the social care budgets will offer up opportunistic savings due to difficulty in recruiting to posts. Vacancy savings will not be targeted against specific posts and	NR	500	125	188	750	250	L
CNES6	Divest interest in Dun Berisay flats	R	17	4	2	9	-8	L
CNES7	Review of H&SC Facilities i.e. Laundry, Catering	R	50	13	-	0	-50	L

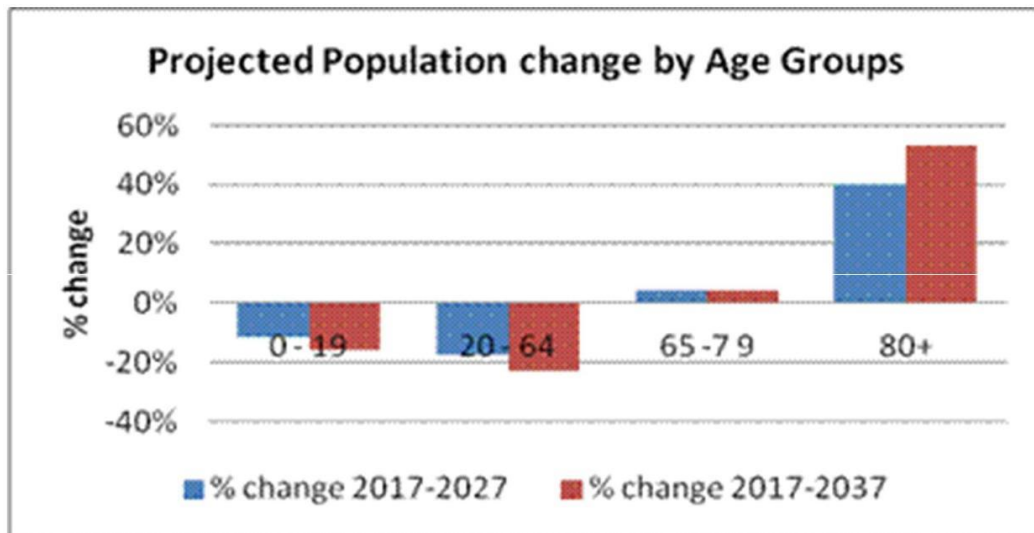
**IJB Audit Committee 08.09.21**  
**Agenda Item: 5.2**  
**Purpose: For Assurance / Discussion**

Ref.	Proposal	R/NR	Saving 21/22	M3 Target	M3 Actual	Projection	Variance	Financial Risk
CNES11	Rural Care Units - assumption staffing will not be required for Goathill 21/22, Garrabost committed to Goathill project,	NR	432	432	432	432	0	L
CNES13	Review of Administration	R	50	13	-	-	-50	L
CNES14	General Reserves	NR	1,094	-	-	1,094	0	L
NHS1	Childsmile Efficiencies	NR	70	18	18	70	0	L
NHS 3	HV - 1.75 WTE for 3 months	NR	25	6	6	25	0	L
NHS4	Dementia Nurse Consultant - 3 Months	NR	22	6	6	22	0	L
NHS5	AHP Lead - 1 year	NR	32	8	8	32	0	L
NHS6	Dental Receptionist - 6 months	NR	20	5	5	20	0	L
NHS5	Balance Sheet Flexibility - release of monies no longer required in balance sheet	NR	428	-	-	428	0	L
NHS6	Financial Flexibility - expect underspens/in year vacancies etc	NR	127	32	32	127	0	L
NHS7	General Reserves	NR	172	-	-	172	0	L
			<b>3,839</b>	<b>810</b>	<b>757</b>	<b>3,566</b>	<b>-273</b>	
<p>NHS budgets already have a 3% vacancy factor built in = approx the CNES £500k NR saving</p>								

## 12. Workforce Issues

### Demography

- 12.1 The overall population within the Western Isles is expected to drop from the midpoint estimate 2017 of 26,950 to 24,698 by 2027 and a further predicted decrease to 23,855 by 2037.
- 12.2 As can be seen in the graphs below, by 2027 the elderly population (65+) is expected to rise by 44% and the 20-64 age population set to decrease by 17%. The age group with the greatest levels of co-morbidity (80+) is expected to increase by 40%. The population changes will result in a year-on-year reduction in the available workforce to nurse, care and attend to the most vulnerable of people whose numbers are increasing year on year. The IJB is already feeling the effect of the changes in demography with high levels of vacancies in social care workforce and nursing



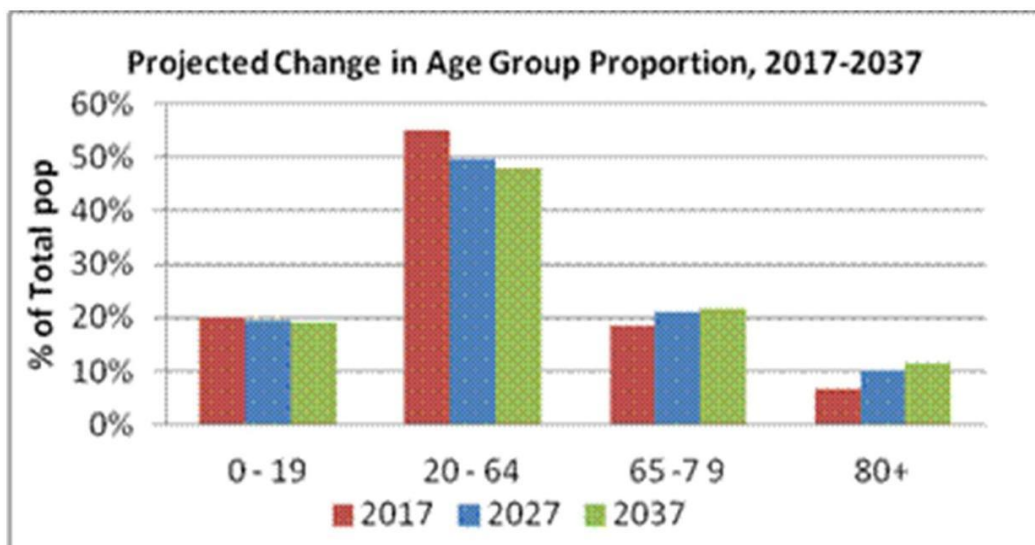
workforce.

Summary

12.3 The table below shows high level statistics per service with regards to vacancies, age of workforce and gender profile. The following paragraphs drills down into the details and how each area interacts.

Estab Head	30-Jun-21 Service Area	Vac. Head	% Vac	Head Over 55+ %	Head Over 65+ %	Female % in Post
9.00	Medical Staffing	5	56%	<b>50.0%</b>	<b>25.0%</b>	75%
76.00	Allied Health Professionals	8	11%	<b>22.1%</b>	<b>1.5%</b>	87%
70.00	Dental	5	7%	<b>23.1%</b>	<b>0.0%</b>	82%
130.00	Hospital (Acute) Nursing	15	12%	<b>23.5%</b>	<b>5.2%</b>	96%
60.00	Community Hospital Nursing	11	18%	<b>32.7%</b>	<b>6.1%</b>	96%
116.00	Community Nursing	13	11%	<b>31.1%</b>	<b>1.0%</b>	98%
52.00	Mental Health Nursing	16	31%	<b>25.0%</b>	<b>0.0%</b>	75%
21.00	Clinical Admin	9	43%	<b>33.3%</b>	<b>8.3%</b>	83%
130.00	Adult Services	18	14%	<b>32.1%</b>	<b>1.8%</b>	90%
241.00	Residential Services	22	9%	<b>44.3%</b>	<b>6.4%</b>	94%
211.00	Home Care & Reablement	26	12%	<b>36.2%</b>	<b>5.9%</b>	96%
11.00	Criminal Justice	1	9%	<b>20.0%</b>	<b>0.0%</b>	40%
14.00	Strategic Commissioning & PS	4	29%	<b>16.7%</b>	<b>8.3%</b>	100%
15.00	Assessment and Care Services	1	7%	<b>29.4%</b>	<b>0.0%</b>	94%
14.00	Management and Admin	1	7%	<b>9.1%</b>	<b>0.0%</b>	91%
<b>1,170</b>	<b>Total</b>	<b>155</b>	<b>13%</b>	<b>32.8%</b>	<b>4%</b>	<b>92%</b>

Vacancies and Available Workforce



- 12.4 As can be seen from the table above in some areas of the IJB there are significant vacancies, even taking into consideration the low establishment numbers in some areas. It is becoming increasingly difficult to recruit not just to specialised posts but to the unskilled and semi skilled posts which are mostly found from within the Islands employment market. Due to the predominance of our female workforce we are in effect halving our available employment pool with which we are competing with many other sectors on the island; tourist industry, catering, supermarkets, fish factories for example.
- 12.5 Looking at available workforce across the islands (we know geographically the available workforce and jobs do not always collate) we can see by the table below how many are on universal credit:

Universal Credit Claims	Jun-21	Aug-20	Feb-20
<b>Total</b>	<b>625</b>	<b>880</b>	<b>465</b>
Male	395	545	300
Female	230	335	165

- 12.6 Highlighted is the available female workforce where we draw the majority of our unskilled and semiskilled workforce from, if numbers drop down to pre-pandemic figures then we are looking around 165 of females looking for work, many of them may not be suitable (or wish to work in health and social care) for various reasons, for the health and social care workforce jobs vacancies we require.
- 12.7 It is also worth noting there were 2,400 people in 2020 in the Economic Inactivity List, 1,700 who did not want to work and 700 who would like a job but were not actively looking, this could include people on incapacity benefit, caring for family members or on long-term sick.
- 12.8 Looking at the latest school leaver information 57% of pupils go to Higher and Further Education, majority of which will be mainland provided, i.e. outward migration. That leaves 43% or 103 available school leavers to entice into Health and Social Care. However, using the female predominance of our workforce again halves the available pool. As mention above in 12.4 Health and Social Care is in competition with other sectors too. Some of Social Care jobs require driving licences so many of the 16+ leavers may go into the tourist or catering industries and therefore it may be difficult to attract back once they reach 18+.

Total	Higher Education	Further Education	Employment	Other
<b>241</b>	95	43	84	19
<b>100%</b>	39%	18%	35%	8%

Age, Retiral and Sickness

- 12.9 The age of the workforce in summary is shown in section 12.3, the aging workforce is having an effect on the retirals due in the short, medium and long term. The sickness of our workforce can directly correlate to the high age of our workforce. There is not



normally an increase in sick episodes but staff in the 55 plus age category are off for long periods of time some with long term conditions. The table below shows likely retirements in the next 10 years by service.

Retirals	RAG	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	Total
Medical Staffing	L							3				3
Allied Health Professionals	L	1	1			2		3	1	5	2	15
Dental	L		1		1	2	2		2	3	2	13
Hospital (Acute) Nursing	H	7	4	2	2		1	3		1	4	24
Community Hospital Nursing	M	2	2	1	1	2	4	0	1	2	1	16
Community Nursing	M	2	1	1	5	5	3	1	5	4	3	30
Mental Health Nursing	L				1	1	2	1	0	0	3	8
Clinical Admin	L	1		1			1			1		4
Adult Services	M	2		4	1	1	2	7	8	4	3	32
Residential Services	H	14	7	6	4	6	12	8	13	5	9	84
Home Care & Reablement	H	11	4	5	3	5	6	9	3	5	10	61
Criminal Justice	L				1				1			2
Strategic Commissioning & PS	L	1						1				2
Assessment and Care Services	L						1		3	1		5
Management and Admin	L									1		1
		41	20	20	19	24	34	36	37	32	37	300

12.10 The sickness figures for the IJB for the quarter 1<sup>st</sup> April to 30<sup>th</sup> June 2021 is shown in the following table with the annual figure for 2020/2021 and the 4<sup>th</sup> quarter of that year for comparison. Data can be drilled down to allow managers to look at specific work areas, reasons why staff are off sick and patterns in absenteeism. Figures for Q1 is still outstanding for the Social Care Staff – but no improvement is expected.

Sickness	20/21	Q4 20/21	Q1 21/22	Above 55+	RAG
Medical Staffing	3.5%	0.0%	0.0%	50%	Low
Allied Health Professionals	1.6%	1.8%	3.3%	22%	Low
Dental	4.2%	4.4%	5.8%	23%	Med
Hospital (Acute) Nursing	5.6%	6.5%	11.4%	23%	High
Community Hospital Nursing	8.4%	2.7%	5.0%	33%	Med
Community Nursing	5.4%	4.6%	4.8%	31%	Low
Mental Health Nursing	5.6%	9.1%	15.6%	25%	High
Clinical Admin	3.9%	3.9%	4.2%	33%	Low
Adult Services	8.4%	8.5%		32%	High
Residential Services	7.2%	9.8%		44%	High
Home Care & Reablement	7.6%	8.5%		36%	High
Criminal Justice	2.6%	0.5%		20%	Low
Strategic Commissioning & PS	0.4%	0.0%		17%	Low
Assessment and Care Services	4.2%	6.5%		29%	Med
Management and Admin	0.5%	1.6%		9%	Low
<b>NHS</b>	<b>5.2%</b>	<b>4.7%</b>	<b>7.3%</b>		<b>Med</b>
<b>CNES</b>	<b>7.0%</b>	<b>8.4%</b>			<b>High</b>

Workforce Need in Lewis – Social Care

12.10 Reviewing the likely level of Social Care recruitment required across the Island, specifically with regards to Lewis in the next two years and in light of the Goat hill development, the following table shows an approximation of staff recruitment required in heads. This is only for Social Care and should be read in conjunction with the section (12.4-12.8) headed vacancies and available workforce. There is an **estimate** of heads (based on latest information provided to date on workforce) required for the Goat hill complex both for the care home and the housing with extra care. What is not included within these figures is any recruitment required in the private sector, i.e. Bethesda, Blar Buidhe or any private care arrangements.

Service Risk 2 years	In post	Vac	2 yr retiral risk	+ Establishment in 2yrs	Recruitment Heads 2 yrs	RAG
Residential - Lewis	108	15	14	59	88	H
Home Care - Lewis	154	15	13	0	28	H
Adult Services - Lewis	100	16	13	0	29	H

12.11 A review of the Southern Isles has started and will be available for the quarter 2 report.

## 12. Financial Risks

There are many potential operational and strategic financial risks faced in achieving the financial plan for 2021/2022 presented here.

### Operational

- Assumption within in figures is that the Board will get fully funded for Covid-19 pressures.
- The Board at the start of Covid were able to clear delayed discharges, these are now starting to creep back up as family members are struggling to cope with caring for elderly family members together with returning to work. The financial risk is **£250k** and is medium.
- Year on year mental health placements both for adults and children are increasing. This is an area where we are working very hard in partnership to reduce costs through considering new arrangements to support people with acute mental health problems within a local context or tailor high cost packages within mainland centres where safe to do so. However the Board is aware of a number of patients that may need intervention in the future and there is a number of CAMHS patients that will shortly transition and need on-going life support. The potential increased impact in 2021/2022 is **£200k** and is rated as high.
- Consultant workforce has de-stabilised due to a number of issues including diminishing availability, with low substantive post holders in general medicine, psychiatry and in the specialist doctor cohort. There is a reducing out of hours cover as the GP participation in the out of hours service is steadily diminishing. The potential impact

is **£200k** and is rated high as issues have not yet been fully mitigated. Work is progressing well to restructure the OOH service and we hope that will be in place by October 2021.

- There are increasing numbers vulnerable placements within Health and Social Care that are at risk of requiring intervention. The potential impact is **£200k** and this risk is rated as medium.

#### Strategic Risks

- The challenges posed by the Financial Efficiency Plan are significant, and the proposed savings may not be achieved in their entirety. Of the cash releasing savings required to break even, **£350k** are currently rated as high risk.
- Demographics around the increase in the 80+ and the reduction in the workforce population by 2027 could impact on many of our services. This is not going to happen in 2027 but will steadily occur over the coming months and years. The impact of the change in demographics will see the following; higher drugs cost, increased inpatient days, higher use of agency staff to fill vacancies, fragile homecare and adult services with high levels of vacancies and the possibility of high cost packages being required off island for example. The potential cost pressure would be over **£2m** and is a high risk but phased over a number of years. This year's financial risk is **£500k** and is rated high.

### **13. Glossary of Terms**

Accumulated deficit	The cumulative sum of previous year end overspends (offset by any underspends) which must eventually be recovered.
Allied Health Professionals (AHPs)	Physiotherapists, Occupational Therapists, Speech & Language Therapists, Radiographers, Dieticians, Podiatrists, etc.
Annually Managed Expenditure (AME)	Expenditure, mainly provisions and impairments, which is not part of our "core" RRL and which is subject to review twice a year by SGHSCD. Note that when provisions are realised the cost is taken to revenue.
Capital expenditure	Spending on assets which meet given criteria, generally having a life of more than one year and an individual value of £5k or more or a grouped value of £20k or more.
CNORIS	Clinical Negligence and Other Risks Scheme. A risk transfer and financing scheme whereby the cost of losses is shared equitably across NHS boards.
Deferred Income	Allocations received in previous years against future expenditure.
Extra Contractual Referrals (ECR)	Referrals to mainland hospitals or private providers that NHS Western Isles do not have an SLA with. Often very high cost packages of care.
Financial Efficiency Plan (FEP)	A financial plan which identifies how required cash and non cash efficiency targets, both recurrent and non recurrent, will be achieved.
GPS	General Pharmaceutical Services, i.e. drugs prescribed in the community.
National Procurement (NP)	Part of NHS Scotland which advises and supports boards on procurement matters.
Provision	Money set aside to pay for an anticipated future liability.
Revenue expenditure	Spending on day to day operations.
Revenue Resource Limit (RRL)	Total revenue funding allocated to NHS Western Isles by SGHSCD each year.
Service Level Agreement (SLA)	Formal agreement with an external body for delivery of a specified service.
Underlying (recurrent) deficit	Long-term continuing spending not supported by ongoing funding.
UNPACS	Unplanned activities. Services provided by other boards where there is no SLA in place.