

Notice of Meeting and Agenda

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

Date	Time	Venue
Friday, 18 March 2022	10:00	Remotely by MS Teams ,

MARK CONAGHAN
Clerk

Membership

Councillor Lisa-Marie Hughes: Councillor Jennifer Adam-McGregor; Margaret Kerr: Ann Cameron Burns: Alan McNiven: Diane Young

Councillor Lisa-Marie Hughes (Chair): Margaret Kerr (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 0141 618 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/71X_Wdp_Zac

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.

- | | | |
|-----------|---|----------------|
| 1 | Minute | 5 - 10 |
| | Minute of the IJB Audit, Risk and Scrutiny Committee held on 12 November 2021. | |
| 2 | Rolling Action Log | 11 - 12 |
| | IJB Audit, Risk and Scrutiny Committee rolling action log. | |
| 3 | Annual Audit Plan | |
| | Report by Audit Scotland. (not available - copy to follow) | |
| 4 | Internal Audit Plan 2021/22 - Progress | 13 - 16 |
| | Report by Assistant Chief Internal Auditor. | |
| 5 | Annual Internal Audit Plan 2022/23 | 17 - 24 |
| | Report by Assistant Chief Internal Auditor. | |
| 6 | Summary of Internal Audit Reports | 25 - 30 |
| | Report by Assistant Chief Internal Auditor. | |
| 7 | Update on Risk Register | 31 - 56 |
| | Report by Strategic Lead and Improvement Manager. | |
| 8 | Health and Safety Update | 57 - 62 |
| | Report by Head of Health & Social Care. | |
| 9 | Public Interactions Report for April to September 2021 | 63 - 76 |
| | Report by Planning & Performance Manager. | |
| 10 | Proposed Dates of Meetings of the Integration Joint Board Audit, Risk and Scrutiny Committee 2022/23 | 77 - 78 |
| | Report by Clerk. | |

11 Date of Next Meeting

Note that the next meeting of this Committee will be held at 10.00 am on 17 June 2022.



Minute of Meeting

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

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

Present

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

Chair

Councillor Hughes, Chair, presided.

In Attendance

Christine Laverty, Interim Chief Officer, Sarah Lavers, Chief Finance Officer, David Fogg, Service Improvement Officer, Amanda Kilburn (Finance Business Partner) and James Higgins, Corporate Business Officer (all Renfrewshire Health and Social Care Partnership); Ken Graham, Head of Corporate Governance (Clerk), Andrea McMahon, Chief Internal Auditor and Elaine Currie, Senior Committee Services Officer (all Renfrewshire Council); and John Cornett (Audit Director), Mark Ferris, Audit Manager and Aimee MacDonald, Senior Auditor (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.

Apologies

Dorothy McErlean (Greater Glasgow & Clyde Health Board) and Diane Young (Health Board staff member involved in service provision).

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 10 September 2021 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.

It was noted that the risk refresher session with IJB members had taken place prior to this meeting.

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

3 Internal Audit Plan 2021/22 - Progress

The Chief Internal Auditor submitted a report providing progress on the internal audit plan 2021/22, a copy of which was appended to the report.

The report intimated that the audit plan set 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.

DECIDED: That the progress against the internal audit plan 2021/22 be noted.

4 Annual Audit Report on IJB Accounts 2020/21

Under reference to item 7 of the Minute of the meeting of the IJB held on 25 June 2021, the Chief Finance Officer submitted a report outlining Audit Scotland's findings from the audit of the IJB's financial statements for 2020/21. A copy of the report by Audit Scotland was appended.

The report advised that, in terms of the Local Authority Accounts (Scotland) Regulations 2014, IJBs must meet to consider the annual accounts and aim to approve those accounts for signature no later than 30 September immediately following the financial year to which they related. Due to the ongoing Coronavirus pandemic, additional flexibility in terms of the approval process was provided under the Coronavirus (Scotland) Act 2020, which enabled the IJB to set its own timetable for approval of the audited accounts.

However, Scottish Ministers indicated, in Finance Circular 10/2020, that they considered audited accounts should be published, and therefore approved by the IJB, no later than 30 November 2021. In order to comply with these requirements, the audited financial statements would be presented to the IJB at a meeting scheduled to be held on 19 November 2021.

The Audit Director made reference to the covering letter, the independent auditor's report and the draft letter of representation. He provided an overview of Audit Scotland's proposed 2020/21 Annual Audit Report and advised that the audit opinions on the IJB's accounts were unqualified and that the accounts presented a true and fair view of the financial position of the IJB. He indicated that the very positive year-end position was due to additional Scottish Government funding to cover Covid-19 related costs which had produced an inflated year-end surplus. However, this position masked continuing financial challenges for the IJB. In relation to the letter of representation, he advised that this contained nothing of particular concern and that all matters were standard representation items. An additional recommendation had been added in relation to COVID-19, consistent with other organisations, to reflect the different circumstances we were working under this year.

The Audit Director thanked the Chief Finance Officer and her team, for their help and support throughout the process and advised members that the quality of the working papers provided during the audit process were of a very high standard.

The Chief Finance Officer also thanked the HSCP finance team and the team from Audit Scotland for the work undertaken as part of the audit process and noted that the quality of the work provided was of a very high standard. Further that paragraph 17 in the Letter of Representation required to be removed as it did not relate to the IJB.

Following discussion, the Audit Director advised that typos within the report, which had been raised by the Vice Chair, would be corrected and agreed to consider and, where appropriate, amend the wording to provide greater clarity in the reports prior to submission to the IJB.

DECIDED: That the Audit Scotland reports, as amended, be noted.

5 **IJB Audited Annual Accounts 2020/21**

Under reference to item 7 of the Minute of the meeting of the IJB held on 25 June 2021, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2020/21, a copy of which was appended to the report.

The report intimated that the audited annual accounts to 31 March 2021, which had been prepared in line with proper accounting practice and statute, had been submitted to the appointed auditor. The audited financial statements would be presented to the IJB at a meeting scheduled to be held on 19 November 2021.

It was noted that, during the course of the audit, a small number of presentational adjustments had been identified and had been updated in the audited annual accounts. There were no unadjusted misstatements which, due to materiality, had not been reflected in the annual accounts.

The Chief Finance Officer advised that the minor word and presentational changes suggested by members during the meeting would be made and agreed with Audit Scotland prior to being submitted to the IJB for approval.

It was noted that, following approval of the audited accounts by the IJB, a summary document would be produced capturing the performance highlights and key messages from the audited accounts for wider publication.

DECIDED:

(a) That the IJB Audit, Risk and Scrutiny Committee recommend to the IJB that the audited annual accounts 2020/21, as amended, be approved for signature; and

(b) That it be noted that, following approval of the audited accounts by the IJB, a summary document would be produced capturing the performance highlights and key messages from the audited accounts for wider publication.

6 **IJB Directions Annual Report**

The Head of Strategic Planning & Health Improvement submitted a report setting out a summary of the Directions issued to Renfrewshire Council and NHS Greater Glasgow & Clyde for the period June 2020 to September 2021, a copy of which was appended to the report.

The report intimated that the issuing of Directions was the method through which the IJB commissioned the parent organisations to deliver the priorities outlined within the Strategic Plan. Directions were legally binding and the Public Bodies (Joint Working) (Scotland) Act 2014, along with the associated guidance and legislation, provided the framework for which they operated within.

The report advised that the only Directions issued related specifically to the financial allocations and budgetary resources of the IJB and as such, the report did not provide details of the contents or a commentary on their impacts as it was considered that this level of oversight was facilitated through the normal performance management and scrutiny arrangements of both the IJB and the HSCP.

DECIDED: That the contents of the report be noted.

7 **Update on Risk Register**

Under reference to item 5 of the Minute of the meeting of this Committee held on 10 September 2021, the Change & Improvement Manager submitted a report providing an update on the activity being progressed by the HSCP to implement the revised IJB Risk Management Framework and updates to the IJB's risk register.

The report intimated that the risk management framework set out the principles by which the HSCP and IJB identified and managed strategic and operational risks impacting upon the organisation and formed a key strand of the IJB's overall governance mechanisms.

It was noted that following further assessment, no new risks had been added this period. One issue had been included in the register relating to ongoing challenges in recruiting and retaining staff.

DECIDED:

(a) That the further work which had been undertaken to implement the revised Risk Management Framework across operational services within the HSCP, as detailed in section 4 of the report, be noted; and

(b) That the updates which had been made to currently identified risks, and the additional issue which had been added to the register following further assessment and engagement with the HSCP and partners, as detailed in section 5 of the report, be noted.

8 **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 March 2022.

At the conclusion of the meeting, in terms of the Committee's terms of reference, members of the Committee met with the Audit Scotland without officers present.

Item 2

IJB Audit, Risk and Scrutiny Committee Rolling Action Log – 18 March 2022

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	to be confirmed by Care Inspectorate	No further information has been received from the Care Inspectorate. Report will be submitted to meeting when available.

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

On: 18 March 2022

Report by: Asst. 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.

2. Recommendations

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

3. Background

- 3.1 Fieldwork on the planned assurance engagement on budgetary control has just been finalised. The annual follow up exercise has been completed with one recommendation followed up having been confirmed as completed and there are no outstanding actions. The annual review of the Local Code of Corporate Governance commenced in quarter 4 and has now been finalised. Planning consultations for the 2022/2023 annual audit plan has also been undertaken and the annual plan is being submitted to this Board.

- 3.2 Time for planning and reporting continues to be used for regular reporting to the Audit, Risk and Scrutiny Board.

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: Karen Campbell, Asst. Chief Internal Auditor

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

On: 18 March 2022

Report by: Assistant Chief Internal Auditor

Heading: Annual Internal Audit Plan 2022/23

1. Summary

- 1.1 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2022/23 has been developed and is detailed at Appendix 1 of this report.
- 1.2 The plan sets out a resource requirement of 55 days, including assurance and governance work, time for follow up of previous recommendations, ad-hoc advice and planning and reporting.
- 1.3 The allocation of internal audit resources is sufficient to allow emerging priorities and provide adequate coverage of governance, risk management and internal control to inform the annual assurance statement.
- 1.4 The plan may be subject to amendment during the course of the year due to the emergence of issues of greater priority, or other unforeseen circumstances. We will report changes to the Audit, Risk and Scrutiny Committee.

2. Recommendations

- 2.1 That the Audit, Risk and Scrutiny Committee approves the Internal Audit Plan for 2022/23.
 - 2.2 That the Audit, Risk and Scrutiny Committee notes that the Internal Audit Plan will be shared with the Local Authority and the Health Board.
-

3. Background

- 3.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
- 3.2 The Integrated Resources Advisory Group (IRAG) guidance recommends that the Chief Internal Auditor should develop a risk based internal audit plan for the IJB. The IRAG guidance clarifies that the operational delivery of services within the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.
- 3.3 In line with the requirements of the Public Sector Internal Audit Standards, a risk based internal audit plan for 2022/23 has been developed and is detailed at Appendix 1 of this report.
- 3.4 In drafting the internal audit plan, consideration has been taken of:
 - Consultations with members of the health and social care partnership senior management team;
 - The risk register for the Renfrewshire Integration Joint Board;
 - External audit's plans and annual report to members;
 - Cumulative audit knowledge and experience and the outcome of previous audit engagements.
- 3.5 The audit universe was reviewed and updated during 2021/22 to ensure it covers all areas and reflects the maturity of the organisation. Appendix 2 provides details of the revised audit universe and the anticipated coverage over 2022/23 to 2026/27. It is intended that each engagement topic is covered once in the 5 year period.
- 3.6 In order to ensure proper coverage, avoid duplication of effort and co-ordinate activities the Chief Internal Auditor is expected to share information with the Local Authority and Health Board. The Chief Internal Auditor meets regularly with the Health Board Auditors to discuss areas of common interest.
- 3.7 In line with the requirements of the Public Sector Internal Audit Standards, the Chief Internal Auditor will report to the Chief Officer and the Integration Joint Board Audit, Risk and Scrutiny Committee on the annual audit plan, delivery of the plan and recommendations made. The Chief Internal Auditor will also provide an annual internal audit report including the audit opinion.
- 3.8 For the purposes of reporting the annual opinion, reliance will be placed on the work of the NHSGGC auditors and other external providers of assurance and consulting services, including work undertaken by Renfrewshire Council's Internal Audit Service, in relation to reviews of operational activities within adult social care services.

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 2022 – 2023.
 11. **Privacy Impact** - none.
-

List of Background Papers – none.

Author: Karen Campbell, Asst Chief Internal Auditor

Annual Audit Plan – 2021/22 Renfrewshire Integrated Joint Board

Audit Category	Engagement Title	No. of days	Detailed work
Governance	Risk Management – Risk Management Processes	20	<ul style="list-style-type: none"> The purpose of the audit is to review the arrangements in place for identifying and managing risks.
Governance	Information Governance – Requests for Information	20	<ul style="list-style-type: none"> The aim of this review is to provide assurance that the various types of requests for information are being dealt with correctly.
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 and following up on the implementation of internal audit recommendations.

Audit Universe Planned Coverage – 2022/23 – 2026/27Renfrewshire Integrated Joint Board

Engagement Topic	2022/23	2023/24	2024/25	2025/26	2026/27
Governance			✓		
Strategic Planning			✓		
Performance Management		✓			
Financial Management					✓
Risk Management	✓				
Information Governance	✓				
Integration of Services / Directions				✓	

In additions, compliance with the Local Code of Corporate Governance and follow up of audit recommendations is undertaken annually.

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

On: 18 March 2022

Report by: Assistant Chief Internal Auditor

Heading: Summary of Internal Audit Reports

1. Summary

- 1.1 A risk based Internal Audit Plan for 2021/22 was approved by the IJB Audit Committee on 12 March 2021. In line with the Public Sector Internal Audit Standards, Internal Audit must communicate the results of each engagement to the Board.
 - 1.2 Appendix 1 provides details of the completed audit engagements with the overall assurance rating and the number of recommendations in each risk category. The committee summaries are 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: Karen Campbell, Assistant 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
Budgetary Control	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



IJB - Corporate Governance Framework (B0017/2022/001)

Date: March 2022

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 on the 18th of June 2021.
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 18th of June 2021. 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.

Internal Audit Report

INTEGRATION JOINT BOARD



IJB – Budgetary Control (A0114/2022/001)
Date: March 2022

COMMITTEE SUMMARY

Audit Objectives

The objectives of the review were to:

1. Confirm that all budgets are being controlled by an appropriate budget holder, of sufficient seniority and knowledge to facilitate adequate monitoring of their budget.
2. Ensure that account codes used adequately describe and reflect the types of income or expenditure within the relevant cost centre, and procedures are in place to add or change account codes as required.
3. Assess the adequacy of processes in place to provide information to budget holders to enable them to monitor budgets, current spend and committed expenditure which may not be reflected in the ledger system or budget statements.
4. Confirm that all significant reported variances are adequately reviewed, explanations sought and where appropriate, corrective action taken to bring these variances in to line.
5. Review the procedure for preparing, processing, and authorising journal entries.
6. Ensure that adequate reporting arrangements are in place.

Audit Scope

1. Interviewed the appropriate staff to ascertain the system in place for monitoring and reporting on budgets.
2. Evaluated the controls within the system and prepared and carried a set of tests to ensure that the controls are operating satisfactorily.

Key Audit Assurances

1. Budgets are being controlled and monitored by competent budget holders in conjunction with members of the Finance Team. This process is underpinned by satisfactory procedures that provide sufficient budgetary information to facilitate effective budget monitoring.
2. The account codes used are generally well established and reflect the nature of the transactions within the cost centres. There is an adequate process in place to add to or amend these codes as required.
3. Significant variances are appropriately reviewed, explanations sought and where appropriate, corrective action is taken to bring these variances into line.
4. There is a satisfactory process in place for preparing, processing, and authorising journal entries.
5. Budgetary information is timeously reported to the relevant boards in the required format.

Key Risks

There were no key risks identified.

Overall Audit Opinion

There are adequate arrangements in place to enable satisfactory monitoring and reporting of budgets. The auditor has therefore made a provision of substantial assurance in the areas under review.



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

On: 18 March 2022

Report by: Strategic Lead and Improvement Manager

Heading: Update on Risk Register

1. Summary

- 1.1. The paper provides an update on the continued implementation of the IJB's updated Risk Management Framework following the previous update to the Committee in November 2021.
 - 1.2. This report also notes updates made to the IJB's risk and issues register, including any changes to risks and issues previously identified, and any new items added to the register during this period.
-

2. Recommendations

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

- Note the further work which has been undertaken to implement the revised Risk Management Framework across operational services within the HSCP, and the inclusion of risk management arrangements within planned internal audits in 2022 (Section 4); and
 - Note the updates that have been made to currently identified risks and issues, following further assessment and engagement within the HSCP and with partners (Section 5).
-

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. It sets out how risks and issues should be identified, managed and reported and it informs the development of this report and supporting appendix.

4. Implementing the update framework: further activity

- 4.1. Previous updates to the Committee have outlined the progress made in implementing the IJB's revised Risk Management Framework within the

HSCP. Work has continued to embed the framework within HSCP processes, and key activities undertaken include:

- Ongoing work with the HSCP's Risk Network to embed risk management processes, ensuring risk and issue reviews with service leadership teams occur, and also regards escalations and reporting.
- Continued monthly operational risk and issue reporting to SMT with recovery and renewal risk reporting also continuing on a monthly basis.
- A risk management framework guide and training module was developed in 2021. However, the launch of this remains paused to reflect the significant demand and staffing pressures within services as a result of the pandemic. Associated timescales will be revisited in April 2022 to confirm plans for the roll out of the guide and training, service pressures permitting.
- A cross HSCP and NHS GGC 'risk working group' has continued to meet and consider best practice approaches to risk management. The new Chief Risk Officer for NHS GGC has joined this group from February 22. A number of actions are being taken forward to increase consistency in our risk management approaches and to identify risks which are common across HSCPs.

4.2. As the implementation of the updated risk framework continues, 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.

4.3. The schedule for the internal audit for 2022 will include assessment of existing risk management arrangements. In addition, the scheduled audit of the IJB's Corporate Governance arrangements also includes consideration of existing Risk Management Policy and available Risk Registers. The development work carried out over the last 15 months will contribute to the completion of these audit processes.

5. Updates to IJB Risk Register

5.1. The HSCP's ongoing assessment and review of risks has identified necessary changes to existing risks and issues. In this period there have been no additional risks and issues identified requiring incorporation within the IJB's Risk Register, which is provided as Appendix 1 to this report. To facilitate the preparation of this report, a full review of all risks and issues within the HSCP's registers has also been undertaken, with updates made to reflect the current position.

5.2. In summary, the key updates to existing risks within the IJB's risk and issue register are:

- The risk score for 'Increase in physical and mental health inequalities' has increased to reflect the volume and increasing complexities of referrals received across our services (RSK03).
- The risk 'Evolving Impacts of Brexit; supply chain, staffing and financial' has been closed. Remaining aspects of this risk continue to be covered by other risk items such as staffing, supply chain and financial resilience (RSK04).

- The risk 'Further waves of COVID' has been closed. This recognises that IJB governance and operational management arrangements are well established with significant experience in managing the impact of COVID waves within the IJB, HSCP and partner organisations. The largest remaining aspect of this risk relates to staffing levels and workforce resilience which is incorporated within other risks and issues. All other aspects of the risk regards PPE, supplies, testing and guidance are well understood and managed (RSK05)
- The risk score relating to 'The independent review of adult social care' has been increased to reflect the likelihood of a significant impact on available resources following the release of the Scottish Government's analysis of consultation responses. This risk has also been renamed as 'National Care Service' (RSK06).
- The risk 'Failure or loss of major service provider' has been updated to reflect the impacts and potential further impacts on GP Practices. (RSK10).
- The risk rating for 'Failure to achieve targets and key performance indicators' has been decreased as the likelihood of this occurring is deemed to have reduced as a result of ongoing actions to mitigate. (RSK12).
- The risk rating for 'Capital funding and complexities of property planning in an integrated setting' has increased due to requirements for additional space identified through staff recruitment and health and safety measures for COVID limiting numbers within our existing building space. This risk will continue to be reviewed as the implications of the Scottish Government's updated Strategic Framework are implemented by the HSCP and partner organisations (RSK14)
- The risk rating for 'Delivery of Addictions Support in Renfrewshire' has reduced due to work undertaken within the service.
- The risk for 'COP26 impact on HSCP or partner service delivery' has been closed following the completion of the review and lessons learned by the resilience group. (RSK17)

5.3. Following further assessment and review with all services, no new risks or issues have been added this period.

Implications of the Report

1. **Financial** – No direct implications from this report
2. **HR & Organisational Development** – Further guidance and training has been developed for staff to support them in understanding their respective roles regards risk management and will be rolled out from April 2022 pending review of service pressures.
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 further 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 from this report, specific risks are likely to impact on these areas and will have specific mitigations identified.*

List of Background Papers – N/A

Author: David Fogg, Strategic Lead & Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk / 0141 618 7621)

Risk and Issue Register Executive Summary

Appendix 1

This document reflects the status of the risks and issues in the IJB log at 23 February 2022. This report also features issues as part of the agreed risk framework approach. The summaries reflect the changes to risks since the last report and items which have been identified as new or closed since the last report. For closed items we have included summaries to detail the final position at the time of closure, these will be removed in the next report.

Introduction and Background

This document is prepared in advance of each IJB Audit, Risk and Scrutiny Committee meeting 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 are simply risks which have occurred and they have a rating of between 1 and 5 where 1 is low/no impact ranging to 5 extreme impact.

Risks

Likelihood	Risk Consequence Impact Rating				
	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	Issue Rating
1	Insignificant
2	Minor
3	Moderate
4	Major
5	Extreme

Risk Profile

Total Risks	High Risks	Moderate Risks	Low Risks	Very Low Risks	Closed this period
14	4	8	2	0	3

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

Issue Profile

Total Issues	1
Extreme Issues	1
Major Issues	
Moderate Issues	
Minor Issues	
Insignificant Issues	

Renfrewshire IJB Risk and Issue Register March 2022

Risk or Issue Ref	Risk or Issue Type	Summary Description	Current Risk / Issue Score and ROYG Rating	Risk or Issue Movement	Winter Impact
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	12 Moderate	Increase	
RSK04	Strategic	Evolving impacts of Brexit; supply chain, staffing and financial	09 Low	Close	✓
RSK05	Operational	Further waves of COVID	16 Moderate	Close	✓
RSK06	Operational	National Care Service	25 High	Increase	
RSK07	Operational	Workforce planning and service provision	25 High	No Change	✓
RSK08	Strategic	Impact of 2022 local elections on Strategic Plan	08 Low	No Change	
RSK09	Strategic	National risk of litigation and reputational damage following future public inquiry into COVID response	15 Moderate	No Change	
RSK10	Operational	Failure or loss of major service provider	16 Moderate	No Change	✓
RSK11	Clinical	Delivery of the GP Contract / Primary Care Improvement Plan	20 High	No Change	✓
RSK12	Strategic	Failure to achieve targets and key performance indicators	09 Low	Decrease	✓
RSK13	Strategic	Cyber threats pose an increasing risk	16 Moderate	No Change	✓
RSK14	Strategic	Capital funding and complexities of property planning in an integrated setting	20 High	Increase	✓
RSK15	Operational	COVID Impact on compliance with Mandatory Training	12 Moderate	No Change	✓
RSK16	Strategic	Delivery of Addictions Support in Renfrewshire	12 Moderate	Decrease	
RSK17	Operational	COP26 impact on HSCP or partner service delivery	16 Moderate	Close	✓
ISS01	Operational	Issues regards attracting & retaining staff	05 Extreme	No Change	✓

Renfrewshire IJB Risk and Issue Register March 2022

RSK01 Changing financial and demographic pressures					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	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. This needs to be considered with regards to: <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	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK01	Strategic	Treat
			Current Likelihood	Current Impact	Current Evaluation
			03	05	15 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			03	05	15 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
A number of actions are in place to help mitigate this risk including: Financial Planning and Strategic Planning <ul style="list-style-type: none">- Long term financial planning processes, including strategic commissioning plans- Budget monitoring processes are in place and regularly reviewed and reported upon- Development of the IJB's Strategic Plan 2022-25 Corporate & service review activities <ul style="list-style-type: none">- Demand management review undertaken- Programme of service reviews established- Investment in service re-design opportunities to improve efficiency and effectiveness- Eligibility criteria reviewed- Ongoing focus on recovery from the Covid-19 pandemic and assessment of transformational opportunities			HSCP Senior Management Team	Review April 2022	Subject to ongoing review
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
Ongoing deployment of the above			N/A	N/A	N/A

RSK02 Financial Challenges causing financial instability for the IJB

Renfrewshire IJB Risk and Issue Register March 2022

Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	There are a number of aspects contributing to this risk as follows: 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: a) Pay growth (inflation and annual pay award proposals) b) Prescribing c) Sickness & Absence cover d) Community equipment expenditure e) Impact arising from Resource Allocation Model f) Financial impact of any clinical failures g) Compliance with new statutory requirements h) Increased service demand i) Increased costs due to Brexit and other supply chain factors j) Additional costs incurred as a result of COVID-19 (those in excess of government funding) 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.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK02	Financial	Treat
			Current Likelihood	Current Impact	Current Evaluation
			04	04	16 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	04	16 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
Supporting frameworks & strategies: - Financial management framework and Medium-Term Financial Strategy implemented. - Recovery and Renewal programme developed. - Strategic plan 2022-2025 developed and subjected to public consultation - Medium Term Financial Plan for 2022-2025 drafted Reporting/monitoring at strategic fora: - Financial information is reported regularly to the Integration Joint Board and the Senior Management Team. - Financial performance meetings in place with HSCP Chief Officer, CFO, NHS DoF 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.			HSCP Senior Management Team	Historic	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
- Suite of savings initiatives for FY21/22 agreed at IJB March 21 meeting to be reviewed; delivery of savings having been impacted by shifting focus to Covid response. - Identification of savings for future years and beyond within context of 22/23 budget HSCP approach to transformation. - Approval of Strategic Plan for 2022-25 and Medium-term Financial Plan for 2022-2025.			N/A	March 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK03 Increase in physical and mental health inequalities					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	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. This must be actively considered with regards to the creation of any Health Improvement plans and Partnership working agreements.	Increase	Referral volumes and complexity presenting in services.	
			Risk Code	Category	Risk Management Approach
			RSK03	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			04	04	16 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			03	04	12 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
Actions undertaken: <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.Funding was secured for 2021/22 to deliver 10 projects which are aimed at reducing specific inequalities and promote health and wellbeing.Inclusion of health, wellbeing and inequalities within development of Strategic Plan 2022-25Scottish Govt £15m Communities Mental Health & Wellbeing fund - £500k allocated to Engage Renfrewshire to allocate to local projects			Strategic Planning & Health Improvement	Review June 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
Actions underway: <ul style="list-style-type: none">Progression of the Strategic Plan 2022-25 once approved by the IJB and confirmation of supporting annual development plans by June 2022.			Head of SP & HI	June 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK04 Evolving impacts of Brexit; supply chain, staffing and financial					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that Brexit will adversely impact a number of areas as changes to policies and legislation occur, with further COVID-related impacts. The full extent of the longer-term challenges that Renfrewshire HSCP will face is not yet clear and will continue to evolve, particularly around the ongoing uncertainty around employers' obligations.	Head of Strategic Planning and Health Improvement Chief Finance Officer	The following impacts are expected as a result of Brexit: <ul style="list-style-type: none">• Implications on EU staff and their ability to remain in the country/employment post 1st July• 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 is now expected to be ready Sept / Oct.• 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.• Supply chain impacts.• Our contractual position with some suppliers and service providers may require change.	Close	Supply chain issues, funding and staffing covered by other risks and issues. Brexit specific issues and risks subsumed fully into BAU.	
			Risk Code	Category	Risk Management Approach
			RSK04	Strategic	Closed
			Current Likelihood	Current Impact	Current Evaluation
			04	03	12 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	03	12 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
The monthly Brexit steering group has now been stood down by the NHS GGC Board. Individual HSCPs continue to monitor areas of exposure relevant to this risk in discussion at the cross risk working group. If required, group can be re-established. Funding related <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 Other topics <ul style="list-style-type: none">- Medicines and medical devices being addressed at national level- Continue to engage with both NHSGGC and Renfrewshire Council where required.- As the Partnership does not directly employ staff, the Chief Officer will work closely with partners to manage implications-BCP Winter Scenario Planning completed consider supply chain impacts and service level mitigations			N/A	Historic	Complete
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
- Monthly Brexit review meetings now closed, however general risk and issue liaison across NHS GGC and other HSCPs remains in place monthly			C&I Manager	N/A	Closed

Renfrewshire IJB Risk and Issue Register March 2022

RSK05 Further waves of COVID					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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 because of:</p> <ul style="list-style-type: none">The HSCP needing to implement support measures to prevent the spread of COVID-19The downstream impacts of Covid-19 on services users and demand on services:<ul style="list-style-type: none">(a) Provision of additional COVID services(b) Provider sustainability payments(c) Uncertainty over length of pandemic and additional funding available(d) increased levels of care required due to long covid and increased mental health issues(e) the impact on staff; sickness, mental health and utilisation to support servicesImpact of increasing levels of demand and client expectationsThe suitability, affordability and stakeholder support to achieve the NHS remobilisation plan, Renfrewshire Council's recovery plans and ultimately the HSCP's overall plan.	Close	<p>Omicron variant had significant impact on services between December and February 2022. Additional two variants being monitored.</p> <p>Close risk as IJB Governance and operational response arrangements are well tested and embedded. Other aspects of the risk regarding staffing impact, further outbreaks and failure to deliver upon strategic and operational plans are covered by other risks and issues.</p>	
			Risk Code	Category	Risk Management Approach
			RSK05	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			03	04	12 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			03	04	12 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">The IJB are now 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.			N/A	Historic	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Ongoing monthly review of COVID risks across services, with escalation measures implemented as necessaryIf 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	Reviewed Jan 2021	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK06 National Care Service					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that the creation of a National Care Service result in potentially significant structural, organisational and governance change which could be challenging to resource alongside operational commitments	Chief Officer	The published analysis of NCS consultation responses showed support for the wide-ranging proposals made and the implementation of these is therefore likely 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.	Increase	Following the consultation results the likelihood has increased.	
			Risk Code	Category	Risk Management Approach
			RSK06	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			05	05	25 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	05	20 High
Mitigating / Preventing Actions Complete or Ongoing			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.IJB response submitted to Scottish Government consultation on proposals for National Care Service.			Chief Officer	Historic	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Scottish Government consultation results have been shared and these are being reviewed and discussed across the HSCP to understand the impacts.			Chief Officer	End May 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK07 Workforce planning and service provision					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that a range of factors may impact on the ability to fully implement workforce plans and 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. *Please also see Issue ISS01: Issues attracting and retaining staff	HSCP SMT	A flexible, skilled and suitably certified workforce is essential to service provision and delivery of the IJB's strategic plan. Workforce risks can result in increased financial costs and include: <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 servicesSufficient numbers of qualified staff with the correct registrationsPressures resulting from additional planning structures which require managerial and clinical input.GP practice handing back their contract and the HSCP having to run the practiceFailure to undertake all relevant checks with regard to applicants seeking recruitmentHigh levels of fatigue and unused annual leave from COVID resulting in increased absenceAdditional risks to meeting service demand posed by sickness/absence levels and an ageing workforce leading to increased levels of future retirements.Vacancies or absence within providers, and or providers making decisions to hand back care agreements or not accept new packages/residents.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK07	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			05	05	25 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			05	05	25 High
Mitigating / Preventing Actions Complete or Ongoing			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 shifts good practice and daily/weekly reviews of service staffing. Utilisation of bank/agency staff / overtime 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 – alignment with ongoing business continuity and risk management to identify issues earlyIndependent Contractors – collaborative working with Primary Care and cluster support for GP practices / services, through delivery of the Primary Care Improvement PlanDevelopment of an interim one-year workforce plan for 2021/22Development session held with IJB on workforce planning and challenges on 5th November 2021			N/A	Historic	Ongoing
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. Current timelines which are to be confirmed and subject to further change, is for this to be submitted to SG in draft by the end of July and signed off by the end of October including progression through all local governance processes.			Head of Strategic Planning and Health and Improvement	July 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK08 Impact of 2022 local elections on Strategic Plan					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK08	Strategic	Treat
			Current Likelihood	Current Impact	Current Evaluation
			02	04	08 Low
			Previous Likelihood	Previous Impact	Previous Evaluation
			02	04	08 Low
Mitigating / Preventing Actions Complete or Ongoing			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.The IJB approved the strategic planning approach in June 2021 with continued engagement internally, with the SPG, voluntary sector and partners (Council and NHS GGC) to further develop the approach.Care Planning Groups implemented throughout August 21, with high-level plan approved by IJB in November 2021Formal consultation completed in alignment with the agreed plan at the end January 2022			Head of Strategic Planning and Health Improvement	N/A	N/A
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Final Plan to be submitted to IJB for approval March 2022Care Planning Groups continue to meet in 2022, with consolidated annual development plans being created collaboratively.			Head of Strategic Planning and Health Improvement	March 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK09 National risk of litigation and reputational damage following future public inquiry into COVID response					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	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.The Scottish Government has committed to commence an inquiry in Scotland at an earlier date. There will continue to be significant media interest nationally. There is no evidence that this risk is any higher for Renfrewshire than for any other integrated health and social care service.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK09	Strategic	Treat
			Current Likelihood	Current Impact	Current Evaluation
			03	05	15 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			03	05	15 Moderate
Mitigating / Preventing Actions Complete or Ongoing			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; in alignment with National Vaccination guidance; all staff and care home residents have been offered the vaccine and a thurd vaccination/booster. 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 GuidanceDaily 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 locallyDashboards and reports developed to allow identification of any COVID 'hotspots' and trendsRegular reporting from Renfrewshire Council, NHS GGC and Renfrewshire HSCP to Scottish Government.			HSCP Senior Management Team	Review May 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
Continuation of the above in line with updated Scottish Government framework published in February 2022			N/A	N/A	N/A

Renfrewshire IJB Risk and Issue Register March 2022

RSK10 Failure or loss of major service provider or independent contractors					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that failure or loss (either permanent or temporary 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, mental health provision or GP practices. There is financial instability within the sector due to COVID-19 and potential additional impacts from Brexit. In October 2021 we added independent contractors to this risk as we are starting to see pressure build within this area. For example, some providers have confirmed they are unable to take new commitments, cancelled all current outreach and or reduced other commitments.	No Change	Included independent contractors	
			Risk Code	Category	Risk Management
			RSK10	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			04	04	16 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
04	04	16 Moderate			
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
Procurement and commercial processes <ul style="list-style-type: none">Appraisal of providers and independent contractors 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 the end of March 22, we await SG guidance as to any continuation beyond this date.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 during the COVID-19.The options for managing disruption to GP practices have been documented and clear processes discussed and established should any situation arise. As at Feb 22 we have one practice being ran as a 2c by the HSCP. The practice will close in March 2022 and patients will be transferred to other practices.			NA	Review May 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
Ongoing monitoring and the above			N/A	N/A	N/A

Renfrewshire IJB Risk and Issue Register March 2022

RSK11 Delivery of the GP Contract / PCIP					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	Current proposed funding will not cover the full cost implementation of the contract. Staffing is under pressure due to the pandemic, high turnover and recruitment issues (availability of specific staff). 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. In order to be able to deliver the GP Contract additional property accommodation is required for treatment rooms / pharmacy hubs and also to support the growth in the sizes of the teams created for the purpose of multi-disciplinary service delivery.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK11	Clinical	Treat
			Current Likelihood	Current Impact	Current Evaluation
			05	04	20 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			05	04	20 High
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">Updated MoU published on 2nd August 2021.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 servicesIssue regarding funding available to support delivery of the GP Contract / PCIP has been escalated to the NHS GGC Primary Care Board and also SMT.Additional funding of £550K secured in a Scottish Government bid as part of 'Winter Funding' which will help to fund the Primary Care Improvements. This is recurring funding.			Clinical Director	Review mid-April 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
Continuation with the above			N/A	N/A	N/A

Renfrewshire IJB Risk and Issue Register March 2022

RSK12 Failure to achieve targets and key performance indicators					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
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	This risk is fourfold: <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.• There is also a risk that the dependencies between our strategic plan and the National Plans, and partner strategies are not aligned.	Decrease	Good progress with strategic planning activity and engagement with services and partners supports the development of robust plans.	
			Risk Code	Category	Risk Management Approach
			RSK12	Strategic	Treat
			Current Likelihood	Current Impact	Current Evaluation
			03	03	09 Low
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	04	16 Moderate
Mitigating / Preventing Actions Complete or Ongoing			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• 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• Ongoing maintenance of performance management framework agreed by IJB September 2021			SMT	Review May 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">• Continuation of the above• Alignment of new Strategic Plan within performance monitoring processes			Head of SP&HI	Review May 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK13 Cyber threats pose an increasing risk					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
Cyber threats are an increasing risk to the HSCP and our respective partner organisations and there is a risk that either partner could be targeted to disrupt key infrastructure.	NHS - Director of eHealth Council - Head of IT	Cyber threats are a dynamic and growing threat to the HSCP and our partner organisations; NHS and Renfrewshire Council. Until recently, much of the focus of such threats was the theft of financial data, not personal or patient/service user information. However, there is now a growing risk that we will be targeted in order to disrupt a key component of critical National or Local infrastructure. This risk has heightened during the COVID-19 pandemic as we have seen a 40% increase in attempts. As the HSCP's ICT infrastructure is provided by NHS GGC and Renfrewshire Council, the responsibility for addressing this risk sits with our partner organisations however shall be maintained in this log for monitoring.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK13	Strategic	Treat via Partners
			Current Likelihood	Current Impact	Current Evaluation
			04	04	16 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	04	16 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">HSCP staff are reminded to follow the relevant GDPR and Information Security policies for their employment organisation.Renfrewshire Council have recently (Q2 and Q4 2021) reenforced their Information security policy and released several comms to staff regarding security of data and data protection generally. The council have also conducted a council wide phishing scam test to raise awareness of the practice and inform lessons learned.NHS GGC operates a multi layered security model to defend against cyber threat.Both NHS GGC and Renfrewshire Council maintain appropriate information governance controls and governance structures to monitor and manage risks.The eHealth Directorate and Renfrewshire Council continue to build upon cyber defences with controls in place.			NHS - Director of eHealth Council – Head of IT	Historic	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Continuation of the aboveFurther discussion with NHS and Council regards ongoing work in this space and also regards Business Continuity Planning review elements.			N/A	Review May 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK14 Capital funding and complexities of property planning in an integrated setting					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that limited capital funding and the complexities of co-ordinating relevant property strategies and planning between partner organisations could create additional challenges in delivering the IJB's strategic plan in the medium-to long-term.	Chief Officer and CFO	<ul style="list-style-type: none">There is a risk that limited capital funding, and the complexities of coordinating a property strategy consistently across both NHS and Council properties, could create additional challenges in delivering the IJB's strategic aims in the medium to long term.Capital planning is reserved to the IJB's partner organisations. As such the ability to influence property strategies on an ongoing basis is required.Ongoing maintenance requirements across the estate.	Increase	Increasing property maintenance and space requirements being identified	
			Risk Code	Category	Risk Management Approach
			RSK14	Strategic	Treat via Partners
			Current Likelihood	Current Impact	Current Evaluation
			04	05	20 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	04	16 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">Property Strategy workstream established within the HSCP to gather key data to understand the current position across all our services including the challenges faced. Working directly with Renfrewshire Council to determine staff workplace requirements and NHS Estates team regards the property actions required.Primary Care Property Strategy submitted to IJB 25 June 2021.A property data gathering exercise underway within HSCP to create a detailed baseline for all property utilised across the HSCP. When complete this will support determination of property priorities.			Chief Finance Officer	Review May 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Refreshed HSCP Property and Capital Planning Group to be implemented.Refreshed assessment of service and team needs as HSCP transitions in line with Scottish Government Strategic Framework			Chief Finance Officer	Review May 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK15 COVID Impact on compliance with Mandatory Training					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is that the pressures on staffing caused by the demands of the COVID-19 pandemic will impact on timeous completion of mandatory training. This could impact on the provision of a safe working environment for staff and patients / service users.	SMT	Staff within the HSCP are required to undertake a range of mandatory training as part of their duties and responsibilities. However, the demands of the COVID-19 pandemic on staff time in response to the pandemic, on staff absence and current increased levels of annual leave where staff have previously been unable to take this, limits the time staff may have available to undertake mandatory training.	No Change	N/A	
			Risk Code	Category	Risk Management Approach
			RSK15	Operational	Treat via Partners
			Current Likelihood	Current Impact	Current Evaluation
			03	04	12 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
			03	04	12 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">Continued compliance with Staff Governance standardsCreation of a dashboard underway to present consolidated view of Health and Safety information for the HSCP in a single view. This will enable trends and areas of concern to be easily identified and action taken.Collaborative working between the NHS and Council regards to Health and Safety, via a network of advisors ensures that the partnership correctly applies the required H&S standards.Recording of incidents, including violent incidents are reviewed by Service Managers with data presented on a regular basis prior to them being reviewed via the Joint Health and Safety Committee (includes trade unions)Workforce planning activity will reinforce Health and Safety as a core objectiveCompletion of individual risk assessments for clients and warning flag system in place on electronic care records.Guidance for safe clinical and care environments is regularly reviewed and maintainedOngoing programme of staff training, including mandatory and statutory training, on health and safety issues (sharps, manual handling and fire)Appropriate processes have been created and are invoked in cases of adverse weather for community-based servicesFollowing investigations of significant adverse events (including RIDDOR reportable), process improvements are identified and implemented, being overseen via the most appropriate governance structure.Occupational Health services and staff support services are available and regularly communicated to staff.Renfrewshire Council policies and procedures regards DSE assessments are regularly monitored			Head of Health and Social Care	Historic	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">Monthly review of training compliance			SMT	Review April 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK16 Delivery of Addictions Support in Renfrewshire					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that the support provided to those with Addictions in Renfrewshire by the range of partners within the ADP, and the recommendations being implemented from the Alcohol and Drug Commission, may not prevent future increases in the number of drug related deaths within the area.	SMT	The National Records of Scotland published drug related death figures for 2020 and in Renfrewshire 67 people sadly lost their lives. This is an increase of 49% compared to 2019. Every life lost because of drug or alcohol harm is a tragedy. Statistics show that around 66% drug deaths are individuals not known to services or in treatment at time of death. Partners across Renfrewshire work closely and collaboratively to develop services to support to those with addictions, and a range of actions are outlined in the mitigating / preventing actions below. However, in response to the latest figures on drug deaths, it is important that the HSCP and ADP partners review existing strategy and plans to ensure that those at risk can be reached and supported as early as possible to prevent drug related deaths in future.	Decrease	Following the release of the Scottish Government drug death figures, plans have been reviewed and strengthened. With the reduction in Covid restrictions this improves access for service users.	
			Risk Code	Category	Risk Management Approach
			RSK16	Strategic	Treat with ADP
			Current Likelihood	Current Impact	Current Evaluation
			03	04	12 Moderate
			Previous Likelihood	Previous Impact	Previous Evaluation
04	04	16 Moderate			
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">• The review of 2019 drug deaths within Renfrewshire has been completed• Recovery hub refurbishment complete and services established in November 2021• Extended distribution of Naloxone• Working with Peer Navigators• Use of Near Me to encourage engagement• Extended access to residential rehabilitation services.• Close collaboration with colleagues from the emergency department at the RAH following near fatal overdoses.• Ensure that rapid restart of treatment is available following relapse.• Adopted an assertive outreach approach for service users.• Have a clear pathway in place for those who are released from prison.• Developing and implementing the Drug Deaths Prevention Action Plan• Continuing to implement the recommendations of the Alcohol and Drug Commission			ADP Head of MH, LD and Addictions	Review May 2022	Ongoing
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">• A review of the 64 drug deaths in 2020 to be completed to understand contributing factors• A review of plans needs to be undertaken with the ADP• Multiagency review and discussions required regards further actions needed (session being scheduled)• Updated figures on drug deaths to be received quarterly rather than annually to support quick review and identification of learning for partner organisations			ADP Head of MH, LD and Addictions	Review May 2022	Ongoing

Renfrewshire IJB Risk and Issue Register March 2022

RSK17 COP26 impact on HSCP or partner service delivery					
Risk Statement	Risk Owner	Risk Description	Movement	Reason for Movement if applicable	
There is a risk that HSCP and partner organisations may experience some service disruption due to the COP26 event due to take place in Glasgow in Oct/Nov 2021.	SMT	COP26 is planned to take place from the 31st October to the 12th November, with an expectation that some delegate and required staff may start to arrive in the area from the 25th October. The event is planned for 25k delegates, 140 VIP's and potentially up to 500K protestors arriving in the city and surrounding areas therefore having potential impacts on all GGC HSCP's. Such impacts include: <ul style="list-style-type: none">- potential for hospital / site visits for treatment by VVIP's, delegates and protestors- Road closures and congestion impacting the flow of patients, service users, staff and goods/equipment- Increased potential for CBRN, Terror, Security and or Cyber events- Potential for the spread of flu, covid and other viruses due to the influx of people from other countries- Planned rail and proposed bus strikes through the period	Close	COP26 now concluded, lessons learned reviewed within resilience group.	
			Risk Code	Category	Risk Management Approach
			RSK17	Operational	Treat
			Current Likelihood	Current Impact	Current Evaluation
			05	04	20 High
			Previous Likelihood	Previous Impact	Previous Evaluation
			04	04	16 Moderate
Mitigating / Preventing Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">• The resilience group continues to meet every two months and there is a small working group liaising regards the planning and management of impacts from COP 26. These are being shared through various forums.• Business Continuity plans have been updated across GGC and the HSCP network. Reviews underway on RHSCP BCP plans and winter planning.• Work is ongoing with many groups and bodies to ensure the event planning is as robust as possible and potential risks are mitigated.• Work with accommodation providers underway (all HSCP councils advised of potential for homeless and emergency accommodation to be impacted)• Work with Public Health Scotland undertaken regards outbreaks of COVID or other aspects.• Further training provided to GGC staff in preparation and additional training regards CBRN.• Major incident and mass casualties plans reviewed and updated. Site escalation and Hospital decontamination plans reviewed and updated.• Communications issued to staff• Daily HSCP reporting to NHS GGC for duration of event – now concluded			Various working groups across the HSCP network and GGC	Review November 2021 (risk will close following close down of event)	Complete
Mitigating / Preventing Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">• As above, concluded and risk closed					Complete

Renfrewshire IJB Risk and Issue Register March 2022

ISS01 Issues regards attracting & retaining staff					
Issue Statement	Issue Owner	Issue Description	Movement	Reason for Movement if applicable	
Challenges in attracting and retaining staff across a range of roles within HSCP services, because of a range of factors, is contributing to constraints in service delivery.	SMT	It has become increasingly difficult to attract and retain the right staff for various roles across the HSCP. A number of services are now experiencing significant challenges with recruitment due to the following: <ul style="list-style-type: none">• Changes due to the Scottish Government nursing agenda has resulted in some posts more attractive than others and also altering the role requirements (specified nursing degrees). District and School nursing are particularly affected.• Varying rates of pay and conditions across HSCPs• A general shortage locally and nationally for specific roles.• A perceived reduction in number of applicants for frontline roles such as Care at Home in light of the impact of the pandemic and its associated challenges.	No Change	NA	
			Issue Code	Category	Issue Management Approach
			ISS01	Operational	Treat
			Current Impact	Current Evaluation	
			05	Extreme	
			Previous Likelihood	Previous Evaluation	
			05	Extreme	
Mitigating and Recovery Actions Complete or Ongoing			Assigned to	Date	Status
<ul style="list-style-type: none">• HR & Recruitment – risk assessment undertaken re vacancies, 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)• Implementation of alternative recruitment routes where possible in agreement with HR & OD• Development of interim workforce plan 2021-22• Winter planning – 3-month forward plan completed to ensure adequate staffing and contingency. Scenario planning completed with services – to identify any possible additional staffing mitigations• Implementation of workforce status dashboard, and daily situational reporting established for critical services regards staffing			HSCP SMT	Review May 2022	Ongoing
Mitigating / Recovery Actions Planned			Assigned to	Date	Status
<ul style="list-style-type: none">• Work underway with services to define innovative approaches to recruitment• Independent Providers – collaborative working with Primary Care and cluster support for GP practices / services.• Creation of an integrated workforce plan for 2022 to 25 to support longer term planning and decision making.• Contingency arrangements reviewed for critical services across the HSCP. This will be maintained and reviewed on a biannual basis.			HSCP SMT	Review May 2022	Ongoing

[This concludes the RHSCP Risk and Issue Report for 28 February 2022 SMT & March 22 IJB A, R & S Committee]

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

On: 18 March 2022

Report by: Head of Health & Social Care

Heading: Health & Safety Update

1. Purpose

- 1.1. The purpose of this paper is provide the IJB Audit Committee with an update on our incident report position from 1st January 2021 to 31st December 2021.
-

2. Recommendations

- 2.1. It is recommended that the IJB Audit Committee:
- Note the content of this paper.
-

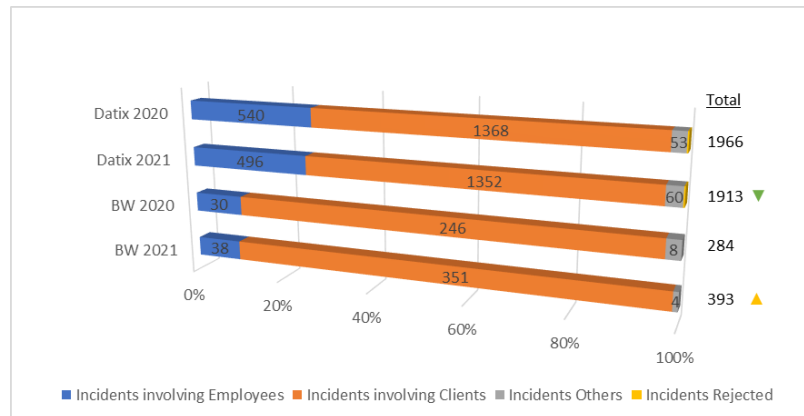
3. Reporting Systems

- 3.1 There are different reporting systems in place across NHS and Local Authority Services. Incident reporting within NHS is captured in DATIX and within Local Authority this is captured in Business World. Business World is currently undergoing a redesign to allow for better recording and report of safety incidents. It is anticipated that the relaunch of Business World will be April 2022.
- 3.2 The information contained within this report has been pulled from both systems as far as possible. Business World was not utilised for reporting purposes until the beginning of the fiscal year 2020/21 therefore data is only available from this period forward.
-

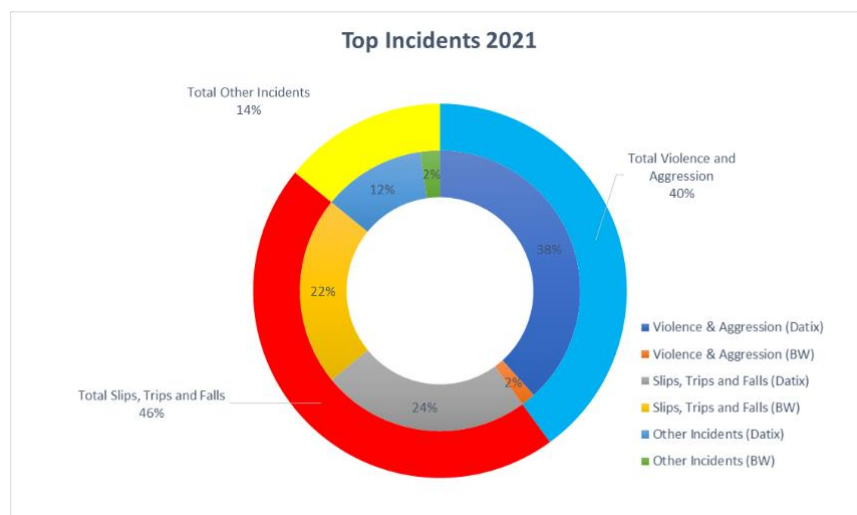
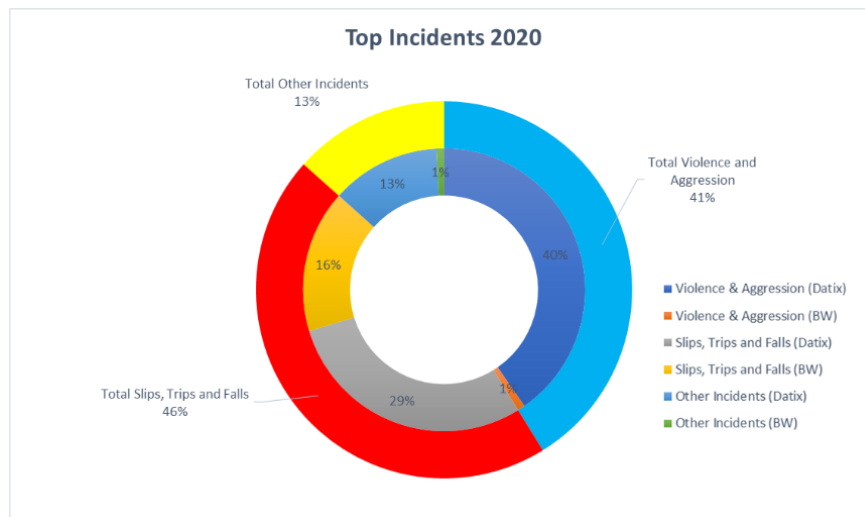
4. Incident Reporting

- 4.1 Figures obtained across the reporting systems indicate that there were **2306 (+56)** incidents reported in 2021 compared to **2250** in the previous year. As mentioned above there is an amount of data missing however applying a quarterly average obtained from the data available this would indicate a decrease of **22** incidents.

- 4.2 The breakdown of incidents reflects minimal variance with **74% (+2%)** of incidents raised involving clients and **23% (-2%)** involving staff, **3%** of incidents are categorised as other and a nominal amount of incidents were rejected.



- 4.3 Overall there has been no movement in the highest reported categories with the highest incidents remaining across Violence & Aggression, Slips, Trips and Falls and Other categorised incidents. Whilst this picture remains static year on year there is service variance occurring, notably across Slips, Trips & Falls with Datix recording a 5% reduction. Whilst Business World is recoding an increase in this area there is a quarter of data missing from this comparison.



4.3.1 The undernoted actions remain in place to help address the highest rates of incidents

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
Following a recent incident, enquiries are being made to the possibility of all staff receiving an element of violence & aggression training in relation to break away techniques.
- **Slips, Trips and Falls:** All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.
- **Other incidents:** Work continues with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the “other” category if appropriate. This will enable better analysis and action planning of known incidents.

Additional Measures

- **Violence and Aggression:** Following a recent incident enquiries are being made to the possibility of all staff receiving an element of violence & aggression training in relation to break away techniques.
- An Operational Support Officer has been brought in to help support this work and will develop a monthly reporting system to provide to Senior Managers with a breakdown relevant to their service.

5. Serious Adverse Events (SAEs)

5.1 Systems are in place across both Health & Social Care to record Significant Adverse Events with a Briefing Note completed in all cases. All incidents reported are investigated to reduce the risk of recurrence with learning shared.

5.2 Over the course of 2021 there were **7** SAEs commissioned within Datix this is a **50% decrease** from 2020 where 14 were commissioned. All SAEs commissioned during 2021 were in relation to suicide or suspected suicide. All 7 SAEs remain active at the present date.

5.3 Comparative data from Business World is not available at this time.

6. RIDDOR

6.1 Over the course of 2021 there were 22 RIDDORs recorded a decrease of around 50% from 2020 where 43 were recorded - the majority of these were covid transmissions.

Breakdown:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Moving & Handling	1
	Contact with an object	1
	Violence & Aggression	2
Podiatry	Needlestick/Sharps	1
District Nursing	Slips, Trips & Falls	1
Covid Assessment Centre	Moving & Handling	1
Care at Home	Slips, Trips & Falls	3
	Workplace Covid Transmission	3
	Other kind of Accident	1
Care Homes	Workplace Covid Transmission	7
Physical Disability Day Service	Wilful Fire Raising	1

7. Fire Safety

7.1 Following a recent Fire Safety Audit of NHS occupied premises a 39% compliance rate was returned. This audit does not take account of premises currently closed due to the ongoing pandemic. Early investigation has highlighted an issue where there is a joint responsibility between Health & GP Practices within shared premises.

Actions

- The existing Fire Safety Audit Standard Operating Procedure will be amended to ensure HSCP Health & Safety Management are sited on monthly returns
- Fire Safety compliance will be raised at the next GP Forum and followed up with GP Practices direct.
- Regular communication will be maintained between Community Operational Support and GP Practices.

7.2 There is an ongoing test of change taking place across Local Authority residential premises where a new updated Fire Risk Assessment is being completed and actioned. The review is scheduled to take place mid May 2022 with a view to this new Risk Assessment being embedded into current practice.

8. Health & Safety Compliance

Following the appointment of the new Operational Support Officer to support Health & Safety work streams there is ongoing work to pull together a Health & Safety Improvement Plan across the HSCP to support overall compliance.

9. Mandatory Health & Safety Training

Statutory and mandatory training with NHS is recorded via LearnPro and report via Workforce Storyboard. Overall compliance for mandatory training within NHS is currently 86%. With regards to comments above 4.3.1 our performance across these areas are noted below;

Topic	% Compliance as at 12.1.2022
Sharps (eLearning)	76%
Falls (eLearning)	91%
Moving & Handling (Assessments)	81%

There is currently a Short Life Working Group tasked with establishing a baseline for essential training across Local Authority services within the HSCP and a schedule of refresher training. Consideration will also be given to a system for recording statutory and mandatory training compliance.

Implications of the Report

1. **Financial** – No direct implications from this report
2. **HR & Organisational Development** – No direct implications from this report
3. **Community Planning** – No direct implications from this report
4. **Legal** – No direct implications from this report
5. **Property/Assets** – No direct implications from this report
6. **Information Technology** – Managing information and making information available may require ICT input.
7. **Equality & 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** – No direct implications from this report
11. **Privacy Impact** – None.

List of Background Papers

Author: Karen Mitchell, Operational Support Officer

Any enquiries regarding this paper should be directed to Jackie Dougall, Head of Health & Social Care (jackie.dougall@ggc.scot.nhs.uk /Tel: 0141 618 7898)



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

On: 18 March 2022

Report by: Planning and Performance Manager

Heading: Public Interaction Report for April – September 2021

1. Summary

The purpose of this report is to provide an update on public interaction from 01 April 2021 to 30 September 2021 which includes Complaints; Enquiries; Freedom of Information (Fols); Subject Access Requests (SARs); as well as Compliments and Communications.

2. Recommendations

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

- Note the content of this report.
-

3. Background

- 3.1 Public Interaction reporting previously formed part of the Non-Financial Governance Report that was presented to the IJB biannually. To refine this, it was agreed by the Chair and Co-chair of the IJB and the Chair of the Audit, Risk and Scrutiny Committee to provide the Audit, Risk and Scrutiny Committee with a specific report on public interaction twice a year in March (mid-year report) and September (full year report). This report is for the first two quarters of the financial year 2021/2022.
-

4. Complaints

- 4.1 In August 2021 the Health and Social Care Partnership (HSCP) appointed a new Complaints Manager that has responsibility for all areas of public interaction, with the exception of communications which sits with the Communications Manager.
- 4.2 A complaints process review was carried out in September and October 2021 by the Complaints Manager and the following changes have been introduced:
- Complaints website reviewed and updated

- All correspondence templates updated for improved compliance and structure
- Complaints recording paperwork updated
- Client Facing Complaints Handling Procedure reviewed and updated
- Unacceptable Actions Policy established
- Full time Complaints Support Officer post approved and recruited to in January 2022.

4.3 The National Complaints Handling Procedure (CHP) for NHS Scotland took effect from 1 April 2017.

The HSCP provides two opportunities to resolve complaints internally:

• **Stage 1: Local/Frontline Resolution**

A stage 1 complaint is about an issue which is straightforward and easily resolved with little or no investigation. Usually, the complaint is addressed to frontline staff and requires an 'on the spot' explanation or apology (timescale 5 working days, up to a max of 10 working days).

• **Stage 2: Investigation**

A stage 2 complaint is for issues which have not been resolved at stage 1 or come straight to stage 2 because they are more sensitive, complex or high risk and require investigation (timescale 20 days).

4.4 **Complaints Key Performance Indicators**

Between April and September 2021 there were a total of 80 complaints received.

This section of the report details performance in reference to each of the nine key performance indicators which were introduced by the Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure.

4.4.1 **Indicator One: Learning from Complaints**

a. Actions and Improvements

For all upheld or partly upheld complaints, actions are recorded and progressed. All ongoing action plans are tracked by the Complaints Team and reviewed at Locality Governance meetings.

In the first 2 quarters of 2021 (April – September), 37 complaints were upheld or partly upheld and actions were taken.

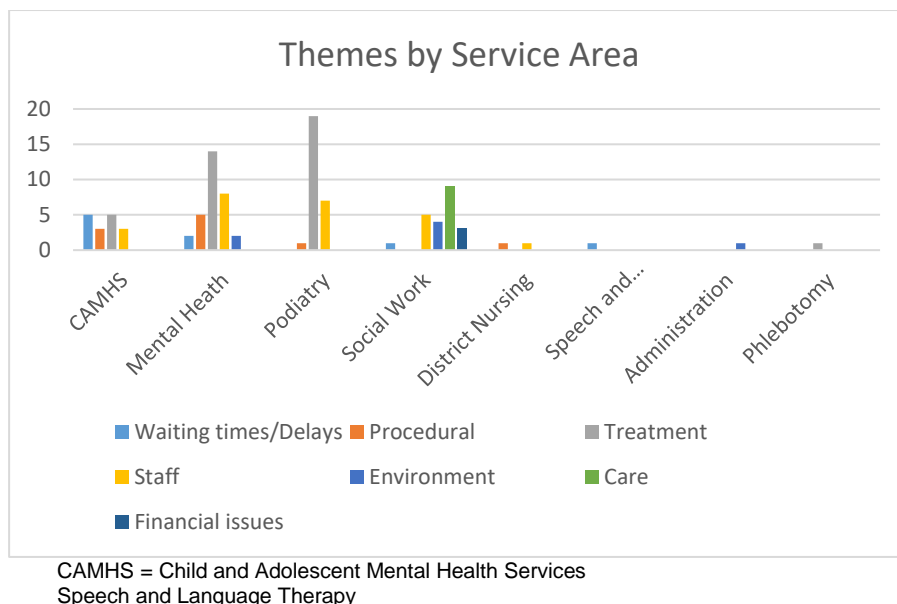
Examples:

Area	Summary of Complaint	Action
NHS	Patient had been referred to the Podiatry Service for nail care by the ward several times. The referrals were returned, as the requests had been for personal	A programme has been funded to provide education to acute wards regarding personal foot care.

	care which is not offered by the Podiatry Service.	
	Personal information sent to patient's previous GP practice.	There has been a review and improvements made to the referral process.
SW	Discharge problems – no carers in place when elderly individual was sent home.	Measures have been put in place to improve communication between clients, families, ward staff and care at home staff.

b. Issues and Themes

Issues and themes are recorded for each service area and discussed at Service and Locality meetings to highlight areas of concern.



c. Scottish Public Services Ombudsman – Investigation Reports and Decision Letters

Where a complainant remains dissatisfied with the final response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO).

During the period 01 April – 30 September 2021 Renfrewshire HSCP received requests for information from the SPSO relating to 3 complaints. All 3 complaints were not investigated further by the SPSO.

4.4.2

Indicator Two: Complaint Process Experience

We recognise that if a person has taken the time to contact us about their or a loved one's negative experience of our services, we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.

The Complaints Team sent out Complaint Process Experience Feedback forms to all complainants. Only one form was received back so we are unable to provide a statistical evaluation of the complainant experience.

The Complaint Process Experience Feedback form has been added to the Complaints webpage.

4.4.3 **Indicator Three: Staff Awareness and Training**

As well as supporting patients and complainants, Renfrewshire HSCP also aims to ensure staff involved with a complaint, feel supported and empowered throughout the process.

A recorded training presentation has been created and was sent out to all complaint investigators with each new complaint allocation. Further Microsoft Teams training was carried out between September and December 2021.

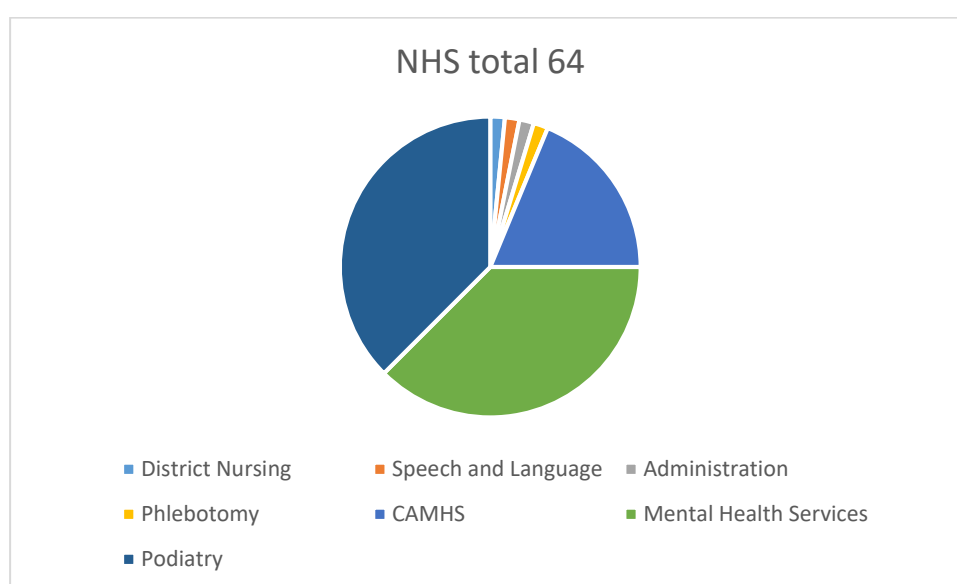
4.4.4 **Indicator Four: Total Number of Complaints Received**

Total complaints received from April to September in 2019; 2020; and 2021.

April – Sept 2021	April – Sept 2020	April - Sept 2019
80	47	84

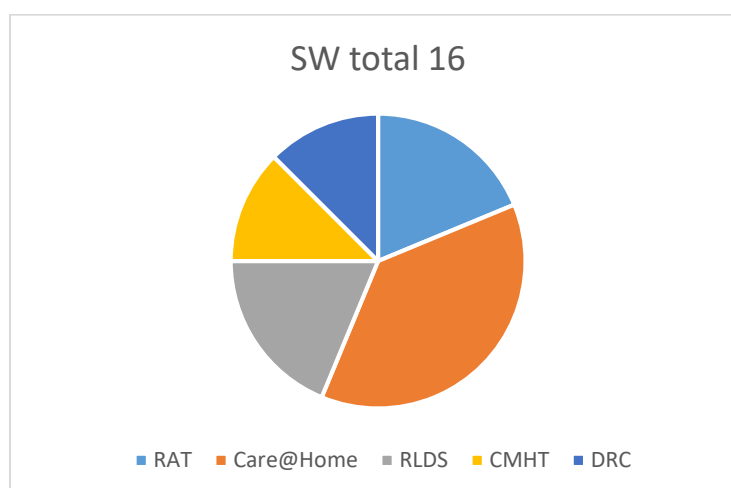
The number of complaints received in April to September 2021 suggests that complaints have now returned to pre-pandemic levels, similar to 2019. Within the same period in 2020 the number of complaints was unusually low at 47.

64 NHS Complaints April – Sept 2021



Please note: Podiatry is a hosted service for the whole of NHSGGC

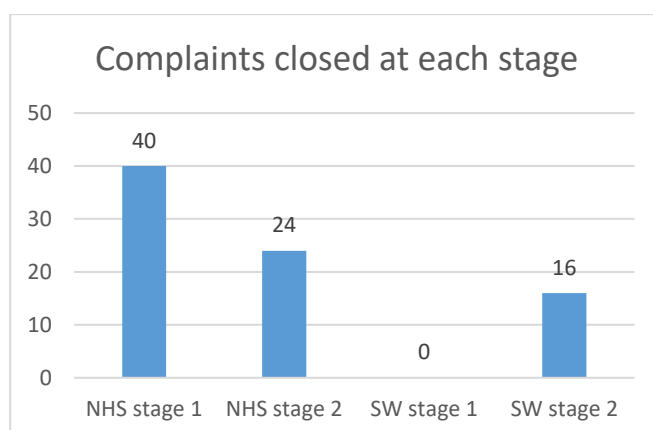
16 Social Work Complaints April – Sept 2021



- RAT = Renfrewshire HSCP Area Teams
- RLDS – Renfrewshire Learning Disabilities Service
- CMHT – Community Mental Health Team
- DRC – Disability Resource Centre

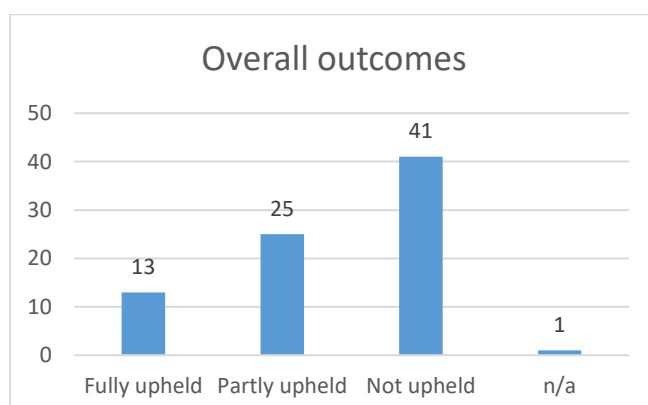
4.4.5

Indicator Five: Complaints Closed at Each Stage

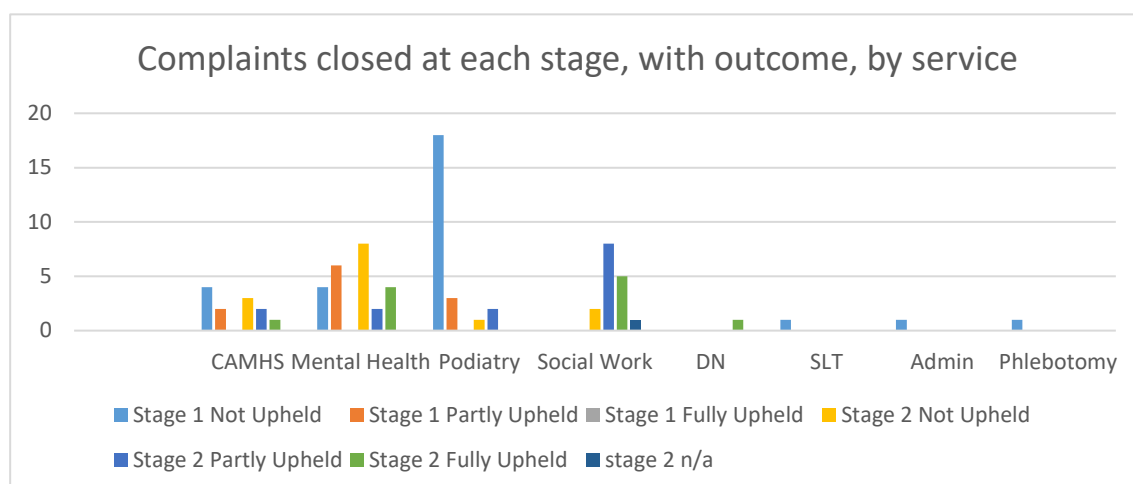


4.4.6

Indicator Six: Complaints Upheld, Partly Upheld and Not Upheld



4.4.7 Further Analysis



4.4.8 Indicator Seven: Average Times

The average time for all complaints being completed was 12.6 working days against the SPSO requirement of 20 working days.

4.4.9 Indicator Eight: Complaints Closed in Full within the Timescales

All complaints closed within the target of 20 days was 82.5%. This equates to 66 complaints closed on time and 14 out with the 20 day target.

4.4.10 Indicator Nine: Number of cases where an extension was authorised

Of the 14 complaints that were out with the 20 day target, 6 were authorised with a holding letter. Of the 8 complaints where an extension was not authorised, this was due to: consent not being received; staff annual leave and delays in scheduling a meeting with the complainant.

The issue with consent has improved by introducing a robust process which requests consent within 10 working days.

5. Enquiries

5.1 Background

Renfrewshire HSCP receives a large number of enquiries which can include requests for information about the services we provide or elected member casework carried out on behalf of their constituents.

We strive to provide a flexible and responsive enquiry service, which supports a positive relationship with elected members and the general public.

5.2 Total Enquiries received from April to September in 2019; 2020; and 2021.

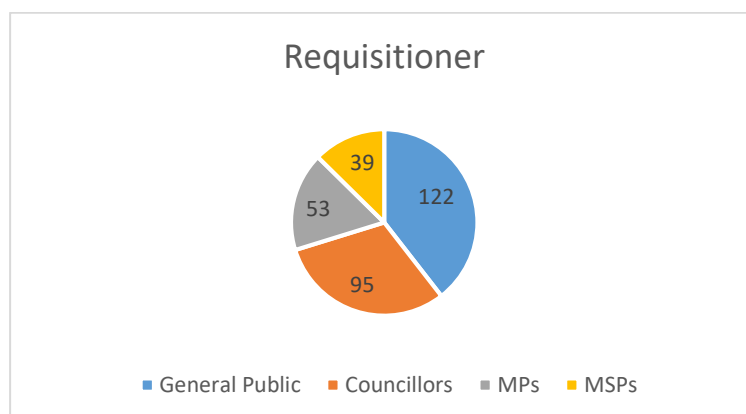
April – Sept 2021	April – Sept 2020	April – Sept 2019
309	134	103

Comparing the 2021 data against the 2020 data shows an exponential growth in enquiries.

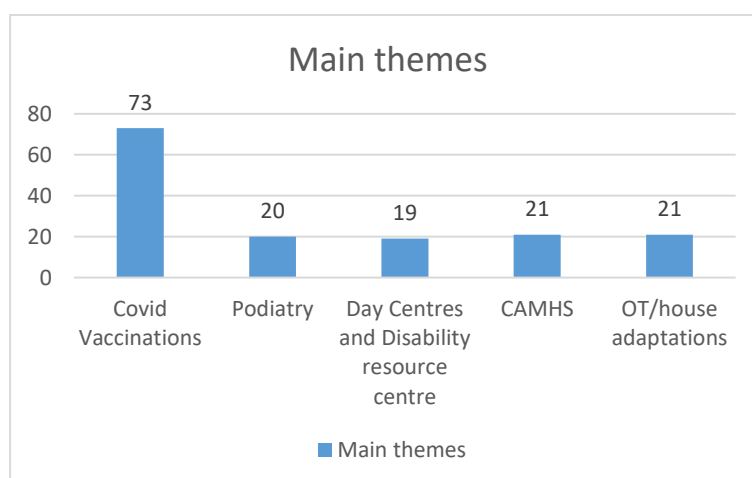
There were 73 COVID-19 related enquiries in the period April to September 2021 relating mostly to vaccinations, but also testing. Over the same period in 2020 there were only 6 COVID-19 enquiries.

However, this still leaves 236 enquiries not related to COVID-19, which was an increase of 102 from the previous year.

5.3 Enquiries in April – Sept 2021

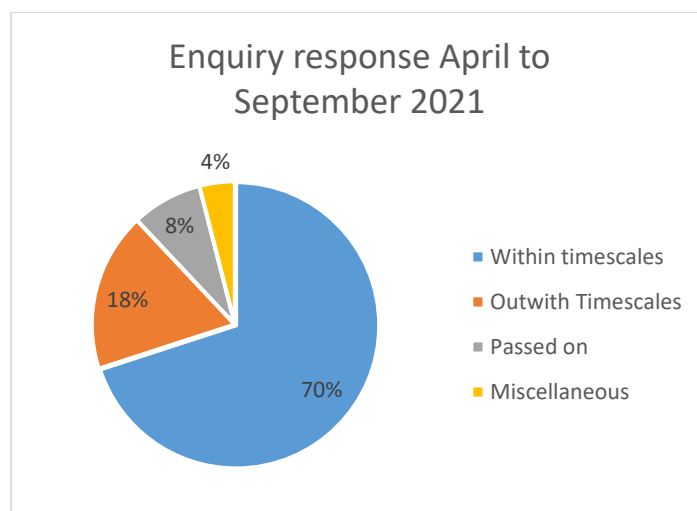


5.4 Enquiry Themes (with over 10 enquiries each)



5.5 Total Number Completed Within Timescales

The HSCP target timescale for handling enquiries is 5 working days.



6. Freedom of Information (Fol)

6.1 Background

6.1.1 The Freedom of Information (Scotland) Act 2002 (FoISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to the Act as a public authority within its own right, however, receives very few Fol requests.

6.1.2 Any Fol relating to the operational delivery of Health and Adult Social Care Services received by the Local Authority or NHS Greater Glasgow & Clyde is also shared with the HSCP.

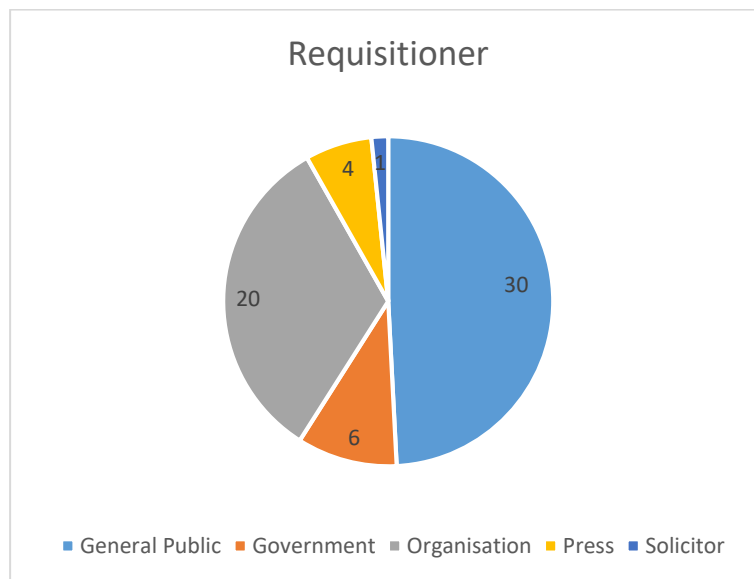
6.2 Total Fols received from April to September in 2019; 2020; and 2021.

April – Sept 2021	April – Sept 2020	April - Sept 2019
61	60	76

The number of Fols received for the period April to September 2021 was similar to the same period in 2020 and reduced approximately 20% from 2019. There were no Fol requests for the Integration Joint Board from April to September 2021.

6.3

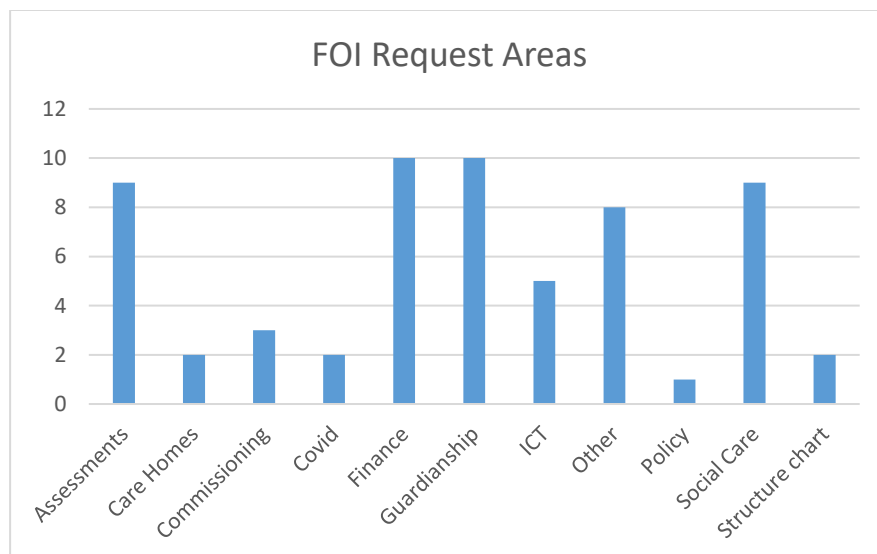
Freedom of Information requests in April – Sept 2021



Organisation = the request came from an external organisation

6.4

Fol Request Areas



6.5

Fols Completed within Timescales

The timescale for complying with Fol requests is 20 working days.

Statutory responsibility for Health and Social Work Fol requests lies with the NHS and Council respectively although Renfrewshire HSCP provides the information.

Of the 61 Fols received, 52 were completed on time (85%). When a response to a Fol is expected to be late, an email is sent to the requester advising the reason for delay.

7. Subject Access Requests

7.1 Background

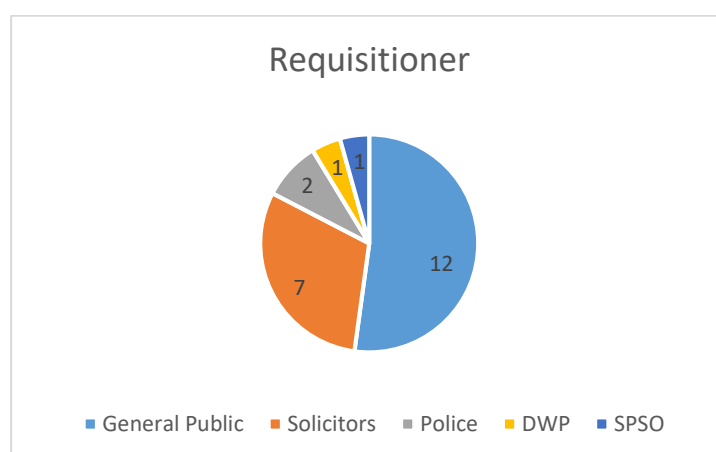
Individuals have the right to access and receive a copy of their personal data, and other supplementary information. This is commonly referred to as a Subject Access Request (SAR). Individuals can make SARs verbally or in writing, including via social media. A third party can also make a SAR on behalf of another person.

7.2 Total SARs received from April to September in 2019; 2020; and 2021.

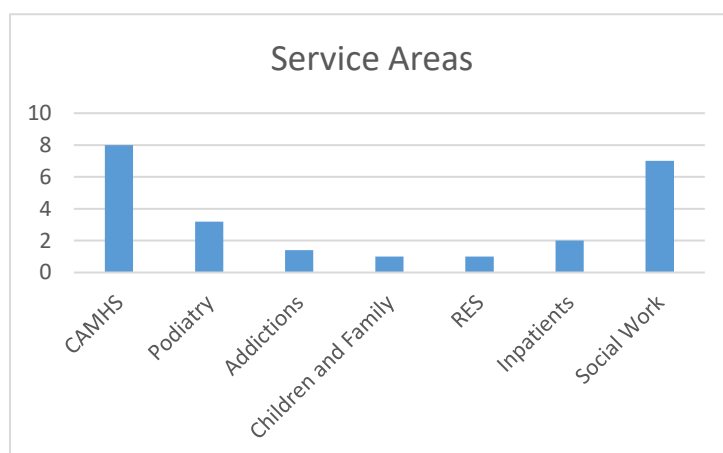
April – Sept 2021	April – Sept 2020	April - Sept 2019
23	28	29

The table above shows the number of SARs has remained fairly consistent over the past three years with a slight drop in 2021.

7.3 Subject Access Requests (SAR) in April – Sept 2021



7.4 Subject Access Requests per Service Area



- CAMHS = Children and Adolescent Mental Health Services
- RES = Rehabilitation and Enablement Services

Total Number of SARs Completed within Timescale

A SAR should be responded to within one calendar month although a SAR which is requested by a court order should be responded to within 7 days.

22 of the total 23 SARs were completed on time (96%). There was ongoing communication with the requestor for the SAR which was late, as it was extremely complicated.

8.

Compliments

Podiatry Service

To Izzy and Caroline

Thank you so much for all your support, kindness and empathy shown towards us on C's recent visit to the clinic. You guys truly are an amazing team. You listened to C's needs and respected them. C has asked to put a request in to see you both, if and when she has to return. She has said you all made her feel so comfortable. Special mention to the students, Ritchie and Arran, you guys were so professional and really made us both feel at ease. Good luck with the rest of your placement.

Thank you!

Covid Vaccine

I am writing to you about the exceptional efforts of one of your colleagues.

.... (staff member) from Health and Social Care Partnership called me and she had managed to get some slots for the vaccine and wanted to offer one to my partner (an agency nurse) and after a bit of work between us we managed to get him an appointment the next day. I was very grateful for this lady's input and her efforts that turned out to be fruitful.

Care Home

The family of the late HD wish to convey our thanks and gratitude to all the staff of Montrose Care Home for the loving care they gave to HD during her stay there.

The last year has been a particularly hard time for the families of care home residents but we were able to take comfort in knowing that she was being well looked after by such a kind and caring team of people, who always went to great lengths to keep us updated with all that was happening with our mum.

We will always be grateful for the care she received during her years at Montrose and wish to bring this to the attention of those who lead Social Care Services, as the staff of this home deserve recognition for all their hard work.

Yours sincerely

AD and JD (on behalf of the family).

9. Communications

Communications Evaluation: April 2021 – September 2021

Website

www.renfrewshire.hscp.scot



22,427 (85% new)
Users ↑ 38%*



97,509
Page Views ↑ 46%*

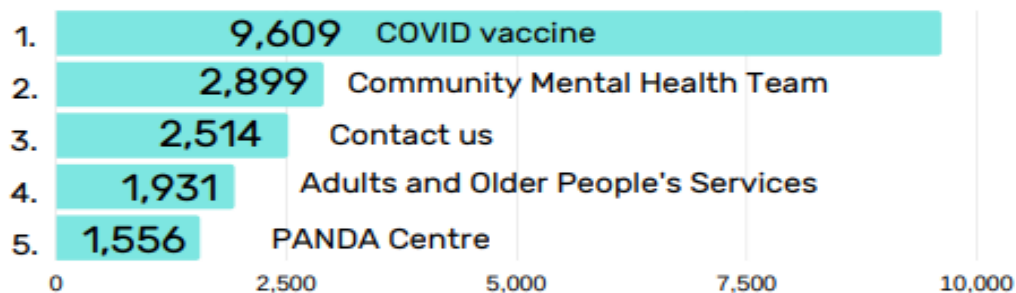


40% ↓ 6%*
Desktop Views



60% ↑ 5%*
Mobile/Tablet Views

Top visited pages



Social Media



2,145
Followers
↑ 16%*

96,294
Engagement
↓ 63%*



2,250
Followers
↑ 76%*

55,474
Engagement
↓ 33%*

Engagement rate decrease expected as previous year during peak of pandemic with multiple service changes and flu HSCP ran flu campaign

Successful Campaigns

Care at Home recruitment
Job adverts

COVID vaccinations
National COVID guidance

International Nurses Day
WMTY Day

*2020 comparison - % change

WMTY = What Matters To You

Implications of the Report

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.
 2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
 3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
 4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
 5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.
 6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
 7. **Equality and 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.
 8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
 9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
 10. **Risk** – none.
 11. **Risk Implications** – As per the subject content of the risk section of this paper.
-

List of Background Papers – None

Author: Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk)

To: Renfrewshire Integration Joint Board Audit Committee

On: 18 March 2022

Report by: Clerk

Heading: Proposed Dates of Meetings of the IJB Audit, Risk and Scrutiny Committee 2022/23

1. Summary

- 1.1 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 12 March 2021 the Committee approved its timetable for future meetings to June 2022. It is proposed that the Committee consider its timetable of meeting dates in 2022/23.
- 1.2 Arrangements for meetings of the Audit, Risk and Scrutiny Committee are governed by the provisions of Standing Order 6.1 of the Committee's Terms of Reference which state that:-
- “6.1 The Committee shall meet four times per year.”
- 1.3 A meeting of the Committee is scheduled to be held at 10.00 am on 17 June 2022.
- 1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:
- 9 September 2022
18 November 2022
24 March 2023
23 June 2023
- 1.5 Members will be advised of the venue for future meetings.
- 1.6 A further report will be presented to the Committee in due course to agree meetings post June 2023.
-

2. Recommendations

- 2.1 That it be noted that a meeting of the Committee will be at 10.00 am on 17 June 2022;

- 2.2 That the Committee approve the dates and times of meetings for 2022/23 as detailed in section 1.4 of the report; and
- 2.3 That members be advised of the venue for future meetings.
-

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** - 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 website.
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - none.
 11. **Privacy Impact** - none.
-

List of Background Papers – none.

Author: Elaine Currie, Senior Committee Services Officer
elaine.currie@renfrewshire.gov.uk
0141 618 7111