

**A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 20 March 2023 at 1pm.**

**This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board Audit Committee and relevant officers. The joining details will be sent to participants prior to the meeting.**

**In the event of connectivity issues, participants are asked to use the *join by phone* number in the Webex invitation.**

**Information relating to the recording of meetings can be found at the end of this notice.**

**IAIN STRACHAN**  
**Head of Legal & Democratic Services**

**\*\* to follow**

<b>BUSINESS</b>		
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>ITEMS FOR ACTION:</b>		
2.	<b>Minute of Meeting of IJB Audit Committee of 28 November 2022</b> (NOTE – approved by IJBAC members prior to inclusion in the agenda for the IJB meeting of 23 January 2023 for business continuity)	<b>P</b>
3.	<b>IJB Audit Committee Rolling Annual Workplan</b>	<b>P</b>
4.	<b>Internal Audit Progress Report 29 August 2022 to 24 February 2023</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>
5.	<b>Status of External Audit Action Plans - 31 January 2023</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>
6. **	<b>External Audit Annual Audit Plan 2022/23</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>
7.	<b>IJB Best Value Statement 2022/23</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>

8.	<b>Inverclyde Integration Joint Board – Directions Update February 2023</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>
9.	<b>External Audit – Audit Fee 2022/23</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>
10.	<b>IJB Risk Register</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>P</b>

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/59>

**Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. Inverclyde Council is a Data Controller under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with Inverclyde Council's Data Protection policy, including, but not limited to, for the purpose of keeping historical records and making those records available.**

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Enquiries to – <b>Diane Sweeney</b> - Tel 01475 712147
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**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 28 NOVEMBER 2022**

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**Inverclyde Integration Joint Board Audit Committee**

**Monday 28 November 2022 at 1.00pm**

**Present:**

**Voting Members:**

Councillor Elizabeth Robertson (Chair)	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Simon Carr	Greater Glasgow & Clyde NHS Board

**Non-Voting Members:**

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde

**Also present:**

Mark Laird	Audit Scotland
Grace Symes	Audit Scotland
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Audrey Howard	On behalf of Allen Stevenson, Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Health & Social Care Partnership
Marie Kiers	Senior Finance Manager, Inverclyde Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Karen MacVey	Legal & Democratic Services Team Leader, Inverclyde Council

**Chair:** Councillor Robertson presided.

The meeting took place via video-conference.

**29 Apologies, Substitutions and Declarations of Interest**

**29**

An apology for absence was intimated on behalf of David Gould, Greater Glasgow & Clyde NHS Board.

No declarations of interest were intimated.

Prior to discussion of the following item the Chair welcomed the representatives from Audit Scotland to the meeting.

30 **Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2022** 30

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Board for the financial year ended 31 March 2022 which has been prepared by the IJJB's external auditors, Audit Scotland.

Ms Elliot joined the meeting during consideration of this item.

The Chair invited Mr Laird to present the Audit Scotland Report (the Report), it being a statutory requirement of the accounts closure process that the IJJB receives a letter from the appointed External Auditors highlighting the main matters arising in respect of the prior years accounts. Mr Laird noted that this was the last report as Auditors and thanked officers and members.

The Chair then invited Mr Given to comment on the Report. Mr Given thanked his team for their work on the accounts and commented favourably on the Report, noting that any points raised for action were currently being progressed.

The Board commented on Section 2 of the Report 'Financial management and sustainability' and questioned if the current funding method of the Scottish Government provided Best Value, highlighting concerns over late funding, prescribed spending, returning unspent funding and recruiting staff on short-term contracts. In response Mr Laird and Mr Given advised that the accounting process was correct. Referring to the statement within that section that 'the IJB has a medium-term financial plan but is yet to develop a longer terms plan' the Board discussed the difficulty of long-term planning when financial settlements are made in the short-term.

The Board asked Mr Given how he planned to develop a longer-term plan in the circumstances, and Mr Given provided an overview as to how he would achieve this, including taking into account forecasted future demand as services and demographics change. He would also look at anticipated future funding streams to estimate the future budget.

The Board referred to the comment made at Section 1 of the Report 'Audit of 2021/22 annual accounts' that 'limited progress was made on prior year recommendations' and sought reassurance on this. Mr Given advised that all the previous recommendations were currently being progressed; savings, Integration Schemes and Locality Planning, and that he had no concerns.

The Board sought reassurance on the amount held in General Fund Reserves, and Mr Laird advised that this was largely due to late funding, that the majority of the Reserves were earmarked and that all IJBs were similarly affected.

The Chair commented favourably on the Report, and thanked all involved in the process. Councillor Quinn submitted her apologies for the meeting of the IJJB at 2pm, and requested that her support for the recommendations be noted.

**Decided:**

- (1) that the contents of the Annual Report to the IJJB and Controller of Audit for the financial year to 31 March 2022 be endorsed;
- (2) that it be recommended to the IJJB that the Chair, Chief Officer of Inverclyde Health & Social Care Partnership and Chief Financial Officer of Inverclyde Health & Social Care Partnership be authorised to accept and sign the final 2021/22 Accounts on behalf of the IJB; and
- (3) that the Letter of Representation, as detailed at appendix 2 of the report, be endorsed and it be recommended to the IJB that this be signed by the Chief Financial Officer of Inverclyde Health & Social Care Partnership.

## IJB Audit Committee Rolling Annual Workplan – 20 MARCH 2023

(Meeting in March, June and September each year)

Date	Reports	Lead Officer
20 March 2023	<p>Internal Audit Progress Report to 24 February 2023</p> <p>Status of External Audit Action Plans to 31 January 2023</p> <p>External Audit Annual Audit Plan 2022/23</p> <p>Best Value Annual Report</p> <p>Directions Update (<i>Min.Ref. IJB 21.09.2020 - 86(3)</i>)</p>	<p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>External Audit</p> <p>Chief Finance Officer</p> <p>Legal Services Manager (Procurement, Conveyancing &amp; Information Governance)</p>
26 June 2023	<p>Draft Annual Accounts</p> <p>Internal Audit Progress Report to 2 June 2023</p> <p>Internal Audit Annual Report and Assurance Statement 2022-23</p> <p>Status of External Audit Action Plans to 30 April 2023</p> <p>Internal Audit Annual Audit Plan 2023/24 (not available earlier – previously considered at March meetings)</p> <p>Assess risk factors pertaining to General Reserves – report</p> <p>Update report on Workforce Plan</p>	<p>Chief Finance Officer</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Finance Officer (<i>Min ref – IJBAC – 27.06.2022 – 20(4)</i>)</p> <p>Chief Officer (<i>Min ref – IJBAC 26.09.2022 – 22(2)</i>)</p>
(date TBC) September 2023	<p>Internal Audit Progress Report to xx August 2023</p> <p>Status of External Audit Action Plans to xx August 2023</p> <p>Directions Update</p> <p>Review of Risk Register</p> <p>Locality Planning Groups update report</p>	<p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Legal Services Manager (<i>Min ref – IJB 21/09/2020 86(3)</i>)</p> <p>Chief Officer (<i>Min ref – IJBAC 21/06/2021 22(4)</i>)</p> <p>Chief Finance Officer (<i>Min Ref - 24/01/2022 – 8(2)</i>)</p> <p>Chief Finance Officer (<i>Min Ref – 26/09/2022 (23)</i>)</p>

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<b>Report To:</b>	<b>Inverclyde Integrated Joint Board Audit Committee</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Chief Officer Inverclyde Integration Joint Board</b>	<b>Report No:</b>	<b>IJBA/02/2023/AP</b>
<b>Contact Officer:</b>	<b>Andi Priestman</b>	<b>Contact No:</b>	<b>01475 712251</b>
<b>Subject:</b>	<b>Internal Audit Progress Report 29 August 2022 to 24 February 2023</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to enable IJB Audit Committee members to monitor the performance of Internal Audit and gain an overview of the IJB's overall control environment.
- 1.3 The report also presents an update on the Internal Audit work undertaken at Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) between 29 August 2022 and 24 February 2023 that may have an impact upon the IJB's control environment.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that IJB Audit Committee members agree to note the progress made by Internal Audit for the period 29 August 2022 and 24 February 2023.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The audit plan for 2022/23 was approved at the IJB Audit Committee meeting in March 2022.
- 3.2 Internal Audit reports findings and action plans to relevant IJB Officers and the Audit Committee as part of the annual audit plan. A follow up process is in place to allow follow up of current internal audit actions to be co-ordinated and updated by Internal Audit on a monthly basis with regular reporting to the Audit Committee.

In each audit, one of 4 overall opinions is expressed:

<b>Strong</b>	In our opinion there is a <b>sound</b> system of internal controls designed to ensure that the organisation is able to achieve its objectives.
<b>Satisfactory</b>	In our opinion <b>isolated</b> areas of control weakness were identified which, whilst not systemic, put some organisation objectives at risk.
<b>Requires improvement</b>	In our opinion <b>systemic and/or material</b> control weaknesses were identified such that some organisation objectives are put at significant risk.
<b>Unsatisfactory</b>	In our opinion the control environment was considered <b>inadequate</b> to ensure that the organisation is able to achieve its objectives.

Individual audit findings are categorised as Red, Amber or Green:

<b>Red</b>	In our opinion the control environment is insufficient to address the risk and could impact the organisation as a whole. Corrective action must be taken and should start immediately.
<b>Amber</b>	In our opinion there are areas of control weakness which we consider to be individually significant but are unlikely to affect the organisation as a whole.
<b>Green</b>	In our opinion our audit highlighted areas for minor control improvement and/or areas of minor control weakness.

- 3.3 Since the last Internal Audit progress report to the September meeting of the IJB Audit Committee, one Internal Audit report has been finalised in relation to IJB Workforce Planning Arrangements.
- 3.4 The Inverclyde Integration Joint Board (IJB) oversees the provision of defined services which are delivered by the Inverclyde Health & Social Care Partnership (HSCP). Those services are delivered by a workforce who range from registered professionals to carers and volunteers. During November 2022 the Inverclyde IJB approved an updated workforce plan which covers the three years to March 2025. That plan must be actively managed to ensure its ambitions are adequately realised. In addition, the HSCP's senior management team continues to redesign services, manage the impact of demographic change and respond to the disruption caused by the Covid-19 pandemic.
- 3.5 The objective of this audit was to provide the IJB Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks faced by Inverclyde IJB in relation to implementing its workforce plan.

### 3.0 BACKGROUND AND CONTEXT (CONTINUED)

- 3.6 The review focused on the high-level processes and procedures in relation to implementing the IJB's workforce plan and concentrated on identified areas of perceived higher risk, such as not adequately monitoring implementation of the workforce plan and not adequately reporting on the progress being made with implementing the plan.
- 3.7 The overall control environment opinion for this audit review was **Satisfactory**. There was one AMBER issue identified as follows:

#### Managing timescales within the workforce plan action plan (Amber)

The timescales for implementing the workforce plan must be realistic and challenging whilst recognising those factors which may impact on their timely completion. By necessity, many of the actions contained in the workforce plan action plan will take more than a year to implement. However, this makes it more difficult for stakeholders to identify and monitor priority actions. In addition, it is also more difficult to assess progress when timescales for completion of the full action exceed a year.

Intermediate actions and timescales have not yet been set due to the early stage of implementing the revised workforce plan. Where intermediate actions and timescales are not set within the workforce plan it may be more difficult to assess the priority actions and progress being made to implement these actions. Also, actions which span several years could be repeatedly rolled forward or only partly implemented.

- 3.8 The audit identified 3 issues, one of which we consider to be individually significant and an action plan is in place to address all issues by 31 December 2023.
- 3.9 In relation to Internal Audit follow up, there were 2 actions due for completion by 31 January 2023 which have missed the deadline set by management. There are 8 actions being progressed by officers. The current status report is attached at Appendix 1.
- 3.10 In addition, since the last Internal Audit Progress report to the Audit Committee meeting in September 2022, Internal Audit Reports reported to Inverclyde Council and NHSGGC which are relevant to the IJB are set out at paragraphs 3.11 and 3.12 of the report.
- 3.11 **Inverclyde Council – Internal Audit Progress Report Summary**

Since the last Internal Audit Progress Report considered at the September 2022 meeting of the Audit and Performance Committee, there were 2 Internal Audit Reports reported to Inverclyde Council which are relevant to the IJB.

Audit Report	Report Opinion	Number/Category of Issues		
		Red	Amber	Green
Freedom of Information Arrangements	Satisfactory	0	0	6
Cyber Security (1)	Satisfactory	0	2	2

- (1) The review focused on the high level processes and procedures in relation to cyber security arrangements and concentrated on identified areas of perceived higher risk, such as the Council not having a comprehensive strategy and response for its overall approach to cyber security, staff not being appropriately trained in cyber security risks, the Council's critical controls not being appropriately assessed and accredited on a regular basis or policies and procedures are not in place for identity and access management including intrusion prevention and detection arrangements.



### **3.0 BACKGROUND AND CONTEXT (CONTINUED)**

There were 2 Amber issues identified as follows:

#### Staff training in relation to cyber security awareness (Amber)

Inverclyde Council's e-learning facility, Inverclyde Learns has a mandatory course on Information Security which staff who require access to a computer must complete prior to being given access to the Council's network. This course also includes some aspects of cyber security training in areas such as protection against viruses, identity and access management, and internet security. The completion rate is very high for this course. 2270 staff members have completed this course to date.

Another course, whilst mandatory, but not required to be completed before being given access to the Council's network is the cyber security awareness course. This course should be completed by all Inverclyde Council employees who have access to a computer. However, only 236 employees out of 1,465 employees who have a corporate account have completed this training to date. In addition, although there have been several training events including two table-top exercises to test the Council's cyber resilience recovery plan, there is currently no regular timetabled programme of training in place and a planned phishing exercise to measure staff awareness of cyber risks has still to be actioned.

Untrained users may increase the risk of successful cyber attacks and security events affecting the Council due to a lack of training and awareness by staff of potential cyber attacks.

#### Overdue external assessments and accreditations (Amber)

The Public Services Network (PSN) provides the Council with secure access to a number of services provided by National and Central Government departments. In order to be eligible to connect to the PSN, the Council is required to pass the PSN compliance process which includes an IT Health Check, completed by an external assessor. Inverclyde Council also holds an accreditation from Cyber Essentials Plus which ensures that the council's IT infrastructure is protected against any threats that may lead to a cyber-attack.

However, it was identified that both the PSN compliance/IT Health Check and Cyber Essentials re-assessment for 2021/2022 have not been submitted as the Council has determined that the assessment and accreditation process should be undertaken once the migration to Microsoft 365 is completed.

Where external assessments and accreditations are overdue, the Council is not complying with the core requirements of the Scottish Public Sector Cyber Resilience Framework.

### **3.12 NHSGGC - Internal Audit Progress Report Summary**

Since the last IA Progress Report considered at the September meeting of the Audit and Performance Committee, there were 2 Internal Audit Reports reported to NHSGGC which are relevant to the IJB and are set out in the undernoted table. There were no Grade 4 recommendations raised (very high exposure) and no control objectives assessed as red.

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Property Transactions Monitoring	Effective	-	-	-	-
Covid 19 Recovery – Annual Delivery Plan	Minor Improvement Required	-	-	2	-
Telecommunications Project – Post Implementation Review	Minor Improvement Required	-	-	3	-
Management Action Follow Up Q1 and Q3	N/A				
<b>Total</b>		-	-	<b>5</b>	-

3.13 Internal Audit within Inverclyde Council and NHSGGC undertake follow up of actions in accordance with agreed processes and report on progress to the respective Audit Committees.

#### 4.0 PROPOSALS

4.1 The IJB Audit Committee is asked to note the progress made by Internal Audit for the period 29 August 2022 and 24 February 2023.

#### 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

#### 5.2 Legal/Risk

Where delays arise in delivering the Internal Audit Plan, there is a risk that this may result in an inability to provide a reasonable level of assurance over the Council's system of internal control to those charged with governance. The main basis for providing assurance is coverage of the planned risk-based audits. Every endeavour is therefore made to ensure that no material slippage occurs in risk-based audits by concentrating resources on these audits.

## 6.0 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 N/A

## 8.0 BACKGROUND PAPERS

8.1 Internal Audit Reports. Copies available from Chief Internal Auditor.

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS  
AT 31 JANUARY 2023**

**Summary: Section 1 Summary of Management Actions due for completion by 31/01/2023**

There were 2 actions due for completion by 31 January 2023 which have missed the deadline set by management.

**Section 2 Summary of Current Management Actions Plans at 31/01/2023**

At 31 January 2023 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

**Section 3 Current Management Actions at 31/01/2023**

At 31 January 2023 there were 8 current audit action points.

**Section 4 Analysis of Missed Deadlines**

At 31 January 2023 there were 3 audit action points where the agreed deadline had been missed.

**Section 5 Summary of Audit Action Points By Audit Year**

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2023**

**SECTION 1**

<b>No. of Actions Due</b>	<b>No. of Actions Completed</b>	<b>Deadline missed Revised date set*</b>	<b>Deadline missed Revised date to be set*</b>	<b>No action proposed</b>
2			2	

\* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2023**

**SECTION 2**

<b>Current Actions</b>	
Due for completion April 2023	1
Due for completion May 2023	1
Due for completion June 2023	3
Due for completion December 2023	1
Completion date to be advised	2
<b>Total current actions:</b>	<b>8</b>

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

**CURRENT MANAGEMENT ACTIONS AS AT 31.01.2023**

**SECTION 3**

<b>Recommendation/Agreed Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>IJB Integration Scheme Update – Readiness Review (December 2019)</b>		
<p><b>Recommendation:</b> <b>Specifying governance arrangements within the Integration Scheme (Amber)</b> The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Officer</b>	<b>31.05.2023*</b>
<b>Budgetary Control (March 2020)</b>		
<p><b>Recommendation:</b> <b>Updating the Inverclyde Integration Joint Board’s (IJB) reserves strategy (Green)</b> The IJB’s Chief Financial Officer will update the IJB’s reserves strategy to fully:</p> <ul style="list-style-type: none"> <li>• reflect the terminology used within the IJB’s annual accounts regarding reserves; and</li> <li>• allow for the revised Integration Scheme.</li> </ul> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>30.06.2023*</b>
<b>IJB Performance Management and Reporting Arrangements (July 2021)</b>		
<p><b>Recommendation:</b> <b>Reporting on progress with implementing the IJB’s Strategic Plan (Amber)</b> Management will provide a mid-year (April to September) Strategic Plan progress report to IJB that includes RAG status and actions.</p> <p>Management will produce an “easy read” document which covers the progress being made with implementing the IJB’s Strategic Plan and would accompany the Annual Performance report.</p> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>To be advised*</b>
	<b>IJB Chief Financial Officer</b>	<b>To be advised*</b>

\* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

**CURRENT MANAGEMENT ACTIONS AS AT 31.01.2023**

**SECTION 3**

<b>Recommendation/Agreed Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>IJB Workforce Planning Arrangements (February 2023)</b>		
<p><b>Recommendation:</b> <b>Managing Timescales within the Workforce Plan action plan (Amber)</b> The IJB Chief Financial Officer will, in conjunction with all relevant senior officers, review the timescales within the workforce plan action plan with the aim of:</p> <ul style="list-style-type: none"> <li>• more clearly identifying priority actions for the next year.</li> <li>• seeking to set intermediate actions and corresponding timescales for those actions which are forecast to take more than a year to fully implement.</li> </ul> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>30.06.2023</b>
<p><b>Recommendation:</b> <b>Managing Timescales within the Workforce Plan action plan (Amber)</b> The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action. <b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>31.12.2023</b>
<p><b>Recommendation:</b> <b>Managing the development of detailed workforce plan action plans (Green)</b> The IJB Chief Financial Officer will oversee appropriate arrangements to regularly and adequately monitor the development and implementation of each detailed action plan which originates from the high-level workforce plan. <b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>30.04.2023</b>
<p><b>Recommendation:</b> <b>Clearer responsibility and accountability for implementing action plans (Green)</b> The IJB Chief Financial Officer will review the responsible officer column within the high-level workforce plan and review the current operational procedure for managing workforce planning activities and ensure that the revised procedure aligns to the procedure used to monitor the Strategic Plan. <b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>30.06.2023</b>

\* These actions are included in the Analysis of Missed Deadlines – Section 4



**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS  
ANALYSIS OF MISSED DEADLINES**

**SECTION 4**

Report	Action	Original Date	Revised Date	Management Comments
<b>Budgetary Control (March 2020)</b>	<p><b>Updating the Inverclyde Integration Joint Board's (IJB) reserves strategy (Green)</b></p> <p>The IJB's Chief Financial Officer will update the IJB's reserves strategy to fully:</p> <ul style="list-style-type: none"> <li>• reflect the terminology used within the IJB's annual accounts regarding reserves; and</li> <li>• allow for the revised Integration Scheme.</li> </ul>	<p><b>30.09.20</b> <b>31.09.21</b> <b>31.08.22</b></p>	<b>31.06.23</b>	<p>The reserves strategy will be impacted by the review of the integration schemes which are now due for final submission May 2023.</p> <p>It is anticipated that a revised reserves strategy will go to IJB in June 2023.</p>
<b>IJB Integration Scheme Update – Readiness Review (December 2019)</b>	<p><b>Specifying governance arrangements within the Integration Scheme (Amber)</b></p> <p>The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p>	<b>31.07.22</b>	<b>31.05.23</b>	<p>Work has continued to be developed on the integration schemes and it has been widely accepted that the July 22 completion date has been ambitious. A revised timetable has been issued by the group with an anticipated completion date of May 23 at the earliest. This will involve extensive consultation with NHS GGC Board, all Six Councils and IJB's with a final draft expected late April 23 and final submission to the Cabinet Secretary in May 23.</p>

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS  
ANALYSIS OF MISSED DEADLINES**

**SECTION 4**

Report	Action	Original Date	Revised Date	Management Comments
<b>IJB Performance Management and Reporting Arrangements (July 2021)</b>	<b>Reporting on progress with implementing the IJB's Strategic Plan (Amber)</b> Management will produce an "easy read" document which covers the progress being made with implementing the IJB's Strategic Plan and would accompany the Annual Performance report.	<b>30.06.22 30.11.22</b>	<b>To be advised</b>	This will be in place once the revised IJB Strategic Plan is approved. The Strategic Plan will now be presented to the March 2023 IJB for approval.
<b>IJB Performance Management and Reporting Arrangements (July 2021)</b>	<b>Reporting on progress with implementing the IJB's Strategic Plan (Amber)</b> Management will provide a mid-year (April to September) Strategic Plan progress report to IJB that includes RAG status and actions.	<b>30.11.22</b>	<b>To be advised</b>	This will be in place once the revised IJB Strategic Plan is approved. The Strategic Plan will now be presented to the March 2023 IJB for approval.

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR**

**SECTION 5**

The following table sets out the total number of agreed actions raised by audit year together with their completion status as at 31 January 2023.

<b>Audit Year</b>	<b>Total Agreed Actions</b>	<b>Total Actions Completed</b>	<b>Total Current Actions Not Yet Due*</b>		
			<b>Red</b>	<b>Amber</b>	<b>Green</b>
2016/2017	3	3	0	0	0
2017/2018	8	8	0	0	0
2018/2019	6	5	0	1	0
2019/2020	6	5	0	0	1
2020/2021	2	2	0	0	0
2021/2022	6	4	0	1	1
2022/2023	4	0	0	2	2
<b>Total</b>	<b>35</b>	<b>27</b>	<b>0</b>	<b>4</b>	<b>4</b>

\* This part of the table sets out the total number of current actions not yet due at the date of the follow up report.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Chief Officer Inverclyde Integration Joint Board</b>	<b>Report No:</b>	<b>IJBA/03/2023/AP</b>
<b>Contact Officer:</b>	<b>Andi Priestman</b>	<b>Contact No:</b>	<b>01475 712251</b>
<b>Subject:</b>	<b>Status of External Audit Action Plans – 31 January 2023</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to advise IJB Audit Committee members of the status of current actions from External Audit Action Plans at 31 January 2023.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that members note the progress to date in relation to the implementation of external audit actions.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Chief Internal Auditor co-ordinates follow up reporting on current actions arising from External Audit Action Plans on a monthly basis with regular reporting to the Audit Committee.
- 3.2 There were no actions due for completion by 31 January 2023. The status report has been updated to reflect the actions agreed in relation to the 2021/22 Annual Report to the Integration Joint Board.
- 3.3 There are 4 current external audit actions being progressed by officers. The current status report is attached at Appendix 1.

### 4.0 PROPOSALS

- 4.1 The IJB Audit Committee is asked to note the progress to date in relation to the implementation of external audit actions.

### 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

### 5.2 Legal/Risk

There is a risk that failure to implement agreed audit actions in a timely manner could result in an inability to provide a reasonable level of assurance over the Council's system of internal control to those charged with governance.

### 6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

### 7.0 CONSULTATION

- 7.1 Relevant Officers were asked to provide updates to the report as appropriate.

## **8.0 BACKGROUND PAPERS**

8.1 External Audit Reports. Copies available from Chief Internal Auditor.

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS  
AT 31 JANUARY 2023**

**Summary: Section 1 Summary of Management Actions due for completion by 31/01/2023**

There were no actions due for completion by 31 January 2023.

**Section 2 Summary of Current Management Actions Plans at 31/01/2023**

At 31 August 2023 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

**Section 3 Current Management Actions at 31/01/2023**

At 31 January 2023 there were 4 current audit action points.

**Section 4 Analysis of Missed Deadlines**

At 31 January 2023 there were no audit action points where the agreed deadline has been missed.

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2023**

**SECTION 1**

<b>No. of Actions Due</b>	<b>No. of Actions Completed</b>	<b>Deadline missed Revised date set*</b>	<b>Deadline missed Revised date to be set*</b>
0			

\* These actions are included in the Analysis of Missed Deadlines – Section 4



**INVERCLYDE COUNCIL INTERNAL AUDIT  
REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2023**

**SECTION 2**

**CURRENT ACTIONS**

<b>Month</b>	<b>No of actions</b>
Due for completion March 2023	1
Due for completion May 2023	1
Due for completion June 2023	2
<b>Total Actions</b>	<b>4</b>

**INVERCLYDE COUNCIL INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

**CURRENT MANAGEMENT ACTIONS AS AT 31.01.2023**

**SECTION 3**

<b>Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>2021/22 Annual Audit Report (November 2022)</b>		
<p><b>Medium to Long Term Financial Plan</b> <b>Recommendation:</b> The IJB should develop a longer-term financial plan which extend a 3-year period.</p> <p><b>Agreed Action:</b> A new 5 year financial plan will be produced by March 2023.</p>	<b>Chief Financial Officer</b>	<b>30.06.2023</b>
<p><b>b/f Savings Proposals</b> <b>Recommendation:</b> Efficiency savings plans and proposals should continue to be developed to meet anticipated savings target.</p> <p><b>Agreed Action:</b> Savings options have been developed by management and will be considered by the Board in early 2023.</p>	<b>Chief Financial Officer</b>	<b>31.03.2023</b>
<p><b>b/f Integration Scheme Review</b> <b>Recommendation:</b> The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p><b>Agreed Action:</b> The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts.</p>	<b>Chief Officer</b>	<b>31.05.2023</b>
<p><b>b/f Implementation of Locality Planning Groups</b> <b>Recommendation:</b> Locality Planning Groups should be implemented to oversee the development of Locality Action Plans.</p> <p><b>Agreed Action:</b> As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014. The HSCP will develop Two Locality Groups – an East Locality and a West Locality, they will work alongside the six communication and engagement groups of Inverclyde Council and Inverclyde Community Planning. We endeavour to have the Localities set up by end of March 2023.</p>	<b>Chief Financial Officer</b>	<b>30.06.2023</b>

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS  
ANALYSIS OF MISSED DEADLINES**

**SECTION 4**

<b>Report</b>	<b>Action</b>	<b>Original Date</b>	<b>Revised Date</b>	<b>Management Comments</b>
There are no external audit actions that have missed the original agreed deadline.				

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**Report To:** Inverclyde Integration Joint Board Audit Committee      **Date:** 20 March 2023

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJBA/05/2023/CG

**Contact Officer:** Craig Given      **Contact No:** 01475 715381

**Subject:** IJB Best Value Statement 2022/23

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision       For Information/Noting

1.2 The purpose of this report is to provide a statement in relation to how the IJB has delivered Best Value during the previous financial year.

Appendix A contains the Draft Best Value Statement for 2022/23. This is reviewed and updated annually as part of the annual accounts process.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the IJB Audit Committee approve the Best Value Statement enclosed at Appendix A.

**Kate Rocks**  
Chief Officer  
Inverclyde Health and Social Care Partnership

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.
- 3.2 Part of evidencing the work that the IJB does in relation to this is through officers reviewing and updating the Best Value Statement enclosed at Appendix A each year as part of the annual accounts process.
- 3.3 The statement considers Inverclyde's position in relation to 10 key Audit Scotland Best Value prompts. Based on this statement and placing appropriate reliance on the Best Value arrangements in place through the Council and Health Board no additional action is required by the IJB at this time over and above the actions already taking place as detailed in the statement. These 10 questions and draft responses were sent to all IJB members during the year for comment and those comments were used to update the enclosed draft statement.
- 3.4 In compiling the response a questionnaire was sent to all IJB members in January 2023. The survey detailed the 10 Best Value prompt questions recommended by Audit Scotland and showed the proposed responses to each of those. 12 responses were received to the questionnaire. In the main respondents agreed with the proposed narrative. Where changes were proposed these have been shown as tracked changes on the attached appendix. The table in Appendix B details the responses received and action taken.
- 3.5 Within the responses were 4 comments which weren't specific wording changes. The comments received were:

Q2. A comment was raised around the level of detail provided to IJB members to allow them to make decisions around the HSCP achieving Best Value.

Response is the IJB carries out all the processes, procedures, monitoring, governance and commissioning which seeks to ensure that best value is achieved. However it is recognised that officers will seek to improve upon this going forward and also highlight in future reports how this ties into achieving Best Value.

Q3. A comment was raised around the buy in from all members of the IJB around the longer term vision. Obviously the IJB strives to achieve a consensus with all IJB members. We would certainly want to work with all parties going forward around the long term strategy of the IJB.

Q7. A comment was offered around the role and effectiveness of the Strategic Planning Group's role within the IJB's business and feeling that the group had little influence around the overall strategy of the organisation. The IJB notes this comment and does consider the SPG to be the appropriate forum for these relevant issues to be discussed and changed if required. However, officers will strive to ensure that all relevant voices are heard at the SPG and would encourage further discussion with any members who may wish to engage further around this issue.

Q9. A comment was raised which disagreed that sufficient information around performance was issued to the IJB to ascertain value for money.

The IJB follows the relevant governance arrangements put in place and also follows the relevant governance arrangements of its partners. However, officer will bring forward more performance information for future IJB's and in line with our new outcomes framework in our Strategic Plan.

#### 4.0 PROPOSALS

4.1 It is recommended that the IJB Audit Committee approve the Best Value Statement enclosed at Appendix A.

#### 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is (are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

#### 5.2 Finance

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

#### 5.3 Legal/Risk

There are no specific legal implications arising from this report.

#### 5.4 Human Resources

There are no specific human resources implications arising from this report.

**5.5 Strategic Plan Priorities**

There are no specific Strategic Plan Priorities implications arising from this report.

**5.6 Equalities**

(a) Equalities

There are no equality issues within this report.

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
√	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

There are no Equalities Outcomes implications within this report.

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**5.7 Clinical or Care Governance**

There are /are no governance issues within this report.

**5.8 National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

### 5.9 Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

### 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?



	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 This report was prepared in consultation with the Chief Officer and External Audit.

## 8.0 BACKGROUND PAPERS

8.1 None

## APPENDIX A

## IJB Best Value – Draft Statement 2020/21

	Audit Scotland Prompt	Response
1	Who do you consider to be accountable for securing Best Value in the IJB?	<p>The duty of Best Value applies to all public bodies in Scotland. It is a statutory duty on local authorities (Inverclyde Council) and a formal duty on Accountable Officers, such as the Chief Executive of NHS GG&amp;C.</p> <p>The IJB is responsible for directing its partners (the Council and Health Board) to commission all IJB services in line with the principles of Best Value. Ultimately the IJB is primarily responsible to deliver Best Value and it directs its accountable officers to deliver this and seeks to hold to account via its assurance and governance framework. However, this does not remove the accountability within partner organisations for their own responsibilities under Best Value legislation. Commissioning from third sector providers should be evaluated with Best Value principles during procurement.</p>
2	How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value?	<p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.</p> <p>There are current arrangements for monitoring the delivery of the Strategic Plan this within various IJB/HSCP forums, including:</p> <ul style="list-style-type: none"> <li>• Integration Joint Board Meetings</li> <li>• Transformation Board</li> <li>• Audit Committee</li> <li>• <b>Social Work &amp; Social Care Scrutiny Panel</b></li> <li>• Clinical &amp; Care Governance Committee</li> <li>• Strategic Planning Group</li> <li>• Senior Management Team (HSCP)</li> <li>• Corporate Management Teams of the Health Board and Council</li> </ul> <p>Performance is scrutinised regarding the targets met or any issues that arise from this. Systems of control within the IJB are subject to Internal Audit review and scrutiny by the IJB Audit Committee. The Committee also receives a regular</p>

	<b>Audit Scotland Prompt</b>	<b>Response</b>
		<p>summary of all internal audit reports relating to the IJBs partner organisations which provides further assurance in relation to Best Value. The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery which are also subject to regular audit and review directly through those partner organisations.</p> <p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.</p>
3	<p>Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?</p>	<p>Yes - the IJB has good joint working arrangements in place and has benefited from ongoing support from members and officers within our partner organisations over the last year in order to deliver the IJBs longer term vision. Within Inverclyde there is a wider collaborative approach to Health and Social Care with a commitment to Best Value from all relevant partners which is evidenced through their own Best Value processes and audit arrangements. Both partners have historically delegated significant budget resources to deliver the integration of health and social care services, which have themselves been delegated to the IJB</p> <p>The IJB also works closely with Community Planning Partners through the Strategic Alliance. However, there is still a feeling within the IJB that this could be improved further with more partnership engagement.</p>
4	<p>How is value for money demonstrated in the decisions made by the IJB?</p>	<p>All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions. In addition IJB directions to the Health Board and Council require them to deliver our services in line with Best Value principles.</p> <p>This can be demonstrated by the IJB whereby the IJB actively considers the weighting of quality and price as a means of achieving the full value of the</p>

	<b>Audit Scotland Prompt</b>	<b>Response</b>
5	Do you consider there to be a culture of continuous improvement?	<p>resources being expended. This is general rule we use with all our tenders unless there are specific situations where other specific factors are considered.</p> <p>Yes – IJB, SPG and SMT development sessions over the past 12 months have sought to enhance the operational effectiveness of the IJB, SPG and SMT and of the services the HSCP delivers. The IJB operates and believes in creating a culture of continuous improvement working in conjunction with its attitude towards risk as a live concern.</p> <p>Many of these development sessions have been focussed around service redesign and improvement plans within services to ensure the IJB and SPG members are fully informed and engaged in our continuous improvement process. Both the IJB and SPG have staff-side representation, so staff and trade unions are also fully involved in shaping continuous improvement.</p> <p>We have also redesigned our Transformation Board arrangements to make clearer and closer links between the work of that Board and the Strategic Plan and Strategic Planning Group. Feedback from officers has been very positive on the new Board format.</p>
6	Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?	<p>Several reviews have taken place with many still ongoing. This work is overseen operationally by Review Boards for each Service Review and the Transformation Board oversees all of the reviews and redesigns with feedback on the planned and delivered service improvements and efficiencies of each.</p> <p>Some of the major reviews include: Learning Disabilities Review, Addictions Review and AHP Review. There has also been a major review of Health Improvement Services, shifting the focus from single topic project work to more of a Public Health approach. This has been done in a bid to embed a strategic approach to tackling inequalities across the whole Community Planning Partnership (the Inverclyde Alliance). All of these redesigns have been very recent, and the impacts have not yet been evaluated. We have also recently refreshed our strategic plan and working on an outcomes framework for this. <b>This updated plan will go to March IJB.</b></p>

	Audit Scotland Prompt	Response
7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?	<p>We are also currently working on the Business Support review, Care at Home review, <b>Homelessness Review</b>, Risk and Risk appetite review and implementing the new Workforce Plan. <b>The Transformation Board also oversees new developments and costings, service reviews are carried out in partnership with the Trade Unions and progress reported back to the Joint Staff Partnership Forum.</b></p> <p>Yes – Prioritised improvement actions in Inverclyde are managed through the Service Review Boards, Heads of Service, Transformation Board and the SMT with the Health Board and Council CMTs involved as required. All reviews are aligned to the overall Strategic Planning process which is monitored and recently refreshed and controlled through the SPG. Annual implementation plan for each of the 6 Big Actions are in place and progress reports against these implementation plans go to the SPG and IJB to provide guidance on overall performance in delivering the Strategic Plan. We have also recently revised our Workforce Plan and the relevant improvement actions with be monitored on a 6 monthly basis.</p>
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?	<p>Staff and clinical representation is in place on all Review Boards, the SPG and IJB. All redesigns <b>with a clinical risk</b> are discussed at the Clinical and Care Governance Group, and potential implications are required to be assessed and included in IJB reports. In addition, Equality Impact Assessments are required for savings proposals. The IJBs Clinical Care Strategy puts a firm focus on the quality and safety of care across all services.</p> <p>The integrated ways of working in Inverclyde ensure that residents experience a quality standard of care. As an example, one of the key emerging priorities for the HSCP is supporting the 3rd sector's readiness to bid for contracts. Working in partnership with the local TSI, this commitment to supporting partners in the 3rd sector will improve both the quality of the tender bids and the capacity of the 3rd sector.</p> <p>Given the level of savings, demographic demands is becoming more difficult to deliver savings, there is a concern that this will impact on quality in the future.</p>

	<b>Audit Scotland Prompt</b>	<b>Response</b>
9	Is performance information reported to the board of sufficient detail to enable value for money to be assessed?	The IJB has oversight of <b>HSCP</b> performance both operationally and financially through regular financial and performance monitoring reports.
10	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable?	Regular budget and performance monitoring reports to the IJB give oversight of this. All IJB reports contain a section outlining the financial implications of each paper. The IJBs internal control reporting mechanisms linked to the Risk Register require reporting to the Audit Committee on any High/Significant operational risks in addition to the IJB strategic risks. This additional process helps ensure the IJB has sight of any potential concerns, enabling them to manage and mitigate any resource risks.

## APPENDIX B

### Summary of Questionnaire Responses

Question/Prompt	Responses				Proposed change
	Agree response	Disagree	Not sure/No strong opinion		
1. Who do you consider to be accountable for securing Best Value in the IJB?	12/12				Minor wording change
2. How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value?	9/12	1/12	2/12		Minor Wording Change and response to the 1 Disagree in covering report.
3. Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?	10/12	1/12	1/12		
4. How is value for money demonstrated in the decisions made by the IJB?	10/12		2/12		
5. Do you consider there to be a culture of continuous improvement?	12/12				
6. Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?	9/12		3/12		Wording Updated
7. Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?	11/12		1/12		
8. What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?	11/12	1/12			Wording updated
9. Is performance information reported to the board of sufficient detail to enable value for money to be assessed?	10/12	1/12	1/12		Response to the 1 Disagree in covering report

10. How does the JB ensure that management of resources (finances, workforce etc.) is effective and sustainable?	12/12			
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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/025/23</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board – Directions Update February 2023</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board Audit Committee (IJB Audit) a summary of the Directions issued by Inverclyde Integration Joint Board (IJB) to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2022 to February 2023.
- 1.3 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the fifth such report and covers the period from September 2022 to February 2023.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the Inverclyde Integration Joint Board Audit Committee notes the content of this report.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 3.2 A revised IJB Directions Policy and Procedure was approved by the IJB in [September 2020](#). As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the fifth such report and covers the period from September 2022 to February 2023.
- 3.3 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inverclyde Health and Social Care Partnership.

### **4.0 SUMMARY OF DIRECTIONS**

- 4.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.
- 4.2 Between September 2022 to February 2023 (inclusive):
- the IJB has issued 6 Directions;
  - 4 of these were Directions to both the Council and Health Board; and
  - 2 of these were Directions to the Council only.
- 4.3 Of the 6 Directions issued by the IJB:
- 4 remain open (current); and
  - 2 have been superseded.
- 4.4 The list of Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde is set out at Appendix 1 of this report. The list is split into financial years – 2020/21, 2021/22 and 2022/23
- 4.5 As requested by the IJB Audit Committee at its meeting on 26 September 2022, Directions noted as completed or superseded in the previous financial years 2020/21 and 2021/22 have been removed from the Directions log.
- 4.6 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report on the IJB's Directions. The third annual report will be presented to the IJB at its meeting in September 2023.

### **5.0 PROPOSALS**

- 5.1 It is proposed that the IJB Audit Committee notes the content of report and the summary of Directions issued by the IJB between September 2022 and February 2023.

## 6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic Plan Priorities	X		
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

## 6.2 Finance

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

## 6.3 Legal/Risk

The IJB is, in terms of Sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct Inverclyde Council and NHS Greater Glasgow and Clyde to deliver services to support the delivery of the Strategic Plan.

## 6.4 Human Resources

There are no Human Resource implications arising from this report

## 6.5 Strategic Plan Priorities

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

## 6.6 Equalities

There are no equality issues within this report.

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 6.7 Clinical or Care Governance

There are no clinical or care governance issues within this report.

## 6.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 7.0 DIRECTIONS

7.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

## 8.0 CONSULTATION

8.1 The Chief Officer and Chief Financial Officer have been consulted in the preparation of this report.

## 9.0 BACKGROUND PAPERS

9.1 None.

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.03.20 20 IJB/17/20 20/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="#">Inverclyde Alcohol and Drug Recovery Development Update</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 20 IJB/17/20 20/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="#">Inverclyde Alcohol and Drug Recovery Development Update</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 20 IJB/21/20 20/SMcA	Hard Edges Scotland Report	Council only	IJB has approved the appointment of two care navigators Grade 6 posts for 12 months through Inverclyde Council	Children & Families	£81.6k new Hard Edges funding	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="#">Hard Edges Scotland Report</a>	Head of Children, Families and Criminal Justice	Childrens Services	
17.03.20 20 IJB/32/20 20/AS	Social Care Case Management - Mini Competition	Both Council and Health Board	Inverclyde Council to oversee the procurement of a replacement Social Work Information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agreed by the IJB through Prudential Borrowing	HSCP	£243k through IJB prudential borrowing	17-Mar-20	17-Mar-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="#">Private report</a>	Head of Strategy & Support Services	Performance & Information	Direction will be superseded by in year subsequent update reports in year
23.06.20 20 IJB/44/20 20/LL	Unscheduled Care Commissioning Plan	Both Council and Health Board	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	HSCP	N/A	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="#">Unscheduled Care Commissioning Plan</a>	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
23.06.20 20 IJB/45/20 20/SMcA	Champions Board/Proud2Care	Council only	Funding provided to continue resourcing of Proud 2 Care and to enable the Council's continued partnership with Your Voice and the Champion's Board to support continued Proud 2 Care activity	Children & Families	£70k and £40k through the Transformation Fund	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="#">Champions Board/Proud2Care</a>	Head of Children, Families and Criminal Justice	Childrens Services	
21.09.20 20 IJB/68/20 20/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the actions within the digital investment plan for 2020/21 as outlined in the report and Appendix A. (Includes SWIFT replacement).	All functions outlined in Appendix A of the report.	As outlined in Appendix A.	21-Sep-20	21-Sep-20	Sep-21	Current	No	N/A	<a href="#">HSCP Digital Strategy 2020/21</a>	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
29.03.21 IJB/13/20 21/LL	Emergency Powers Decision Log to March 2021	Health Board only	Appointment of 2 additional Health Visitors required to support Children's Services as outlined in the report.	Children & Families	£120k per annum including on costs	11-Feb-21 (emergency powers)	11-Feb-21	May-21	Current	No	N/A	<a href="#">Emergency Powers Decision Log</a>	Head of Children, Families and Criminal Justice	Childrens Services	

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.05.2021 IJB/23/2021/SMcA	The Promise Partnership Funding	Both Council and Health Board	Funding allocation via the Promise Partnership of £250,000 to be used to establish the I Promise Team and conduct the discovery of/design phase of the I Promise plan, including some test of change work. The Council and Health Board are directed to employ a Senior Officer at the appropriate grade, subject to job evaluation, and to fund a modern apprenticeship post. Additional staff outline in the report to be employed in partnership with third sector partners.	Children & Families	The Promise Partnership has been awarded one year's funding of £250,000, additional resource of £3k to be utilised via ADP funds and Care Experienced Attainment Funding.	17-May-21	17-May-21	May-22	Current	No	N/A	<a href="#">The Promise Partnership Funding</a>	Head of Children, Families and Criminal Justice	Children's Services	
01.11.2021 IJB/50/2021/AM	Advanced Clinical Practice Proposal	Health Board only	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as outlined in the report.	Mental Health Services Adult and Older Adult Inpatient Community Services	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Mental Health	
01.11.2021 IJB/49/2021/AM	Homeless Service - Development of Rapid Rehousing Support Provision September 2021	Council only	The Council is directed to implement the Rapid Rehousing Support Service, including the creation of an Integrated Homeless Team, with 10 additional posts, as outlined in the report in order to provide intensive, wraparound support to those with the most complex needs, often caught up in a cycle of repeat, prolonged periods of homelessness.	Homelessness Service	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Homelessness	



Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
21.03.2022 IJB/22/2022/CG	Inverclyde IJB Budget 2022/23	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £66.071m in line with the Strategic Plan and the budget outlined within the report.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £128.564m in line with the Strategic Plan and the budget outlined within the report.	Budget 2022-23	The budget delegated to Inverclyde Council is £66.071m and NHS Greater Glasgow and Clyde is £128.564m as per the report.	21-Mar-22	21-Mar-22	Jun-22	Superseded	No	N/A	<a href="#">Inverclyde IJB Budget 2022/23</a>	Chief Financial Officer	Finance	26 September 2022 Superseded by Financial Monitoring Report 2022/23 - Period 4 - IJB/44/2022/CG
27.06.2022 IJB/31/2022/CG	Proposed Use of IDEAS Project Surplus Funds	Council only	Inverclyde Council is directed to invest the £0.297m surplus funds provided by the IJB to: (a) support the appointment of 2 additional Money Advice posts for HSCP Advice Services; and (b) provide support to Financial Inclusion Partners to be agreed by the Financial Inclusion Partnership all as detailed in the report.	Advice Services	£0.297m as detailed in the report.	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	<a href="#">IDEAS Project Surplus Funds</a>	Head of Finance, Planning and Resources	Finance, Planning and Resources	
27.06/22 IJB/27/2022/AM	Mental Health and Wellbeing Service	Health Board only	NHS Greater Glasgow and Clyde is directed to develop and implement the Inverclyde Mental Health and Well-being Service (MHWS) all as detailed in the report, including the appointment of the proposed 13 additional posts as set out in paragraph 6.3.	Primary Care Services Mental Health Services - Young People, Adult and Older Adult	As detailed in the report. Indicative allocation from the Scottish Government: 2022/23 - £156,876.54 2023/24 - £313,263.86 2024/25 - £631,746.06	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	<a href="#">Mental Health and Wellbeing Report</a>	Head of MH, ADRS and Homelessness	Mental Health	
20/07/22 IJB/34/2022/CG	Inverclyde Learning Disability Community Hub	Council only	Inverclyde Council is directed to proceed with the approved project on the basis of the alternative design set out in the report and through the intended procurement route via hub West Scotland with additional funding support of £1.117million from the IJB.	Learning Disability Day Services	£1.117million, through a combination of prudential borrowing and use of existing reserves.	20-Jul-22	20-Jul-22	26th June 2023	Current	No	N/A	<a href="#">Inverclyde Learning Disability Community Hub</a>	Head of Finance, Planning and Resources Head of Health and Community Care	Learning Disabilities	
26/09/22 IJB/44/2022/CG	Financial Monitoring Report 2022/23 - Period to 31 July 2022 - Period 4	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	26-Sep-22	26-Sep-22	Nov-22	Superseded	Yes Supersede	21.03.2022 IJB/22/2022/CG	<a href="#">Financial Budget Monitoring Report 2022/23 - Period 4</a>	Chief Financial Officer	Finance	7 November 2022 Superseded by Financial Monitoring Report 2022/23 - Period 5 - IJB/49/2022/CG
07.11.22 IJB/49/2022/CG	Financial Monitoring Report 2022/23 - Period to 31 August 2022 - Period 5	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	07-Nov-22	07-Nov-22	Jan-23	Superseded	Yes Supersede	26.09.2022 IJB/44/2022/CG	<a href="#">Financial Budget Monitoring Report 2022/23 - Period 5</a>	Chief Financial Officer	Finance	23 January 2023 Superseded by Financial Monitoring Report 2022/23 - Period 7 - IJB/06/2023/CG



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b>	<b>20 March 2022</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJBA/01/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>External Audit – Audit Fee 2022/23</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to present the Audit Scotland External Audit Fee for 2022/23, for IJB approval.

The proposed audit fee for 2022/23 is £31,470.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the IJB Audit Committee approves the proposed Audit Fee.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The audit fee is set based on an estimate of the number of days and work involved in the audit. This will be our first fee with our next external auditors KPMG. The proposed audit fee for 2022/23 is again a flat fee which is the same for all IJBs regardless of size or audit complexity. The below shows the fee's paid over the last few years:

2022/23 £31,470  
2021/22 £27,960  
2020/21 £27,330  
2019/20 £26,560

### 4.0 PROPOSALS

- 4.1 The proposed fee is £31,470. The Committee is asked to approve the proposed fee.

### 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	X		
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

### 5.2 Finance

The financial implications are as outlined in this report. Recurring budget is in place to cover the Audit Fee.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

**5.3 Legal/Risk**

There are no specific legal implications arising from this report.

**5.4 Human Resources**

There are no specific human resources implications arising from this report.

**5.5 Strategic Plan Priorities**

There are no specific Strategic Plan Priorities implications arising from this report.

**5.6 Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

There are no equality issues within this report.

	YES – Assessed as relevant and an EqIA is required.
√	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 5.7 Clinical or Care Governance

There are no governance issues within this report.

## 5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1 <b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The draft plan was circulated by Audit Scotland to the Chief Financial Officer for comment and feedback and shared with the Chief Officer.

## 8.0 BACKGROUND PAPERS

8.1 None.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board – Audit Committee</b>	<b>Date:</b>	<b>20 March 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJBA/04/2023/CG</b>
<b>Contact Officer:</b>	<b>Craig Given Head of Finance, Planning and Resources Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>IJB Risk Register</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.
- 1.3 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.
- 1.4 The IJB Risk Register is fully reviewed at least twice a year by the Inverclyde HSCP Senior Management Team with any recommended changes taken to this Committee for approval.

## **2.0 RECCOMENDATIONS**

- 2.1 That the IJB:

1. Notes the content of this report.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**



### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Integration Joint Board (IJB) Strategic Risk Register covers the risks specific to the IJB and its operations. In addition the Health and Social Care Partnership (HSCP) has an operational register for Social Care and Health Service operations and a Project Risk Register for the new Greenock Health Centre Capital Project.
- 3.2 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year, the last review took place in September 2022. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.

### 4.0 IJB STRATEGIC RISK REGISTER

- 4.1 The updated IJB Strategic Risk Register is enclosed at Appendix A. Changes since the last report are:
- Risk 7 –Contingency Planning- This has been broadened to include wider contingency planning and notes the HSCP as a Category 1 Responder. A report on this will be presented at a future IJB.
  - Risk 11- Equalities Legislation-This is a new risk added due to requirement to meet Equalities legislation which is regulated by The Equality and Human Rights Commission (EHRC). A full report is presented to March 2023 IJB

### 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial			X
Legal/Risk			X
Human Resources			X
Strategic Plan Priorities			X
Equalities			X
Clinical or Care Governance			X
National Wellbeing Outcomes			X
Children & Young People’s Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

### 5.2 Finance

There are no direct financial implications within the report. Financial risks are identified in the Registers.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

**Annually Recurring Costs/ (Savings)**

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

**5.3 Legal/Risk**

There are no specific legal implications arising from this report.

**5.4 Human Resources**

There are no specific human resources implications arising from this report.

**5.5 Strategic Plan Priorities**

There are no specific strategic plan priorities implications arising from this report.

**5.6 Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	All protected characteristic groups are considered as part of the risk register.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	HSCP would act appropriately to any identified issues

	regarding discrimination
People with protected characteristics feel safe within their communities.	All service ensure that people using the service feel safe.
People with protected characteristics feel included in the planning and developing of services.	Service user consultation is an essential element of all services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	HSCP complete holistic assessment to ensure individual need is identified.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Currently being addressed at the Learning Disability programme Board.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive attitude is promoted throughout Inverclyde.

## 5.7 Clinical or Care Governance

There are no governance issues within this report.

## 5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Our continue focus on Home 1st approach ensure frail and elderly people can remain at home longer.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	Provider substantiality payments ensure our most vulnerable service users

	receive support during the pandemic.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## **7.0 CONSULTATION**

- 7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	28/09/2022
Date Last Reviewed by Officers	01/03/2023

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score	Change in Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
<b>Governance</b>								
1	<p><b>Effective Governance</b></p> <p>Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role &amp; ability to make decisions, lack of effective horizon scanning, inability to review the performance of Board, poor communications, or perceived lack of accountability by the public.</p> <p>Potential Consequences: Poor decision making, lack of critical skills lead to 'blind spots' or unanticipated risks, partners disengage from the IJB, dysfunctional behaviours, fail to deliver the strategic plan.</p>	<p>1. IJB themed development sessions carried out throughout the year to update members on key issues</p> <p>2. Code of Conduct for members</p> <p>3. Standards Officer appointed</p> <p>4. Chief Officer is a member of both Partner CMTs &amp; has the opportunity to influence any further governance mechanism changes</p> <p>5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair</p> <p>6. Internal and External Audit reviews of governance arrangements</p> <p>7. IJB Self Assessment</p> <p>8. Clinical and Care Governance arrangements and staffing</p> <p>9. Development/induction programme in place for IJB members</p>	3	3	9	0	No additional controls required. This risk is continuously monitored. Next formal review September 2023.	Chief Officer
2	<p><b>Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change</b></p> <p>During winter pressure period there is a risk due to partnership breakdown caused by different priorities &amp; pressures resulting from transformational change agenda leading to loss of trust or effective communication.</p> <p>Potential Consequences: relationship breakdown, dysfunctional working relationships, cannot affect or influence change or priorities, resources skewed towards acute care away from preventative, unable to deliver strategic plan.</p>	<p>1. HSCP/Acute interface joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving</p> <p>2. CO on HB CMT along with Acute Colleagues</p> <p>3. Daily delayed discharge meetings lead by CO across GGC and departmental winter pressure meetings reacting real time to service pressures</p> <p>4. Market Facilitation Statement -Developing commissioning plans in partnership with Acute colleagues</p> <p>5. Early referral system and clear planning in place for each service user/patient - Weekly Delay meetings across NHSGGC.</p> <p>6. Local UCC care group established looking at ACP, Frailty,Hospital at Home, Hospital Front door and falls. UCC strategic plan presented to IJB and HSCC.</p>	3	3	9	0	All controls are current. The approach to winter planning is reviewed at the end of each winter(April 2023) and at the beginning of each new winter cycle (November 2023). This review activity allows us to make adjustments to our developing approach to winter planning with particular focus this year on avoiding admission.	Head of Health and Community Care
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating	L'HOOD Rating	Risk Score		Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
<b>Resources &amp; Performance</b>								

3	<p><b>Financial Sustainability / Constraints / Resource Allocation</b> Risk due to increased demand for services, potentially not aligning budget to priorities, and/or anticipated future funding cuts from our funding partners which leave the IJB with insufficient resources to meet national &amp; local outcomes &amp; to deliver Strategic Plan Objectives. Risk of overspending on MH Budget due to high agency costs as a result of difficulties recruiting to specialist roles. Risk of financial sustainability due potential budget reductions from both Social Care and Health. Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget.</p>	<p><u>Resources/Finance</u> 1. Strategic Plan 2. Due Diligence work 3. Close working with Council &amp; Health when preparing budget plans 4. Regular budget monitoring reporting to the IJB 5. Regular budget reports and meetings with budget holders 6. Regular Heads of Service Finance meetings 7. Close working with other local Authority and GG&amp;C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery 8. Medium to Long Term Finance Plan</p>	5	3	15	0	<p>A new control is the set up of the IJB working group from this year onwards to specifically look at on-going budget pressures and savings to address this year's budget gap and future years.. It is expected 23/24 budget gap will be completed with the use of Budget adjustments and the use of existing smoothing reserves to fund any pressures. More detailed work is required for 24/25 onwards where the budget gap is expected to increase. This will commence early 23/24. The risk will be reviewed accordingly.</p>	Head of Finance, Planning & Resources
4	<p><b>Financial Implications of Responding to Covid-19</b> Risk due to increased demand for services, changing service delivery models and no funding being identified by the Scottish Government beyond 22/23. The requirement will be to deliver an exit plan on any recurring costs. The Scottish Government have issued a letter which shows the IJB's are to return any unspent amounts at year-end. Exit plan needs to be implemented especially in areas such Children's placement costs and Staffing. PPE costs into 23/24 onwards are to be funded centrally from the Health Board.</p>	<p><u>Resources/Finance</u> 1. Mobilisation Plan on which all costs are tracked 2. Regular engagement with Scottish Government through provision of regular mobilisation plan updates 3. Governance in place for authorisation and monitoring of costs 4. Active engagement with third and independent sectors in relation to their costs and sustainability 5. Review of any savings expected to be undeliverable in year 6. Regular reporting to the IJB 7. Close working with other local Authority and GG&amp;C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery</p>	4	3	12	0	<p>The risk remains the same due to the requirement to address the on going pressure in Children and Families and the new control will be an overall review of children &amp; Families service carried out by the Head of Children &amp; Families. This will commence April 23 and will be reviewed regularly.</p>	Head of Finance, Planning & Resources

<b>Workforce Sustainability and Implementation of the Workforce Plan</b> Risk in not delivering the Workforce Plan objectives. Risks within specific operational service areas of recruitment gaps for suitably qualified staff leading to inability of the IJB to deliver its Strategic Objectives  Potential Consequences: Don't attract or retain the right people, don't have an engaged & resilient workforce, service user needs not met, strategic plan not delivered, & reputational damage.	Resources/Workforce 1. Workforce Plan and quarterly progress reporting 2. EKSF, TURAs monitoring 3. Training budgets 4. Workforce Planning 5. Succession Planning for NHS & Local Authority Staff 6. Staff Governance Group & reports 7. Update papers to IJB on specific issues in mental health, review of roles within MDT being undertaken.	IMPACT Rating (A) 4	L'HOOD Rating (B) 3	Risk Score (A*B) 12	Internal Audit recommendations included 1 Amber. Amber risk is relating to timescales in the original plan. Work is on going in this area and needs to be completed by 30th June 2023.  Chief Officer
Risk No 5	Current Controls	IMPACT Rating (A) 4	L'HOOD Rating (B) 3	Risk Score (A*B) 12	Who is Responsible? (name or title)
<b>Home Care</b> Increased demand on services due to other areas of provision across GGC not being operational or limited operationally. Priority to support hospital discharge and inter mediate care home placements	1. Monitor increasing demand and impact on core work including recruitment and retention of within both internal and external service provision care at home staff 2. Triage and prioritise work to support delayed discharge. 3. 3 x a week review of Care & Support at Home capacity. 4. Winter team established to support hospital delays. 5. Review of reablement and implementation of one handed care and AHP activity in wards. 6. Commissioning team continue to work with external care and support at home services in conjunction with the Care Inspectorate to support external service provision.	3	3	9	Report will be completed and reported to Council CMT by the end of March 2023 with a further implementation period of 3 months with conclusion of the review by June 2023.  Head of Health and Community Care
<b>Workforce Mental Health In patients:</b> Risk of failure to maintain workforce model and ward staffing levels including increased observations. Consequences to increase in staff turnover due to demographics i.e. Ageing workforce and recruitment / retention issues.	1. Adhering to policy and co-ordinating the use of supplementary staffing based on the Monitoring and Escalation Guidance, Safe and effective staffing policy. 2. Compliance with the Rostering policy to ensure predicated absence allowance is adhered to. 3. Vacancies advertised timeously. 4. Daily huddle meetings with reps from all wards and disciplines to discuss areas of clinical pressure across site; identifying gaps in service and opportunity to appropriately redeploy staff across site. 5. Weekly board wide huddle to identify specific areas of system pressures. 6. Centralised recruitment drive of Newly Qualified Nurse (NQNs) completed with limited allocation of NQNs for Inverclyde	4	3	12	No additional control. Next formal review September 2023.  Interim Head of Mental Health, ADRS and Homelessness



8	<p><b>Performance Management Information</b> Risk due to lack of quality, timely performance information systems to inform strategic &amp; operational planning &amp; decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, &amp; community needs not met.</p>	<p><b>Performance</b> 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outcomes 3. Locality planning arrangements 4. Robust budget planning processes 5. Quarterly Performance Reviews 6. Data repository regularly updated 7. Quality strategy and self evaluation processes 8. Regular review of Performance reporting frameworks</p>	3	3	9	0	Annual Performance Report and 6 monthly reviews to IJB as a new control. HSCP has now commissioned a new PMS system- Pentana , currently being implemented by September 2023. A new outcomes framework developed in conjunction with the strategic plan. This will be used to monitor performance going forward. Sept and March of each year.	Head of Finance, Planning & Resources	
<b>Strategy</b>									
9	<p><b>Locality Planning to Better Understand the Needs of the Community</b> Risk of failure to effectively deliver locality planning.</p> <p>Potential consequences: Poor quality decision making, don't address health inequalities or understand root causes of why they persist, lack of understanding about future needs &amp; service demands, unable to allocate resources appropriately to deliver the strategic plan, high levels of disease, drug &amp; alcohol misuse consume ever more resources.</p>	<p>1. Two New Health and Social Care Locality Groups to be established- East and West Inverclyde 2. Health Improvement Programmes 3. Locality planning to enhance local targeting of services 4. Strategic Planning Group 5. Equalities Outcomes to be established 6. Strategic Needs Assessment Work which is advanced at a community and care group level 7. The above informs work across care groups and partnership working</p>	3	2	6	0	Establishment of two Health and Social Care Locality Groups- East and West Inverclyde approved by IJB and will be established in 2023. Development sessions arranged for March / April 2023. Once established this risk will be removed from the risk register.	Head of Finance, Planning & Resources	
10	<p><b>Civil Contingency and Contingency Plans</b> Services maintain contingency plans to maintain crucial services. Since 2021 the IJB is now a Category 1 Responder under the Civil Contingency Act (2004). The means that any critical incident e.g. flood/ fire/power outages/ etc., the HSCP is required to provide a response.</p>	<p>1. Implementation of Public Health &amp; Scottish Government Guidelines Monthly LRMT 2. All frontline staff continue to follow national guidance in relation to IPC precautions 3. The HSCP is part of the Council Resilience Management Team (CRMT) and NHSGGC Civil Resilience Group</p>	3	3	9	0	New Control of Business Contingency plans in place and due for update in 2023. Training for HSCP staff planned for early 2023. A paper on Category 1 response for May / June 2023.	Head of Finance Planning and Resources	
11	<p><b>Equalities legislation</b> Risk of failure to comply with Equalities legislation overseen by Equality and Human Rights Commission (EHRC)</p>	<p>1. Develop 4 year Equality Outcomes and robust monitoring of implementation 2. Produce Mainstreaming Report every 2 years 3. Develop a Quality assurance Framework for Equality Impact Assessments</p>	3	4	12	NE W RIS K	New control is paper to IJB March highlighting non compliance. Improvement plan now in place. A further report to September 23.IJB on progress. This is a new risk.	Head of Finance, Planning & Resources	

Key: see diagram

**Requires active management.**

High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.

**Contingency plans.**

A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.

**Good Housekeeping.**

May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.

**Review periodically.**

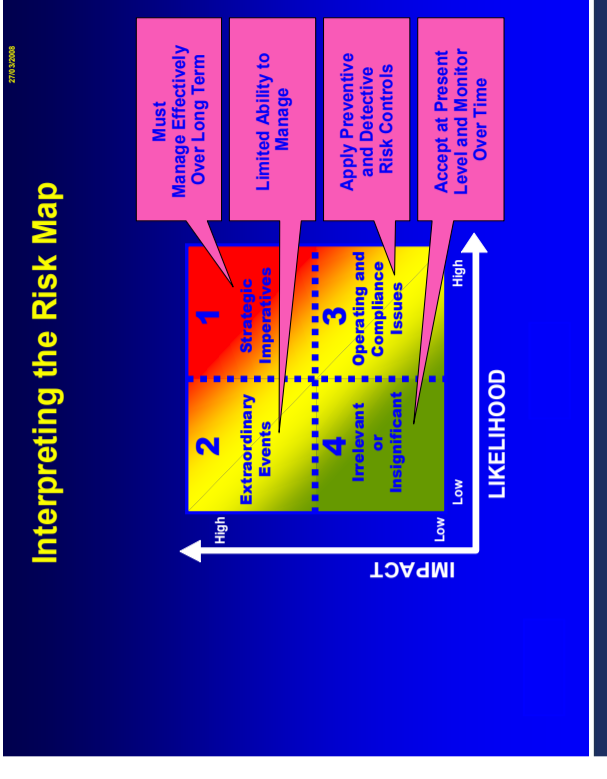
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Very High  
(16-25)

High  
(10-15)

Medium  
(5-9)

Low  
(1-4)



Risk Impact	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
<b>Financial</b>	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
<b>Reputation</b>	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
<b>Legal and Regulatory</b>	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
<b>Operational/ Continuity</b>	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups
<b>Likelihood</b>					
	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
<b>Definition</b>	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months

