

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

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

KENNETH GRAHAM  
Clerk

### Membership

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

Margaret Kerr (Chair): Councillor Lisa-Marie Hughes (Vice Chair)

### Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 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/MdSKFzJFOdk>

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

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

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|----------|--|----------------|
| <b>1</b> | <b>Minute</b>  | <b>3 - 10</b>  |
|          | Minute of meeting of this Committee held on 18 June 2021.                                  |                |
| <b>2</b> | <b>Rolling Action Log</b>  | <b>11 - 12</b> |
|          | IJB Audit, Risk and Scrutiny Committee rolling action log.                                 |                |
| <b>3</b> | <b>Internal Audit Plan 2021/22 - Progress</b>  | <b>13 - 16</b> |
|          | Report by Chief Internal Auditor.  |                |
| <b>4</b> | <b>Summary of Internal Audit Activity in Partner Organisations</b>                         | <b>17 - 22</b> |
|          | Report by Chief Internal Auditor.  |                |
| <b>5</b> | <b>Update on Risk Register and Implementation of Risk Management Framework</b>             | <b>23 - 48</b> |
|          | Report by Change & Improvement Manager.  |                |
| <b>6</b> | <b>Update on Public Interaction in 2020/21</b>   | <b>49 - 58</b> |
|          | Report by Head of Strategic Planning & Health Improvement.                                 |                |
| <b>7</b> | <b>Update on Safety covering Incident Management Reporting and Investigation</b>           | <b>59 - 64</b> |
|          | Report by Head of Health & Social Care.  |                |
| <b>8</b> | <b>Date of Next Meeting</b>  |                |
|          | Note that the next meeting of this Committee will be held at 10.00 am on 12 November 2021. |                |



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

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

### Present

Councillor Lisa-Marie Hughes and Councillor Jennifer Adam-McGregor (both Renfrewshire Council); Margaret Kerr and Dorothy McErlean (both Greater Glasgow & Clyde Health Board); Alan McNiven (third sector representative); and Diane Young (Health Board staff member involved in service provision).

### Chair

Margaret Kerr, Chair, presided.

### In Attendance

Sarah Lavers, Chief Finance Officer, Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Frances Burns, Head of Strategic Planning and Health Improvement, David Fogg, Service Improvement Officer, Jamie Aarons, Adult Protection Committee Lead Officer, Jim Robb, Service Manager and James Higgins, Interim Administration Manger (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 Mark Ferris, Audit Manager (Audit Scotland).

### Recording of Meeting

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

## **Apology**

Diane Young (for lateness).

## **Declarations of Interest**

Councillor Hughes declared a non-financial interest in item 11 as a family member was employed in the psychiatry service and indicated that, as the report was for noting, she would remain in the meeting.

### **1 Minute**

The Minute of the meeting of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee held on 12 March 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.

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

### **3 Unaudited Annual Governance Statement 2020/21**

The Chief Finance Officer submitted a report relative to the Unaudited Annual Governance Statement 2020/21, a copy of which was appended to the report.

The report advised that the IJB was responsible for ensuring that its business was conducted in accordance with the law and appropriate standards, and that public money was safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aimed to foster a culture of continuous improvement in the performance of its functions and made arrangements to secure best value. In discharging these responsibilities, the Chief Officer relied on NHSGGC and Renfrewshire Council's systems of internal control which supported compliance with both organisations' policies and promoted achievement of each organisations' aims and objectives, as well as with those of the IJB.

The report intimated that the IJB had adopted governance arrangements consistent with the six principles of CIPFA and the Society of Local Authority Chief Executives' (SOLACE) framework, "Delivering Good Governance in Local Government", where appropriate. The Annual Governance Statement explained how the IJB had complied with these governance arrangements; met the requirements of the Code of Practice on Local Authority Accounting in the UK; and provided assurance that the governance framework was fit for purpose.

The Annual Governance Statement had been prepared in accordance with the relevant regulation and guidance, taking account of the Internal Audit Annual Report and the Chief Officer's evaluation of the operation of the governance arrangements within each service area and would be subject to statutory audit by the Council's External Auditors as part of their review of the annual accounts.

The Chief Finance Officer advised that the date in the first action detailed in the action plan would be amended from June 2021 to September 2021. In relation to the update on the 2019/20 action plan it was noted that the title should be amended to the draft Unscheduled Care Joint Commissioning Plan.

**DECIDED:** That the draft Annual Governance Statement, as amended above, be approved.

#### 4 **Summary of Internal Audit Reports**

The Chief Internal Auditor submitted a report providing a summary of internal audit reports issued.

The report advised that a risk-based Internal Audit Plan for 2020/21 had been approved by this Committee at its meeting on 31 January 2020 and, in line with the Public Sector Internal Audit Standards, Internal Audit must report the results of each engagement to this Committee.

The appendix to the report provided details of those audit engagements completed with the overall assurance rating and the number of recommendations in each risk category. The committee summary for each report was also appended.

**DECIDED:** That the content of the report be noted.

#### 5 **Summary of Internal Audit Activity in Partner Organisations**

The Chief Internal Auditor submitted a report providing a summary of internal audit activity relevant to the IJB, undertaken in partner organisations during 1 January to 31 May 2021.

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

The report provided a summary of the internal audit activity undertaken within partner organisations.

**DECIDED:** That the content of the report be noted.

#### 6 **Internal Audit Annual Report 2020/21**

The Chief Internal Auditor submitted a report relative to the Internal Audit Annual Report 2020/21, a copy of which was appended to the report.

The report advised that the Public Sector Internal Audit Standards (PSIAS) required the Chief Internal Auditor to deliver an annual internal audit opinion on the overall adequacy and effectiveness of the internal control environment that could be used by the organisation to inform its governance statement. The internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The Annual Report, which included the Chief Internal Auditor's independent and objective opinion as to the adequacy and effectiveness of the internal control environment, outlined the work carried out for the year ended 31 March 2021. In forming the opinion, the Chief Internal Auditor conducted a review of the internal audit reports issued to the IJB in the year, the internal audit report from Renfrewshire Council and internal audit progress reports from NHSGGC.

It was noted that the reference to Payments to Care Homes should be detailed under Renfrewshire Council and not the IJB.

**DECIDED:** That the content of the Internal Audit Annual Report 2020/21, as amended above, be noted.

## **Sederunt**

Diane Young joined the meeting prior to consideration of the following item of business.

### **7 Internal Audit Plan 2021/22 - Progress**

The Chief Internal Auditor submitted a report providing progress on the annual 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.

### **8 Local Code and Sources of Assurance for Governance Arrangements**

The Interim Chief Officer submitted a report relative to the updated Local Code and Sources of Assurance for Governance Arrangements, a copy of which was appended to the report.

The report advised that Renfrewshire IJB operated through a governance framework based on legislative requirement, governance principles and management processes. The IJB had worked to ensure that its governance arrangements were robust and based on good practice.

At its meeting on 22 March 2019, the IJB agreed that a review of the Local Code of Governance arrangements be undertaken by the IJB Audit Committee, now known as the IJB Audit, Risk and Scrutiny Committee, prior to being submitted to the IJB for approval on an annual basis.

It was noted that a key development over the last year had been the development and approach of a new IJB Risk Management Framework. Additional governance measures were highlighted in the report, beyond the sources detailed in the appendix to the report, which had been introduced in light of the pandemic.

The Local Code and Sources of Assurance had been subject to internal audit over 2020/21 and the Chief Internal Auditor would share the findings with this Committee.

**DECIDED:**

(a) That the Local Code and Sources of Assurance for Governance Arrangements, as appended to the report, be submitted to the IJB for approval; and

(b) That it be noted that any recommendations arising from this audit of the Local Code and Sources of Assurance would be taken forward by the relevant officers with progress reported back to this Committee.

## 9 **Update on Risk Register and Implementation of Risk Management Framework**

Under reference to item 7 of the Minute of the meeting of this Committee held on 12 March 2021, the Interim Chief Officer submitted a report providing an update on the activity to implement the revised IJB Risk Management Framework and updates made to the IJB's risk register, reflecting an updated reporting structure.

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

The HSCP had progressed activity to further embed the framework and updated approach across operational services and the report provided detail on the key activities which had commenced.

It was noted that further assessment and review of the risk register had identified further risks and issues which had been incorporated within the register, a copy of which was appended to the report. The report proposed that the risk register be incorporated into a refreshed non-financial governance report which would be brought to the IJB twice yearly and that a refresher training session be held for IJB members on 10 September 2021.

### **DECIDED:**

(a) That the implementation approach being progressed by the HSCP, including the establishment of a cross NHSGGC HSCP Risk Working Group be noted;

(b) That the updates made to currently identified risks and additional risks which had been added to the risk register following further assessment be noted;

(c) That the intention in future reports to include issues as shown separately to risks, whereby issues represent those risks which had already occurred, be noted;

(d) That the intention to incorporate the risk register into the non-financial governance reports brought to the IJB twice a year be approved; and

(e) That the proposal to undertake a risk refresher training session with IJB members in September 2021 be approved.

## 10 **Renfrewshire Adult Protection Committee Improvement Plan**

The Interim Chief Officer submitted a report providing an update on progress of the Renfrewshire Adult Protection Committee Improvement Plan following the Adult Support and Protection (ASP) Joint Inspection undertaken in March 2020.

The report intimated that on 7 January 2020, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland formally notified Renfrewshire HSCP and Renfrewshire Council that they would be undertaking a joint inspection of adult support and protection arrangements in the partnership area commencing on 16 March 2020. Due to the COVID-19 emergency not all activities were completed, however, the feedback received was balanced and highlighted key strengths and areas of improvement as detailed in the report.

The areas of improvement formed the basis of the Improvement Plan developed in consultation with partners which was amalgamated with the Renfrewshire Adult Protection Committee (RAPC) Improvement Plan to ensure a cohesive approach to improvement, a copy of which was appended to the report. Further work was being undertaken to align the objectives with those of the Scottish Government National ASP Improvement Plan.

It was noted that the Cabinet Secretary for Health and Sport had issued a letter on 3 March 2021 advising that the Adult Support and Protection Joint Inspection Programme would resume at the end of March 2021. This letter referred to the completion of the first inspection in January 2021 which was understood to refer to Renfrewshire, therefore, it was not anticipated that any further ASP joint inspection activity would be undertaken until phase 2 of the national programme.

**DECIDED:** That the contents of the report be noted.

## 11 **Mental Welfare Commission Older People Themed Visit 2020**

The Interim Chief Officer submitted a report relative to the development of an Older Peoples Mental Health Action Plan 2020/21, a copy of which formed Appendix 1 to the report.

The report intimated that in 2019, the Mental Welfare Commission (MWC) carried out a series of themed visits across all NHS Scotland wards which provided assessment and treatment for older people with a functional mental illness. On 16 April 2020, the findings and recommendations were published in the Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020 which made seven recommendations for Integration Authorities as detailed in section 3.4 of the report.

In response to the MWC report, the HSCP had developed an Older Peoples Mental Health Action Plan 2020/21 which set out the actions taken to meet the recommendations, the factors affecting the delivery of those actions, timescales and the next steps.

**DECIDED:**

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

(b) That the content of the Older Peoples Mental Health Action Plan 2020/21, which formed Appendix 1 to the report, and which detailed the required actions and timescales that were necessary to comply with the recommendations and findings of the Mental Welfare Commission Themed Visit 2020 be noted.

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

The Interim Chief Officer submitted a report relative to the publication of a report entitled 'Authority to Discharge: Report into decision making for people in hospital who lack capacity' by the Mental Welfare Commission for Scotland on 20 May 2021.

The report intimated that The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults who lacked capacity to make some or all decisions for themselves. The Mental Welfare Commission had a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare was impaired due to a mental disorder.

During the pandemic, a number of stakeholders raised concerns with the Mental Welfare Commission as to whether the appropriate legal authority had been used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move. The focus of the Commission's report was to examine the detail of a sample number of hospital to care home moves across Scotland to check that those moves were done in accordance with the law during the early stages of the pandemic. The Commission sought information from HSCPs across Scotland in relation to people who had moved from hospital to a registered care home setting during 1 March to 31 May 2020.

The Commission's report highlighted that 11 HSCPs moved individuals without legal authority and it was noted that this was not the case in Renfrewshire as all moves were underpinned by the legal authority of a Welfare Guardianship Order or a Welfare Power of Attorney.

The report detailed the Mental Welfare Commission's recommendations together with the next steps.

**DECIDED:**

- (a) That the content of the Mental Welfare Commission report be noted; and
- (b) That the next steps, as detailed in section 4 of the report, be agreed.

13 **Date of Next Meeting**

**DECIDED:** That it be noted that the next meeting of this Committee would be held at 10.00 am on 10 September 2021.

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



## Item 2

### IJB Audit, Risk and Scrutiny Committee Rolling Action Log – 10 September 2021

<b>Date of Committee</b>	<b>Report</b>	<b>Action to be taken</b>	<b>Officer responsible</b>	<b>Due date</b>	<b>Status</b>
13/11/20	HSCP Internal Care at Home Services Inspection (Update)	Submit further update report	Interim Chief Officer	10 September 2021	No further information has been received from the Care Inspectorate. Report will be submitted to meeting when available.
12/03/20	Summary of Internal Audit Activity in Partner Organisations	Request further information on the next audit steps around the Digital Strategy from NHSGG&C and provide update in the progress report being submitted to the next meeting of the Committee	Chief Internal Auditor	10 September 2021	It was anticipated that information would be provided in progress report being submitted to meeting on 10 September 2021. The information was issued to members, for information, on 30 August 2021.
18/06/21	Update on Risk Register and Implementation of Risk Management Frame	Undertake a risk refresher session with IJB members	Interim Chief Officer	10 September 2021	The risk refresher session with IJB members will now be held in November 2021



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

**On:** 10 September 2021

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**Report by:** Chief Internal Auditor

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**Heading:** Internal Audit Plan 2021/22 - Progress

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## **1. Summary**

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

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

- 3.1 The assurance engagement on budgetary control is currently planned to commence in quarter 3 and the annual review of the Local Code of Corporate Governance is due to commence in quarter 4. The annual follow up exercise has commenced. The audit plan remains flexible and these planned dates, could change, in consultation with management.
- 3.2 Time for planning and reporting continues to be used for regular reporting to the Audit, Risk and Scrutiny Board.

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## 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.

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**List of Background Papers** – none.

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**Author:** Andrea McMahon, Chief Internal Auditor

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

<b>Audit Category</b>	<b>Engagement Title</b>	<b>No. of days</b>	<b>Detailed work</b>
Assurance	Financial Management – Budget Monitoring	20	<ul style="list-style-type: none"> <li>The purpose of the audit is to review the arrangements in place for monitoring and reporting on the delegated financial resources.</li> </ul>
Governance	Local Code of Corporate Governance	5	<ul style="list-style-type: none"> <li>Annual review of the adequacy and compliance with the Local Code of Corporate Governance to inform the governance statement.</li> </ul>
Planning & Reporting	Annual Plan, Annual Report and Audit Committee reporting & Training	7	<ul style="list-style-type: none"> <li>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.</li> </ul>
Contingency	Ad-hoc advice and Consultancy	3	<ul style="list-style-type: none"> <li>Time for advice and consultancy on relevant priorities and risks or change related projects.</li> </ul>



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

**On:** 10 September 2021

**Report by:** Chief Internal Auditor

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**Heading:** Summary of Internal Audit Activity in Partner Organisations

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## **1. Summary**

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

- 2.1 That the Integration Joint Board Audit, Risk and Scrutiny Committee are asked to note the content of the report.
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## **3. Renfrewshire Council Internal Audit Activity**

- 3.1 During the period 1 June to 30 June 2021, there were no reports issued to Renfrewshire Council, which are relevant to the Integration Joint Board.

## 4. NHS Greater Glasgow and Clyde Internal Audit Activity

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

Audit Review	Audit Rating (note 1)	Risk Exposure and Number of Recommendations (note 2)			
		Very High	High	Moderate	Limited
IJB Planning and Performance Reporting	N/A Consultancy / Advisory Review	N/A	N/A	N/A	N/A
Payroll	Effective	0	0	0	1
Duty of Candour	Minor Improvements Required	0	0	3	2

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

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

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

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

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

Note 2 – Each audit recommendation is assigned a risk exposure rating:

*Very high risk exposure - major concerns requiring immediate senior management attention.*

*High risk exposure - absence / failure of key controls.*

*Moderate risk exposure - controls not working effectively and efficiently.*

*Limited risk exposure - controls are working effectively but could be strengthened.*

### 4.1.1 IJB Planning and Performance Reporting

The objectives of the review were to ensure that:

1. The strategic planning periods of NHSGGC and its partner IJBs are aligned to ensure successful delivery of shared objectives and priorities.
2. There is regular and ongoing engagement between the health board and IJBs as part of their respective strategic planning processes to ensure alignment of objectives.
3. There is a clear governance structure in place within NHSGGC to appraise IJB strategic plans as part of the overarching approval process
4. NHSGGC has allocated responsibility internally for monitoring progress towards delivering IJB strategic objectives, with scrutiny undertaken by an appropriate governance group/committee.

In October 2020, a paper was presented to the NHS Greater Glasgow and Clyde (NHSGGC) Board, setting out two areas of concern in relation to Integration Joint Boards (IJBs):

- The extent to which NHSGGC is able to meaningfully contribute to the IJB strategic planning process; and
- Arrangements for ensuring that Board members receive consistent and timely assurance in respect of the functions delegated to each IJB.

The review identified that there are clear arrangements in place to ensure that IJB strategic plans are considered by NHSGGC via the Finance, Planning and Performance Committee, on behalf of the Board. This responsibility is articulated within terms of reference for the Committee, last updated in August 2020.

It was noted, however, that there is not alignment between strategic planning time periods for each of NHSGGC's partner IJBs, meaning that it is difficult to undertake a whole-system approach to strategic planning. Five of the six partner IJBs are due to refresh their strategic plans from 2022/23 onwards, which allows a clear opportunity to ensure that IJB plans are aligned to key NHSGGC priorities and strategies over the medium to longer term.

It was further noted that NHSGGC receives frequent updates from IJBs as regards financial performance, however, there is not clear allocation of responsibility within NHSGGC for monitoring progress towards delivering delegated functions. As part of the ongoing work to develop the Board Assurance Framework, we recommend that the Board considers its assurance needs over IJB strategic performance and sets clear performance measures to allow assessment of performance.

Management has noted the key findings in the report, and the auditors remain in discussion with the Director of Finance, Head of Corporate Governance and Administration and the Chairman to agree next steps in this area.

#### 4.1.2 Payroll

The objectives of the audit were to ensure that:

1. Changes to payroll standing data, including addition of starters, removal of leavers and processing of salary changes, are authorised and processed on a timely basis. Changes are accurately reflected in both the Payroll and eESS system.
2. Payroll payments are made to valid employees only, at the correct and authorised rate
3. Payroll payments are appropriately reviewed and approved prior to release, and are reconciled for accuracy on a timely basis.
4. Post-implementation review of the eESS system has been carried out to measure the success of the system in achieving expected benefits.

The audit found that, overall, NHS Greater Glasgow and Clyde (NHSGGC) has robust and well-understood processes in place to ensure that payroll costs are accurate and processed on a timely basis. It was also confirmed that the HR and Payroll teams were able to operate effectively despite sustained additional workload pressures during the Covid-19 pandemic, including successfully administering the deployment of 1,300 student nurses and midwives to support the pandemic response. Review of eESS functionality remains ongoing at a national level, with progress delayed in some areas due to the pandemic. It was confirmed, however, that NHSGGC continues to liaise with Health and Social Care Partnerships (HSCPs); NHS National Services Scotland (NSS) and other health boards to ensure that these issues continue to be progressed at both local and national level.

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

#### 4.1.3 **Duty of Candour**

The objectives of the review were to ensure that:

1. Policies and procedures have been developed and implemented to fulfil the Board's obligations under the applicable legislation and regulations.
2. Relevant staff have received adequate training to ensure that they are aware of the applicable procedures and their responsibilities under the Duty of Candour.
3. All incidents giving rise to obligations under the Duty of Candour are identified and recorded, with action taken in line with the regulations.
4. Formal review of the circumstances of incidents is undertaken, including the production of a written report.
5. Arrangements for the production and publication of an annual report have been implemented.

NHS Greater Glasgow and Clyde (NHSGGC) has clear policies and processes in place that support compliance with Duty of Candour legislation. Sample testing confirmed that Duty of Candour investigations had been consistently carried out by appropriate specialist teams, with each investigation culminating in a summary report outlining the key issues raised and recommendations for improvement. A few improvement actions were identified to support ongoing compliance with the legislation and enhance internal policies and procedures. These relate mainly to improving compliance with the required timescales for both initiating and concluding Duty of Candour investigations.

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

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### **Implications of the Report**

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

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

**9. Procurement** - none.

**10. Risk** - The subject matter of this report is the matters arising from the risk based Audit Plan's for Renfrewshire Council and NHSGGC in which the IJB would have an interest.

**11. Privacy Impact** - none.

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**List of Background Papers** – none.

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**Author:** Andrea McMahon, Chief Internal Auditor





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

**On: 10 September 2021**

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**Report by: Change & Improvement Manager**

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

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## **1. Summary**

- 1.1. The paper provides an update on the activity being progressed by the HSCP to implement the revised IJB Risk Management Framework following the previous update to the Committee in June 2021.
- 1.2. This report also provides an update to the Audit, Risk and Scrutiny Committee on updates made to the IJB's risk register, including any changes to risks previously identified, and any new risks and issues added to the register during this period.
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## **2. Recommendations**

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

1. Note the further work which has been undertaken to implement the revised Risk Management Framework across operational services within the HSCP (section 4); and
  2. Note the updates that have been made to currently identified risks, and the additional risks and issue which have been added to the register following further assessment and engagement within the HSCP and with partners (section 5).
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## **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. An update was provided to the Committee in June 2021 which outlined the progress made in implementing the updated Risk Management Framework within the HSCP. Work has continued over the summer period to embed the framework within HSCP processes. The key activities which have been undertaken include:

- A Risk Champions Network has been set up with identified 'Champions' from each service area within the HSCP. These Champions are now working with the HSCP's Programme Management Officer to ensure a consistent approach to the management of risk and to identify any additional cross-cutting risks and issues where these may exist. Monthly meetings are now established to ensure accurate escalation and reporting.
- A risk management framework guide and training module has been developed and tested with the Risk Champions Network. These supporting materials have been developed to reflect the different needs and responsibilities of staff at different levels and within different teams within the HSCP. The guide and module will be rolled out to staff during the Autumn.
- A cross HSCP and NHS GGC 'risk working group' has continued to meet and consider best practice approaches to risk management. A number of actions are being progressed 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 progresses, the HSCP will seek to continually refine the approach taken and reporting provided. Further updates on progress will be brought to future meetings of the Committee.

#### **5. Updates to IJB Risk Register**

5.1. The HSCP's ongoing assessment and review of risks has identified necessary changes to existing risks and has also identified further risks and issues to incorporate within the Register, which is provided as Appendix 1 to this report.

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

- The overall risk score for 'Increase in physical and mental health inequalities' has been increased to reflect the emerging and expected impact of the COVID-19 pandemic (RSK03).
- The risk score for 'Evolving Impacts of Brexit; supply chain, staffing and financial' has been reduced to reflect the observed impacts of Brexit to date. This is supported by the decision of NHS GGC to stand down the Brexit risk management group (RSK04).
- The risk score for 'Workforce planning and service provision' has been increased due to the continued prevalence of attrition, absence and

general recruitment issues being experienced. Given the impacts now being incurred across several services, this has now also been included as an issue. (RSK07)

- The risk rating for 'Failure to achieve targets and key performance indicators' has been reduced to reflect activity which has been undertaken to revise the performance management framework (RSK12).

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

- A risk reflecting the increasing likelihood and impact of cyber threats. (RSK13).
- A risk which reflects the potential for limited capital funding, alongside the complexities of creating a consistent property strategy across both the NHS and local authority estate, to create additional challenges in achieving the IJB's medium and long-term strategic objectives; (RSK14).
- A risk reflecting the impact of COVID-19 on the ability and capacity of staff to undertake mandatory training (RSK15).
- A risk relating to the provision of Addictions Support in Renfrewshire and the increase in the number of drug deaths nationally and locally in 2020 (RSK16).
- A risk relating to the potential disruption resulting from COP26 which is due to take place in October and November 2021. (RSK17)

5.4. One issue has also been included in the register:

- Challenges for the HSCP in attracting and retaining staff across a range of roles within HSCP services, due to a range of factors, which is contributing to service delivery constraints (ISS01).

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## 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 over Autumn 2021.
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.*

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**List of Background Papers – Renfrewshire IJB Risk Management Framework Policy**

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**Risk and Issue Register Executive Summary**

This document reflects the status of the risks and issues in the IJB log as at the 18 August 2021. This report features issues for the first time as part of the continued implementation of the new risk framework. The summaries reflect the changes to risks since the last report and items which have been identified as new. This update report also highlights those risks and issues have the potential to impact on winter planning.

**Introduction and Background**

This document is prepared each quarter 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

Current Risk Overview and Profile

Total Risks	High Risks	Moderate Risks	Low Risks	Very Low Risks
17	3	11	3	0

Likelihood	Consequence Impact				
	1	2	3	4	5
	5	10	15	20	25
5				1	1
4				6	1
3			1	3	2
2			1	1	
1					

Current Issue Overview and Profile

Total Issues	1
Extreme Issues	1
Major Issues	0
Moderate Issues	0
Minor Issues	0
Insignificant Issues	0

## Current Risk &amp; Issue Summary

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	Decrease	
RSK05	Operational	Further waves of COVID	12 Moderate	No change	✓
RSK06	Operational	Independent review of adult social care and proposed National Care Service	20 High	No change	
RSK07	Operational	Workforce planning and service provision	25 High	Increase	✓
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	06 Low	Decrease	✓
RSK13	Strategic	Cyber threats pose an increasing risk	16 Moderate	New	✓
RSK14	Strategic	Capital funding and complexities of property planning in an integrated setting	16 Moderate	New	✓
RSK15	Operational	COVID Impact on compliance with Mandatory Training	12 Moderate	New	✓
RSK16	Strategic	Delivery of Addictions Support in Renfrewshire	16 Moderate	New	
RSK17	Operational	COP26 impact on HSCP or partner service delivery	16 Moderate	New	✓
ISS01	Operational	Issues regards attracting & retaining staff	05 Extreme	New	✓

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

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

RSK03 Increase in physical and mental health inequalities						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK03	There is a risk that physical and mental health inequalities increase, meaning that service users and patients present with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	Head of Strategic Planning & Health Improvement	<p>It is recognised that physical and mental health inequalities are highly likely to increase. This may result from long-term conditions, an ageing population, long term impacts of COVID on mental health and Long COVID itself, increasing poverty, increased deprivation or individual risk-taking behaviours resulting in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.</p> <p>This must be actively considered with regards to the creation of any Health Improvement plans and Partnership working agreements.</p>	02	03	06 Low
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Operational				03	04	12 Moderate
<b>Movement</b>						
Increase						
<b>Risk Management Approach</b>						
Treat						
<b>Mitigating / Preventing Actions Complete or Ongoing</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<p>Actions undertaken:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The HSCP tracks performance within the Health inequalities outcome (number 5 in National H&amp;W Outcomes) and also continues to monitor population data and trends.</li> </ul>				N/A	Historic	Complete
<b>Mitigating / Preventing Actions Planned</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<p>Actions underway:</p> <ul style="list-style-type: none"> <li>Funding has been secured for 2021/22 to deliver 10 projects which are aimed at reducing specific inequalities and promote health and wellbeing. Projects are underway.</li> <li>Consideration of health, wellbeing and inequalities within development of Strategic Plan 2022-25</li> </ul>				Head of Strategic Planning and Health Improvement	March 2022	Ongoing

RSK04 Evolving impacts of Brexit; supply chain, staffing and financial						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK04	There is a risk that Brexit will adversely impact a number of areas as changes to policies and legislation occur. The full extent of the longer-term challenges that Renfrewshire HSCP will face is not yet 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"> <li>• Implications on EU staff and their ability to remain in the country/employment post 1st July</li> <li>• 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.</li> <li>• Economic impact on colleagues and service users (cost of living or service cost increase).</li> <li>• Ability to obtain medication and products from within the EU supply chain (Cost/time impact).</li> <li>• Ineligibility for EU grants.</li> <li>• Supply chain impacts.</li> </ul> Our contractual position with some suppliers and service providers may require change.	03	04	12 Moderate
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Strategic				03	03	09 Low
<b>Movement</b>						
Decrease						
<b>Risk Management Approach</b>						
Treat						
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status
The monthly Brexit steering group has now been approved to standdown 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 the Brexit steering group can and will be re-established. Specific actions undertaken/underway:				NA	Historic	Complete
<b>Funding related</b> <ul style="list-style-type: none"> <li>- Maintaining a high level of understanding of the current position in relation to EU funding and maximising current benefits.</li> <li>- Maximum drawdown of existing funds identified</li> <li>- Ongoing engagement in development process for new funds (successor to EU structural funding)</li> <li>- Analysis and ongoing review of the HSCP's financial position based on independent advice of investments and reserves</li> <li>- Procurement/ budget monitoring for increase in supplier costs</li> <li>- Development of workforce action plan by March 2021, and detailed workforce plan by March 2022</li> </ul> <b>Other topics</b> <ul style="list-style-type: none"> <li>- Medicines and medical devices being addressed at national level</li> <li>- Continue to engage with both NHSGGC and Renfrewshire Council where required.</li> <li>- As the Partnership does not directly employ staff, the Chief Officer will work closely with partners to manage implications</li> </ul>						
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Monthly Brexit review meetings now closed, however risk liaison across GGC and other HSCPs remains in place monthly				C&I Manager	Review January 2022	Ongoing

RSK05 Further waves of COVID						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK05	There is a risk that further waves of COVID could have significant impacts on HSCP operational arrangements, particularly staffing, service provision, and overarching IJB governance.	Chief Officer	<p>The risk is that further disruption to the delivery of strategic and transformation plans, in addition to operational day to day commitments as a result of:</p> <ul style="list-style-type: none"> <li>The HSCP needing to implement support measures to prevent the spread of COVID-19</li> <li>The downstream impacts of Covid-19 on services users and demand on services:                             <ul style="list-style-type: none"> <li>(a) Provision of additional COVID services</li> <li>(b) Provider sustainability payments</li> <li>(c) Uncertainty over length of pandemic and additional funding available</li> <li>(d) increased levels of care required due to long covid and increased mental health issues</li> <li>(e) the impact on staff; sickness, mental health and utilisation to support services</li> </ul> </li> <li>Impact of increasing levels of demand and client expectations</li> <li>The suitability, affordability and stakeholder support to achieve the NHS remobilisation plan, Renfrewshire Council's recovery plans and ultimately the HSCP's overall plan.</li> </ul>	03	04	12 Moderate
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Operational				03	04	12 Moderate
<b>Movement</b>						
No change						
<b>Risk Management Approach</b>						
Treat						
<b>Mitigating / Preventing Actions Complete or Ongoing</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>The IJB are now meeting within the normal regular cycle.</li> <li>Meetings will continue to be conducted remotely using a video and/or audio service that will enable all members to participate.</li> <li>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.</li> <li>Public health measures have been implemented; including vaccinations in 2020/2021 and current planning for vaccinations for 2021/2022 is underway.</li> </ul>				N/A	Historic	Ongoing
<b>Mitigating / Preventing Actions Planned</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>Ongoing monthly review of COVID risks across services, with escalation measures implemented as necessary</li> <li>If required in the future additional meetings of the IJB can take place and / or delegations to the Chief Officer can be revisited if deemed appropriate.</li> <li>Delivery of Recovery Plans, including the NHS Remobilisation Plan</li> </ul>				Chief Officer	Review Jan 2021	Ongoing

RSK06 Independent review of adult social care						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK06	There is a risk that the Independent Review of Adult Social Care recommendations, including the proposed National Care Service result in potentially significant structural, organisational and governance change which could be challenging to resource alongside operational commitments	Chief Officer	The recommendations included within the review are very wide-ranging and therefore have the ability to place significant demands on HSCP resources to deliver, alongside the delivery of ongoing operational and strategic plans. This will also potentially have an impact on the role and governance regards the IJB.	04	05	20 High
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Operational				04	05	20 High
<b>Movement</b>						
No Change						
<b>Risk Management Approach</b>						
Treat						
<b>Mitigating / Preventing Actions Complete or Ongoing</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>There are likely to be recommendations which are phased for delivery over the term of this parliament, to enable some prioritisation of resource.</li> <li>The HSCP has a Change and Improvement team that can be directed to key areas of activity requiring delivery.</li> <li>Continued review of the progress of recommendations progressing through parliament to assess potential resource and plan implications.</li> <li>Strategic plan to consider known developments and align with principles of the IRASC recommendations and recognise the need for flexibility in delivery.</li> </ul>				Chief Officer	Historic	Ongoing
<b>Mitigating / Preventing Actions Planned</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>IJB response to Scottish Government consultation on proposals for National care Service, released 9 August 2021</li> </ul>				Chief Officer	18 October 2021	Ongoing

RSK07 Workforce planning and service provision						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK07	There is a risk that 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 see new 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"> <li>Prolonged vacancies within services. Specific pressures exist around medical staffing (specific roles are in national shortage), district nursing and care at home services</li> <li>Sufficient numbers of qualified staff with the correct registrations</li> <li>Pressures resulting from additional planning structures which require managerial and clinical input.</li> <li>GP practice handing back their contract and the HSCP having to run the practice</li> <li>Failure to undertake all relevant checks with regard to applicants seeking recruitment</li> <li>High levels of fatigue and unused annual leave from COVID resulting in increased absence</li> <li>Additional risks to meeting service demand posed by sickness/absence levels and an ageing workforce leading to increased levels of future retirements.</li> <li>Vacancies or absence within providers</li> </ul>	04	04	16 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				05	05	25 High
Movement				Increase		
Risk Management Approach				Treat		
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status
<ul style="list-style-type: none"> <li>Operational – management of risk and staff deployment through forward planning of rosters, quality assurance re shift good practice and daily/weekly reviews of service staffing. Utilisation of bank/agency staff / overtime where required.</li> <li>HR &amp; 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.</li> <li>Winter planning – alignment with ongoing business continuity and risk management to identify issues early</li> <li>Independent Contractors – collaborative working with Primary Care and cluster support for GP practices / services, through delivery of the Primary Care Improvement Plan</li> <li>Development of an interim one-year workforce plan for 2021/22</li> </ul>				N/A	Historic	Ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
<ul style="list-style-type: none"> <li>Creation of an integrated workforce plan for 2022 to 25 to support longer term planning and decision making.</li> </ul>				Head of Strategic Planning and Health Improvement	March 2022	Ongoing

RSK08 Impact of 2022 local elections on Strategic Plan									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK08	There is uncertainty arising from the 2022 local elections which may result in new members of the IJB who have a different perspective on the direction set out in the Strategic Plan which is scheduled for approval by the IJB in March 22.	Chief Officer	There is uncertainty relating to the 2022 local elections as these may result in new members of the IJB, who may have a different perspective on the priorities and direction set out in the Strategic Plan which is scheduled to be approved by the IJB in March 2022.	02	04	08 Low			
Category				Current Likelihood	Current Impact	Current Evaluation			
Strategic				02	04	08 Low			
Movement				No Change					
Risk Management Approach				Treat					
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>Focused session held with Strategic Planning Group to discuss and agree the approach to developing the Strategic Plan, and associated consultation requirements.</li> <li>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.</li> </ul>				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"> <li>Care Planning Groups implemented throughout August and will develop a high-level draft plan by the end of September 2021, with draft brought to IJB in November 2021 for approval.</li> <li>The final plan will be ready by March 2022.</li> </ul>				Head of Strategic Planning and Health Improvement	March 2022	Ongoing			

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

RSK10 Failure or loss of major service provider						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK10	There is a risk that failure or loss of a major service provider may impact on our capacity to deliver services, protect vulnerable children and adults and may impact on additional costs to cover key services.	HSCP SMT	The context of this risk is with regards to the failure of independent providers of care homes, care services or mental health provision. There is financial instability within the sector due to COVID-19 and potential additional impacts from Brexit.	04	04	16 Moderate
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				04	04	16 Moderate
Movement						
No Change						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status
Procurement and commercial processes <ul style="list-style-type: none"> <li>Appraisal of providers conducted as part of procurement process.</li> <li>Purchasing patterns monitored by Finance Team and senior managers.</li> <li>Programme of reviews of all service providers.</li> <li>Contract compliance, performance monitoring and reviews for service providers and the two hospices</li> </ul> Support arrangements <ul style="list-style-type: none"> <li>Provider Sustainability programme will continue until the end of September and we await SG guidance as to any which will continue beyond this point.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Emergency legislation enacted to enable Health Boards and local authorities to step in to manage failing care homes if during the COVID-19 pandemic.</li> </ul>				NA	Review November 2021	Ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Ongoing monitoring and the above				N/A	N/A	N/A

RSK11 Delivery of the GP Contract / PCIP						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK11	There is a risk that the HSCP will not be able to deliver services as outlined within the GP Contract / PCIP by the required timelines, due to the scale of work required, workforce availability and allocated funding.	Clinical Director and Chief Officer	<p>Current proposed funding will not cover the full cost implementation of the contract.</p> <p>Staffing is under pressure due to the pandemic, high turnover and also recruitment issues (availability of specific staff).</p> <p>Initial scope included 6 MOU areas. There is now greater priority on 3 of these where the timeline has accelerated: pharmacotherapy, VTP and CTAC which need to be delivered by 2022/23. The remaining 3 require to be delivered by 2023/24 and additional professional roles by the end of 2021.</p> <p>In order to be able to deliver the GP Contract additional property accommodation is required for treatment rooms and also to support the growth in the size of the teams created for the purpose of multi-disciplinary service delivery.</p>	05	04	20 High
Category				Current Likelihood	Current Impact	Current Evaluation
Clinical				05	04	20 High
Movement						
No Change						
Risk Management Approach						
Treat						
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status
<ul style="list-style-type: none"> <li>Updated MoU published on 2<sup>nd</sup> August 2021.</li> <li>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.</li> <li>Property audit will aim to identify suitable space to accommodate teams and services</li> <li>Issue regarding funding available to support delivery of the GP Contract / PCIP has been escalated to the NHS GGC Primary Care Board and also SMT.</li> </ul>				Clinical Director	Review October 2021	Ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
Continuation with the above				N/A	N/A	N/A

RSK12 Failure to achieve targets and key performance indicators						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK12	There is a risk that failure to deliver upon the required Local Delivery Plan / Strategic Plan targets and standards, and other key performance indicators could result in a decreased level of service for patients and service users.	HSCP SMT	This risk is threefold: <ul style="list-style-type: none"> <li>The IJB and HSCP's ability to define appropriate local delivery plans and strategic plans</li> <li>The IJB and HSCP's ability to deliver upon said local and strategic plans</li> <li>The IJB and HSCP's ability to evidence that we have achieved the outcomes required within the local and strategic plans.</li> </ul>	03	03	09 Low
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Strategic				02	03	06 Low
<b>Movement</b>						
Decrease						
<b>Risk Management Approach</b>						
Treat						
<b>Mitigating / Preventing Actions Complete</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>Performance reports presented to all IJB meetings with full scorecard presented 6-monthly and annual reports produced to support monitoring and planning.</li> <li>Organisational Performance Reviews with Chief Executives of NHSGGC and Renfrewshire Council</li> <li>National, NHSGGC, Ministerial Steering Group and local performance measures</li> <li>Regular review of key performance indicators with performance support available to all service areas</li> <li>Review of systems used to record, extract and report data</li> <li>Needs Assessment carried out</li> <li>Review of integration scheme in line with legislation and development of strategies in line with statutory guidance</li> <li>Undertaking equality impact assessments to evidence how plans and strategies will support those in need</li> <li>Ongoing budget monitoring and management to meet service demands</li> <li>Staffing resources are flexed to meet priorities/demand</li> <li>Development of data capture systems to inform local planning.</li> <li>Quality care and professional governance arrangements</li> <li>Ongoing work developing a culture of performance management and link to Recovery and Renewal Programme</li> </ul>				SMT	Review November 2021	Ongoing
<b>Mitigating / Preventing Actions Planned</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>Continuation of the above</li> <li>Further development of the performance management framework</li> </ul>				Head of SP&HI	Review November 2021	Ongoing

RSK13 Cyber threats pose an increasing risk						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK13	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.	N/A	N/A	N/A
<b>Category</b>				<b>Current Likelihood</b>	<b>Current Impact</b>	<b>Current Evaluation</b>
Strategic				04	04	16 Moderate
				<b>Movement</b>		
				New		
				<b>Risk Management Approach</b>		
				Treat via Partners		
<b>Mitigating / Preventing Actions Complete or Ongoing</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>HSCP staff are reminded to follow the relevant GDPR and Information Security policies for their employment organisation.</li> <li>Renfrewshire Council have recently (Q2 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.</li> <li>NHS GGC operates a multi layered security model to defend against cyber threat.</li> <li>Both NHS GGC and Renfrewshire Council maintain appropriate information governance controls and governance structures to monitor and manage risks.</li> <li>The eHealth Directorate and Renfrewshire Council continue to build upon cyber defences with controls in place.</li> </ul>				NHS - Director of eHealth  Council – Head of IT	Historic	Ongoing
<b>Mitigating / Preventing Actions Planned</b>				<b>Assigned to</b>	<b>Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>Continuation of the above</li> <li>Further discussion with NHS and Council regards ongoing work in this space and also regards Business Continuity Planning review elements.</li> </ul>				NA	Review November 2021	Ongoing

RSK14 Capital funding and complexities of property planning in an integrated setting									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK14	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"> <li>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.</li> <li>Capital planning is reserved to the IJB's partner organisations. As such the ability to influence property strategies on an ongoing basis is required.</li> <li>Ongoing maintenance requirements across the estate.</li> </ul>	NA	NA	NA			
Category				Current Likelihood	Current Impact	Current Evaluation			
Strategic				04	04	16 Moderate			
Movement				New					
Risk Management Approach				Treat via Partners					
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>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.</li> <li>Primary Care Property Strategy submitted to IJB 25 June.</li> <li>A property data gathering exercise underway within HSCP to create a detailed database for all property utilised across the HSCP. When complete this will support determination of property priorities.</li> </ul>				Chief Finance Officer	Review November 2021	Ongoing			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>Refreshed HSCP Property and Capital Planning Group to be implemented.</li> </ul>				Chief Finance Officer	Review November 2021	Ongoing			

RSK15 COVID Impact on compliance with Mandatory Training						
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation
RSK15	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.	NA	NA	NA
Category				Current Likelihood	Current Impact	Current Evaluation
Operational				03	04	12 Moderate
Movement						
New						
Risk Management Approach						
Treat via Partners						
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status
<ul style="list-style-type: none"> <li>Continued compliance with Staff Governance standards</li> <li>Creation 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.</li> <li>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&amp;S standards.</li> <li>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)</li> <li>Workforce planning activity will reinforce Health and Safety as a core objective</li> <li>Completion of individual risk assessments for clients and warning flag system in place on electronic care records.</li> <li>Guidance for safe clinical and care environments is regularly reviewed and maintained</li> <li>Ongoing programme of staff training, including mandatory and statutory training, on health and safety issues (sharps, manual handling and fire)</li> <li>Appropriate processes have been created and are invoked in cases of adverse weather for community-based services</li> <li>Following investigations of significant adverse events (including RIDDOR reportable), process improvements are identified and implemented, being overseen via the most appropriate governance structure.</li> <li>Occupational Health services and staff support services are available and regularly communicated to staff.</li> <li>Renfrewshire Council policies and procedures regards DSE assessments are regularly monitored</li> </ul>				Head of Health and Social Care	Historic	Ongoing
Mitigating / Preventing Actions Planned				Assigned to	Date	Status
<ul style="list-style-type: none"> <li>Monthly review of training compliance</li> </ul>				SMT	Review October 2021	Ongoing

RSK16 Delivery of Addictions Support in Renfrewshire									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK16	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	<p>The National Records of Scotland recently published the 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.</p> <p>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.</p>	NA	NA	NA			
Category				Current Likelihood	Current Impact	Current Evaluation			
Strategic				04	04	16 Moderate			
Movement				New					
Risk Management Approach				Treat with ADP					
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>Completion of the review of 2019 drug deaths with Renfrewshire</li> <li>The implementation of a recovery hub</li> <li>Extended distribution of Naloxone</li> <li>Working with Peer Navigators</li> <li>Use of Near Me to encourage engagement</li> <li>Extended access to residential rehabilitation services.</li> <li>Close collaboration with colleagues from the emergency department at the RAH following near fatal overdoses.</li> <li>Ensure that rapid restart of treatment is available following relapse.</li> <li>Adopted an assertive outreach approach for service users.</li> <li>Have a clear pathway in place for those who are released from prison.</li> <li>Developing and implementing the Drug Deaths Prevention Action Plan</li> <li>Continuing to implement the recommendations of the Alcohol and Drug Commission</li> </ul>				ADP Head of MH, LD and Addictions	Review November 2021	Ongoing			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>A review of the 64 drug deaths to be completed to understand contributing factors</li> <li>A review of plans needs to be undertaken with the ADP</li> <li>Multiagency review and discussions required regards further actions needed (session being scheduled)</li> <li>Updated figures on drug deaths to be received quarterly rather than annually to support quick review and identification of learning for partner organisations</li> </ul>				ADP Head of MH, LD and Addictions	Review November 2021	Ongoing			

RSK17 COP26 impact on HSCP or partner service delivery									
Risk Code	Risk Statement	Owned by	Risk Description	Previous Likelihood Score	Previous Impact score	Previous Evaluation			
RSK17	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	<p>COP26 will take place in Glasgow from 31 October to 12 November 2021, with an expectation that some delegate and required staff may start to arrive in the area from the 25 October. The event is planned for 30k delegates, 140 VVIP's and potentially up to 500K protestors arriving in the city and surrounding areas therefore having potential impacts on all GGC HSCP's.</p> <p>Such impacts include:</p> <ul style="list-style-type: none"> <li>Potential for hospital / site visits for treatment by VVIP's, delegates and protestors</li> <li>Road closures and congestion impacting the flow of patients, service users, staff, and goods/equipment</li> <li>Potential for Terror, Security and or Cyber events</li> <li>Potential for the spread of flu, COVID and other viruses due to thigh numbers of visitors</li> </ul>	NA	NA	NA			
Category				Current Likelihood	Current Impact	Current Evaluation			
Operational				04	04	16 Moderate			
Movement				New					
Risk Management Approach				Treat					
Mitigating / Preventing Actions Complete or Ongoing				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>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 fora</li> <li>Business Continuity plans have been updated across GGC and the HSCP network. Reviews underway on RHSCP BCP plans and winter planning.</li> <li>Work is ongoing with many groups and bodies to ensure the event planning is as robust as possible and potential risks are mitigated.</li> <li>Work with accommodation providers underway (all HSCP councils advised of potential for homeless and emergency accommodation to be impacted)</li> <li>Work with Public Health Scotland undertaken regards outbreaks of COVID or other aspects.</li> <li>Further training provided to GGC staff in preparation</li> <li>Major incident and mass casualty plans reviewed and updated. Site escalation and Hospital decontamination plans reviewed and updated.</li> </ul>				Working groups across the HSCP network and NHS GGC Resilience Planning	Review end September 2021	Ongoing			
Mitigating / Preventing Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>As above, ongoing</li> </ul>									

ISS01 Issues regards attracting & retaining staff									
Issue Code	Issue Statement	Owned by	Issue Description	Previous Impact score	Previous Evaluation				
ISS01	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	<p>It has become increasingly difficult to attract and retain the right staff for various roles across the HSCP.</p> <p>A number of services are now experiencing significant challenges with recruitment due to the following:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Varying rates of pay and conditions across HSCPs</li> <li>A general shortage locally and nationally for specific roles, exacerbated by current retention challenges in services such as District Nursing.</li> <li>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.</li> </ul>	N/A	N/A				
Category				Current Impact	Current Evaluation				
Operational				05	Extreme				
				Movement					
				New					
				Issue Management Approach					
				Treat					
Mitigating and Recovery Actions Complete				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>HR &amp; 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)</li> <li>Implementation of alternative recruitment routes where possible in agreement with HR &amp; OD</li> <li>Development of interim workforce plan 2021-22</li> </ul>				HSCP SMT	Review November 2021	Ongoing			
Mitigating / Recovery Actions Planned				Assigned to	Date	Status			
<ul style="list-style-type: none"> <li>Winter planning – 3 month forward plan to ensure adequate staffing and contingency</li> <li>Independent Providers – collaborative working with Primary Care and cluster support for GP practices / services.</li> <li>Creation of an integrated workforce plan for 2022 to 25 to support longer term planning and decision making.</li> </ul>				HSCP SMT	Review November 2021	Ongoing			






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

**On: 10 September 2021**

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**Report by: Head of Strategic Planning & Health Improvement**

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**Heading: Update on Public Interaction in 2020/21**

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## **1. Summary**

- 1.1. The purpose of this report is to provide an update on public interaction during 2020/21 which includes Freedom of Information (FOIs); Subject Access Requests; Complaints; Enquiries; Compliments and Communications.
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## **2. Recommendations**

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

- The content of this report.
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## **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 full financial year 2020/21.

- 3.2 In August 2021 the HSCP appointed to a new Complaints Manager post that will have responsibility for all areas of public interaction, with the exception of communications which sits with the Communications' Manager although the communications evaluation will be covered within this report – see section 10.

- 3.3 Going forward in 2021/22 the Complaints' Manager will review our processes and systems, and the reporting of our public interactions to ensure we take account of the learning from our complaints and improve on our performance.

## **4. Freedom of Information (FOI)**

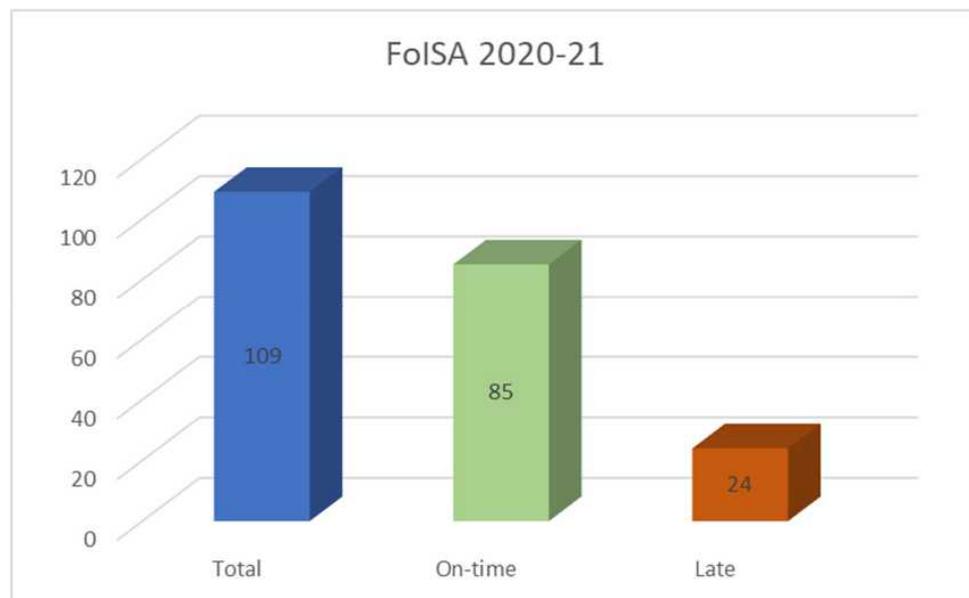
- 4.1 In January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB.

4.2 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 FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to FoI requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme.

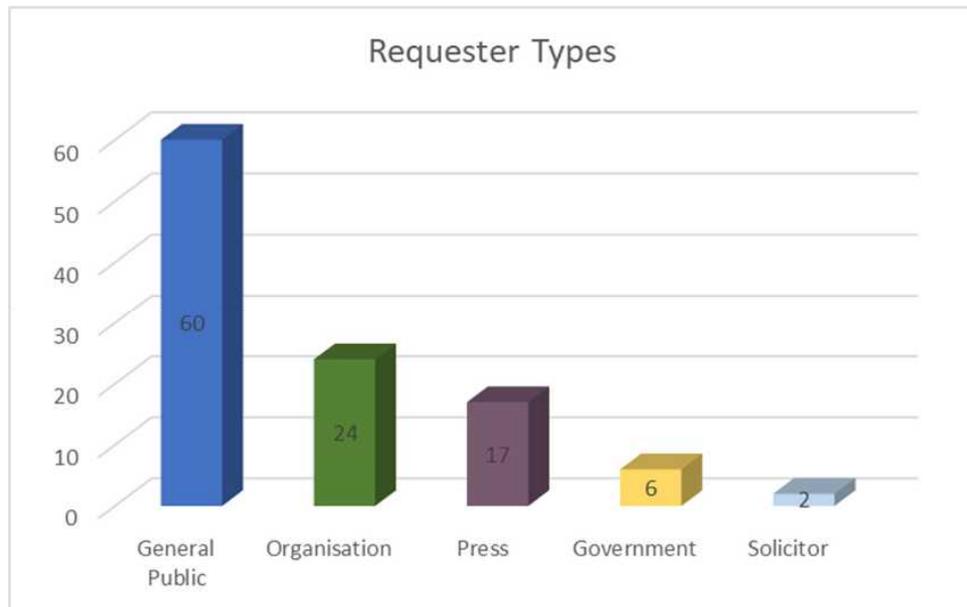
4.3 During the period 1 April 2020 to 31 March 2021, the IJB received one request for information regarding the IJB's Covid-19 Mobilisation Plan. Statistical information regarding IJB Fols are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.

4.4. It was agreed that any FoI relating to the operational delivery of health and adult social care services received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.

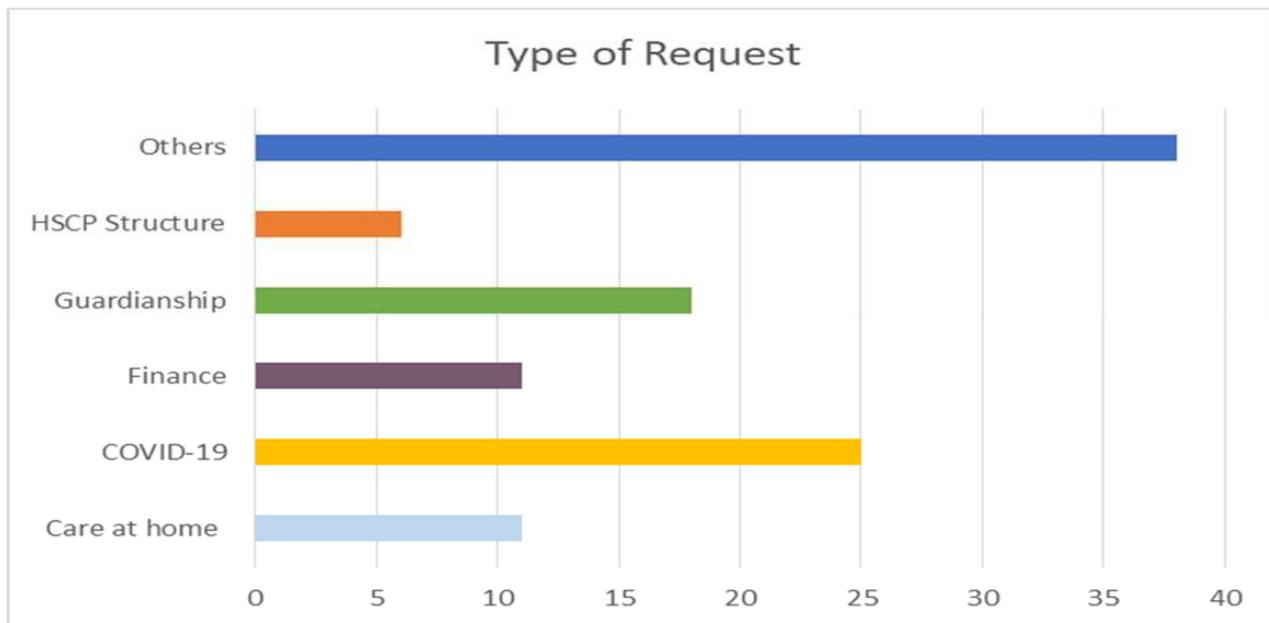
4.5 During the period 1 April 2020 to 31 March 2021, 109 FoI requests were received and 85 (78%) of them were answered on time.



4.6 While the majority of the requests received in 2020/21 were from the general public, the HSCP also received requests from other organisations, the press, the Scottish Government and solicitors.



4.7 The main issues related to the services detailed below and 25 were specifically related to COVID 19.



## 5. Subject Access Requests (SARs)

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 or 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.

During 1 April 2020 to 31 March 2021, the Partnership responded to 45 (21 Council and 24 Health) Subject Access Requests from patients, clients and staff.

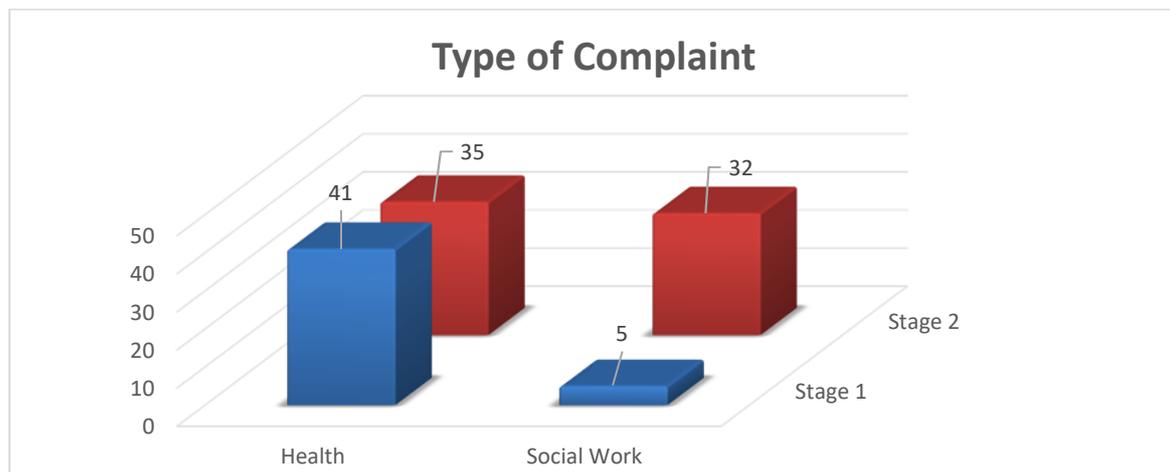
## 6. Complaints

6.1 This section provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2020 to 31 March 2021. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

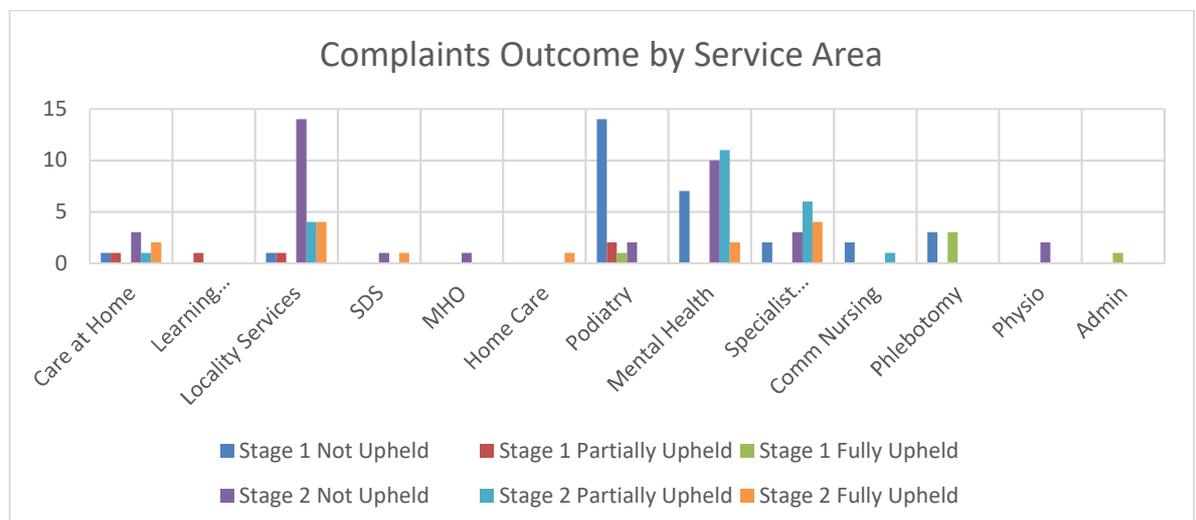
6.2 The graph below provides an overview of the number of complaints received by the HSCP split between Health and Social Work from 1 April 2020 to 31 March 2021 and by stage 1 and Stage 2 complaints.

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' apology or explanation (timescale 5 days).

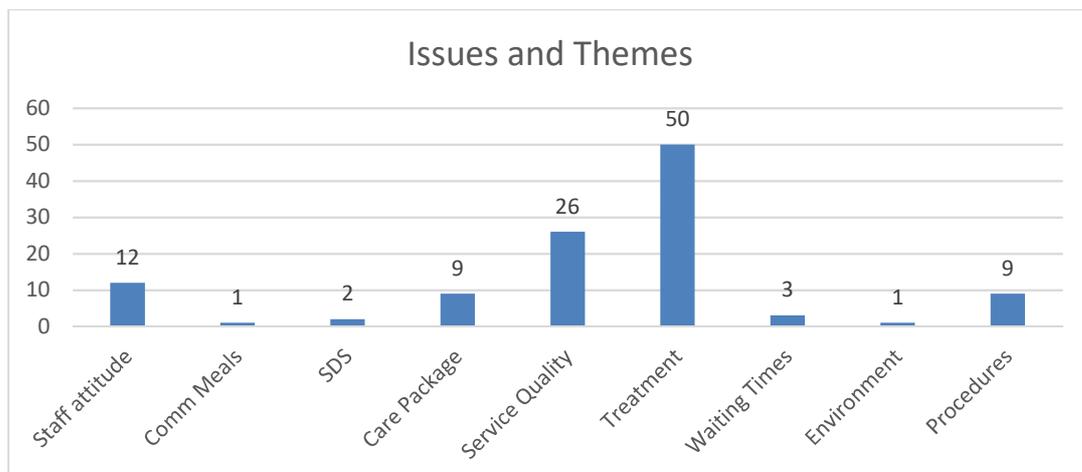
A stage 2 complaint is for issues which have not been resolved at stage 1 or come straight to stage 2 because they are more sensitive, complex or high risk and require investigation (timescale 20 days).



6.3 The graph below provides an overview of the number of complaints and outcomes by Service Area received by Renfrewshire HSCP from 1 April 2020 to 31 March 2021.



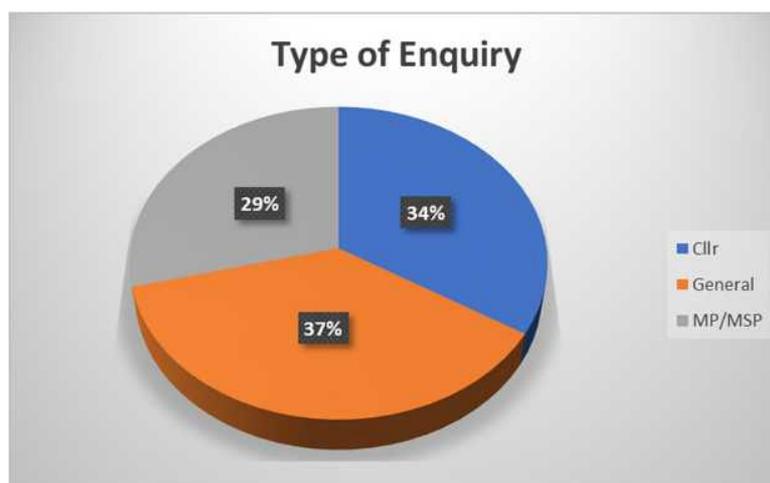
6.4 The issues and themes identified from health and social work complaints are shown in the table below. The highest number of issues raised by complainants in 2020/21 were on Treatment and Service Quality.



6.5 Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). Of the total number of complaints for health and social care, two were submitted to the SPSO. One was not upheld and the other is still under investigation.

## 7. Enquiries

7.1 During the period 1 April 2020 to 31 March 2021, the HSCP received 491 enquiries which were received from Councillors (166), MPs/MSPs (142), and members of the public and third party organisations (General: 183). Of these enquiries, 116 (23.6%) were related to COVID.



## **8. Service Improvements**

- 8.1 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 8.2 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment, Service Quality and Staff Attitude are key issues for complaints and steps are being taken by services to improve these.
- 8.3 Policies and Procedures - under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 8.4 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined-up, person-centred services.
- 8.5 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling procedure and meets all of the requirements of the Patients' Rights (Scotland) Act 2011.
- 8.6 Where services are integrated, we work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.
- 8.7 An update to the Model Complaints Handling Procedure (CHP) came into force on 1<sup>st</sup> April 2021 in line with the 2021 SPSO (Scottish Public Services Ombudsman) Model. The process for handling Social Work complaints was brought into line with the council-wide complaints process. Within the revised SPSO model, the specific change for Social Work is that an extension to a stage one front line response complaint is now also the same as the standard model - a max of 10 working days in total. A new 'resolve' category has also been introduced for Social Work complaints. A complaint is resolved when both the council, and the customer, agree what action will be taken to resolve the complaint for the customer. Complaints can be resolved at any stage of the process. While there is no need to continue investigating the complaint, or decide if it is upheld or not upheld, there must be a clear record of how the complaint was resolved and what action was agreed.

## **9. Compliments**

- 9.1 The following shows examples of positive feedback provided by patients and service users during 2020/21 on the services provided by the HSCP.
- 9.2 Specialist Children's Services

'Many thanks to the Paediatric Audiology Service at Renfrew Health and Social Work Centre tonight. My daughter was very nervous before the appointment but was positively bouncing with happiness afterwards. Such a friendly and professional service!'

9.3 Renfrewshire Bereavement Network

'Due to losing my mum during the pandemic (although not actually to Covid), I reached out to the Renfrewshire Bereavement Network for support and guidance. I was struggling not only with the loss from my mum's sudden passing but also the restrictions that were in place with regards to hospital visiting, family support due to travel constraints, and subsequent funeral restrictions during the pandemic. From my initial phone call of self-referral until my last telephone call with my counsellor, I cannot fault the professionalism, kindness and helpfulness of this local service. I struck up a good and trusting relationship with the counsellor from our first telephone call and I will be forever grateful for his support around my bereavement and loss, as well as for his professionalism, empathy and sense of humour at times, and as appropriate.'

9.4 Podiatry

'I was having terrible problems with ingrown toenails which were causing me severe pain. I would like to say thank you to the podiatry staff for the attention given to me during my visit, and to say I am now trouble free. The member of staff was most helpful and, under present circumstances, provided me with a very efficient service.'

9.5 Care at Home

'We would like to thank all the carers involved in my mother's care. This amazing group of staff provided care, support, love and help to my mother no matter what the weather, day or night.'

9.6 Flu Centre

'I found information about the flu drop-in clinic online and had a friend drive me from my home in Lochwinnoch to St Mirren Park for my flu jab. I am registered partially sighted and have very reduced mobility so I was rather concerned. My fears were unfounded. I did not even have to get out of the car. The nurse and needle came to me!' Thank you.

10. Communications

Communications Evaluation: April 2020 - March 2021

Website

www.renfrewshire.hscp.scot



40,536 (85% new)  
Users



165,197  
Page Views



41%  
Desktop Views



59%  
Mobile/Tablet Views

Top visited pages



Social Media



2,021  
Followers

365,400  
Reach



2,050  
Followers

333,495  
Reach

Successful Campaigns

Flu campaign

Job adverts

Clear your head

COVID vaccinations

Clap for Carers

Staff stories

## 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.

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## List of Background Papers – None

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






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

**On: 10 September 2021**

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**Report by: Head of Health and Social Care**

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**Heading: Update on Safety – covering incident management, reporting and investigation**

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**1. Summary**

- 1.1 This paper provides an update on incident management, reporting and investigation being progressed by the HSCP to the Audit, Risk and Scrutiny Committee. The report covers the period 1 April 2020 to 31 March 2021.
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**2. Recommendations**

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

- Note the content of this paper.
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**3. Background**

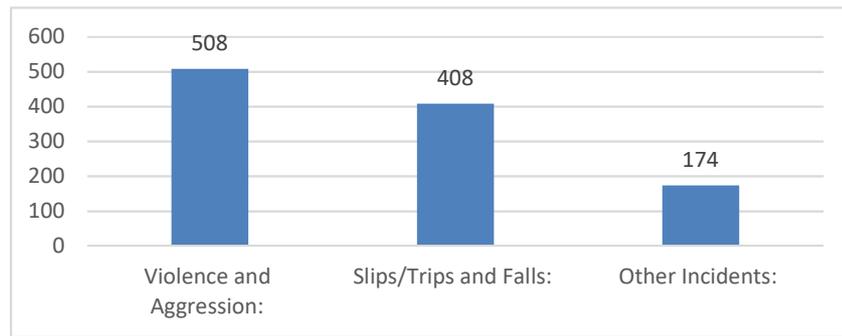
- 3.1 Health and Safety reporting previously formed part of the Non-Financial Governance Report to the IJB and continues to form part of the HSCP Annual Clinical Governance Report to the IJB. To refine this it was agreed by the Chair and Co-chair of the IJB and the Chair of the Audit, Risk and Scrutiny Committee to provide the Audit, Risk and Scrutiny Committee with a specific report on incident reporting and continue to present annually on incident management, reporting and investigation within the Annual Governance Report to the IJB.
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**4. Safety (incident Management, Reporting and Investigation)**

- 4.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Within the HSCP incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.
- 4.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From 1 April 2020 – 31 March 2021 there were **1821** incidents reported on DATIX, compared to **1921 (-100)** in the previous report.

The highest reported categories relate to:

### Highest Incident Categories



4.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically has changed.

The undernoted provides data on accidents/incidents now reported on Business World during the period 1 April 2020 – 31 March 2021. Please note there may be a slight variation with this data due to the accident reporting function within Business World. This has been escalated and Renfrewshire Council are currently reviewing the system.

A total of **371** accidents and incidents were reported.

4.3.1 Breakdown includes:

#### **Non-Employee Accidents/Incidents:**

A total of 333 accidents/incidents were reported during 2020-2021, 324 involved service users.

The highest reported types of accidents were:

- 251 slips, trips and falls (246 occurred within older people residential services)
- 33 fall from height e.g. from a chair/WC (32 occurred within older people residential services)
- 7 medication incidents (6 occurred within residential premises).

#### **Employee Accidents/Incidents:**

A total of 38 were reported, the highest types of accidents were 9 slips, trips or falls and 7 violence and aggression.

4.3.2

In comparison with service user accidents/incidents reported during 2019-2020, 412 were slips, trips and falls. 359 occurred within residential premises (353 in older people and 6 in learning disabilities respite). 37 were reported within day services which have either been closed or operating at reduced capacity during the Covid-19 pandemic. 58 falls from height were reported during 2019-2020. The majority 46 occurred within older people services. 42 in residential premises and 4 in day services.

4.4 **Actions in place to address the highest reported incident categories include:**

- **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.
- **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.

5. **Serious Adverse Events (SAEs)**

5.1 Serious Adverse Events (SAEs) are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SAE investigation is to determine whether there are any learning points for the partnership and wider organisation. All SAEs must have a Briefing Note Template completed.

5.2 Renfrewshire HSCP Social Work services adopt the “Rapid Alert/Briefing Note” template used within health for serious incidents to ensure consistency in approach within the HSCP. All incidents reported are appropriately investigated to minimise the risk of recurrence through learning.

5.3 From April 2020 – March 2021 a total of **9** SCIs/SAEs have been commissioned within Renfrewshire HSCP. This compared to **5** SCIs (**+4**) in the previous report. Description of these incidents varied between attempted and actual suicides and pressure ulcer care. All staff involved in commissioning/conducting SCIs/SAEs investigations must adhere to a series of principles and key requirements. During this period there were also **2** incidents that will go through an Incident Case Review process through the Child Protection Committee. During COVID-19 a number of SCIs/SAEs investigations continued to be progressed however, others were suspended due to the restrictions imposed by the Scottish Government in limiting face to face contact and prioritising urgent duties.

5.4 **Examples of incident management/investigation/reporting improvements include:**

- Learning from SCI/SAEs is shared at various meetings.
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.

6. **Large-Scale Investigations**

6.1 Three Large-Scale Investigations (LSIs) were initiated in 2020. These LSIs involved two independent sector care homes for older people and an independent sector home for adults with learning disabilities. Contributions to these LSIs during the reporting period came from colleagues across the health service, Police Scotland, the Care Inspectorate, Scottish Fire and Rescue Services, commissioning staff, social work services and the third sector, leading to holistic assessment of risks and

strengths within these care settings. The coordinated response to shared concerns enhanced the efficiency and efficacy of safeguarding measures undertaken.

## 7. RIDDOR

- 7.1 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regulations require organisations to report certain incidents to the Health & Safety Executive (HSE) that occur as a result of, or in connection with the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.
- 7.2 There is now a requirement from NHS GG&C Health and Safety Department to complete a Falls Severity 4/5 template and Non-Staff Incident Summary Sheet for every fall incident to establish if the fracture sustained by the patient is RIDDOR reportable.
- 7.3 From April 2020 – March 2021 a total of 8 incidents were investigated as RIDDORs within health and social work services, this was a slight reduction (-3) from the number of 11 incidents in the previous reporting period.

Breakdown includes:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Violence and Aggression – Patient Physical Assault on Staff.	4
Localities	Covid-19 related after using hand gel and Slips/Trips and Falls.	2
Social Work	Slip/Trips and Falls.	2

## 7.4 Examples of recommendations and actions from a Violence and Aggression incident include:

Recommendation	Action(s)
<ul style="list-style-type: none"> <li>Post incident de-briefs carried out for all significant incidents as soon as possible following the incident.</li> </ul>	Staff reminded to carry out post incident de-briefs and they are being carried out.
<ul style="list-style-type: none"> <li>Violence Reduction refresher training to be arranged for the injured person as soon as possible following the incident</li> </ul>	Appropriate training to be arranged and undertaken prior to staff's training timescales lapsing within the ward.
<ul style="list-style-type: none"> <li>Review of the Violence and Aggression Risk Assessment in light of this incident</li> </ul>	The Risk Assessment is reviewed following every significant incident but no changes are required.
<ul style="list-style-type: none"> <li>Management referral or staff self-referral to Occupational Health (OT) to be considered following incidents.</li> </ul>	Referrals to OT are always considered as part of the process.

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## 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.
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#### List of Background Papers

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