

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

Date	Time	Venue
Friday, 18 June 2021	10:00	Remotely by MS Teams ,

KENNETH GRAHAM
Clerk

Membership

Councillor Lisa-Marie Hughes: Councillor Jennifer Adam-McGregor; Margaret Kerr: Dorothy McErlean: Alan McNiven: Diane Young
Margaret Kerr (Chair): Councillor Lisa-Marie Hughes (Vice Chair)

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 0141618 7111. To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

<https://youtu.be/-BGuLLpOIho>

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

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|----------|--|----------------|
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| | Minute of meeting of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee held on 12 March 2021. | |
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Report by Interim Chief Officer.
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Report by Interim Chief Officer.
- 12 Mental Welfare Commission: 'Authority to Discharge - Report into decision making for people in hospital who lack capacity'** **137 - 142**
Report by Interim Chief Officer.
- 13 Date of Next Meeting**
Note that the next meeting of this Committee will be held at 10.00 am on 10 September 2021.

At the conclusion of the meeting, in terms of the Committee's terms of reference, members of the Committee will meet with the Chief Internal Auditor without officers present.



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

Date	Time	Venue
Friday, 12 March 2021	10:00	Remotely by MS Teams,

Present

Councillor Lisa-Marie Hughes (Renfrewshire Council); Margaret Kerr and Dorothy McErlean (both Greater Glasgow & Clyde Health Board); and Alan McNiven (third sector representative).

Chair

Margaret Kerr, Chair, presided.

In Attendance

Andrea McMahon, Chief Internal Auditor and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Shiona Strachan, Interim Chief Officer, Sarah Lavers, Chief Finance Officer, Carron O'Byrne, Head of Health and Social Care (Paisley), F Burns, Head of Strategic Planning and Health Improvement, David Fogg, Service Improvement Officer, Phil MacDonald, Acting Service Manager (Care Homes and Extra-care Housing) and James Higgins, Project Officer (all Renfrewshire Health and Social Care Partnership); and John Cornett, Audit Director and Mark Ferris, Audit Manager (both Audit Scotland).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the Committee would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Apology

Councillor Jennifer Adam-McGregor (Renfrewshire Council).

Declarations of Interest

There were no declarations of interest intimated prior to the commencement of the meeting.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee held on 13 November 2020 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB Audit, Risk and Scrutiny Committee was submitted.

The Chair advised that three of the actions had now been completed as the report on the review of Renfrewshire IJB's Risk Management Framework would be considered at today's meeting and that this report also included information in relation on the IJB Strategic Risk Register. Also, that the summary document which captured the performance highlights and key messages from the audited accounts had been widely circulated.

Alan McNiven thanked the Chief Finance Officer and her finance team for compiling and issuing the summary document to the third sector which gave a sense on how matters were being managed.

DECIDED: That the updates to the rolling action log be noted.

3 Internal Audit Plan 2020/21 - Progress

The Chief Internal Auditor submitted a report providing an update on the progress of the revised internal audit plan 2020/21, a copy of which was appended to the report.

The plan set out a resource requirement of 35 days, including assurance work, time for a review of the adequacy and compliance with the Local Code of Corporate Governance and for follow-up of previous recommendations, ad-hoc advice and planning and reporting.

The report intimated that the audit fieldwork for the assurance engagement to review supplier sustainability payments was nearing completion and that the draft report would be issued to management before the end of March 2021; the agreed annual review of the adequacy and compliance of the Local Code of Corporate Governance was planned to commence during March 2021; and time for planning and reporting had been used for annual reporting on the 2019/20 annual audit plan, developing the 2021/22 internal audit plan and reporting on audit engagements completed by partner organisations during 2020/21.

The report highlighted that the three recommendations identified as part of the annual follow-up exercise had all been implemented.

The Chair advised that, following discussion with the Chief Internal Auditor, a progress report would be submitted to each meeting of the Committee.

DECIDED:

(a) That the progress against the internal audit plan for 2020/21 be noted; and

(b) That it be noted that the Chief Internal Auditor would submit a progress report to each meeting of the Committee.

4 Summary of Internal Audit Activity in Partner Organisations

The Chief Internal Auditor submitted a report providing a summary of internal audit activity undertaken in partner organisations during 1 June to 31 December 2020.

The report intimated that the IJB directed both Renfrewshire Council and NHSGG&C to deliver services that enabled the IJB to deliver on its strategic plan. Both Renfrewshire Council and NHSGG&C had internal audit functions and conducted audits across each organisation, the findings of which were reported to the respective audit committees. Members of the IJB had an interest in the outcomes of the audits at both Renfrewshire Council and NHSGG&C that impacted upon the IJB's ability to deliver the strategic plan or support corporate functions.

In relation to internal audit activity within Renfrewshire Council, the report provided detail on reports relative to payroll and disclosure checks submitted to Renfrewshire Council which were relevant to the IJB.

In relation to internal audit activity within NHSGG&C, the report provided detail on the report relative to the Digital Strategy submitted to the NHSGG&C Audit and Risk Committee which was relevant to the IJB. The Chief Internal Auditor intimated that she would request information relative to the next audit steps around digital space from NHSGG&C and that, if received, this information would be included in the internal audit plan 2020/21 progress report which would be considered at the next meeting of the Committee to be held on 18 June 2021.

The Audit Director, Audit Scotland, intimated that he would provide a link to Audit Scotland's report in relation to digital in the local authority arena to the Chief Finance Officer to be shared with members.

DECIDED:

(a) That the report be noted;

(b) That it be noted that the Chief Internal Auditor would request information relative to the next audit steps around digital space from NHSGG&C 2018 and that, if received, this information would be included in the internal audit plan 2020/21 progress report which would be considered at the next meeting of the Committee to be held on 18 June 2021; and

(c) That it be noted that the Audit Director, Audit Scotland would provide a link to Audit Scotland's report in relation to digital in the local authority arena to the Chief Finance Officer to be shared with members.

5 **Annual Internal Audit Plan 2021/22**

The Chief Internal Auditor submitted a report relative to the annual internal audit plan 2021/22, a copy of which formed Appendix 1 to the report.

The report intimated that in line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2021/22 had been developed. The plan set out a resource requirement of 35 days, including assurance work, time for follow-up of previous recommendations, ad-hoc advice and planning and reporting.

The allocation of internal audit resources was sufficient to allow emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement. It was noted that the plan might be subject to amendment during the course of the year due to the emergence of issues of greater priority, or for unforeseen circumstances which would be reported to the committee.

It was noted that the audit universe had been reviewed during 2020/21 to reflect the maturity of the organisation and Appendix 2 to the report detailed the revised audit universe and the anticipated coverage over 2021/22 to 2025/26. It was intended that each engagement topic would be covered once the in five-year period.

The Chair advised that, following discussion with the Chief Internal Auditor, and once the Committee had started building-up the experience of where work had been undertaken, the schedule would be kept live to better inform members of the Committee moving forward.

DECIDED:

(a) That the internal audit plan 2021/22 be approved;

(b) That it be noted that the internal audit plan would be shared with the local authority and health board; and

(c) That it be noted that, once the Committee had started building-up the experience of where work had been undertaken, the Chief Internal Auditor would keep the schedule live to better inform members of the Committee moving forward.

6 **Update on the 2020/21 Audit of Renfrewshire Integration Joint Board**

The Chief Finance Officer submitted a report relative to a letter received from Audit Scotland updating members on the progress of the 2020/21 audit, highlighting key audit matters and detailing the next steps on how the annual audit plan would be shared with members once available. A copy of the letter was appended to the report.

John Cornett, Audit Director, Audit Scotland, advised that COVID-19 had significantly impact the way Audit Scotland's audits had been carried out in 2019/20. Extensions to statutory deadlines had resulted in audit work being completed later than usual, with elements of 2019/20 audits not being fully completed until early 2021. This, together with the tighter COVID-19 suppression measures announced earlier in the year, had impacted on the planning work on the 2020/21 audits and Audit Scotland was not in a position to present their annual audit plan to the March meeting of this Committee.

The Audit Director then presented his letter to members with particular reference to the finalised annual audit plan and the audit timetable. He requested that the Committee consider whether this letter could be taken as the annual audit plan, if no further risks were identified, or would the Committee expect that the full annual audit plan to be finalised and submitted to a future meeting for consideration; and that the Committee agree to the annual audit report, due to be submitted prior to 31 October 2021, being submitted to the meeting of the Committee scheduled to be held on 12 November 2021, noting that reference to this being outwith the statutory deadline date of 31 October 2021, would be recorded as an Audit Scotland issue.

It was proposed that the update from Audit Scotland, as appended to the report, be noted; that, if following completion of planning work, the annual audit plan remained broadly similar to the contents of the letter, the full annual audit plan be circulated to members of the Committee; and that it be agreed that the annual audit report be submitted to the meeting of the Committee scheduled to be held on 12 November 2021, noting that reference to this being outwith the statutory deadline date of 31 October 2021 would be recorded as an Audit Scotland issue.

DECIDED:

(a) That the update from Audit Scotland, as appended to the report, be noted;

(b) That, if following completion of planning work, the annual audit plan remained broadly similar to the contents of the letter, the full annual audit plan be circulated to members of the Committee; and

(c) That it be agreed that the annual audit report would be submitted to the meeting of the Committee scheduled to be held on 12 November 2021, noting that reference to this being outwith the statutory deadline date of 31 October 2021 would be recorded as an Audit Scotland issue.

7 Revised IJB Risk Management Framework

Under reference to item 4 of the Minute of the meeting of this Committee held on 11 September 2020, the Interim Chief Officer submitted a report providing an update on the completion of the review of the IJB's Risk Management Framework which had been last approved in November 2017.

The report intimated that the review had considered the impact of the COVID-19 pandemic on the IJB's risk management arrangements and ability to tolerate and effectively manage a higher degree of risk over a prolonged period of time; and the risk management approaches adopted by IJBs across Scotland to inform the further development of Renfrewshire IJB's Risk Management Framework.

The report detailed the key changes to the Risk Management Framework; the updates to the IJB Risk Register; and implementation of the updated framework.

The Chair, on behalf of the Committee, thanked staff for the work undertaken in reviewing the IJB's Risk Management Framework.

DECIDED:

(a) That the updates made to the IJB's Risk Management Framework, as detailed in section 4 of the report, be noted;

(b) That the identified actions which would support dissemination and applications of the Risk Management Framework across IJB activities, as detailed in section 5 of the report, be noted; and

(c) That the updated version of the Risk Management Framework, as appended to the report, be approved.

8 **Inspection of Hunterhill Care Home by the Care Inspectorate**

The Interim Chief Officer submitted a report summarising the findings of the Key Question 7 Inspection conducted by the Care Inspectorate at Hunterhill Care Home.

The report intimated that The Coronavirus (Scotland) (No.2) Act, and subsequent guidance, placed a duty on the Care Inspectorate to robustly assess care home arrangements and respond to the COVID-19 pandemic. From June 2020, these inspections, known as Key Question 7 Inspections, had centred on infection prevention and control, personal protective equipment and staffing in care settings.

The report summarised the findings of the Key Question 7 Inspection conducted at Hunterhill Care Home on 10 December 2020 and the subsequent follow-up visits on 21 January and 24 February 2021. The Action Plan: December 2020 to February 2021 was appended to the report.

The Chair, members of the Committee and the Interim Chief Officer thanked all staff and the team in the care home for the excellent work undertaken in responding to this inspection and for all the work completed to turn matters around in such a short time.

DECIDED:

(a) That the content of the report be noted; and

(b) That the content of the Action Plan: December 2020 to February 2021, as appended to the report, which detailed the requirements, actions and timescales that were necessary to comply with the findings of the inspection, be noted.

9 **Audit Scotland Report 'NHS in Scotland 2020: Lessons to be learned from pandemic response'**

The Interim Chief Officer submitted a report relative to the Audit Scotland publication 'NHS in Scotland 2020: Lessons to be learned from pandemic response', a copy of which was appended to the report.

The report intimated that Audit Scotland published an annual report on how the NHS in Scotland was performing and that the focus for the NHS in Scotland report 2020 was the lessons to be learned from pandemic response. The Audit Scotland report considered the Scottish Government and NHS response to the significant and unprecedented challenges of the COVID-19 pandemic and highlighted the impact on health; pandemic preparedness; NHS remobilisation and NHS finances and performance. The key messages, recommendations specifically for the Scottish Government, and recommendations for both the Scottish Government and NHS boards from the Audit Scotland report were detailed in the Interim Chief Officer's report.

The report recognised that staff across the NHS and Scottish Government took early action during the first wave in 2020 and highlighted service innovation. Also, that the backlog would be hard for NHS boards to deal with alongside the financial and operational challenges already faced.

DECIDED: That the content of the Audit Scotland report, as appended to the report, be noted.

10 **Proposed Dates of Meetings of the Integration Joint Board Audit, Risk and Scrutiny Committee 2021/22**

The Clerk submitted a report relative to proposed dates of meetings of the Committee in 2021/22.

DECIDED:

(a) That it be noted that a meeting of the Committee would be held at 10.00 am on 18 June 2021;

(b) That a meeting of the Committee be held at 10.00 am on either 3 or 10 September 2021 and that the Clerk establish which date best suited members;

(c) That meetings of the Committee be held at 10.00 am on 12 November 2021; and 18 March and 17 June 2022; and

(d) That members be advised of the venue for future meetings.

11 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of this Committee would be held at 10.00 am on 18 June 2021.

Item 2

IJB Audit, Risk and Scrutiny Committee Rolling Action Log – 18 June 2021

Date of Committee	Report	Action to be taken	Officer responsible	Due date	Status
13/11/20	HSCP Internal Care at Home Services Inspection (Update)	Submit further update report	Interim Chief Officer	10 September 2021	Report will be submitted to meeting on 10 September 2021
12/03/20	Summary of Internal Audit Activity in Partner Organisations	Request further information on the next audit steps around the Digital Strategy from NHS GG&C and provide update in the progress report being submitted to the next meeting of the Committee	Chief Internal Auditor	10 September 2021	Information will be provided in progress report being submitted to meeting on 10 September 2021
		Provide link to Audit Scotland report relative to digital in the local authority area to members	Chief Finance Officer	18 June 2021	Link issued to members. Action completed.
12/03/20	Update on the 2020/21 Audit of Renfrewshire Integration Joint Board	Circulate annual audit plan to members if broadly similar to contents of letter from Audit Scotland	Chief Finance Officer	18 June 2021	Information circulated to members. Action completed.

To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Finance Officer

Heading: Unaudited Annual Governance Statement 2020/21

1. Purpose of Report

- 1.1. To present to the IJB Audit, Risk and Scrutiny Committee, the Unaudited Annual Governance Statement for the Renfrewshire Integration Joint Board for 2020/21 and:
- To provide the Audit, Risk and Scrutiny Committee, with the opportunity to provide comment on and approve the annual governance statement; and,
 - To agree that assurances on the governance framework can be provided to Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).
-

2. Recommendation

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Approve the draft Annual Governance Statement, as set out in Appendix 1.
-

3. Background

- 3.1. The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.
- 3.2. In discharging these responsibilities, the Chief Officer has a reliance on NHSGGC and Renfrewshire Council's systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 3.3. The IJB has adopted governance arrangements consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". The Annual Governance statement explains how the IJB has complied with these governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which includes the requirement for an Annual Governance Statement.

- 3.4. In addition, the annual governance statement which forms a key part of the annual accounts provides readers of the accounts with assurance that the governance framework is fit for purpose.
- 3.5. The Annual Governance Statement for 2020/21 is attached and has been prepared in accordance with the relevant regulation and guidance taking account of the Internal Audit Annual Report and the Chief Officer's evaluation of the operation of the governance arrangements within each service area.
- 3.6. The Governance Statement is subject to statutory audit by the Council's External Auditors as part of their review of the annual accounts.

Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – none
5. **Property/Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** – none
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – The Annual Governance Statement provides information on the effectiveness of the IJB Governance Framework. Specific risks identified from the Chief Auditor's Annual Report and the assessments of the CO are disclosed in the statement.
11. **Privacy Impact** – none.

List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHSGGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

This system can only provide reasonable and not absolute assurance of effectiveness.

The IJB has adopted governance arrangements consistent where appropriate, with the principles of CIPFA¹ and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework is continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair and seven other voting members; four are Council Members nominated by Renfrewshire Council, and, four are Board members of NHSGGC. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies, carers and service users. Professional members include the Chief Officer and Chief Finance Officer. The IJB, via a process of delegation from NHSGGC and Renfrewshire Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all delegated health and social care within its geographical area.

¹ CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2020/21 were:

- Principles
 - The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.

- Formal frameworks
 - The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
 - The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and, Financial Governance arrangements; these are subject to regular review.
 - A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Staff 'Performance and Personal Development' (PPD) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
 - The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.

- Strategic planning
 - The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
 - The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
 - The Medium-Term Financial Plan 2020/21 to 2025/26 outlines the financial challenges and opportunities the Health and Social Care Partnership (HSCP) faces over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It complements the HSCP's Strategic Plan, highlighting how the HSCP Medium-Term Financial Planning principles will support the delivery of the IJB's strategic objectives and priorities.
 - The HSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.

- Oversight
 - Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee, as appropriate.
 - Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.

- Risk management
 - The IJB's risk management processes are well developed. The Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were submitted to the Audit, Risk and Scrutiny Committee in March 2021 and were approved. Risk management is undertaken through regular reporting to the Senior Management Team and also to the IJB Audit, Risk and Scrutiny Audit Committee for their review and comment.

- Financial control
 - Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.

- Transformational change
 - The HSCP's medium term approach (Tier 2) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. Whilst our transformation programme was paused in March 2020 to enable a focus on critical and essential services, the IJB, through its Recovery and Renewal Steering Group is now progressing with its transformation programme, reflecting delivery of our four guiding principles.

COVID-19 Supplementary Governance Arrangements

In response to the COVID-19 pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues. Across NHSGGC a Strategic Executive Group (SEG) was setup, chaired by the Chief Executive with whole-system representation. The SEG met daily for an extended period with subgroups, including a Chief Officers (HSCP) Tactical Group being formed to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. A similar arrangement was created for Chief Finance Officers across NHSGGC with regular weekly meetings established to

ensure regular and connected discussions on key areas of activity, including funding allocations to support increased demand and latterly Local Mobilisation Plan (LMP) planning and sustainability payments.

Locally in Renfrewshire the Local Authority Corporate Management Team (CMT) established an Emergency Management Team (EMT) which similarly met on a daily basis, with Council-wide representation from all services areas, including the HSCP through the Chief Officer, Chief Finance Officer and Head of Strategic Planning, to ensure requirements and considerations for HSCP services were effectively planned for within the wider contingency planning arrangements. Renfrewshire HSCP also established a Local Response Management Team (LRMT), per the HSCP Business Continuity Plan approach, in order for all areas of service control to be considered through this singular group. The membership of the LRMT was extended to include the co-chairs of our Staff Partnership Forum (SPF) to ensure that pertinent staff issues were trailed and considered in an appropriate and timely manner.

Naturally the frequency across all of these meetings mirrored the requirements at the time, with groups moving to less frequent but continued discussions in the months ahead.

In addition to the new fora created to review and manage issues relating to the pandemic, the IJB approved and initiated temporary decision-making arrangements at its meeting of Friday 20 March 2020 to enable quick and decisive action to be taken in respect of pressures on health and social care services in Renfrewshire. Under these temporary arrangements, authority is delegated, if required, to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB. These temporary measures continue to be in place and are subject to ongoing review.



Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review.

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit, Risk and Scrutiny Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for RHSCP's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and

direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA “Public Sector Internal Audit Standards 2017”.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB’s Audit Risk and Scrutiny Committee operates in accordance with CIPFA’s Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Committee’s core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB’s governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit, Risk and Scrutiny Committee.

A copy of the agreed Action Plan is included in the following table:

Agreed Action	Responsible Person	Date
Further the implementation of the IJB’s Risk Management Framework through delivery of risk management training with the IJB Audit, Risk and Scrutiny Committee.	Head of Strategic Planning and Health Improvement	June 2021
Establish a Complaints Manager post to lead on the development and implementation of the HSCP Records’ Management Plan and improvement planning to ensure compliance with GDPR and information governance requirements.	Head of Strategic Planning and Health Improvement	September 2021
Work with the Strategic Planning Group to develop and consult on an updated Strategic Plan 2022-25, reflecting the impact of COVID and the need for flexibility within the current policy environment, for IJB approval in March 2022.	Head of Strategic Planning and Health Improvement	March 2022
Update the HSCP Medium Term Financial Plan to account for the ongoing impact of COVID-19, aligning where possible to the recommendations in the Independent Review of Adult Social Care, and link to the refreshed HSCP Strategic Plan.	Chief Finance Officer	March 2022
As set out in our Strategic Plan 2019-2022 we will further the establishment of unified quality care and professional governance arrangements.	Chief Finance Officer	Ongoing
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	Chief Officer	Ongoing

Update on 2019/20 Action Plan

Agreed Action	Progress	Responsible Person	Date
<p>Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.</p>	<p>The IJB considered and approved a reprofiled suite of savings for 2020/21 in March 2021.</p> <p>Our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services and will be reprofiled during 2021/22.</p>	<p>Chief Finance Officer</p>	<p>Updated timescale: November 2021</p>
<p>Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling.</p>	<p>As above, our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services.</p> <p>Following IJB approval in March 2021 of a reprofiled suite of Tier 1 savings and the establishment of a financial benefits tracker, this standing agenda item will be implemented later in 2021/22.</p>	<p>Chief Finance Officer</p>	<p>Updated timescale: September 2021</p>
<p>Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.</p>	<p>Key governance documents, such as the IJB Financial Regulations, were reviewed on an ad hoc basis throughout 2020/21.</p> <p>A revised scheduled review plan is currently in progress and will be taken forward by the Head of Strategic Planning and Health Improvement.</p>	<p>Chief Finance Officer</p>	<p>Updated timescale: September 2021</p>
<p>Working with NHSGGC and the five other GGC HSCP's, develop commissioning plans in relation to acute set-aside resources.</p>	<p>In June 2020, NHS Greater Glasgow and Clyde's draft Unscheduled Care Joint Commissioning Plan was submitted to the IJB and was approved at this time.</p>	<p>Head of Health and Social Care (Paisley)</p>	<p>October 2021</p>

	<p>The report outlined the work undertaken pre-COVID-19 by all six NHSGGC HSCPs to develop a system-wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Unscheduled Care Commissioning Plan builds on the GGC Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.</p> <p>The draft Unscheduled Care Commissioning Plan (UC JCP) was submitted to all six IJBs for consideration and approval, recognising that further work was required on key aspects. One key aspect of the unscheduled care work was learning from the pandemic, during which there had been a fall in unscheduled care activity.</p> <p>The GGC HSCP Delivery Group has oversight for the delivery of the Plan and is leading on the work currently underway to finalise its completion. The final Plan will be presented for IJB approval in September 2021. The 22 Actions with the Plan will be phased over the next 3 years with each HSCP developing its own Local Delivery Plan in order to meet local needs and priorities.</p>		
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Review existing Risk Management arrangements, including an agreed risk appetite statement.	<p>The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management.</p> <p>The IJB's Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were approved by the Audit, Risk and Scrutiny Committee in March 2021.</p>	Head of Strategic Planning and Health Improvement	Complete
Review existing Business Continuity arrangements, in light of current COVID-19 impact on service delivery and lessons learned.	<p>The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management.</p> <p>The existing Business Continuity Plan was reviewed and updated in December 2020. Business Continuity arrangements will be further reviewed and updated at an appropriate point in 2021 to ensure they further reflect lessons learned from the COVID-19 pandemic.</p>	Head of Strategic Planning and Health Improvement	Complete

Update on 2018/19 actions

Agreed Action	Progress	Responsible Person	Date
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the set aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable	As above, work continues to be progressed in this area with the six NHSGGC wide HSCP's. A detailed action plan with an associated financial framework is due to be submitted to the IJB later this autumn 2021, thereafter it is hoped that	Head of Health and Social Care (Paisley)	Ongoing

<p>the IJB to approve the delegated health budget prior to the start of the financial year.</p>	<p>work on the priorities identified will commence.</p> <p>The IJB will continue to work with our partners to ensure that future budgets/savings plans are agreed in advance of the financial year end.</p>		
<p>Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)</p>	<p>Over the latter half of 2019 and into 2020 officers reviewed the Integration Scheme, working collaboratively with the other 5 HSCPs in the Greater Glasgow & Clyde Health Board area.</p> <p>On 19 February 2020, Renfrewshire Council's Leadership Board approved a reviewed version of the Integration Scheme for consultation. The NHS Board was unable to progress at that time. The necessary response to the pandemic has clearly impacted on the capacity to carry out the consultation</p> <p>Discussions are underway between the Council and Health Board to agree a timeline for the approval of the updated, draft Scheme; the statutory consultation period; and the approval of the final Scheme through both governance structures.</p>	<p>Chief Officer</p>	<p>Ongoing</p>

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Councillor Jacqueline Cameron Chair, Renfrewshire Integration Joint Board Date: _____

Shiona Strachan, Acting Chief Officer Date: _____

To: Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Internal Auditor

Heading: Summary of Internal Audit Reports

1. Summary

- 1.1 A risk based Internal Audit Plan for 2020/21 was approved by the IJB Audit Committee on 31 January 2020. In line with the Public Sector Internal Audit Standards, Internal Audit must communicate the results of each engagement to the Board. All planned reviews have been completed.
- 1.2 Appendix 1 provides details of audit engagements completed with the overall assurance rating and the number of recommendations in each risk category. The committee summary is also attached.
-

2. Recommendations

- 2.1 That the Integration Joint Board Audit, Risk and Scrutiny Committee are asked to note the content of the report.
-

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
5. **Property/Assets** - none.
6. **Information Technology** - none.
7. **Equality & Human Rights** - none

8. **Health & Safety** - none.

9. **Procurement** - none.

10. **Risk** - The subject matter of this report is the progress of the risk-based Audit Plan for the IJB.

11. **Privacy Impact** - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Appendix 1

Integration Joint Board Audit, Risk and Scrutiny Committee

Internal Audit Service

Summary of Final Audit Reports Issued

Engagement	Assurance Rating (note 1)	Recommendation Ratings			
		Critical	Important	Good Practice	Service Improvement
Governance Arrangements	Substantial	0	0	0	0
Sustainability Payments	Substantial	0	0	0	0

Assurance Level	
Substantial Assurance	<ul style="list-style-type: none"> There is a sound system of internal control designed to achieve the objectives of the area being reviewed. The control processes tested are being consistently applied.
Reasonable Assurance	<ul style="list-style-type: none"> The internal control processes are generally satisfactory with some areas of weakness being identified that could put some objectives of the area being reviewed at risk. There is evidence that the level of non-compliance with some of the control processes may put some of the objectives of the area being reviewed at risk.
Limited Assurance	<ul style="list-style-type: none"> Weaknesses in the system of internal controls are such as to put the objectives of the area being reviewed at risk. The level of non-compliance puts the objectives of the area being reviewed at risk.
No Assurance	<ul style="list-style-type: none"> Control processes are generally weak with significant risk to the achievement of the objectives of the area being reviewed. Significant non-compliance with control processes leaves the processes/systems open to error or abuse.

Recommendation Rating	
Service Improvement	Implementation will improve the efficiency / housekeeping of the area under review.
Good Practice	Implementation will contribute to the general effectiveness of control.
Important	Implementation will raise the level of assurance provided by the control system to acceptable levels.
Critical	Addresses a significant risk, impacting on the objectives of the area under review.

Internal Audit Report

Integration Joint Board

Sustainability Payments (A0114/2021/001)

Date: March 2021

COMMITTEE SUMMARY

Audit Objectives

The objectives of the review were to ensure that:

1. Processes have been established to make sustainability payments in line with COSLA guidance to care providers;
2. Care suppliers have completed the relevant proformas providing the required information and that these have been signed by relevant personnel;
3. Payments made to providers reconcile to the assessed payment due;
4. Payments to suppliers for additional costs are in line with COSLA guidance and where appropriate are supported by the appropriate backup from suppliers;
5. Costs associated with sustainability payments are recorded on the mobilisation tracker submitted to the Scottish Government on a regular basis.

Audit Scope

1. Through discussions with appropriate staff, ascertained the systems in place for paying sustainability payments to care providers.
2. Prepared and carried out a programme of tests covering the areas above.

Key Audit Assurances

1. Processes are in place to ensure that sustainability payments to care providers are in line with COSLA guidance.
2. For payments tested, proformas providing the required information were signed by appropriate care provider personnel.
3. Payments tested reconciled to the assessed payment due.
4. The sustainability and underoccupancy payments to providers tested were in line with COSLA guidance and supported by the appropriate backup from providers.
5. The mobilisation tracker containing information on costs associated with sustainability payments is submitted to the Scottish Government on a regular basis as required.

Key Risks

No key risks were identified as a result of this audit.

Overall Audit Opinion

The audit identified that satisfactory arrangements are in place in relation to sustainability payments made to care providers by the Renfrewshire Health & Social Care Partnership. As a result, there were no audit findings identified during this review.

Internal Audit Report

Integration Joint Board

Corporate Governance Code (B0017/2021/001)

Date: April 2021

COMMITTEE SUMMARY

Audit Objectives

The IJB have developed local governance arrangements that are designed to ensure compliance with, 'Delivering Good Governance in Local Government: Framework,' published by CIPFA. The objective of this audit was to review independently and report annually to the IJB Audit, Risk and Scrutiny Committee:-

1. To provide assurance on the adequacy and effectiveness of the Local Code of Corporate Governance and the extent of compliance with it.
2. To support the Chief Internal Auditor's annual opinion included in the Internal Audit Annual Report and the Governance Statement included in the Annual Accounts.

Audit Scope

1. Obtained an up to date copy of the IJB's Local Code of Corporate Governance and selected a sample of elements for compliance testing.
2. Obtained the appropriate evidence to confirm compliance with the Code.

Key Audit Assurances

1. The Local Code and Sources of Assurance for Governance Arrangements was updated and submitted to the IJB Audit, Risk and Scrutiny Committee in June 2020 and to the Integration Joint Board on July 2020.
2. Based on our sample check of the evidence used to demonstrate compliance, we would confirm that the IJB complies with the requirements of the Local Code of Corporate Governance.

Key Risks

No key risks were identified as a result of this audit.

Overall Audit Opinion

Internal Audit has reviewed the adequacy and effectiveness of the revised Code which was presented to the IJB Audit, Risk and Scrutiny Committee on 19 June 2020. Based on our sample check of the evidence used to demonstrate compliance, we would confirm that the IJB complies with the requirements of the Local Code of Corporate Governance. In addition, it is evident that the Local Code has been subject to regular review and updating in line with developments in best practice.

To: Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Internal Auditor

Heading: Summary of Internal Audit Activity in Partner Organisations

1. Summary

- 1.1 The Renfrewshire Health and Social Care Integration Joint Board directs both Renfrewshire Council and NHS Greater Glasgow and Clyde to deliver services that enable the Renfrewshire Integration Joint Board to deliver on its strategic plan.
 - 1.2 Both Renfrewshire Council and NHS Greater Glasgow and Clyde have Internal Audit functions that conduct audits across each organisation and report the findings of these to the respective audit committees.
 - 1.3 Members of the Integration Joint Board have an interest in the outcomes of audits at both Renfrewshire Council and NHS Greater Glasgow and Clyde that have an impact upon the Integration Joint Board's ability to deliver the strategic plan or support corporate functions.
 - 1.4 This report provides a summary to the Renfrewshire Integration Joint Board's Audit, Risk and Scrutiny Committee of the Internal Audit activity undertaken within these partner organisations.
-

2. Recommendations

- 2.1 That the Integration Joint Board Audit, Risk and Scrutiny Committee are asked to note the content of the report.
-

3. Renfrewshire Council Internal Audit Activity

- 3.1 The following Internal Audit reports have been issued to the Renfrewshire Council, which are relevant to the Integration Joint Board from 1 January 2021 to 31 May 2021

Audit Engagement	Assurance Level (note 1)	Number and Priority of Recommendations (note 2)			
		Critical	Important	Good Practice	Service Improvement
Payments to Care Homes	Reasonable	0	2	2	0

Note 1 – For each audit engagement one of four assurance ratings is expressed:

Substantial Assurance – The control environment is satisfactory

Reasonable Assurance – Weaknesses have been identified, which are not critical to the overall operation of the area reviewed

Limited Assurance – Weaknesses have been identified, which impact on the overall operation of the area reviewed

No Assurance – Significant weaknesses have been identified, which critically impact on the operation of the area reviewed

Note 2 – Each audit recommendation is assigned a priority rating:

Critical Recommendation - Addresses a significant risk, impacting on the area under review

Important Recommendation – Implementation will raise the level of assurance provided by the control system to acceptable levels

Good Practice Recommendation – Implementation will contribute to the general effectiveness of control

Service Improvement – Implementation will improve the efficiency / housekeeping of the area under review

3.1.1 Payments to Care Homes

The objectives of the review were to ensure that, there were adequate documented procedures in place for making payments which were available to relevant staff; there were appropriate procedures for preparing accurate financial assessments prior to clients becoming care homes residents and that there is an adequate review process in place; payments made are accurate and timely and payment amendments are processed timeously.

The audit has identified that financial assessments and payments to care homes were calculated correctly. However, it identified that signed payment schedules are not always being returned timeously by care homes and also that there was outstanding information which was delaying the completion of financial assessments.

Management agreed to implement monitoring and follow up processes to improved the timely submission of signed payment schedules. A review of the indicators for timely completion of the financial assessments has been undertaken and more appropriate performance indicators have been put in place and are being monitored.

4. NHS Greater Glasgow and Clyde Internal Audit Activity

4.1 The following Internal Audit reports have been issued to the NHS Greater Glasgow and Clyde Audit and Risk Committee from 1 January 2021 to 31 March 2021, which are relevant to the Integration Joint Board. A summary has been provided for those reports, with recommendations graded from limited risk exposure to very high risk exposure and improvements graded from effective to major improvement required. The internal audit service is provided by Azets.

Audit Review	Audit Rating (note 1)	Risk Exposure and Number of Recommendations (note 2)			
		Very High	High	Moderate	Limited
Financial Systems Health Check	Minor Improvements Required	0	0	1	0

Note 1 – For each audit review one of four ratings is used to express the overall opinion on the control frameworks reviewed during each audit:

Immediate major improvement required – Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

Substantial improvement required - Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.

Minor improvement required - A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.

Effective - Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.

*Note 2 – Each audit recommendation is assigned a risk exposure rating:
Very high risk exposure - major concerns requiring immediate senior management attention.
High risk exposure - absence / failure of key controls.
Moderate risk exposure - controls not working effectively and efficiently.
Limited risk exposure - controls are working effectively but could be strengthened.*

4.1.1 Financial Systems Health Check

NHSGGC reported property, plant and equipment (PPE) with a value of £2.26bn within the 2019/20 annual accounts. It is essential that there are robust arrangements in place to ensure that PPE is consistently and accurately capitalised and depreciated over useful economic lives. NHSGGC also recognised changes in accounting for leases within the 2019/20 annual accounts. IFRS 16 supersedes IAS 17 and had been due to be applied by HM Treasury within the Government Financial Reporting Manual (FRm), effective 1 April 2020. The adoption of IFRS 16 will impact current lease agreements by requiring that leases are recognised as a ‘right to use’ asset on the statement of financial position alongside associated liability payments. NHSGGC had previously estimated the value of these “right-touse” assets at £30.9m for 2020/21; however, it is understood that implementation of the standard has been delayed to 1 April 2021.

In accordance with the 2020/21 internal audit plan, the review focussed on the controls in place for recording and accounting for property, plant and equipment. The review also examined lease agreements and steps taken to recognise the impact of IFRS 16 within future financial statements.

NHS Greater Glasgow and Clyde (NHSGGC) has generally robust and effective controls in place to accurately record and account for property, plant and equipment. It was confirmed that there is appropriate segregation of duties in place over capital additions and disposals, in line with the documented scheme of delegation; and that depreciation charges are system-generated, thereby reducing the risk of human error.

One minor improvement action was identified to ensure that disposals of fully-written down assets are reflected in the Fixed Asset Register (FAR) on a timely basis. This issue was already known to management and a detailed review of the FAR was underway as at the time of our audit fieldwork.

The finding included in the management action plan has been agreed with the audit contacts and sponsor. A timeline for completion of the action has also been agreed, which will be followed up as part of our quarterly follow up process.

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
5. **Property/Assets** - none.

6. **Information Technology** - none.
 7. **Equality & Human Rights** - none
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - The subject matter of this report is the matters arising from the risk based Audit Plan's for Renfrewshire Council and NHSGGC in which the IJB would have an interest.
 11. **Privacy Impact** - none.
-

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

To: Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Internal Auditor

Heading: Internal Audit Annual Report 2020/2021

1. Summary

- 1.1 The Public Sector Internal Audit Standards (PSIAS) requires that the Chief Internal Auditor must deliver an annual internal audit opinion, on the overall adequacy and effectiveness of the internal control environment; that can be used by the organisation to inform its governance statement. The purpose of this report is to advise the Audit Committee of the Chief Internal Auditor's Internal Audit Annual Report and the annual internal audit opinion.
- 1.2 The Internal Audit Annual Report outlines the internal audit work we have carried out for the year ended 31 March 2021. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 1.3 The report attached, includes the Chief Internal Auditor's independent and objective opinion as to the adequacy and effectiveness of the internal control environment. In forming the opinion, the Chief Internal Auditor has conducted a review of the Internal Audit reports issued to the IJB in the year and the internal audit annual report from Renfrewshire Council and internal audit progress reports from NHS Greater Glasgow and Clyde.
-

2. Recommendations

- 2.1 That the Audit Committee notes the content of the IJB's Internal Audit Annual Report for 2020/2021.
-

Implications of the Report

- 1. Financial** - none

2. **HR & Organisational Development** - none.
 3. **Community Planning** - none.
 4. **Legal** - none.
 5. **Property/Assets** - none.
 6. **Information Technology** - none.
 7. **Equality & Human Rights** - none
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - The report provides an opinion on the overall internal control environment including governance and risk management of the Integration Joint Board.
 11. **Privacy Impact** - none.
-

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor



Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report 2020-2021

June 2021

Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report 2020/2021

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Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report

1 April 2020 – 31 March 2021

1. Introduction

- 1.1 Renfrewshire Council provides an internal audit service to the Renfrewshire Health and Social Care Integration Joint Board (IJB). This includes:
- The compilation of an annual audit plan following consideration and evaluation of those areas of greatest risk in the organisation's operation, and consultation with the Chief Officer;
 - Delivery of the planned audit assignments;
 - Follow up of previous audit recommendations;
 - Provision of any ongoing advice support and training on audit and risk related matters;
 - Provision of an Annual Report and Assurance Statement to the IJB Audit Committee.
- 1.2 The Service operates in accordance with the Public Sector Internal Audit Standards which defines Internal Audit's role as:
- ".....an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."
- 1.3 In line with the Standards, the purpose of this Annual Report is to report on:
- The outcome of the planned Internal Audit reviews 2020/21 relating to the IJB;
 - The outcome of Internal Audit reviews undertaken by partner bodies;
 - Internal audit performance;
 - Planned audit work for 2021/22;
 - The annual assurance statement which provides an opinion on the overall adequacy and effectiveness of the IJB's internal control environment.
- 1.4 The operational delivery of services within the Health Board and Local Authority on behalf of the Integration Joint Board will be covered by their respective internal audit arrangements. In concluding on the overall opinion, the Chief Internal Auditor has conducted a review of the Internal Audit reports issued to the IJB in the year and the internal audit annual report from Renfrewshire Council and progress summaries from NHS Greater Glasgow and Clyde.

2. Responsibilities of Management and Internal Audit

- 2.1 It is the responsibility of management to ensure that the areas under their control are adequate and effective and that there is a sound system of internal control which facilitates the effective exercise of the organisation's functions and which includes arrangements for the management of risk.
- 2.2 Internal Audit is not a substitute for effective control exercised by management as part of their responsibilities. Internal Audit's role is to independently assess the adequacy of the risk management, internal controls and governance arrangements put in place by management and to undertake sufficient work to evaluate and conclude on the adequacy of those controls for the period under review.

3. Internal Audit Activity during 2020/2021

- 3.1 The Internal Audit Plan for the IJB for 2020/2021 originally provided for a review of budgetary control and the annual review of the adequacy and compliance with the Local Code of Corporate Governance. At its meeting on 11 September 2020, the Audit, Risk and Scrutiny Committee agreed to replace the planned review of budgetary control with a review of provider sustainability payments, as this was a new process involving significant finances resulting from measures put in place to mitigate the effects on businesses arising from the Covid-19 pandemic.
- 3.2 The Annual Report for 2019/2020 was submitted to the IJB Audit Committee on 19 June 2020.
- 3.3 The implementation rate of audit recommendations is a measure of operational culture and effectiveness. During 2020/21, 3 recommendation was followed up and confirmed as implemented. There are no recommendations outstanding.

4. Review of Internal Audit Performance

- 4.1 Internal Audit produces regular reports on its performance during the year to Renfrewshire Council's Audit, Risk and Scrutiny Board, against a range of measures set annually by Renfrewshire Council's Director of Finance and Resources. These targets are set for all internal audit engagements and include Renfrewshire Council and other associated bodies, for which the team provides internal audit services. Table 1 shows the actual performance against targeted performance for the year.

Table 1**Internal Audit Performance 2020/21**

Performance measure	Target 2020/21	Actual 2020/21
% of audit assignments completed by target date	95%	94.5%
% of audit assignments completed within time budget	95%	98.4%
% completion of audit plan for the year*	95%	100%

* this measures the completion percentage as at 31 March. 100% of the plan is ultimately delivered through the finalisation of the outstanding elements in the new financial year.

4.2 A revised audit plan was approved during the year due to the impact of Covid-19 restrictions and to address emerging priorities and risks. The percentage completion of the revised audit plan is marginally below the target set for the year. This was due to a period of unplanned leave in March 2021. The actual performance for the year for the two other indicators, is above the target performance level.

4.3 The Chief Auditor is required to develop and maintain a quality assurance and improvement programme that covers all aspects of internal audit including conformance with the PSIAS. The review did not identify any areas of non-conformance that require to be addressed.

4.4 External Audit

External Audit's review of the internal audit service concluded that overall the service operates in accordance with the PSIAS.

5. Planned Work for 2021/22

5.1 Following a risk-based assessment of the activities of the IJB and consultation with the senior management team, the Internal Audit Plan for 2021/2022 provides for 35 days of Internal Audit resource to undertake:

- A review of the arrangements in place for budgetary control; and
- The annual review of the adequacy and effectiveness of the Local Code of Corporate Governance.

The plan also provides time for planning and reporting, follow up on previous recommendations, ad-hoc advice and consultancy. The Internal Audit Plan for 2021/2022 was approved by the IJB Audit, Risk and Scrutiny Committee on 12 March 2021.

6. Audit Assurance Statement

- 6.1 The audit work performed in relation to the 2020/21 internal audit plan has been reported to the Chief Officer. Relevant audit work undertaken by partner organisations has been reported to the Audit, Risk and Scrutiny Committee. Where areas for improvement in internal control have been identified appropriate recommendations have been made and accepted for action by management.
- 6.2 Some matters have been identified in relation to the internal control, risk management and governance arrangements within the partner organisations and these have been recommended by the respective Chief Internal Auditors for inclusion in the partner governance statements. There are no significant matters arising in relation to those audit engagements specific to the IJB.
- 6.3 It is not feasible for the system of internal control to be without any weakness. It is important to balance the risks involved in accepting systems limitations with the consequences if a problem emerges. Internal Audit recognises this and assesses this in its reporting mechanism.
- 6.4 The audit plan is always intended to be flexible and as a result of the Covid 19 pandemic, the audit plan for 2020/21 was reassessed in light of restrictions on our ability to progress certain planned audit engagements and considering other areas of emerging risk. Additionally, the gross available days were reduced by 15% with some staff undertaking other duties and no audit engagements were outsourced as was planned. In this context, it is considered that a reasonable level of assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's internal control, risk management and governance arrangements, as evidenced by:-
- The results of the audit work in 2020/21 and the opinion's contained in the Internal Audit Annual Reports of the Local Authority and progress reports from the Health Board.
 - Management self-assessment of internal control, risk management and governance arrangements.
 - Management action to respond to audit recommendations.

Signed 

Chief Internal Auditor

Date 18 June 2021

**Summary of Internal Audit Assurances for the IJB and partner organisations
Renfrewshire Council and NHS Greater Glasgow and Clyde**

Integration Joint Board		
Audit Engagement	Assurance Level	Significant Matters
Local Code of Corporate Governance	Substantial	• None
Sustainability Payments	Substantial	• None
Payments to Care Homes	Reasonable	• None
Renfrewshire Council		
Audit Engagement	Assurance Level	Significant Matters
Payroll	Reasonable	• None
Disclosure Checks	Reasonable	• None
NHS Greater Glasgow and Clyde		
Audit Engagement	Overall Audit Rating	Significant Matters
Digital Strategy	Minor Improvement Required	• None

To: Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Internal Auditor

Heading: Internal Audit Plan 2021/22 - Progress

1. Summary

- 1.1 In March 2021, the Audit, Risk and Scrutiny Committee approved the Internal Audit Plan for 2021/2022 as detailed at Appendix 1 of this report.
 - 1.2 The plan sets out a resource requirement of 35 days, including assurance work, reviewing the adequacy and compliance with the Local Code of Corporate Governance, time for follow up of previous recommendations, ad-hoc advice and planning and reporting.
 - 1.3 This report provides an update on the progress of the internal audit plan for 2021/2022.
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2. Recommendations

- 2.1 That the Audit, Risk and Scrutiny Committee notes the progress against the Internal Audit Plan for 2021/22.
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3. Background

- 3.1 The priority for the first quarter of the year has been the finalisation of the 2020/21 planned audit engagements. Both the assurance engagement on supplier sustainability payments and the annual governance review of adequacy and compliance with the Local Code of Corporate Governance have been completed. Both reviews provided for a substantial assurance rating, with no recommendations being made. Summary reports are included elsewhere on this agenda.
- 3.2 Time for planning and reporting has been used for regular reporting to the Audit, Risk and Scrutiny Board and preparing the internal audit annual report for 2020/21, including

the overall opinion on the adequacy and effectiveness of the IJB's internal control, governance and risk management arrangements. The Chief Internal Auditor has also provided input to the annual governance statement for 2020/21. The internal audit annual report is included elsewhere on this agenda.

- 3.3 The assurance engagement on budgetary control is currently planned to commence in quarter 3 and the annual review of the Local Code of Corporate Governance is due to commence in quarter 4. Preparations are currently underway to commence the annual follow up exercise in quarter 1. The audit plan remains flexible and these planned dates, could change, in consultation with management.

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
5. **Property/Assets** - none.
6. **Information Technology** - none.
7. **Equality & Human Rights** – none
8. **Health & Safety** - none.
9. **Procurement** - none.
10. **Risk** - The subject matter of this report is the risk based Audit Plan for 2021 – 2022.
11. **Privacy Impact** - none.

List of Background Papers – none.

Author: Andrea McMahon, Chief Internal Auditor

Revised Annual Audit Plan – 2021/22 Renfrewshire Integration Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Assurance	Financial Management – Budget Monitoring	20	<ul style="list-style-type: none"> The purpose of the audit is to review the arrangements in place for monitoring and reporting on the delegated financial resources.
Governance	Local Code of Corporate Governance	5	<ul style="list-style-type: none"> Annual review of the adequacy and compliance with the Local Code of Corporate Governance to inform the governance statement.
Planning & Reporting	Annual Plan, Annual Report and Audit Committee reporting & Training	7	<ul style="list-style-type: none"> The Chief Internal Auditor is required to prepare an annual plan and annual report for the Audit Committee, summarising the work undertaken by Internal Audit during the year and using this to form an opinion on the adequacy of the control environment of the IJB.
Contingency	Ad-hoc advice and Consultancy	3	<ul style="list-style-type: none"> Time for advice and consultancy on relevant priorities and risks or change related projects.

To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Interim Chief Officer

Heading: Local Code and Sources of Assurance for Governance Arrangements

1. Summary

- 1.1. The purpose of this report is to seek approval from the IJB Audit Risk and Scrutiny Committee on the annual review of the Local Code and Sources of Assurance for Governance Arrangements, as detailed within Appendix 1.
- 1.2. Renfrewshire IJB operates through a governance framework based on legislative requirement, governance principles and management processes. The IJB has worked to ensure that its governance arrangements are robust and based on good practice.
- 1.3. The IJB agreed on 22 March 2019 that the review of the Local Code of Governance arrangements is carried out by the IJB Audit Committee (now known as Audit Risk & Scrutiny Committee) in advance of being presented to the IJB for approval, on an annual basis.
- 1.4. A key development over the last year was the development and approach of a new IJB Risk Management Framework. Despite the pandemic, key governance groups continued to meet, reviewing priorities to ensure a focus on our COVID response. We have also highlighted in this report some of the additional governance measures, beyond the sources sighted within Appendix 1, which introduced in light of the pandemic.
- 1.5. The Local Code and Sources of Assurance has been subject to Internal Audit over 2020/21, and the findings of this will be shared with the IJB Audit, Risk and Scrutiny Committee by the Chief Internal Auditor. Any recommendations arising from this audit will be taken forward by the relevant officers, and progress reported back to this Committee.
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2. Recommendations

It is recommended that the IJB Audit Risk & Scrutiny Committee:

- Review the updated Local Code and Sources of Assurance attached in Appendix 1 for submission to the IJB for approval; and
 - Note any recommendations arising from this audit of the Local Code and Sources of Assurance will be taken forward by the relevant officers, and progress reported back to this Committee.
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3. Background

- 3.1. Within the 2015/16 Annual Governance Statement, the IJB confirmed that it had adopted governance arrangements that were consistent with the principles of CIPFA's and the Society of Local Authority Chief Executives' (SOLACE) framework 'Delivering Good Governance in Local Government: Framework' and the Statement explained how the IJB complied with the Framework and also met the Code of Practice on Local Authority Accounting in the UK.
- 3.2. While the Framework is written in a Local Authority context, most of the principles are applicable to the IJB, particularly as legislation recognises IJBs as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the Local Authority Accounting Code of Practice.

4. Sources of Assurance

- 4.1. The Local Code includes identified sources of assurance which enable the IJB to review and assess its governance arrangements, against which it will measure itself in Annual Governance Statements from 2018/19 onwards.

5. Compliance with Local Code

- 5.1. The Local Code of Governance Arrangements is a statement of the policies and procedures through which we direct and control our functions and how we interact with service users, the local community and other stakeholders. It enables the IJB to demonstrate that its governance structures comply with the core and sub principles contained in the Framework, and test their governance structures and partnerships against the Framework's principles.
- 5.2. A key development over the last year was the approval of the new IJB Risk Management Framework. Plans to review and update our Communications Strategy were delayed in light of the pandemic and shall be prioritised in 2021/22.
- 5.3. Despite the pandemic, all key governance groups continued to meet (virtually) however, where appropriate, priorities and the frequency of meetings were reviewed to reflect the focus on our COVID response.

- 5.4. A number of additional governance measures, beyond the sources sighted within Appendix 1, were also introduced in light of the pandemic, including:
- Chief Officer and Chief Finance Officer acted as representatives within the emergency response arrangements setup within the parent organisations with a view to ensuring connectedness and consistency of approach on a whole-system basis;
 - Establishment of our Local Response Management Team (LRMT) within the HSCP to ensure arrangements and service provision across service areas was effectively planned and delivered within the context of the pandemic;
 - Additional formal meetings of the IJB over the course of the summer months (July and August 2020) to allow further opportunities to receive regular progress updates and to highlight current and forthcoming areas of priority;
- 5.5. The Local Code of Governance is subject to ongoing review by the Chief Finance Officer to ensure that internal controls, risk management and other governance arrangements are improved through the implementation of the framework.
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Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Community Planning** – None
 4. **Legal** – The Local Code and Sources of Assurance ensures that the Integration Joint Board is compliant with the Integrated Resource Advisory Group guidance in relation to audit provision and the Local Authority Accounts (Scotland) Regulations 2014.
 5. **Property/Assets** – None
 6. **Information Technology** – managing information and making information available may require ICT input.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – Without a Local Code and Sources of Assurance, there is a risk that the Integration Joint Board does not have an effective framework for the assessment of its governance arrangements.
 11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the General Data Protection Regulations 2018 and Data Protection Act 2018.
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List of Background Papers – None

Author: Frances Burns, Head of Strategic Planning and Health Improvement

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (0141 618 7621/ 07966 160175)

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Good Governance Code

Public Sector organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
A1.1	Behaving with Integrity	<p>Ensuring IJB members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.</p> <p>Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<ul style="list-style-type: none"> • Standards and Codes of conduct / updates by Standards Officer • Individual sign off with regard to compliance with code • Induction for IJB members and staff on standard of behaviour expected • Performance appraisals for staff • Decision making systems • Declarations of interests made and recorded at all Board and Committee meetings • Conduct at meetings • Development sessions to support decision making on specific issues • Anti-fraud policies are working effectively • Up-to-date register of interests • Up-to-date register of gifts and hospitality • Complaints policy and examples of responding to complaints about behaviour • Changes/improvements as a result of complaints received and acted upon
A2.1	Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation’s ethical standards and performance.	<ul style="list-style-type: none"> • Scrutiny of decision making • Championing ethical compliance at governing body level

		<p>Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation.</p> <p>Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values.</p>	<ul style="list-style-type: none"> • Provision of ethical awareness training • Appraisal processes take account of values and ethical behaviour • Staff appointments policy • Procurement policy
A3.1	Respecting the rule of law	<p>Ensuring IJB members and officers demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations.</p> <p>Creating the conditions to ensure that the statutory officers and IJB members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements. Striving to optimise the use of the full powers available for the benefit of communities and other stakeholders. Dealing with breaches of legal and regulatory provisions effectively.</p> <p>Ensuring corruption and misuse of power are dealt with effectively.</p>	<ul style="list-style-type: none"> • Statutory provisions and guidance is followed • Job description/specifications • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016) • Standing Orders • Committee support • Legal advice provided by officers • Monitoring provisions • Record of legal advice provided by officers • Statutory provisions

B. Ensuring openness and comprehensive stakeholder engagement

To ensure the HSCP is run for the public good, the organisation should ensure openness in its activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
B1.1	Openness	<p>Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to Openness</p> <p>Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used.</p> <p>Ensuring that the impact and consequences of those decisions are clear.</p>	<ul style="list-style-type: none"> • Annual Performance Report • Freedom of Information Act • Publication Scheme online • Organisational values • IJB papers published in advance of meetings • Record of decision making and supporting materials • Meeting reports show details of advice given • Discussion among all IJB members and officers on the information needs of members to support decision making e.g. developing Performance Framework • Agreement on the information that will be provided and timescales • Calendar of dates for submitting, publishing and distributing timely reports is adhered to.
B2.1	Engaging comprehensively with all stakeholders	<p>Effectively engaging with stakeholders to ensure that the purpose, objectives and intended outcomes are clear so that outcomes are achieved successfully and sustainably.</p> <p>Developing formal and informal partnerships with stakeholders to allow for recourse to be used more efficiently and outcomes achieved more effectively based on:</p> <ul style="list-style-type: none"> • Trust • a shared commitment to change 	<ul style="list-style-type: none"> • Communication Strategy • Database and mapping of stakeholders with whom the IJB engages • Strategic Planning Groups/Care Planning Groups • Partnership working embedded throughout IJB • SPG meet regularly and interlinks with IJB

		<ul style="list-style-type: none"> • a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit. 	
B3.1	Engaging all stakeholders effectively	<p>Establishing a clear policy on the type of issues that the organisation will meaningfully consult with to ensure that service (or other) provision is contributing towards the achievement of intended outcomes. Ensuring communication methods are effective and that members and officers are clear about their roles with regard to community engagement.</p> <p>Encouraging, collecting and evaluating the views and experiences of communities, service users and organisations of different backgrounds and implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account.</p>	<ul style="list-style-type: none"> • Record of public consultations • Partnership working embedded throughout the IJB • Communications strategy • Market Facilitation Plan • Processes for dealing with competing demands within the community, for example a consultation.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long term nature and impact of many of the organisation's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
C1.1	Defining Outcomes	<p>Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions.</p> <p>Specifying the intended impact on, or changes for, stakeholders and delivering defined outcomes on a sustainable basis within the resources that will be available.</p> <p>Identifying and managing risks to the achievement of outcomes.</p> <p>Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available.</p>	<ul style="list-style-type: none"> • Vision used as a basis or corporate and service planning • Community engagement and involvement • Corporate and service plans • Regular reports on progress • Performance trends are established and reported upon within bi-annual Scorecard • Risk management protocols • An agreed set of quality standard measures for each service element are included in service plans • Processes for dealing with competing demands within the community
C2.1	Sustainable economic, social and environmental benefits	<p>Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision. Taking a longer term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints.</p>	<p>Placing reliance on Partners Capital investment protocol to ensure these are structured to achieve appropriate life spans and adaptability for future use so that resources are spent on optimising social, economic and environmental wellbeing:</p> <ul style="list-style-type: none"> o Capital programme o Capital investment strategy

		<p>Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs.</p> <p>Ensuring fair access to services</p>	<p>Reliance on Partners Climate Change Planning</p> <ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Record of decision making• Protocols for consultation• Protocols ensure fair access and statutory guidance is followed
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D. Determining the interventions necessary to optimise the achievement of the intended outcomes

The organisation will achieve its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
D1.1	Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options.	<ul style="list-style-type: none"> • Discussion between members and officers on the information needs of members to support decision making • Decision making protocols • Option appraisals • Agreement of information that will be provided and timescales
D1.2	Determining interventions	Considering feedback from the public and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts.	<ul style="list-style-type: none"> • Consultations • Strategic Plan • Medium Term Financial Plan linked to Strategic Plan
D2.1	Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets.	<ul style="list-style-type: none"> • Calendar of dates for developing and submitting plans and reports that are adhered to
D2.2	Planning interventions	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered.	<ul style="list-style-type: none"> • Communication Strategy • Market Facilitation Plan

D2.3	Planning interventions	Considering and monitoring risks facing each partner when working collaboratively including shared risks.	<ul style="list-style-type: none"> • Risk Management Policy and Risk Registers
D2.4	Planning interventions	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured.	<ul style="list-style-type: none"> • KPIs have been established and approved for each service element and included in the service plan and are reported upon regularly
D2.5	Planning interventions	Ensuring capacity exists to generate the information required to review service quality regularly.	<ul style="list-style-type: none"> • Reports include detailed performance results and highlight areas where corrective action is necessary
D3.1	Optimising achievement of intended outcomes	Ensuring the Medium Term Financial plan integrates and balances service priorities, affordability and other resource constraints and sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage.	<ul style="list-style-type: none"> • Feedback surveys and exit/ decommissioning strategies • Changes as a result • Medium Term Financial plan

E. Developing the entity’s capacity, including the capability of its leadership and the individuals within it

The organisation needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
E1.1	Developing the entity’s capacity	Reviewing services, performance and use of assets on a regular basis to ensure their continuing effectiveness.	<ul style="list-style-type: none"> Regular reviews of activities, outputs and planned outcomes
E1.2	Developing the entity’s capacity	Recognising the benefits of partnership and collaborative working where added value can be achieved.	<ul style="list-style-type: none"> Effective operation of partnerships which deliver agreed outcomes e.g. development of Strategic Planning Group, Joint Staff Partnership Forum, Unscheduled Care Local Group, Carers Group, Care and Quality Governance Groups (Executive and Locality), Acute/HSCP Interface Meeting
E1.3	Developing the entity’s capacity	Developing and maintain an effective workforce plan.	<ul style="list-style-type: none"> Interim Workforce Plan 2021/22 Development of new three year local Workforce Plan for 2022-25 will require to be produced, particularly given the new workforce challenges and considerations that have emerged as we respond to Covid-19. The local HSCP workforce plan will be aligned with the 2022-25 Strategic Plan and supporting service plans. These plans will be revisited as part of the Covid-19 Recovery and Renewal Plan, which is underway.

E2.1	Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that IJB members and officers interact with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained and ensuring the IJB Chair and the Chief Officer have clearly defined and distinctive leadership roles within a structure, whereby the Chief Officer leads the organisation in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority.	<ul style="list-style-type: none"> • Job descriptions • Regular review of communication arrangements • Clear statement of respective roles and responsibilities of the Chief Officer and IJB Chair and how they will be put into practice • Access to courses/ information briefings on new legislation • Induction programme • Personal development plans
E2.2	Developing the capability of the entity's leadership and other individuals	Ensuring that there are structures in place to encourage public participation.	<ul style="list-style-type: none"> • Stakeholder forums • Strategic partnership frameworks
E2.3	Developing the capability of the entity's leadership and other individuals	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback and peer review and inspections.	<ul style="list-style-type: none"> • Reviewing individual member performance on a regular basis taking account of their attendance and considering any training for development needs

F. Managing risks and performance through robust internal control and strong public financial management

The organisation needs to ensure that its and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability. It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
F1.1	Managing Risk	<p>Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision-making.</p> <p>Implementing robust and integrated risk management arrangements and ensuring that they are working effectively.</p> <p>Ensuring that responsibilities for managing individual risks are clearly allocated.</p>	<ul style="list-style-type: none"> • Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis (last updated March 2021).
F2.1	Managing Performance	Monitoring service delivery effectively.	<ul style="list-style-type: none"> • Performance map showing all key activities have performance measures • Benchmarking information, where appropriate • Calendar of dates for submitting, publishing and distributing timely reports
F2.2	Managing Performance	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook.	<ul style="list-style-type: none"> • Discussion between members and officers on the information needs of members to support decision making • Publication of agendas and minutes of meetings

			<ul style="list-style-type: none"> • Agreement on the information that will be needed and timescales
F3.1	Robust internal control	<p>Aligning the risk management strategy and policies on internal control with achieving objectives.</p> <p>Ensuring effective counter fraud and anti-corruption arrangements are in place.</p> <p>Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.</p>	<ul style="list-style-type: none"> • Risk management strategy • Audit plan • Audit reports • Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) • Annual Governance Statement • Effective internal audit service is resourced and maintained
F3.2	Robust internal control	<p>Ensuring an Audit Committee or equivalent group or function which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> • provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment • that its recommendations are listened and acted upon. 	<ul style="list-style-type: none"> • Audit Committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013) • Terms of reference • Membership Training
F4.1	Managing data	<p>Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data.</p>	<ul style="list-style-type: none"> • Data management framework and procedures • Data protection officers in place via NHS and Local Authority • Data protection policies and procedures • Data sharing agreement • Data sharing register • Data processing agreements
F4.2	Managing data	<p>Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring.</p>	<ul style="list-style-type: none"> • Data quality procedures and reports • Data validation procedures

F5.1	Strong public financial management	Ensuring well developed financial management is integrated at all levels of planning and control, including management of financial risks and controls and that it supports both long-term achievement of outcomes and short-term financial and operational performance.	<ul style="list-style-type: none"> • Budget monitoring reports • Financial management supports the delivery of services and transformational change as well as securing good stewardship
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G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
G1.1	Implementing good practices in transparency	<p>Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate.</p> <p>Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand.</p>	<ul style="list-style-type: none"> • Standard IJB report format • Published IJB agendas, reports and minutes in clear standard formats • Website • Annual report (online and paper copies) • Strategic documents and reports published in summary format and available in easy read and other languages upon request • IJB and Audit, Risk and Scrutiny Committee meetings recorded and available to view online.
G2.1	Implementing good practices in reporting	<p>Reporting at least annually on Performance.</p> <p>Ensuring members and officers own the results.</p>	<ul style="list-style-type: none"> • Performance reported at each IJB meeting • Formal Annual Performance Report • Annual financial statements • Appropriate approvals • Annual Governance Statement
G2.2	Implementing good practices in reporting	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the	<ul style="list-style-type: none"> • Format follows best practice

		statements allow for comparison with other similar organisations.	
G3.1	Assurance and effective accountability	<p>Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon and that recommendations for corrective action made by audit are acted upon.</p> <p>Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations.</p>	<ul style="list-style-type: none"> • Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010) • Compliance with Public Sector Internal Audit Standards • Audit recommendations have informed positive improvement
G3.2	Assurance and effective accountability	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement.	<ul style="list-style-type: none"> • Annual Governance Statement
G3.3	Assurance and effective accountability	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met.	<ul style="list-style-type: none"> • Integration Scheme



To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Interim Chief Officer

Heading: Update on Risk Register and Implementation of Risk Management Framework

1. Summary

- 1.1. The paper provides an update on the activity being progressed by the HSCP to implement the revised IJB Risk Management Framework, which was agreed on 12 March 2021.
- 1.2. This report also provides an update to the Audit, Risk and Scrutiny Committee on updates made to the IJB's risk register, reflecting an updated reporting structure.
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2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the implementation approach being progressed by the HSCP, including the establishment of a Cross-NHS GGC HSCP Risk Working Group (section 4);
 - Note the updates that have been made to currently identified risks, and additional risks which have been added to the risk register following further assessment (section 5);
 - Note the intention in future reports to include issues as shown separately to risks, whereby issues represent those risks which have already occurred (section 5);
 - Approve the intention to incorporate the risk register into the Non-financial Governance papers brought to the IJB twice a year (section 5); and
 - Approve the proposal to undertake a risk refresher training session with Committee members and wider members of the IJB in September 2021 (section 6).
-

3. Background

- 3.1. The IJB's risk management framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This framework forms a key strand of the IJB's overall

governance mechanisms. In particular, the framework sets out the approach to:

- Identifying, assessing and managing emerging risks;
- Defining risks as strategic or operational (including several sub-categories of risk included within these definitions);
- Accountabilities for risk management, covering governance, roles and responsibilities including those of the IJB, the Chief Officer and Chief Financial Officer, the HSCP's Senior Management Team, and individual risk owners where these differ from those listed;
- The approach to be adopted for resourcing the implementation of risk control measures;
- The provision of training, learning and development associated with risk management policies and procedures; and
- Risk monitoring and performance reporting to the IJB.

3.2. The Audit, Risk and Scrutiny Committee approved a revised Risk Management Framework in March 2020. This revised framework has been streamlined and reflects the following changes:

- The definition of the IJB's risk tolerance has been revised to include greater flexibility;
- Additional reporting in exceptional circumstances has been clarified;
- Risk management governance structures and roles and responsibilities have been updated; and
- The risk register template has been updated.

4. Implementing the update framework

4.1. Following the Committee's agreement in March 2021, the HSCP has progressed activity to further embed the Risk Management Framework and updated approach across operational services. A number of key activities have commenced and include:

- The updated risk management framework has been communicated to HSCP staff through Chief Officer update messages and through the HSCP's Leadership Network. These communications have included further steps, as set out below, to embed the updated framework.
- Supporting guidance to underpin the Risk Management Framework is currently being developed. This guidance will translate the agreed policy into meaningful advice for staff.
- Following completion of the guidance, training modules for staff will be launched using the iLearn system. The training required will differ depending on the nature of staff roles (e.g. frontline, team leader and service manager) and associated responsibilities in identifying and managing risk, and will be targeted as required.
- The HSCP has also established the need for the role of 'Risk Champions' within services who will act as key points of contact for identifying and managing operational risks across service areas and liaising with colleagues to ensure consistent application of the Risk Management Framework.

- The Risk Champions will form the membership of a ‘Quarterly Risk Review Board’ which will be implemented. This Board will support ongoing review of the effectiveness of the framework and of the risk and issue register each quarter. This will be timed to ensure the robustness of risk reporting required for the IJB Audit, Risk and Scrutiny Committee.
- A cross HSCP and GGC ‘risk working group’ has been established to look at best practice and increase consistency in our risk management approach and to create a collaborative positive risk culture.

4.2. As the implementation of the updated risk framework progresses, the HSCP will seek to continually refine the approach taken and reporting provided. Further updates on progress will be brought to future meetings of the Committee.

5. Updates to IJB Risk Register

5.1. The IJB Risk Register has been updated to reflecting the agreed changes to the structure and presentation of the register, and to the risks currently defined within the Register. Further assessment and review of risks has also identified further risks and issues to incorporate within the Register, which is provided as Appendix 1 to this report.

5.2. In summary, the key updates to existing risks include:

- The description and mitigations for financial sustainability risks have been updated to reflect the extent of planning and financial management processes in place, however the ratings remain the same (RSK01 and RSK02).
- The existing Brexit risk has been updated to reflect that a trade deal has been reached between the UK and European Union and also to encompass other risk aspects with regards supply chain and the EU settlement scheme (RSK04).
- The COVID risk has been updated to reflect the current position of the pandemic and the extent of the mitigating governance and operational delivery actions which are in place (RSK05).
- The description of risks associated with non-delivery of local and strategic plans has been updated to reflect the elements of this (RSK12).
- As highlighted by the above points, all risks have been reviewed and descriptions and classifications have been updated where required in accordance with the new framework.

5.3. Following further assessment, three new risks have also been added to the IJB risk register. These are:

- A risk that the Independent Review of Adult Social Care will require significant diversion of HSCP financial and operational resources to support implementation requirements. (RSK06)
- A risk that the local elections in 2022 may result in new Councillors who do not support the IJB’s strategic direction as set out in the Strategic Plan scheduled to be agreed by the IJB in March 2022 prior to the elections (RSK08).

- A risk present nationally of future litigation and reputational damage following any public inquiry into the COVID-19 response (RSK09).
- 5.4. Three risks have also been escalated from the HSCP risk register for the awareness of the IJB Audit, Risk and Scrutiny Committee in this period:
- A strategic workforce risk reflecting the impact of prolonged vacancies on the IJB's ability to deliver core services and to meet the objectives set out within the Strategic Plan (RSK07).
 - Failure or loss of major service provider (RSK10)
 - Delivery of the GP Contract / Primary Care Improvement Plan (RSK11).
- 5.5. This report to the Audit, Risk and Scrutiny Committee is focused on providing an update on known risks. Where any of these risks progress to become issues, or separate new issues are identified, future updates to the Committee will also incorporate an issue register as appropriate.
- 5.6. In support of the revised approach to risk management as set out above, it is further proposed that the risk register is incorporated into a refreshed Non-financial Governance report provided to the IJB twice yearly. This will be reviewed and brought to the IJB in September 2021 and every six months thereafter. This paper requests approval from the Committee to proceed with this approach.
- 6. Risk Management refresher training**
- 6.1. A risk management training session was provided to members of the IJB Audit Committee (which preceded the Audit, Risk and Scrutiny Committee) in 2017, led by Renfrewshire Council's Risk Manager. Following approval of the updated risk framework, it is proposed that a refresher training session is provided to Committee members, and extended to wider IJB members, to be undertaken on the date of the Committee's next meeting on 10 September 2021. The Committee is asked to approve this proposal.

Implications of the Report

1. **Financial** – No direct implications from this report
2. **HR & Organisational Development** – Further guidance and training will be developed for staff to support them in understanding their respective roles regards risk management.
3. **Community Planning** – No direct implications from this report*
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No direct implications from this report*
6. **Information Technology** – No direct implications from this report*
7. **Equality and Human Rights** – No direct implications from this report*
8. **Health & Safety** – No direct implications from this report*
9. **Procurement** – No direct implications from this report*

10. **Risk** – This paper and attachments provide an update to the IJB’s Risk Management Framework. This refines the IJB’s approach to risk manage and updates the supporting governance in place to ensure consistent application of the framework.
11. **Privacy Impact** – No direct implications from this report*

**Although there are no direct implications adherence to the framework may identify risks which need to be managed across these areas.*

List of Background Papers – Renfrewshire IJB Risk Management Framework Policy

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Risk Register

Introduction and Background

This document has been prepared to support Renfrewshire Integration Joint Board (IJB), and members of the IJB’s Audit, Risk and Scrutiny Committee, in the application of the IJB’s Risk Management Policy and Strategy. It sets out those Strategic Risks and Issues currently identified which have the potential to prevent the IJB from achieving its desired outcomes and objectives, and the mitigating actions put in place to manage these risks. **Further information on the IJB’s approach can be found in Renfrewshire IJB’s Risk Management Policy and Strategy.**

Approach to assessing risks

All risks identified are assessed considering (i) the likelihood of the risk materialising; and (ii) the consequence impact of said risk should it materialise. To reflect the range of eventualities this assessment provides a score of between 1 and 5 for each of these criteria (where 1 is least likely and low impact, and 5 is very likely and very high impact). This enables each risk to have an overall score where the likelihood and impact ratings are multiplied together, and a RAG (Red, Amber, Green rating applied) as per the matrix below. Risk scores guide the IJB’s response to particular risks identified.

Approach to assessing issues

The same applies regards impact, however for issues, the priority and the resolution is considered instead of likelihood. Issues will simply have a rating of between 1 and 5 where 1 is low/no impact ranging to 5 extreme impact

Risks

Likelihood	Consequence Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

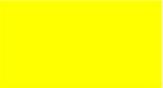
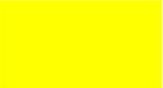
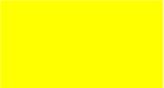
Issues

Impact	Rating
1	Insignificant
2	Minor
3	Moderate
4	Major
5	Extreme

Renfrewshire IJB

Current Risk Overview and Profile

Total Risks	High Risks	Moderate Risks	Low Risks	Very Low Risks
				

Likelihood	Consequence Impact				
	1	2	3	4	5
	5	10	15	20	25
5					
4	4	8	12	16	20
4					
3	3	6	9	12	15
3					
2	2	4	6	8	10
2					
1	1	2	3	4	5
1					

Current Risk Summary

Risk Ref	Risk Type	Summary Description	Current Risk Score and RAG Rating	Risk Movement
RSK01	Strategic	Changing financial and demographic pressures	15 Moderate	No change
RSK02	Financial	Financial Challenges causing financial instability for the IJB	16 Moderate	No change
RSK03	Operational	Increase in physical and mental health inequalities	06 Low	Decrease
RSK04	Strategic	Evolving impacts of Brexit; supply chain, staffing and financial	12 Moderate	Decrease
RSK05	Operational	Further waves of COVID	12 Moderate	Decrease
RSK06	Operational	Independent review of adult social care	20 High	New
RSK07	Operational	Workforce planning and service provision	16 Moderate	No change
RSK08	Strategic	Impact of 2022 local elections on Strategic Plan	08 Low	New
RSK09	Strategic	National risk of litigation and reputational damage following future public inquiry into COVID response	15 Moderate	New
RSK10	Operational	Failure or loss of major service provider	16 Moderate	Increase
RSK11	Clinical	Delivery of the GP Contract / Primary Care Improvement Plan	20 High	Increase
RSK12	Strategic	Failure to achieve targets and key performance indicators	09 Low	No Change

RSK01 Changing financial and demographic pressures						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK01	The changing financial and demographic pressures facing services poses a risk to the HSCP being able to successfully deliver services to the most vulnerable people in Renfrewshire.	HSCP SMT	<p>There is a risk that if financial and demographic pressures of services are not effectively planned for and managed over the medium to longer term, there would be an impact on the ability of the HSCP to deliver services to the most vulnerable people in Renfrewshire.</p> <p>This needs to be considered with regards to:</p> <ul style="list-style-type: none"> • Medium- and longer-term financial planning • Corporate and service review activities • Strategic commissioning approach and the strategic planning process • Service design ensuring the development of cost-effective care models and models which encourage prevention and self-management 	03	05	15 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Strategic				03	05	15 Moderate
Movement						
No change						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<p>A number of actions are in place to help mitigate this risk including:</p> <p>Regular reporting to the Integration Joint Board and the IJB Audit, Risk and Scrutiny committee.</p> <p>Financial Planning and Strategic Planning</p> <ul style="list-style-type: none"> - long term financial planning processes, including strategic commissioning plans and the Medium-term Financial Plan - Budget monitoring processes are in place and regularly reviewed and reported upon to SMT and the IJB <p>Corporate & service review activities</p> <ul style="list-style-type: none"> - programme of service reviews established and ongoing - investment in service re-design opportunities to improve efficiency and effectiveness - ongoing review of care packages to ensure that the provision of support is aligned to individuals' needs - Development of the Recovery & Renewal programme to deliver upon agreed transformation guiding principles. 				NA	Historic	Complete and ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Ongoing deployment of the above				NA	Review November 2021	Ongoing

RSK02 Financial Challenges causing financial instability for the IJB						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK02	There are a number of financial challenges facing the IJB and if not adequately addressed, these could affect the financial sustainability of the partnership with consequent impact to service delivery.	HSCP SMT	<p>There are a number of aspects contributing to this risk as follows:</p> <p>1. Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations negatively impacting on the overall financial position of the partnership due to:</p> <p>a) Pay growth (inflation and annual pay award proposals)</p> <p>b) Prescribing</p> <p>c) Sickness & Absence cover</p> <p>d) Community equipment expenditure</p> <p>e) Impact arising from Resource Allocation Model</p> <p>f) Financial impact of any clinical failures</p> <p>g) Compliance with new statutory requirements</p> <p>h) Increased service demand</p> <p>2. The requirement for savings to be delivered as part of the medium-term financial plan could have an impact on the delivery of existing front-line services, the likelihood of this is increasing.</p>	04	04	16 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Financial				04	04	16 Moderate
Movement						
No change						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<p>Supporting frameworks & strategies:</p> <ul style="list-style-type: none"> - Financial management framework implemented. - Medium-Term Financial Strategy implemented. - Recovery and Renewal programme developed. <p>Reporting/monitoring at strategic fora:</p> <ul style="list-style-type: none"> - Financial information is reported regularly to the Integration Joint Board and the Senior Management Team. - Financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer, NHS Director of Finance and Council Director of Finance and Resources. - Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. - Ongoing discussion at GP forum on importance of prescribing financial break even. - Ongoing reporting to Scottish Government on COVID-19 expenditure and discussions on cost recovery. - Robust financial monitoring and budget setting procedures including regular budget monitoring with budget holders. 				NA	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
<p>Actions pending</p> <p>Suite of savings initiatives for FY21/22 agreed at IJB March 21 meeting to be implemented.</p> <p>Savings to be identified for FY22/23 and beyond within context of HSCP approach to transformation.</p> <p>Development of Strategic Plan for 2022-25</p> <p>Development of updated Medium-term Financial Plan</p>				NA	March 2022	Ongoing

RSK03 Increase in physical and mental health inequalities						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK03	There is a risk that physical and mental health inequalities increase, meaning that service users and patients present with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	Head of Strategic Planning & Health Improvement	<p>It is recognised that physical and mental health inequalities are highly likely to increase. This may result from long-term conditions, an ageing population, long term impacts of covid on mental health and long covid itself, increasing poverty, increased deprivation or individual risk-taking behaviours resulting in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities. The impact of COVID-19 is also expected to contribute to this significantly.</p> <p>This must be actively considered with regards to the creation of any Health Improvement plans and Partnership working agreements.</p>	03	03	09 Low
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				02	03	06 Low
Movement						
Decrease						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<p>Actions undertaken:</p> <ul style="list-style-type: none"> There has been an increased focus on inequalities across a range of HSCP initiatives. As a result a number of teams which maintain a focus on this aspect are now in place; including the community link and health improvement teams. In addition, following a review of our strategic plan priorities a number of activities are underway within our Recovery and Renewal Transformation programme; delivery of a community led approach to health and wellbeing with targeted approaches to raise awareness. The HSCP tracks performance within the Health inequalities outcome (number 5 in National H&W Outcomes) and also continues to monitor population data and trends. 				NA	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
<p>Actions underway:</p> <ul style="list-style-type: none"> Funding has been secured for 2021/22 to deliver 10 projects which are aimed at reducing specific inequalities and promote health and wellbeing. 				Head of Strategic Planning and Health Improvement	March 2022	Ongoing

RSK04 Evolving impacts of Brexit; supply chain, staffing and financial						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK04	There is a risk that Brexit will adversely impact a number of areas as changes to policies and legislation occur. The full extent of the longer-term challenges that Renfrewshire HSCP will face is not yet understood and will continue to evolve, particularly around the ongoing uncertainty around employers' obligations.	Head of Strategic Planning and Health Improvement Chief Finance Officer	<p>The following impacts are expected as a result of Brexit:</p> <ul style="list-style-type: none"> Implications on EU staff and their ability to remain in the country/employment post 1st Jul Stated employers' liabilities which have been shared then removed. Proposal is that HR heads will need to notify head office within 48 hours of the date, which staff have not obtained EU settlement status. Ongoing uncertainty as enforcement body and procedure will not be ready for the 1st July Economic impact on colleagues and service users (cost of living or service cost increase) Ability to obtain medication and products from within the EU supply chain (Cost/time impact) Ineligibility for EU grants <p>Our contractual position with some suppliers and service providers may require change.</p>	04	04	16 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Strategic				03	04	12 Moderate
Movement						
Decrease						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<p>The monthly Brexit steering group continues to monitor the situation regards all areas of exposure relevant to this risk with additional ad hoc meetings being placed as required. Specific actions undertaken/underway:</p> <p>Funding related</p> <ul style="list-style-type: none"> Maintaining a high level of understanding of the current position in relation to EU funding and maximising current benefits. Maximum drawdown of existing funds identified Ongoing engagement in development process for new funds (successor to EU structural funding) Analysis and ongoing review of the HSCP's financial position based on independent advice of investments and reserves Procurement/ budget monitoring for increase in supplier costs Development of workforce action plan by March 2021, and detailed workforce plan by March 2022 <p>Other topics</p> <ul style="list-style-type: none"> Medicines and medical devices being addressed at national level Engage with both NHSGGC and Renfrewshire Council on working groups around Brexit As the Partnership does not directly employ staff, the Chief Officer will work closely with partners to manage implications 				NA	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Ongoing monthly Brexit review meetings and liaison across GGC and other HSCP's				C&I Manager	Review Sept 2021	Ongoing

RSK05 Further waves of COVID						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK05	There is a risk that further waves of COVID could have significant impacts on HSCP operational arrangements; particularly staffing, service provision; and overarching IJB governance.	Chief Officer	<p>The risk is that further disruption to the delivery of strategic and transformation plans, in addition to operational day to day commitments as a result of:</p> <ul style="list-style-type: none"> The HSCP needing to implement support measures to prevent the spread of COVID-19 The downstream impacts of Covid-19 on services users and demand on services: <ol style="list-style-type: none"> Provision of additional COVID services Provider sustainability payments Uncertainty over length of pandemic and additional funding available increased levels of care required due to long covid and increased mental health issues the impact on staff; sickness, mental health and utilisation to support services Impact of ever-increasing levels of demand and client expectations <p>The suitability, affordability and stakeholder support to achieve the NHS remobilisation plan, Renfrewshire Council's recovery plans and ultimately the HSCP's overall plan.</p>	04	04	16 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				03	04	12 Moderate
Movement						
Decrease						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<ul style="list-style-type: none"> The IJB are now back to meeting within the normal regular cycle. Meetings will continue to be conducted remotely using a video and/or audio service that will enable all members to participate. The risk management framework and policy has been updated to reflect on learnings from COVID and provide the flexibility needed regards risk tolerance required within a pandemic. This is in the process of being rolled out. Public health measures have been implemented; including vaccinations in 2020/2021 and current planning for vaccinations for 2021/2022 is underway. 				NA	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
<ul style="list-style-type: none"> Ongoing monthly review of COVID risks across services. If required in the future additional meetings of the IJB can take place and / or delegations to the Chief Officer can be revisited if deemed appropriate. Delivery of Recovery Plans, including the NHS Remobilisation Plan 				Chief Officer	Review Sept 2021	Ongoing

RSK06 Independent review of adult social care						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK06	There is a risk that the Independent Review of Adult Social Care recommendations result in potentially significant structural, organisational and governance change which may impact on the ability of the HSCP to deliver alongside operational commitments	Chief Officer	The recommendations included within the review are very wide-ranging and therefore have the ability to place significant demands on HSCP resources to deliver, alongside the delivery of ongoing operational and strategic plans. This will also potentially have an impact on the role and governance regards the IJB.	NA	NA	NA
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				04	05	20 High
				Movement		
				New		
				Risk Management Approach		
				Treat		
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<ul style="list-style-type: none"> There are likely to be recommendations which are phased for delivery over the term of this parliament, to enable some prioritisation of resource. The HSCP has a Change and Improvement team that can be directed to key areas of activity requiring delivery. Continued review of the progress of recommendations progressing through parliament to assess potential resource and plan implications. Strategic plan to consider known developments and align with principles of the IRASC recommendations and recognise the need for flexibility in delivery. 				Chief Officer	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Above are ongoing				NA	Review Jan 2022	Ongoing

RSK07 Workforce planning and service provision									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK07	There is a risk that failure to prepare and deliver upon an appropriate workforce plan could lead to longer term workforce difficulties, shortages in some skill sets, therefore potential impact on service delivery and the IJB's ability to deliver upon the strategic plan.	HSCP SMT	<p>A flexible, skilled and suitably certified workforce is essential to service provision and delivery of the IJB's strategic plan. Workforce risks can also result in increased financial costs and an effective workforce plan is critical to workforce sustainability:</p> <ul style="list-style-type: none"> Prolonged vacancies within services. Specific pressures exist around medical staffing (specific roles are in national shortage), district nursing and care at home services Sufficient numbers of qualified staff with the correct registrations Pressures resulting from additional planning structures which require managerial and clinical input. (e.g.: Moving Forward Together) GP practice handing back their contract and the HSCP having to run the practice Failure to undertake all relevant checks with regard to applicants seeking recruitment High levels of fatigue and unused annual leave from COVID resulting in increased absence Additional risks to meeting service demand posed by sickness/absence levels and an ageing workforce leading to increased levels of future retirements. 	04	04	16 Moderate			
Category				Current Likelihood	Current Impact	Current Evaluation			
Operational				04	04	16 Moderate			
Movement				No Change					
Risk Management Approach				Treat					
Mitigating / Preventing Actions Complete				Assigned to	Date	Status			
<ul style="list-style-type: none"> Operational – management of risk and staff deployment through forward planning of rosters, quality assurance re shift good practice and daily/weekly reviews of service staffing. Utilisation of bank/agency staff where required. HR & Recruitment – vacancy risk assessment undertaken, reduced timescales from request to advert, robust application of absence management processes, regular review / refresh of statutory and mandatory training and professional registration / revalidation and adherence to application checklists (e.g. disclosure); process for monitoring clinical references. Winter planning – 3-month forward plan to ensure adequate staffing and contingency Independent Contractors – collaborative working with Primary Care and cluster support for GP practices / services, through delivery of the Primary Care Improvement Plan Development of an interim one-year workforce plan for 2021/22 				NA	Historic	Complete			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> Creation of an integrated workforce plan for 2022 to 25 to support longer term planning and decision making. 				Head of Strategic Planning and Health Improvement	March 2022	Ongoing			

RSK08 Impact of 2022 local elections on Strategic Plan									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK08	There is uncertainty arising from the 2022 local elections which may result in new members of the IJB who have a different perspective on the direction set out in the Strategic Plan which is scheduled for approval by the IJB in March 22.	Chief Officer	There is uncertainty relating to the 2022 local elections as these may result in new members of the IJB, who may have a different perspective on the priorities and direction set out in the Strategic Plan which is scheduled to be approved by the IJB in March 2022.	NA	NA	NA			
Category				Current Likelihood	Current Impact	Current Evaluation			
Strategic				02	04	08 Low			
Movement				New					
Risk Management Approach				Treat					
Mitigating / Preventing Actions Complete				Assigned to	Date	Status			
<ul style="list-style-type: none"> Focused session held with Strategic Planning Group to discuss and agree the approach to developing the Strategic Plan, and associated consultation requirements. 				Head of Strategic Planning and Health Improvement	NA	NA			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> The Strategic Plan development process will follow statutory requirements and consult widely in line with these, with the SPG, IJB, Council, providers and service user representatives. Further detail on the strategic planning approach is being provided to the IJB in June, setting out the role of the SPG and Care Planning Groups in the development of the Strategic Plan. 				Head of Strategic Planning and Health Improvement	March 2022	Ongoing			

RSK09 National risk of litigation and reputational damage following future public inquiry into COVID response						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK09	There is a national risk of litigation and reputational damage across integrated health and social care services following the UK-wide public enquiry into the handling of the COVID pandemic, commencing in 2022. We are not aware of any increased comparative risk in Renfrewshire.	HSCP SMT	<p>There is a risk applicable across health and social care nationally and facing all integrated health and social care service providers, as a result of the UK-wide public inquiry into the handling of the COVID pandemic which it has been confirmed will start in March 2022. There will continue to be significant media interest nationally.</p> <p>There is no evidence that this risk is any higher for Renfrewshire than for any other integrated health and social care service.</p>	NA	NA	NA
Category				Current Likelihood	Current Impact	Current Evaluation
Strategic				03	05	15 Moderate
				Movement		
				New		
				Risk Management Approach		
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<ul style="list-style-type: none"> Implementation of Local Response Management Team and Recovery and Renewal governance, and ongoing input into NHS GGC and Renfrewshire Council governance. Vaccination programme rolled out across Renfrewshire; all staff and care home residents have been offered the vaccine. Programme also performing well for residents and service users. Commissioning Teams & Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID19. Significant support also being provided by Public Health, Infection Control and Procurement. Testing of all residents and staff in care homes implemented and regularly re visited. Testing of all staff implemented as per National Guidance Daily huddles and multi-agency assurance and support for Care Homes in place. Clinical support and leadership through general practice and district nursing. Local proactive support arrangements for infection control, training, practice, supervision and for implementing social distancing and other measures such as reduced or no visiting policies. PPE arrangements established and monitored locally Dashboards and reports developed to allow identification of any COVID 'hotspots' and trends Regular reporting from Renfrewshire Council, NHS GGC and Renfrewshire HSCP to Scottish Government. 				NA	Historic	Ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Continuation of the above				NA	Review November 2021	Ongoing

RSK10 Failure or loss of major service provider						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK10	There is a risk that failure or loss of a major service provider may impact on our capacity to deliver services, protect vulnerable children and adults and may impact on additional costs to cover key services.	HSCP SMT	The context of this risk is with regards to the failure of independent providers of care homes, care services or mental health provision. There is financial instability within the sector due to COVID-19 and potential additional impacts from Brexit.	03	04	12 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				04	04	16 Moderate
				Movement		
				Increase		
				Risk Management Approach		
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
Procurement and commercial processes <ul style="list-style-type: none"> Appraisal of providers conducted as part of procurement process. Purchasing patterns monitored by Finance Team and senior managers. Programme of reviews of all service providers. Contract compliance, performance monitoring and reviews for service providers and the two hospices Support arrangements <ul style="list-style-type: none"> Provider Sustainability programme will continue until June 2021. Main providers registered and monitored by Care Inspectorate, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users. Care Inspectorate also included in discussions. Providers have also been directed to the National and Scottish Government guidance which outlines these various actions including ensuring links to their supply chains and ensuring robust business continuity arrangements are in place. Enhanced governance arrangements for care homes have been implemented across Health Boards at the direction of the Cabinet Secretary in response to covid-19. These arrangements have significantly increased monitoring of commissioned services and include multi-disciplinary daily huddles and assurance visits. Emergency legislation enacted to enable Health Boards and local authorities to step in to manage failing care homes if during the COVID-19 pandemic. 				NA	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Ongoing monitoring and the above				NA	Review September 2021	Ongoing

RSK11 Delivery of the GP Contract / PCIP						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK11	There is a risk that the HSCP will not be able to deliver services as outlined within the GP Contract / PCIP by the required timelines, due to the scale of work required, workforce availability and allocated funding.	Clinical Director and Chief Officer	<p>Current proposed funding will not cover the full cost implementation of the contract.</p> <p>Staffing is under pressure due to the pandemic, high turnover and also recruitment issues (availability of specific staff).</p> <p>Initial scope included 6 MOU areas. There is now greater priority on 3 of these where the timeline has accelerated: pharmacotherapy, VTP and CTAC which need to be delivered by 2022/23. The remaining 3 require to be delivered by 2023/24 and additional professional roles by the end of 2021.</p> <p>In order to be able to deliver the GP Contract additional property accommodation is required for treatment rooms and also to support the growth in the size of the teams created for the purpose of multi-disciplinary service delivery.</p>	NA	NA	NA
Category				Current Likelihood	Current Impact	Current Evaluation
Clinical				05	04	20 High
Movement						
Increase						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete				Assigned to	Date	Status
<ul style="list-style-type: none"> Clinical Director providing support and guidance to GP services reporting challenges in recruitment and capacity Regular reporting to the Scottish Government regards progress and to inform National direction. Deep dives are planned with the government to look at the needs within some of the key MOU areas. Property audit will aim to identify suitable space to accommodate teams and services Issue regarding funding available to support delivery of the GP Contract / PCIP has been escalated to the NHS GGC Primary Care Board and also SMT. 				Clinical Director	Historic	Complete
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Continuation with the above				NA	Review September 2021	Ongoing

RSK12 Failure to achieve targets and key performance indicators									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK12	There is a risk that failure to deliver upon the required Local Delivery Plan / Strategic Plan targets and standards, and other key performance indicators could result in a decreased level of service for patients and service users.	HSCP SMT	<p>This risk is threefold:</p> <ul style="list-style-type: none"> The IJB and HSCP's ability to define appropriate local delivery plans and strategic plans The IJB and HSCP's ability to deliver upon said local and strategic plans The IJB and HSCP's ability to evidence that we have achieved the outcomes required within the local and strategic plans. 	03	03	09 Low			
Category				Current Likelihood	Current Impact	Current Evaluation			
Strategic				03	03	09 Low			
				Movement					
				No Change					
				Risk Management Approach					
				Treat					
Mitigating / Preventing Actions Complete				Assigned to	Date	Status			
<ul style="list-style-type: none"> Performance reports presented to all IJB meetings with full scorecard presented 6-monthly and annual reports produced to support monitoring and planning. Organisational Performance Reviews with Chief Executives of NHSGGC and Renfrewshire Council National, NHSGGC, Ministerial Steering Group and local performance measures Regular review of key performance indicators with performance support available to all service areas Review of systems used to record, extract and report data Needs Assessment carried out Review of integration scheme in line with legislation and development of strategies in line with statutory guidance Undertaking equality impact assessments to evidence how plans and strategies will support those in need Ongoing budget monitoring and management to meet service demands Staffing resources are flexed to meet priorities/demand Development of data capture systems to inform local planning. Quality care and professional governance arrangements Ongoing work developing a culture of performance management and link to Recovery and Renewal Programme 				SMT	Historic	Complete and ongoing			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> Continuation of the above Further development of the performance management framework 				NA	Review November 2021	Ongoing			



To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Interim Chief Officer

Heading: Renfrewshire Adult Protection Committee Improvement Plan

1. Summary

- 1.1. The purpose of this report is to provide the Integration Joint Board Audit, Risk and Scrutiny Committee with an update on progress of the Renfrewshire Adult Protection Committee Improvement Plan, following the ASP Joint Inspection undertaken in March 2020.
-

2. Recommendation

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the contents of this report.
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3. Background

- 3.1. The pre-onsite phase of the joint inspection concluded successfully with the provision of a Renfrewshire position statement, which was highly commended; advanced evidence; and the completion of an inter-agency electronic staff survey. Due to the COVID-19 pandemic not all activities for the onsite file reading phase were completed.
- 3.2. Verbal feedback was provided by the Care Inspectorate, in collaboration with joint inspection partners Health Improvement Scotland (HIS) and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), to senior officers from key partners on 1 June 2020.
- 3.3. The findings of the inspection were well balanced and highlighted key strengths together with areas for improvement. As a result, an improvement plan was swiftly developed, in consultation with partners.
- 3.4. The Inspection Improvement Plan was approved by RAPC on 15 June 2020. This was amalgamated with an existent Improvement Plan for the Adult Protection Committee with the support of the HSCP's Change and Improvement Team. It was agreed by RAPC that the RAPC Continuous Improvement Subcommittee will be responsible for

monitoring and reviewing the collated improvement plan, with actions in the plan led by each of the RAPC subcommittees.

3.5. This plan was subsequently brought to the Renfrewshire Chief Officers Group in October 2020 and will continue to be regularly reviewed by the Adult Protection Committee.

3.6. The current version of the amalgamated plan was signed off by RAPC on 8 June 2021. This included an Excel version of the plan (Appendix 2), which provides higher level oversight of outstanding and completed improvement actions.

4. ASP Joint Inspection 2020 Summary

4.1 On 7 January 2020, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) formally notified Renfrewshire Health and Social Care Partnership (HSCP) and Renfrewshire Council that they would be undertaking a joint inspection of adult support and protection arrangements in the Renfrewshire partnership area commencing on Monday 16 March 2020.

4.2 The scrutiny work has been programmed around the 13 Police Scotland Divisional areas and their associated Risk and Concern Hubs and therefore an inspection in the Inverclyde partnership area was undertaken concurrently. Inverclyde's onsite file reading was due to commence one week after that for Renfrewshire.

4.3 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.

4.4 The inspection focussed on the two key areas:

- Key adult support and protection processes.
- Leadership for adult support and protection.

4.5 Although the onsite phase began on Monday 16 March 2020, due to the covid-19 emergency not all activities were completed. From the 50 file samples of adults at risk of harm only 23 social work, police and health records were read. None of the 40 recordings of initial inquiry episodes for which no further adult protection related action was required were reviewed. However, the inspectors were able to undertake an analysis of the staff survey (562 responses) and review the supporting evidence and position statement.

- 4.6 Despite the outbreak of the pandemic, on 1 June 2020, the Care Inspectorate provided feedback through a virtual meeting which was also attended by inspectors from HMICS and HIS together with senior officers from across the partnership including: Renfrewshire Council, Renfrewshire HSCP, Police Scotland and NHS Greater Glasgow and Clyde.
- 4.7 The feedback was balanced and highlighted key strengths and areas for improvement as detailed below.

Key Strengths

- The staff survey showed that staff across the partnership held positive views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported;
- Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe;
- Partnership staff shared information coherently to identify harm to adults at risk of harm and then protect them;
- Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected;
- Adults at risk of harm received good support from health staff. They worked collaboratively to manage the risks for adults at risk of harm and improve their health and wellbeing.
- Strategic leadership for adult support and protection exercised sound governance, robust quality assurance, and improvement work that was undertaken collaboratively.

Areas for Improvement

- The partnership should ensure that a cogent, collaborative adult protection plan is prepared timeously for all adults at risk of harm who require one.
- The partnership should make sure that the police are appropriately involved in adult protection investigations.
- The partnership should strive to ensure all organisations required to attend adult protection case conferences attend.
- The partnership should do everything possible to encourage and assist adults at risk of harm to attend adult protection case conferences that are held about them.
- The partnership should make sure that adults at risk of harm and their unpaid carers are represented at a strategic level on the Adult Protection Committee

5. RAPC Improvement Plan development and update

- 5.1 The areas for improvement highlighted above formed the basis of the Improvement Plan, which was developed in consultation with partners.
- 5.2 Because there was already an RAPC Improvement Plan, which contained several overlapping areas for improvement as identified by

the inspectors, RAPC amalgamated the two plans to ensure a cohesive approach to improvement and to reduce confusion. The amalgamated plan is attached as Appendix 1; for clarity, the left-hand column indicates whether the action arose from the Joint Inspection. Appendix 2 is an Excel version of the plan, which provides higher level oversight of outstanding and completed improvement activity.

- 5.3 Further work is being done on the plan to align its objectives with those of the Scottish Government National ASP Improvement Plan. The RAPC Improvement Plan is a “live” documents that will continue to evolve as new improvement areas are identified.
- 5.4 Some date targets have not been met due to the resource and operational impact of the Covid-19 response and several Large Scale Investigations throughout 2020 until the present.

6. **ASP Joint Inspection update**

- 6.1 A letter from Cabinet Secretary for Health and Sport, Jeane Freeman, MSP, was received to all Health and Social Care Partnerships across Scotland on 3 March 2021.
- 6.2 Ms Freeman advised that the Adult Support and Protection Joint Inspection Programme would resume at the end of March 2021 to ensure ongoing protection for adults at risk of harm while managing the risks to individuals and the wider Covid response. Inspection partners have begun formally advising HSCPs about their participation.
- 6.3 The letter makes reference to the “completion of the first inspection in January 2021.” We understand this to be referring to Renfrewshire and therefore we do not anticipate further ASP Joint Inspection activity until Phase 2 of the national programme. IJB Audit Committee members will be informed if information contradicting this assumption is received from the Care Inspectorate.
- 6.4 There has been no update provided by Scottish Government or by the Care Inspectorate as to when Phase 2 will be commenced due to the development of a new timetable for Phase 1. However, the Care Inspectorate may wish to receive progress on our Improvement Plan prior to formal commencement of Phase 2.

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – None.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – None.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights.

No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – None.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – None.

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Any enquiries regarding this paper should be directed to Carron O'Byrne, Head of Health and Social Care (carron.obyrne@renfrewshire.gov.uk or 0141 618 6855)
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Appendix 1

Renfrewshire Adult Protection Committee



Inter-agency Improvement Plan 2020-2023

Renfrewshire Adult Protection Committee – Improvement Plan

Introduction and Multi-agency Improvement Strategy

RAPC vision statement

In Renfrewshire everyone is committed to keeping adults at risk of harm safe and protected.

Introduction

We are pleased to present the 2020-2022 RAPC multi-agency Improvement Plan. This is a live, working document that sets out identified outcomes and associated actions for practice, policy and performance improvement for Adult Support and Protection in Renfrewshire. It is designed so that it can record newly identified areas for development while tracking the progress and achievement of actions already established.

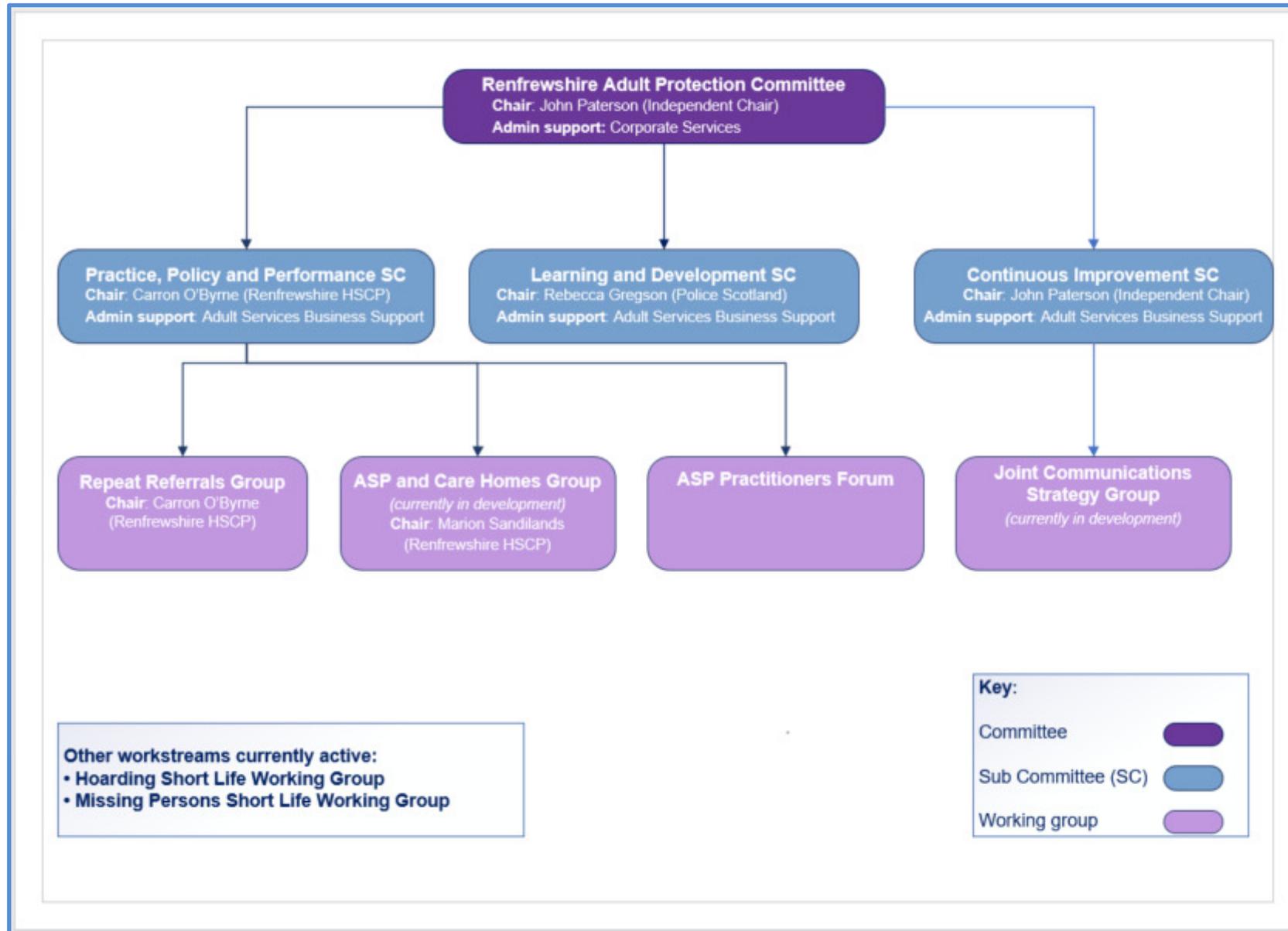
The Improvement Plan was developed under the remit of the Renfrewshire Adult Protection Committee's Practice, Policy and Performance subcommittee. The current form, layout and content of the plan is influenced and driven by the following:

- The review of 2013-14, 2016-17 and 2017-19 RAPC Improvement Plans and associated outcomes
- RAPC Biennial Reports 2012-2014, 2014-2016 and 2016-2018
- National Priorities for Adult Support and Protection as described in Scottish Government's ASP Improvement Plan June 2019
- Key themes emerging from the Care Inspectorate's Joint ASP Thematic Inspection 2018
- Improvement Areas from Renfrewshire's ASP Joint Inspection of March 2020
- Local priorities and areas for action emerging from:
 - Biennial Adult Protection Conference feedback
 - Review and audit activity, including RAPC Self-Evaluation and Case File audit 2018
 - Feedback from RAPC Members 2019

The Scottish Government Adult Support Protection Plan was updated in May 2021, our intention is to align these national objectives with our local priorities, and this will be included in our improvement and action plans. The national improvement themes are as follows: Assurance, Governance, Data and Information, Legislation, Policy and Guidance, Practice Improvement and Prevention.

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

The Renfrewshire Adult Protection Committee is supported by three sub committees and two subgroups who collectively (with partners) are responsible for delivering this overarching plan (see diagram below).



For example, the RAPC Inter-agency Learning and Development Strategy (2017-2020) underpins the work done by the RAPC Learning and Development Subcommittee. The Renfrewshire Financial Harm Subgroup is responsible for its strategy and accompanying action plan. Action plans arising from initial or significant case reviews; appreciative inquiries; or relevant case discussions are monitored by RAPC. Where appropriate, these actions are incorporated into the RAPC Improvement Plan.

In collaboration with the Renfrewshire Child Protection Committee, a Joint Engagement and Communications Strategy has been developed. The communications strategy and relevant actions arising from the current RAPC Improvement Plan work in parallel.

The RAPC Improvement Plan has been revised so that Key Improvement Themes align with those reported by the quarterly RAPC Scorecard. This means that desired outcomes and actions are directly linked to measures reported to RAPC and, subsequently, to Renfrewshire’s Chief Officers for Public Protection. The scorecard fields are ever evolving, which means that they can be amended to ensure consistency with aspirations laid out in the Improvement Plan. The “reference” column of the plan refers to actions stemming from our previous RAPC Improvement Plan or from recommendations emergent from the ASP Joint Inspection 2020.

The RAG status indicates progress against our outcomes. Status is measured as:

Red (R)	Not met
Amber (A)	Potential delay
Green (G)	On track
Complete (C)	Complete

Looking forward - new outcomes and activities

The RAPC will continue to support partner agencies to implement any recommendations that emerge from review and audit activity. This will include early intervention and preventative work to reduce the frequency of repeat referrals. Focus in the coming year will be on advocacy and participation of all ASP partners, including people subject to adult protection referrals. RAPC is committed to upholding individual’s rights and recognises the need for enhanced attention on communicating with adults who are at the centre of the work we do. RAPC intends to continue strengthening links with care homes and care at home services, promoting consistent understanding of adult protection referral thresholds, referral pathways, and processes.

We will further focus on the support required for staff in their varied roles in Adult Support and Protection activity and intervention. Commitment to ensuring clarity and a working knowledge of current protocols, procedures, legislation, and practice guidance will be paramount. The RAPC is also committed to the

ongoing development of strong leadership and management that focuses on the safety and well-being of adults in Renfrewshire. This includes the learning and development required to ensure competent and confident Adult Protection practice by staff and managers across agencies.

Renfrewshire has recently published a revised Inter-agency ASP Large Scale Investigation guidance; building on work published by Scottish Government in 2019 we also intend to revise our Initial and Significant Case Review Guidance. Underpinning this work will be the revised West of Scotland Inter-agency Guidance (2019) and Renfrewshire's own ASP Inter-agency Operational Guidance and Procedures. Strategy and procedures related to self-neglect and hoarding are anticipated locally in 2021, in addition to an ambitious Financial Harm Strategy and Action Plan; work is underway locally to progress the National Missing Persons Framework.

To ensure that the RAPC Improvement Plan is current and clear in purpose, the committee will continue to review its activities and achievements via the work of its subcommittees. It will revise and introduce intended outcomes and activities that are in line with changing priorities and developments for Adult Support and Protection at local and national levels. Recently the plan has been amended to include COVID-19 Service Delivery and Recovery for Adult Support and Protection. This aims to ensure that those at risk of harm continue to be identified and supported throughout the current uncertainty.

As always, we will continue to promote a strong value base that places adults and their carers at the heart of our practice and strive to improve our services in Adult Support and Protection activity.

John Paterson
Independent Chair of the Renfrewshire Adult Protection Committee

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Lead Committee: RAPC Practice, Policy and Performance Sub Committee

Theme: Participation and Advocacy

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
Objective 1: Improve understanding and awareness of advocacy support among staff and service users/ carers within Renfrewshire						
RAPC IP19-21 JI-IA4	Staff and service users have an improved understanding of advocacy and how to access support	Literature available to adults and their families	Increase in numbers of Adults at Risk offered advocacy and taking up evidenced in ASP Module	Develop easy read materials for adults and their families describing ASP process and meetings	Nov 2021	R
		Guidance material available to support staff	Increase in use of advocacy evidenced by advocacy records	Develop materials for staff explaining advocacy and process	Aug 2021	A
				Embed system for distributing materials to individuals involved in ASP process	Aug 2021	A
Objective 2: Improve engagement of adult at risk and family members/unpaid carers (as appropriate) in ASP process						
RAPC IP19-21 JI-IA3	Adults at risk, family members, carers and representative identified in the ASP process feel better informed and are more confident to	Feedback from adult at risk and family members/ unpaid carers is evident in ASP case notes	Increase in proportion of adults who are informed that they were subject to an ASP (<i>Source: ASP module/ RAPC data suite reports</i>)	Develop an engagement protocol for Council Officers to follow throughout the ASP process.	Mar 2021	R
		Reflect partner responsibilities	Increase in proportion of adults whose views are sought as part of Section 4	Utilise technology to engage with adults at risk and family members / unpaid carers, to maximise opportunities for their involvement in ASP processes	May 2020	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
	engage in the process		inquiry (<i>Source: ASP module/ RAPC data suite reports</i>)	Working groups to be identified following meetings with Team Managers and Council Officers	Sept 2020	R
				Adult Protection Case Conference Chairs to maintain current practice of offering to meet with the Adult at Risk in advance of and following an Adult Protection Case Conference	Oct 2020	C
Objective 3: Improve lived experience feedback mechanisms for individuals subject to ASP and their representatives/ carers by embedding service user feedback within ASP process in Renfrewshire						
RAPC IP19-21 JI-IA4 JI-IA3	Examination of ASP lived experience feedback provides assurance ASP services are supporting adults at risk of harm and identifies improvements that need to be made locally	Tool (Questionnaire) developed to elicit views and issued to service users/ carers and families post ASP involvement/ Case Conference. RAPC Inter- to be amended to record	Completed questionnaire and associated analysis of service user/ family and carers views Aggregated lived experience report (timescale to be confirmed)	Development of post ASP journey questionnaire to elicit views of those with lived experience	Aug 2021	A
JI-IA5				Tool incorporated into standard practice and guidance documents (agency ASP Guidance and Procedures and HSCP Operational ASP Procedures)		A
				Develop schedule of analysis of questionnaires/ report aggregating feedback from lived experience questionnaire (timescale TBC)	TBC	G
Objective 4: Improve engagement and participation of prescribed groups in ASP process: (Groups: GP, Police Scotland, Lived experience groups)						
RAPC IP19-21 JI-IA2	All partners are engaged in the	Prescribed groups are included in the ASP process (as	Ongoing analysis of attendance activity at meetings and Case	Amend all guidance to specify partner responsibilities throughout all stages of	Aug 2021	A

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
IP19-21 JI-IA3	ASP process and understand their role and responsibilities therein including responsibility to attend meetings and quoracy.	required) and represented at RAPC meetings and Case Conferences as necessary Updated guidance explaining case conference roles, responsibilities across stakeholder groups	Conferences (scrutiny with partners)	the ASP process including meeting attendance and quoracy		
				Development of RHSCP briefing note explaining prescribed groups and associated roles in the ASP process. Issued to all partners <i>Current audit activity and reviewing timescale CONSIDER TIMELINE AT NEXT CONTINUOUS</i>	May 2021	R
Objective 5: Renfrewshire's suite of ASP protocols and procedures is accessible to all partners, providing clear and consistent guidance on pathways, roles, and responsibilities						
RAPC IP19-21	ASP resources are up to date and available to staff and partners for reference purposes.	Updated HSCP Operational ASP Procedures (including recommendations from LSI and appreciative inquiry) Training materials and online resources available for staff (ASP procedures and guidance)		Ongoing review of operational guidance and procedures. All to be reviewed and updated.	Aug 2021	A
				Updated procedures will be available online to all staff (online). Accessibility of this	Aug 2021	A
				Key staff will receive LSI procedure briefings	Jan 2021	C
				Significant case review material to be updated	June 2021	G

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
Theme: COVID-19 Response and Recovery						
Objective 6: Minimise the impact of COVID-19 pandemic on Adult Support and Protection procedures and ability to address risk of harm						
	Adult support and protection services continue to operate effectively ensuring the identification and support of individuals at risk of harm	All partners are confident in the continued delivery of services throughout the uncertainty of the COVID-19 period	Partner feedback	Adapt policies and procedures to minimise impact of COVID-19 disruption (including sharing of information across teams and identified services)	May 2020	C
				Adapt and update staff training material to consider and negate impact of COVID-19 disruption	June 2021	C
Lead Committee: Continuous Improvement Subcommittee (SG National Improvement theme ASSURANCE)						
Theme: Communication						
Objective 7: Raise public awareness of ASP issues via public awareness campaign developed by partners						
RAPC IP19-21	Increased public awareness of ASP issues	Joint RAPC/RCPC Engagement and Communications Strategy		Development of Joint Communications strategy with Renfrewshire Child Protection Committee	June 2019	C
		Communications Subgroup operational and responsible for managing all ASP communications		Establish Communications subgroup (including Identify representatives from partner agencies to attend subgroup) still to be discussed at child protection committee. Affirmation that it should go ahead but reps from partner	Jun 2021	A

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
				agencies have not been called together.		
		Utilise social media and other public-facing communication outlets already in existence to share ASP national and local messages	Social Media account activity	Partially complete: RAPC Twitter account created. Liaison with Communication Team to take forward aligning with Communications subgroup activity.	June 2021	A
Objective 8: Improve ASP data recording and performance monitoring of ASP services within Renfrewshire						
RAPC IP19-21	Baseline and trend activity of ASP is available, collected and understood amongst RAPC partners.	Full ASP baseline dataset collected by staff and routine reporting schedule in place and reports available	Regular ASP trend reports Reports to RAPC, Locality manager and ASP Officers	Baseline dataset established for ASP	June 2019	C
				Routine reporting schedule established	June 2019	C
				RAPC LO and ASP Support Officers have contributed significantly to influence development of Renfrewshire-wide social work electronic case management system (Eclipse)	June 2019	C
				Eclipse designed with mandatory field completion and frequent quality assurance reporting.	June 2021	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
	Recording systems and processes are in place and ensure relevant ASP-related information is accessible to staff, and partners (including accessible to adult and children's services and across health and social work systems)	ASP electronic recording module is amended to include agreed outcome indicators, promote full completion of ASP module	Audit activity demonstrates improved accuracy of demographic categorisation	Develop ECLIPSE case recording system to required components of ASP processes incorporating quality assurance for ASP processes.	Aug 2021	C
				Complete Interim vulnerable persons database notifications (iVPD) submitted timeously to the HSCP (recurring requirement)	March 2021	C (as per timescale)
		RAPC Scorecard captures meaningful outcomes for adults at risk of harm.		Implement recommendations from RAPC Self-Evaluation 2018 relating to record-keeping, categorisation of clients and harm	Dec 2020	C
	Outcomes for adults at risk of harm and their unpaid carers are systematically measured against consistent indicators of harm			Outcome indicators are agreed locally, following guidance on national indicators from Scottish Government. Develop scaled questions for service user response at various stages of ASP process to assess impact of ASP activity. Await feedback from Scottish Government Service User & Carer Group	Nov 2021	G

Objective 9: Maintain consistent standards of practice through effective leadership and line management support to ASP staff (professional guidance and supervision)

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
RAPC IP19-21	Decision making by practitioners is robust, consistent, adheres to the principles of the Act, and is based on risk assessment and analysis.	Feedback from audit will inform any inconsistencies or gaps in practice	Evidence from quality assurance/audit activity of line management in ASP practice	Audit of supervision and ASP management will feature in quality assurance timetable.	Aug 2021	A
				HSCP Head of Service has redistributed supervision policy.	May 2021	G
		Consistent approach to staff conducting ASP inquiry activity evidenced between teams	Evidence: biennial self-evaluation audit. evidence of decision-making forms part of Continuous Improvement Framework.	Enhanced opportunities for practitioners to interact via Practitioners' Forum	Aug 2020	A
				ASP Practitioner Forum used for learning from complex case examples	Sept 2020	
Renfrewshire Change and Improvement Team involvement to review ASP workflow processes.	June 2021	G				
RAPC IP19-21	Quality programme is in place supporting continuous improvement across services	Regular review and monitoring process adopted by service areas	ASP Trend analysis (patterns of risk, intervention) Repeat referral activity	Establish a rolling programme of single and inter-agency quality assurance activity by theme	Mar 2021	C
				Repeat Referrals meetings (quarterly)	Jun 2021	A
		Deployment of resources aligned to trends/ gaps	Patterns of risk or harm Monitoring of Consistent, comprehensive, and up-to-date chronologies and risk assessments and risk management plans or protection plans	Establish a quarterly scrutiny process under that monitors, evaluates, and reports on the quality of the Protection Plans.	June 2021	C
				Weekly management information reports to be provided to locality managers and ASP officer	Feb 2021	C
Objective 10: Work with partners to ensure all ASP meetings operate effectively and efficiently within the ASP statutory governance requirements and report consistently aligned to prescribed timescales						
JI-IA3	Individuals understand and are confident in	Case conference minutes created and distributed within corrected	Ongoing audit of minutes	A quarterly scrutiny process established under RAPC Continuous Improvement Sub-Committee monitors,	Jan 2021	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
	their delivery of ASP statutory governance requirements	format and timescales		evaluates and reports on the quality of Case Conference Minutes		

Lead Committee: RAPC Learning and Development Subcommittee						
Theme: Learning and Development						
Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
Objective 11: To identify and support learning and development needs across all ASP partner agencies including those who chair ASP Case Conferences and supervise ASP work.						
RAPC IP19-21	Individuals with responsibility (or involvement in ASP practice or procedures) have access to ASP training aligned to legislative and national standards	All partners (including 3 rd sector) have an established ASP training plan and access to training relating to ASP practice competency levels 1, 2 and 3 within their respective agency	Training Needs Assessment reported to RAPC	ASP Inter- and single-agency training programme is developed based on priorities established from Training Needs Analysis and Quality Assurance programme	May 2020	A
				Partner training plans reported to RAPC via Learning and Development Subcommittee	July 2020	A
			Accessible ASP training courses	Develop a programme of learning and development activity aligned to need of partner agencies. Aligned to sequential activity.	TBC	G
Objective 12: Ensure programme of continuous improvement is in place in relation to ASP training across all partners						

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

<p>RAPC IP19-21</p>	<p>Evaluation of learning and development activity offered to managers and Council Officers is rated as effective</p>	<p>Post-training evaluations to participants and managers evidence that participants' practice has benefited from training attended This should specifically include ASP Case Conferences</p>	<p>Development of updated assessment and review tools Staff and partner feedback</p>	<p>In progress: Evaluation and impact framework are drafted. Required system for recording and implementation Following delivery of training to staff and partners to improve ASP process learning and awareness</p>	<p>TBC</p>	<p>A</p>
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Abbreviations list:

Reference

RAPC IP 19-21: RAPC Improvement plan 2019-2021

Jl-IA: Joint Inspection (2020) Improvement Area, with each area numbered accordingly

Completed Actions

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
Objective 2: Improve engagement of adult at risk and family members/unpaid carers (as appropriate) in ASP process						
RAPC IP19-21 JI-IA3	Adults at risk, family members, carers and representative identified in the ASP process feel better informed and are more confident to engage in the process	Feedback from adult at risk and family members/ unpaid carers is evident in ASP case notes	Increase in proportion of adults who are informed that they were subject to an ASP (<i>Source: ASP module/ RAPC data suite reports</i>)	Utilise technology to engage with adults at risk and family members / unpaid carers, to maximise opportunities for their involvement in ASP processes	May 2020	C
		Reflect partner responsibilities	Increase in proportion of adults whose views are sought as part of Section 4 inquiry (<i>Source: ASP module/ RAPC data suite reports</i>)	Adult Protection Case Conference Chairs to maintain current practice of offering to meet with the Adult at Risk in advance of and following an Adult Protection Case Conference	Oct 2020	C
Objective 5: Renfrewshire's suite of ASP protocols and procedures is accessible to all partners, providing clear and consistent guidance on pathways, roles, and responsibilities						
RAPC IP19-21	ASP resources are up to date and available to staff and partners for reference purposes.	Updated HSCP Operational ASP Procedures (including recommendations from LSI and appreciative inquiry) Training materials and online resources available for staff (ASP procedures and guidance)		Key staff will receive LSI procedure briefings	Jan 2021	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Ref	Outcome	Output	Measure	Activities	Time scale	RAG Status
Theme: COVID-19 Response and Recovery						
Objective 6: Minimise the impact of COVID-19 pandemic on Adult Support and Protection procedures and ability to address risk of harm						
	Adult support and protection services continue to operate effectively ensuring the identification and support of individuals at risk of harm	All partners are confident in the continued delivery of services throughout the uncertainty of the COVID-19 period	Partner feedback	Adapt policies and procedures to minimise impact of COVID-19 disruption (including sharing of information across teams and identified services)	May 2020	C
				Adapt and update staff training material to consider and negate impact of COVID-19 disruption	June 2021	C
Lead Committee: Continuous Improvement Subcommittee (SG National Improvement theme ASSURANCE)						
Theme: Communication						
Objective 7: Raise public awareness of ASP issues via public awareness campaign developed by partners						
RAPC IP19-21	Increased public awareness of ASP issues	Joint RAPC/RCPC Engagement and Communications Strategy		Development of Joint Communications strategy with Renfrewshire Child Protection Committee	June 2019	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Objective 8: Improve ASP data recording and performance monitoring of ASP services within Renfrewshire

RAPC IP19-21	Baseline and trend activity of ASP is available, collected and understood amongst RAPC partners.	Full ASP baseline dataset collected by staff and routine reporting schedule in place and reports available	Regular ASP trend reports Reports to RAPC, Locality manager and ASP Officers	Baseline dataset established for ASP	June 2019	C
				Routine reporting schedule established	June 2019	C
				RAPC LO and ASP Support Officers have contributed significantly to influence development of Renfrewshire-wide social work electronic case management system (Eclipse)	June 2019	C
				Eclipse designed with mandatory field completion and frequent quality assurance reporting.	June 2021	C
	Recording systems and processes are in place and ensure relevant ASP-related information is accessible to staff, and partners (including accessible to adult and children's services and across health and social work systems)	ASP electronic recording module is amended to include agreed outcome indicators, promote full completion of ASP module	Audit activity demonstrates improved accuracy of demographic categorisation	Develop ECLIPSE case recording system to required components of ASP processes incorporating quality assurance for ASP processes.	Aug 2021	C
				Complete Interim vulnerable persons database notifications (iVPD) submitted timeously to the HSCP (recurring requirement)	March 2021	C (as per timescale)
		RAPC Scorecard captures meaningful outcomes for adults at risk of harm.		Implement recommendations from RAPC Self-Evaluation 2018 relating to record-keeping, categorisation of clients and harm	Dec 2020	C

RENFREWSHIRE ADULT PROTECTION COMMITTEE IMPROVEMENT PLAN

Objective 9: Maintain consistent standards of practice through effective leadership and line management support to ASP staff (professional guidance and supervision)

RAPC IP19-21	Quality programme is in place supporting continuous improvement across services	Regular review and monitoring process adopted by service areas Deployment of resources aligned to trends/ gaps	ASP Trend analysis (patterns of risk, intervention) Repeat referral activity Patterns of risk or harm Monitoring of Consistent, comprehensive, and up-to-date chronologies and risk assessments and risk management plans or protection plans	Establish a rolling programme of single and inter-agency quality assurance activity by theme	Mar 2021	C
				Establish a quarterly scrutiny process under that monitors, evaluates, and reports on the quality of the Protection Plans.	June 2021	C
				Weekly management information reports to be provided to locality managers and ASP officer	Feb 2021	C

Objective 10: Work with partners to ensure all ASP meetings operate effectively and efficiently within the ASP statutory governance requirements and report consistently aligned to prescribed timescales

JI-IA3	Individuals understand and are confident in their delivery of ASP statutory governance requirements	Case conference minutes created and distributed within corrected format and timescales	Ongoing audit of minutes	A quarterly scrutiny process established under RAPC Continuous Improvement Sub-Committee monitors, evaluates and reports on the quality of Case Conference Minutes	Jan 2021	C
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**Renfrewshire Adult Protection Committee
Inter-agency Improvement Plan 2020-2023
Last update: 8.06.21**

National Theme	Lead Committee	Ref	Objective	Outcome	Output	Measure	Action	Due Date	Status	Progress	Owner
PRACTICE IMPROVEMENT AND PREVENTION	Practice Policy and Performance Sub committee	o1 - RACP IP19-21 JI-IA4	Improve understanding and awareness of advocacy support among staff and service users/ carers within Renfrewshire	Staff and service users have an improved understanding of advocacy and how to access support	Literature available to adults and their families Guidance material available to support staff	Increase in numbers of Adults at Risk offered advocacy and taking up evidenced in ASP Module Increase in use of advocacy evidenced by advocacy records Feedback from Service users and representatives	Develop easy read materials for adults and their families describing ASP process and meetings	Nov-21	R		
							Develop materials for staff explaining advocacy and process	Aug-21	A		
							Embed system for distributing materials to individuals involved in ASP process	Aug-21	A		
ASSURANCE		o2 - RACP IP19-21 JI-IA3	Improve engagement of adult at risk and family members/unpaid carers (as appropriate) in ASP process	Adults at risk, family members, carers and representative identified in the ASP process feel better informed and are more confident to engage in the process	Feedback from adult at risk and family members/ unpaid carers is evident in ASP case notes Reflect partner responsibilities	Increase in proportion of adults who are informed that they were subject to an ASP (Source: ASP module/ RACP data suite reports) Increase in proportion of adults whose views are sought as part of Section 4 inquiry (Source: ASP module/ RACP data suite reports)	Develop an engagement protocol for Council Officers to follow throughout the ASP process. Working groups to be identified following meetings with Team Managers and Council Officers	Mar-21	R		
								Sep-20	R		
								Aug-21	A		
GOVERNANCE		o3 - RACP IP19-21 JI-IA4 JI-IA3 JI-IA5	Improve lived experience feedback mechanisms for individuals subject to ASP and their representatives/ carers by embedding service user feedback within ASP process in Renfrewshire	Examination of ASP lived experience feedback provides assurance ASP services are supporting adults at risk of harm and identifies improvements that need to be made locally	Tool (Questionnaire) developed to elicit views and issued to service users/ carers and families post ASP involvement/ Case Conference. RACP Inter- to be amended to record	Completed questionnaire and associated analysis of service user/ family and carers views Aggregated lived experience report (timescale to be confirmed)	Development of post ASP journey questionnaire to elicit views of those with lived experience Tool incorporated into standard practice and guidance documents (agency ASP Guidance and Procedures and HSCP Operational ASP Procedures) Develop schedule of analysis of questionnaires/ report aggregating feedback from lived experience questionnaire (timescale TBC)	Aug-21	A		
								Aug-21	A		
								TBC	G		
GOVERNANCE		o4 - RACP IP19-21 JI-IA2 IP19-21 JI-IA3	Improve engagement and participation of prescribed groups in ASP process: (Groups: GP, Police Scotland, Lived experience groups)	All partners are engaged in the ASP process and understand their role and responsibilities therein including responsibility to attend meetings and quoracy.	Prescribed groups are included in the ASP process (as required) and represented at RACP meetings and Case Conferences as necessary Updated guidance explaining case conference roles, responsibilities across stakeholder groups	Ongoing analysis of attendance activity at meetings and Case Conferences (scrutiny with partners)	Amend all guidance to specify partner responsibilities throughout all stages of the ASP process including meeting attendance and quoracy Development of RHSCP briefing note explaining prescribed groups and associated roles in the ASP process. Issued to all partners <i>Current audit activity and reviewing timescale CONSIDER TIMELINE AT NEXT CONTINUOUS</i>	Aug-21	A		
								May-21	R		
LEGISLATION POLICY AND GUIDANCE	o5 - RACP IP19-21	Renfrewshire's suite of ASP protocols and procedures is accessible to all partners, providing clear and consistent guidance on pathways, roles, and responsibilities	ASP resources are up to date and available to staff and partners for reference purposes.	Updated HSCP Operational ASP Procedures (including recommendations from LSI and appreciative inquiry) Training materials and online resources available for staff (ASP procedures and guidance)		Ongoing review of operational guidance and procedures. All to be reviewed and updated. Updated procedures will be available online to all staff (online). Key staff will receive LSI procedure briefings Significant case review material to be updated	Aug-21	A			
							Jan-21	A			
							Aug-21	R			
ASSURANCE	o7 - RACP IP19-21	Raise public awareness of ASP issues via public awareness campaign developed by partners	Joint RACP/RCPC Engagement and Communications Strategy Communications Subgroup operational and responsible for managing all ASP communications Utilise social media and other public-facing communication outlets already in existence to share ASP national and local messages	Social Media account activity		Establish Communications subgroup (including Identify representatives from partner agencies to attend subgroup) still to be discussed at child protection committee. Affirmation that it should go ahead but reps from partner agencies have not been called together. Partially complete: RACP Twitter account created. Liaison with Communication Team to take forward aligning with Communications subgroup activity.	Jun-21	A			
							Jun-21	A			
DATA AND INFORMATION	o8 - RACP IP19-21	Outcomes for adults at risk of harm and their unpaid carers are systematically measured against consistent indicators of harm				Outcome indicators are agreed locally, following guidance on national indicators from Scottish Government. Develop scaled questions for service user response at various stages of ASP process to assess impact of ASP activity. Await	Nov-21	G			
ASSURANCE	o9 - RACP IP19-21 RACP IP19-21	Maintain consistent standards of practice through effective leadership and line management support to ASP staff (professional guidance and supervision)	Decision making by practitioners is robust, consistent, adheres to the principles of the Act, and is based on risk assessment and analysis. Quality programme is in place supporting continuous improvement across services	Feedback from audit will inform any inconsistencies or gaps in practice Consistent approach to staff conducting ASP inquiry activity evidenced between teams Regular review and monitoring process adopted by service areas and deployment of resources aligned to trends/ gaps	Evidence from quality assurance/audit activity of line management in ASP practice Evidence: biennial self-evaluation audit. evidence of decision-making forms part of Continuous Improvement Framework. - ASP Trend analysis (patterns of risk, intervention) - Patterns of risk or harm - Repeat referral activity - Monitoring of Consistent, comprehensive, and up-to-date chronologies and risk assessments and risk management plans or protection plans	Audit of supervision and ASP management will feature in quality assurance timetable. HSCP Head of Service has redistributed supervision policy. Enhanced opportunities for practitioners to interact via Practitioners' Forum ASP Practitioner Forum used for learning from complex case examples Renfrewshire Change and Improvement Team Repeat Referrals meetings (quarterly)	Aug-21	A			
							May-21	G			
							Aug-20	A			
							Sept 2020	A			
							Jun-21	G			
Jun-21	A										
o11 - RACP IP19-21	To identify and support learning and development needs across all ASP	Individuals with responsibility (or involvement in ASP practice or	All partners (including 3 rd sector) have an established ASP training plan and access to	Training Needs Assessment reported to RACP	ASP Inter- and single-agency training programme is developed based on priorities established from	May-20	A				

**Renfrewshire Adult Protection Committee
Inter-agency Improvement Plan 2020-2023
Last update: 8.06.21**

National Theme	Lead Committee	Ref	Objective	Outcome	Output	Measure	Action	Due Date	Status	Progress	Owner
	Lead Committee: RAPC Learning and Development Subcommittee		partner agencies including those who chair ASP Case Conferences and supervise ASP work.	procedures) have access to ASP training aligned to legislative and national standards	training relating to ASP practice competency levels 1, 2 and 3 within their respective agency		Partner training plans reported to RAPC via Learning and Development Subcommittee	Jul-20	A		
						Accessible ASP training courses	Develop a programme of learning and development activity aligned to need of partner agencies. Aligned to sequential activity.	TBC	G		
		o12 - RAPC IP19-21	Ensure programme of continuous improvement is in place in relation to ASP training across all partners	Evaluation of learning and development activity offered to managers and Council Officers is rated as effective	Post-training evaluations to participants and managers evidence that participants' practice has benefited from training attended. This should specifically include ASP Case Conferences.	Development of updated assessment and review tools Staff and partner feedback	In progress: Evaluation and impact framework are drafted. Required system for recording and implementation Following delivery of training to staff and partners to improve ASP process learning and awareness	TBC	A		



To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Officer

Heading: Mental Welfare Commission Older People Themed Visit 2020

1. Summary

- 1.1. In 2019 the Mental Welfare Commission (MWC) carried out a series of themed visits across all NHS Scotland wards that provide assessment and treatment for older people with a functional mental illness. On 16 April 2020, the MWC's findings and recommendations were published in the 'Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020'. The report made seven recommendations for Integration Authorities, outlined in section 3.4 below.
- 1.2. In response to the MWC Report, Renfrewshire Health and Social Care Partnership (RHSCP) developed an Older Peoples Mental Health Action Plan 2020/21 (the Action Plan) and detailed in Appendix 1 of this report. The Plan sets out the actions taken to meet the recommendations, factors affecting the delivery of those actions, timescales, and any next steps.
- 1.3. This report provides a progress update of the Action Plan 2020/21 against the recommendations, and the approach to the development of the NHSGGC board-wide Older People's Mental Health Strategy.
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2. Recommendation

It is recommended that the IJB Audit, Risk and Scrutiny Committee is asked to note:

- a. The content of the report; and
- b. The content of Appendix 1, which details the required actions and timescales that are necessary to comply with the recommendations and findings of the Mental Welfare Commissions Themed Visit 2020.

3. Background

3.1. The MWC is a statutory body carrying out duties on five main areas of work – visiting people, monitoring the Acts, investigations, information and advice and influencing and challenging. To fulfil their statutory role, the Commission produce themed visit reports on areas of care and treatment where they have concerns. These reports identify any legal issues and recommend changes to policy makers and service providers.

3.2. The MWC last carried out these themed visits in 2015 and made recommendations to make improvements to:

- Person-centred care planning;
- The level of activity provision;
- The provision of clinical psychology;
- Ensuring that any restrictions placed on patients respect the rights of the individual;
- The provision of information for patients, their right of access to advocacy, respect for privacy, dignity and family life; and
- The physical environment and access to pleasant, safe and secure outdoor areas.

3.3. Since the 2015 themed visit, the MWC has continued to visit wards as part of its local visit programme as well as consulting with patients, staff and relatives. This information informed the main areas of focus for the 2019 themed visit:

- Care and treatment (including physical health)
- Provision of activity;
- The physical environment; and
- Involving family/carers.

3.4. To measure improvements between 2015 and 2019, the themed visit was repeated and the following recommendations to improve patient care were made for Integration Joint Boards:

- Review and increase where necessary the provision of psychological intervention for older people with mental illness.
- Ensure people with dementia are not admitted inappropriately to wards for older people with functional mental illness.
- Where wards are mixed (admit people with dementia alongside those with a functional mental illness), the physical environment should provide privacy and dignity for both patient groups and

staff should be suitably trained and resourced to meet the complex and diverse needs of both groups.

- Review the skill mix in wards for older people with functional mental illness to ensure there is adequate availability of staff to recognise and manage physical health needs.
- Invest in the provision of staff who are trained and resourced to provide a range of therapeutic and recreational activities.
- Ensure clear protocols, that include social work, are in place for patient transition from adult to old age services and decisions to transition are based on individual need and not on arbitrary age limits or the needs of the service.
- Provide a range of community services to support older people with mental illness, particularly in relation to crisis and preventing unnecessary admission to hospital.

3.5 As noted in 1.2 above, the Action Plan 2020/21 is detailed in Appendix 1 and contains progress updates for each recommendation, therefore not duplicated within the body of this report.

4. Older Peoples Mental Health Strategy

4.1 Work on the NHSGGC board-wide Mental Health Strategy was commenced in 2017 as a key part of the Moving Forward Together Programme. This work is also key to delivering the IJB's Strategic Plan 2019/22. The Adult Mental Health Programme Board oversees the strategy and work on a specific Older People's Mental Health (OPMH) Strategy began in 2018. The Programme Board includes clinical, managerial and staff representatives from across the NHSGGC Mental Health System. The approach has been to view Mental Health Services in one integrated system, albeit serving different needs with specific care pathways. Supporting work-streams have been implemented:

- COVID-19 recovery planning;
- Capacity, effectiveness and efficiency of community services;
- Inpatient bed modelling and estate;
- Workforce planning;
- Unscheduled care;
- Overall financial framework; and
- Environment and involvement.

4.2 In recent months a specific focus has been reviewing and refreshing the draft OPMH Strategy in light of our response to the pandemic. A key assumption in recovering planning is that the demand for mental health services will increase post-pandemic and unquantifiable at this stage. It

is planned to conclude work on the OPMH Strategy later this year, details of which will be reported to the IJB.

4.3 The purpose of the five year board-wide NHSGGC OPMH Strategy is to design a system of care that is patient-centred, which aims to shift the balance of care away from beds and institutional based services to supporting older adults with mental health problems to live independently in their own home for as long as possible, and with the ability to quickly and easily access specialist services when needed. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs and aligned with the delivery of the Scottish Government's Mental Health Strategy 2017-2027. The strategy has a range of work-streams that report to a Programme Board. The strategy group has focused on:

- Developing the community health and social care infrastructure required to meet future needs and changes in inpatient care, including a coordinated system of unscheduled care;
- Reviewing the inpatient bed model for NHSGGC, including commissioned beds and residential care models
- Designing an efficient and sustainable overall OPMH system of care, underpinned by an agreed financial framework; and
- Develop an HSCP older people mental health performance and accountability framework.

4.4 Progress on two key strands of the strategy – community services and the inpatient bed model together with the key emerging issues are summarised below.

4.5 The emerging thinking on the Community Model is that:

- We take a staged approach in line with, but in advance of, changes in inpatient services (bridging resources might be required)
- Needs because of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds
- We should build on learning from the impact of the COVID-19 pandemic, considering the changed environment within which services now operate; and
- Include commissioning intentions for third and independent sector support, including housing

4.6 The specific areas of focus for development of community services include:

- Early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with prevention or delay of onset of dementia
- Implement the effective and efficient teams model so that community teams have capacity to focus on patients with more complex needs; and,
- As a first step, prioritise community based “crisis” or “intensive support services”. It has been highlighted that there is a gap in crises response services for older adults, both for those in the community and in care homes.

4.7 In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.

4.8 A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called ‘boarders’ both external and internal to NHSGGC, the results of last year’s day of care audit, and local and UK benchmarking data. The conclusion from this work was that compared to other healthcare systems, for NHSGGC it is possible to reduce bed numbers over time without de-stabilising the care system, and considerable scope for a more efficient use of existing bed capacity.

5. Impact of COVID-19

5.1 Underpinning the OPMH Strategy is the Community Services framework. The purpose of the framework is to:

- Describe a model for development of community based OPMH services across all HSCPs within NHSGGC by:
 - setting out the range of services and support that will be accessible to older adults with mental health problems, and their carers in their community; and,
 - describe the roles and skills required within Community Older People’s Mental Health Services.
- Provide an opportunity to identify and focus on best practice in patient centred processes; and,
- Support and facilitate the sharing of learning and expertise.

5.2 As we move to a new Community Model, we will consider the impact of COVID-19 on how we deliver services and work as community teams going forward. During this period the ability of teams to deliver services was restricted and new ways of working including using technology e.g. facilitating virtual visiting through provision of iPads, remote working and

remote consultations were all adopted successfully. As we develop a new model of services and delivery for services, we will capitalise on the benefits technology can bring to, not simply in how the service connects with patients and families, but how we assess and care for them.

6. Provision of Psychiatry Services

- 6.1 A key finding of 'The Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020' is around the difference in psychiatric provision and range of old age mental health services. Psychiatrists were surveyed about good practice and in particular, what services psychiatrists find helpful in preventing hospital admissions for older people. Significantly, all identified services by psychiatrists are already embedded with Renfrewshire and detailed in Appendix 2.
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7. Conclusion

The report updates the IJB Audit, Risk and Scrutiny Committee on the work done to date against the recommendations of the Mental Welfare Commission 'Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020' and the approach to the development of the Older People's Mental Health Strategy. The Action Plan 2020/21 will continue to be updated in line with the delivery of local/national strategic priorities and the ongoing recovery from COVID-19.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – The Mental Welfare Commission is a statutory body.
5. **Property/Assets** – Property remains in the ownership of the parent bodies.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – Failure by services to implement the recommendations from the Mental Welfare Commission could lead to poor visit and monitoring results and

enforcement action from the Mental Welfare Commission, as well as negative outcomes for service users and carers. Reputational risk also.

11. Privacy Impact – none.

List of Background Papers

Author: Christine Lavery, Head of Mental Health, Learning Disabilities and Addiction Services

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	Not started
	On track/completed
	Monitor progress to ensure timeline adhered to
	Work required to ensure timeline adhered to

Factors Key:
External, Capacity, Operational, Resources, People

Date Developed:	25/05/2021
Date last updated:	25/05/2021

No.	Mental Welfare Commission - Older People's Functional Mental Health Wards in Hospitals - Themed Visit Report Recommendations 2020	Area of Focus	Factors affecting recommendation delivery	Timescales	RAG	Progress Update	Relevant Documents	Next Steps
1	Review and increase where necessary the provision of psychological intervention for older people with mental illness.	Provision of activity	<ul style="list-style-type: none"> External: impact of COVID-19 over last 14 months to date. 	Apr-21		<ul style="list-style-type: none"> Increased psychological intervention for OPMH. 1 x WTE Principal Psychologist in post with 1 x 0.5 day session p/w in Ward 39 OPMH Functional Ward. Activities include: <ul style="list-style-type: none"> - Assessment where uncertainty around diagnosis - Specific neuropsychology queries - Queries around functional MH diagnosis - Assisting Team with a biopsychological formulation on presentation - Supervision of Low Intensity Psychological Therapy (not ongoing at present) - Psychological Therapy - limited scope at present. Would be CBT therapy For Dementia Ward (Ward 37 RAH) Principal Psychologist input is also 1 x 0.5 day session p/w. Work is focused on implementing Psychological Interventions in response to Stress and Distress in Dementia Model of Care. Increased Psychology time would allow for more MDT work (4 MDTs per week usually) and more direct CBT work with patients. Consequently, Professional Lead for Older Peoples Clinical Psychology Services is currently in discussions with Renfrewshire MH Leads with a view to increasing Clinical Psychology Resource when funding available. Behavioural Activation training provided to staff. 		<ul style="list-style-type: none"> Clinical Psychology Resource to be reviewed when funding available.
2	Ensure people with dementia are not admitted inappropriately to wards for older people with functional mental illness.	Care and treatment (including physical health)	<ul style="list-style-type: none"> Environment: Renfrewshire have separate Organic (Ward 37 RAH) and Functional (Ward 39 RAH) OPMH Wards. 	n/a		<ul style="list-style-type: none"> Renfrewshire have separate Organic (Dementia) and Functional OPMH wards. Occasionally, patients with organic brain disorders are admitted to Ward 39, mostly when no formal diagnosis or patient is mild to moderate, more functional and independent. If dementia admission and no bed within Renfrewshire, a bed would be secured out with Renfrewshire across GGC estate as part of our whole system approach. Where not possible, admission to Ward 39 would take place but transferred to a dementia focused ward asap. 		
3	Where wards are mixed (admit people with dementia alongside those with a functional mental illness), the physical environment should provide privacy and dignity for both patient groups and staff should be suitably trained and resourced to meet the complex and diverse needs of both groups.	The physical environment.	<ul style="list-style-type: none"> Environment - Renfrewshire have separate Organic (Ward 37 RAH) and Functional (Ward 39 RAH) OPMH Wards. 	Ongoing		<ul style="list-style-type: none"> We have a mixed estate. Ward 39 is an older style dorm. Complex care wards (North/East Wards, Debar) may sometimes be mixed but are all single rooms with en-suite facilities. In line with the OPMH Strategy, the OPMH Strategy Group is currently reviewing the inpatient bed model for NHS GGC including commissioned beds and residential care models. Current Staff Skill Mix is Multi-Disciplinary: Registered Mental Health Nurses, Health Care Support Workers, Occupational Therapists, Physiotherapists, Junior Medical Staff, Consultant Psychiatrists, Psychologists. Staff training provided on Behavioural Activation, Newcastle Model and Cognitive Behavioural Therapy (CBT) Voluntary 12 hour shift pilot to promote continuity of care. 		<ul style="list-style-type: none"> In line with OPMH Strategy, further work on both community and inpatient service models, including commissioning implications for third and independent sector support including housing is underway.

4	Review the skill mix in wards for older people with functional mental illness to ensure there is adequate availability of staff to recognise and manage physical health need.	Provision of activity	<ul style="list-style-type: none"> External: impacted by COVID-19 but now in recovery phase Resources: given demands of COVID-19 there have been challenges to recruitment for nursing staff within Renfrewshire, across GGC but also nationally. 	Apr-21	<ul style="list-style-type: none"> Voluntary 12 hour shift pilot to promote continuity of care. Resources: currently reviewing recruitment and retention of Band 5s and whether recruitment should be focused on Band 6s. Notably, NNHSGGC have had a great response from retired nurses who returned to work due to COVID-19. Review of training needs assessment completed in Ward 39. AHP support for Ward 39 includes Occupational Therapists, Physiotherapists, Speech and Language Therapists and Dieticians Activities Co-ordinator role introduced within Ward 39 to provide programme of meaningful activities 5 days p/w Development Programme in place for staff which includes physical healthcare, palliative care, Behavioural Activation, CBT, Stress & Distress, record keeping, care planning, NEWS2, clinical supervision, medical emergency, violence reduction and leadership training Line management supervision and annual staff performance reviews (TURAS) in place - Professional leads actively involved in staff development. 		<ul style="list-style-type: none"> In line with OPMH Strategy, continue to develop a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges.
5	Invest in the provision of staff who are trained and resourced to provide a range of therapeutic and recreational activities.	Provision of activity	<ul style="list-style-type: none"> External: due to COVID-19 restrictions on some activities involving external agencies have been paused during pandemic, including Therapist and Music Therapy. Will recommence when restrictions ease. 	Jul-20	<ul style="list-style-type: none"> Recent investment of ACTION 15 provided 6 x Band 3 therapeutic support workers aligned to each inpatient ward area (North/East ward x 1 April 2021, Ward 37 x 1 Dec 2019, Ward 39 x 1 May 2020, South Ward x 1 May 2020, South Ward x 1 May 2020, Arran ward x 1 Aug 2020 and Leverdale 3b x 1 Aug 2020). Posts designed to enhance therapeutic interventions into each of the inpatient MH Wards in Renfrewshire in line with the OPMH Strategy and Dementia Strategy recommendations. Posts have had a positive impact in reducing stress and distress symptoms and promoting MH recovery. Post holders responded well to additional challenges COVID-19 presented and provided an invaluable resource to inpatient services. Training programme for Nursing Staff in place, covering behavioural Activation, CBT, Stress & Distress - Occupational Therapist and Occupational Therapy Technicians Activities Co-ordinator role introduced within Ward 39 to provide programme of meaningful activities 5 days p/w Posts released and being advertised to increase availability of OT Technicians Activity/Group area in Wards Weekly programme of activities 		<ul style="list-style-type: none"> As part of COVID-19 recover planning a review of activities provided by external agencies to be reviewed in line with current restriction guidelines.
6	Ensure clear protocols, that include social work, are in place for patient transition from adult to old age services and decisions to transition are based on individual need and not on arbitrary age limits or the needs of the service.	Care and treatment (including physical health)		n/a	<ul style="list-style-type: none"> Renfrewshire position individuals tend to remain in adult services until age of 70, rather than 65. Adult and OPMH Services work closely and with flexibility. Both Clinical Directors ensure flexibility as patient needs come first and are part of the same management team. NHSGGC CMHT Operational Framework 2016 states: 'No-one will be excluded from access to any service on the basis of chronological age alone'. Graduate transitions between Older Adult and general Adult services will continue to be defined by needs, rather than age'. MDT decision on patient transition from Adult Mental Health to OPMH in line with NHSGGC MHS Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry August 2018 	<ul style="list-style-type: none"> NHSGGC MHS Guidance for Transfer of Graduate Patients from General Adult to Older Adult Psychiatry August 2018 NHSGGC CMHT Operational Framework 2016 	

7	<p>Provide a range of community services to support older people with mental illness, particularly in relation to crisis and preventing unnecessary admission to hospital.</p>	<p>Care and treatment (including physical health)</p> <p>Involving the family/cares.</p>		Ongoing	<ul style="list-style-type: none"> • Board wide 5 year NHSGGC OPMH Strategy. A key part of strategy is a framework for the development of community OPMH services. Aims to shift balance of care away from beds and institutional based services to supporting OPMH to live independently in own home as long as possible and with ability to quickly and easily access specialist services when needed. Purpose of framework is to: <ol style="list-style-type: none"> 1. describe a model for development of community based OPMH services across all HSCPs within NHSGGC by: <ul style="list-style-type: none"> - setting out range of services and supports accessible to OPM, and their carers, in their community; and, - describe roles and skills required within Community OPMH Services. (b) provide an opportunity to identify and focus on best practice in patient centred processes; and, (c) support and facilitate the sharing of learning and expertise. • Older Persons Community Mental Health Team (OPCMHT) is a fully integrated Multi-Disciplinary Team including medical, nursing, social work, psychology, O/T and physiotherapy staff. Community Services include: <ul style="list-style-type: none"> • IHTT (Crisis Service) • Social Care Packages (SDS) • Mental Health Care Home Liaison Service - established in 2016 consisting of 3 x nursing staff and consultant psychiatrist • Extended Hours CPN Service - provided by IHTT inside hours then IHTT phonelines are diverted to NHS 24 Mental Health via 111 for help and assistance. If assessment required out with hours, referral allocated to MHAU. • Commissioned Third Sector services include RAMH, Roar, Connections For Life and Renfrewshire Carers Centre 	<ul style="list-style-type: none"> • NHSGGC Older People Mental Health Strategy • NHSGGC Older Peoples Mental Health Strategy Framework for Community Services 	
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Appendix 2 – Provision of OPMH Psychiatrist Services within Renfrewshire

Service	Description
Intensive Home Treatment Team (IHTT)	Team of psychiatrists, community psychiatric nurses and occupational therapists offering treatment, care, information, advice, and support for those with mental health problems and carers.
Support team for care home patients	Mental Health Care Home Liaison Team established in 2016 consisting of three nursing staff and a consultant psychiatrist. Each care home liaison nurse is allocated to a specific care home to ensure effective and open communication and ongoing mental health input for residents.
Hospital liaison service	Acute Psychiatric Liaison team established in 2017 consisting of 1.5 nursing staff and a consultant psychiatrist. This enabled strong working relationships to be built between liaison nurses and the acute hospital RAH.
Supported accommodation	Several supported accommodations, accessible by Locality Social Workers or OPMH services, with hospital input from MH Hospital Discharge Team. Additional support provided by OPCMHT Social Work Team to ensure no delayed discharges.
Urgent referrals team	Same day assessments managed primarily by IHTT or OPCMHT depending on need and capacity. GPs and other agencies contact OPCMHT for urgent referrals.
Crisis Assessment and Support Team (CAST)	IHTT remit. If social or environmental health crisis, allocated to CPN or social worker to ensure crisis management using existing care providers.
Extended hours CPN service	IHTT remit. Out of hours response provided by NHS 24 Mental Health Hub via 111. If assessment required referral allocated to MHAU.
Early identification of delirium	Achieved in several ways. GP assessment of acute MH presentations and part of screening referrals. CPNs equipped at understanding need for physical health assessment to assess presence of delirium. Liaison Team work closely with acute hospital staff to identify and

	effectively manage delirium. Follow up work provided by OPCMHT to assess lasting effects and provide post-diagnostic support.
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To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 June 2021

Report by: Chief Officer

Heading: Mental Welfare Commission: 'Authority to Discharge - Report into decision making for people in hospital who lack capacity'

1. Summary

- 1.1. The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults who lack capacity to make some or all decisions for themselves. This legislation is underpinned by principles of benefit to the adult, taking account of the person's wishes and the views of relevant others. Any action must be the least restrictive option necessary to achieve the benefit and importantly to encourage the adult to exercise whatever skills he or she has in relation to their welfare, property or financial affairs and develop new skills where possible recognising issues of capacity are not 'all or nothing', they are decision specific.
- 1.2. The Mental Welfare Commission has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder.
- 1.3. On 20 May 2021, the Mental Welfare Commission for Scotland published their findings ['Authority to Discharge: Report into decision making for people in hospital who lack capacity'](#). The report highlights that 11 HSCPs moved individuals without legal authority, this was not the case in Renfrewshire as all moves were underpinned by the legal authority of a Welfare Guardianship Order or a Welfare Power of Attorney.
- 1.4. During the pandemic, a number of stakeholders raised concerns with the Mental Welfare Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move.
- 1.5. The focus of their report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were done in accordance with the law during the early

stages of the pandemic. The Commission therefore undertook to make further inquiries and sought information from Health and Social Care Partnerships (HSCPs) across Scotland in relation to people who had moved from hospital to registered care home settings during the period 1 March 2020 – 31 May 2020. Only Highland did not provide information within the timescale requested.

- 1.6. The Commission asked for information about 731 people from across Scotland, 465 of whom were reported by HSCPs to have lacked capacity to agree to a move from hospital to a care home (8 of whom in turn did not fulfil the inclusion criteria for this inquiry), therefore the Commission focused on those 457 people reported as lacking capacity to do so.
- 1.7. It was reported to the Commission that 20 people had been moved during the sample period without the protection of legal authority. These moves are deemed unlawful and took place across 11 Health and Social Care Partnership areas – this practice was not undertaken in Renfrewshire. Some of these moves, were specifically attributed to the pandemic e.g. a misinterpretation that easement of Section 13ZA had been enacted as a result of the Coronavirus (Scotland) Act 2020, this part of the legislation was removed from the legislation in September 2020. The provision of possible 'easement' to Section 13ZA was never invoked.
- 1.8. One HSCP introduced an alternative to applications for guardianship orders, making decisions 'internally' rather than recourse to the courts, the critical safeguard for individuals. This particular practice started in response to the pandemic and ended in August 2020.
- 1.9. The Commission's significant concern is that, in these cases, this may present as not only lacking in clear legal authority but also as an Article 5 deprivation of liberty and a possible breach of European Convention on Human Rights (ECHR).
- 1.10. Section 13ZA of the Social Work (Scotland) Act 1968 was reportedly used to authorise moves in 23 Health and Social Care Partnerships and either Welfare Power of Attorney or guardianship orders were used to authorise moves across 30 of the 31 Health and Social Care Partnerships. The Commission analysed this information further to assure that legal rights were respected and found that those working in a hospital discharge setting were not always fully sighted on the powers held by attorneys or guardians (this was the case in 78 out of 267 cases of power of attorney related moves) or indeed whether the attorney's powers had been activated or guardianship orders granted. Whilst it is difficult to quantify the impact, this had the potential to render additional moves as unlawful and also as an Article 5 deprivation of liberty and a possible breach of ECHR. The Commission also found confusion in relation to the nature of the care home placement with potential impact on rights to protection of property where the person was admitted to a

care home but remained liable for their property. The Commission found that practice was not consistent either within some HSCPs or across HSCPs despite a range of guidance, policy and local arrangements to support implementation being in place. In Renfrewshire we have a robust and well established process for using the provisions of Section 13ZA to facilitate discharges from hospitals and this area is not for us an area of concern.

1.11. It is important to note that the Commission also found evidence of good practice:

- Commitment to ensure that what mattered to the individual was central to outcomes and decisions made on their behalf.
- Commitment to ensure that all efforts were made to ensure that the individual was supported to inform decision making where possible, including advocacy support and multiple direct contacts with the individual.
- Respect for multidisciplinary roles and responsibilities ensuring that health and social care/social work retained focus on individuals and not other drivers such as beds and finance.
- Embedding the role of the Mental Health Officer in discharge planning processes as a key safeguard with expertise and focus on the rights of individuals.
- Clear understanding of the requirement to ensure that reported powers under the Adults with Incapacity Act/Power of Attorney are activated, evidenced and referred to in practice.
- Interim guardianship powers sought, where appropriate, to effect timely and lawful hospital discharge.
- Increasing promotion and take up of Power of Attorney roles and responsibilities.

1.12 In summary, the Commission found that whilst the pandemic brought significant pressures, the identified areas for improvement arising from our examination of a sample number of hospital to care homes moves, are not exclusively as a result of the pandemic. The findings suggest that longer standing systemic issues within HSCPS which require urgent action to address in order to safeguard and uphold the rights of the most vulnerable adults in our society.

1.13 Following publication of the report, the Minister for Mental Wellbeing and Social Care wrote to Chief Officers to express concern and request that confirmation that the necessary legal requirements and accountability measures are in place by the end of June 2021.

2. Recommendation

It is recommended that the IJB:

- Note the content of the Mental Welfare Commission report
 - Agree the next steps as detailed in Section 4
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3. Mental Welfare Commission Recommendations

3.1 As a result of the findings the Commission have made eleven recommendations, the first eight of which are directed at HSCPs:

1. HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.
2. HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.
3. HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC)¹ and with regards the financial and welfare implications of different types of placements for the individual.
4. HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.
5. HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.
6. HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.
7. HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximizing contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.
8. HSCPs should ensure strong leadership and expertise to support operational discharge teams.
9. The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this.
10. The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.

11. The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.

4. Next Steps

- 4.1 By the end of June 2021, provide the Minister for Mental Wellbeing and Social Care with confirmation that the necessary legal requirements and accountability measures are in place in Renfrewshire.
- 4.2 The Commission will be contacting individual Health and Social Care Partnerships to highlight both good areas of practice and areas of practice which they deem to fall short. However, they have called on all Health and Social Care Partnerships to take urgent action now in relation to the recommendations made in this report to develop both a supported, competent, confident workforce and local auditable processes to ensure implementation of good practice.
- 4.3 In line with the request from the Mental Welfare Commission, the HSCP will report the recommendations through existing governance arrangements – IJB; Adult Protection Committee and Public Protection Chief Officers Group, with a response to the relevant recommendations by 30 June 2021.
- 4.4 Some of the actions arising from recommendations 1-8 will require action also by other agencies for whom the HSCP has no direct responsibility i.e. Greater Glasgow & Clyde Health Board for the operation of Acute Hospitals and the staff employed there. Staff within Acute Hospitals do not come under the direct control of the HSCP and actions to improve understanding of the issues raised in this report will require to be address by the relevant Health Board.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – Renfrewshire HSCP will continue to work within the legal requirements of The Adults with Incapacity (Scotland) Act 2000 and Social Work (Scotland) Act 1968
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations

contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – n/a
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – n/a

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