

A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 25 September 2023 at 1pm within the Municipal Buildings, Greenock.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 22 September 2023 how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

IAIN STRACHAN
Head of Legal, Democratic, Digital and Customer Services

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1. Apologies, Substitutions and Declarations of Interest	
ITEMS FOR ACTION:	
2. Minute of Meeting of IJJB Audit Committee of 26 June 2023	P
3. Annual Report to the IJJB and Controller of Audit for the Financial Year Ended 31 March 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership	P
4. IJJB Audit Committee Rolling Annual Workplan	P
5. Internal Audit Progress Report - 5 June to 1 September 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership	P
6. Status of External Audit Action Plans at 31 August 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership	P

7.	Inverclyde Integration Joint Board – Directions Update August 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership	P
8.	Inverclyde Adult Support and Protection Partnership – Adult Support and Quality Improvement Plan 2021-22 Update Report by Chief Officer, Inverclyde Health & Social Care Partnership	P
9.	IJB Risk Register Report by Chief Officer, Inverclyde Health & Social Care Partnership	P

The reports for this meeting are on the Council's website.

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If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

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Enquiries to – Diane Sweeney – Tel 01475 712147
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INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 26 JUNE 2023

Inverclyde Integration Joint Board Audit Committee

Monday 26 June 2023 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
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Also present:

Chris Paisley	KPMG
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Head of Children & Families and Criminal Justice Services and Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Gail Kilbane	Alcohol & Drug and Homelessness Service Manager, Inverclyde Health & Social Care Partnership
Peter MacDonald	Solicitor, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council

Chair: Councillor Robertson presided.

The meeting was held at the Municipal Buildings, Greenock.

11 Apologies, Substitutions and Declarations of Interest 11

Apologies for absence were intimated on behalf of:

David Gould	Greater Glasgow & Clyde NHS Board
Charlene Elliot	Third Sector Representative

No declarations of interest were intimated.

12 Minute of Meeting of IJJB Audit Committee of 20 March 2023 12

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 20 March 2023.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 26 JUNE 2023

- 13 IJJB Audit Committee Rolling Annual Workplan 13**
- There was submitted a list of rolling actions arising from previous meetings of the IJJB Audit Committee.
- Decided:** that the Rolling Annual Workplan be noted.
- 14 Internal Audit Progress Report 27 February to 2 June 2023 14**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 27 February to 2 June 2023.
- The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
- Decided:** that the progress made by Internal Audit for the period 27 February to 2 June 2023 be noted.
- 15 Status of External Audit Action Plans – 31 May 2023 15**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 May 2023.
- The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
- Decided:** that the progress to date in relation to the implementation of external audit plans be noted.
- 16 External Audit - Annual Audit Plan 2022/23 16**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the External Audit Plan for 2022/23 produced by KPMG, the IJJB's External Auditors, a copy of which was appended to the report. The report was presented by Mr Paisley from KPMG.
- Decided:** that the Annual Audit Plan 2022/23 be noted.
- 17 Internal Audit – Annual Strategy and Plan 2023-2024 17**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending for approval the Internal Audit Annual Strategy and Plan for 2023-2024. The report was presented by Ms Priestman.
- Decided:** that the Internal Audit Annual Strategy and Plan for 2023-2024 be approved.
- 18 Internal Audit Annual Report and Assurance Statement 2022/23 18**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Internal Audit Annual Report and Assurance Statement 2022/23 which forms part of the IJJB's Annual Governance Statement. The report was presented by Ms Priestman.
- Decided:** that the contents of the Internal Audit Annual Report and Assurance Statement 2022/23 be noted.

19 Conclusion of Business**19**

At the conclusion of business, the Chair acknowledged that she was stepping down as an active IJJB and IJJB Audit Committee member and thanked all members of both the Audit Committee and the IJJB for their hard work and commitment. The Chair also referred to the forthcoming retirement of Mr Carr, thanked him for his 8 years' service and wished him a happy retirement. Mr Carr responded with thanks.

IIJB Audit Committee Rolling Annual Workplan – 25 September 2023

(Meeting in March, June and September each year)

Date	Reports	Lead Officer
25 September 2023	Internal Audit Progress Report to 31 August 2023 Status of External Audit Action Plans to 31 August 2023 Directions Update Review of Risk Register	Chief Internal Auditor Chief Internal Auditor Legal Services Manager (Min ref – IIJB 21/09/2020 86(3)) Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
25 March 2024	Internal Audit Progress Report to # February 2024 Status of External Audit Action Plans to # January 2024 External Audit Annual Audit Plan 2022/23 Best Value Annual Statement Report Directions Update (Min.Ref. IIJB 21.09.2020 - 86(3)) Review of Risk Register	Chief Internal Auditor Chief Internal Auditor External Audit Chief Finance Officer Legal Services Manager (Procurement, Conveyancing & Information Governance) Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
24 June 2024	Internal Audit Progress Report to # June 2024 Status of External Audit Action Plans to # April 2024 Internal Audit Annual Report and Assurance Statement 2023-24 Internal Audit Annual Strategy and Plan 2024/25	Chief Internal Auditor Chief Internal Auditor Chief Internal Auditor Chief Internal Auditor

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Chief Officer Inverclyde Health and Social Care Partnership	Report No:	IJBA/12/2023/AP
Contact Officer:	Andi Priestman	Contact No:	01475 712251
Subject:	Internal Audit Progress Report - 5 June to 1 September 2023		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to enable the Inverclyde 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 5 June and 1 September 2023 that may have an impact upon the Inverclyde IJB's control environment.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that Inverclyde IJB Audit Committee members agree to note the progress made by Internal Audit for the period 5 June to 1 September 2023.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The audit plan for 2023/24 was approved at the IJB Audit Committee meeting in June 2023.
- 3.2 Internal Audit reports findings and action plans to relevant Inverclyde 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.
- 3.3 In each audit, one of 4 overall opinions is expressed:

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

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

Red	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.
Amber	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.
Green	In our opinion our audit highlighted areas for minor control improvement and/or areas of minor control weakness.

- 3.5 Since the last Internal Audit progress report to the June meeting of the Inverclyde IJB Audit Committee, there were no reports finalised. One audit review is at draft report stage.
- 3.6 In relation to Internal Audit follow up, there were no actions due for completion by 31 August 2023. There are 4 actions being progressed by officers. The current status report is attached at Appendix 1.
- 3.7 In addition, since the last Internal Audit Progress report to the Audit Committee meeting in June 2023, Internal Audit Reports reported to Inverclyde Council and NHSGGC which are relevant to the Inverclyde IJB are set out at paragraphs 3.8 and 3.9 of this report.

3.8 Inverclyde Council – Internal Audit Progress Report Summary

Since the last Internal Audit Progress Report considered at the June 2023 meeting of the Audit and Performance Committee, there was one Internal Audit Report reported to Inverclyde Council which is relevant to the Inverclyde IJB.

Audit Report	Report Opinion	Category/Number of Issues		
		Red	Amber	Green
Climate Change – Utilities Management (1)	Satisfactory	0	3	2

- (1) The review focused on the high-level processes and procedures in relation to utilities management and concentrated on identified areas of perceived higher risk, such as utility usage within the Council estate is not efficient or is not completely and accurately monitored on a regular basis, utility bills are not completely and accurately processed in a timely manner or emission reduction targets are not being achieved.

The overall control environment opinion for this audit was Satisfactory. There were 3 AMBER issues identified as follows:

Adequacy of resources to progress actions from the Net Zero Strategy (Amber)

Inverclyde Council's Net Zero Strategy sets out the Council's commitment to achieving net zero by 2045. Another two strategies introduced by the Scottish Government are the Heat in Buildings Strategy and the Local Heat and Energy Efficiency Strategies (Scotland) Order (LHEES). The Net Zero Strategy will be implemented through a series of 5 year action plans, in particular in relation to utilities management, through a schedule of energy projects including review of Automatic Meter Reading provision, investing in additional devices for all utilities and an increase in resources to assist in the development of the LHEES.

Through discussions with the Interim Head of Property Services, it was identified that Scottish Government funding will be used to secure a Team Leader Energy and Climate Change Officer and a technician post to assist with the actions required from the Net Zero action plan. However, at the time of the review, recruitment had commenced for the additional resources but the positions have not yet been filled.

Where adequate resources are not in place to progress agreed actions, there is a risk that the Council may not make adequate progress in achieving net zero targets set by the Scottish Government.

Collation and reporting of emissions results (Amber)

One of the key tasks of the Carbon Reduction Officer is to monitor, collate and report emissions data from the consumption of utilities across the council estate. The Carbon Reduction Officer extracts the emissions data manually from utility billing spreadsheets and reports the results to the Climate Change Group and to the E&R Committee on an annual basis.

Through a walkthrough of the process, it was identified that there are currently no written procedures for the monitoring, collation and reporting of emissions data and the calculation of the emissions data involves a lot of manual intervention to provide complete and accurate results. In addition, there is a single person dependency in relation to the emission data calculation and there is no independent check of the data collated. Also, we identified an error in the example reviewed.

Where written procedures do not exist, there is a risk that staff may not carry out procedures in a consistent manner, or at all.

Where there is no independent check of the emissions data, management cannot be confident that the total results reported internally and externally are complete and accurate.

Lack of Records Retention Policy (Amber)

In order to comply with the Code of Practice on the Discharge of Functions by Public Authorities under the Freedom of Information (Scotland) Act 2002, Inverclyde Council has developed a policy for the retention and disposal of electronic/paper documents and records.

Within this policy, services should use a retention schedule to record documents and records that should be permanently preserved or disposed of when no longer required. Through discussions with the Carbon Reduction Officer, it was identified that although all Planning services have developed a retention schedule, both hard copy and electronic records in relation to utilities management since March 2011 have been omitted from the retention schedule and have therefore not been archived or disposed of according to the policy.

Where documents or records in relation to utilities management have not been included on the retention schedule or are not retained or disposed of in accordance with the retention policy, there is a risk that utilities management information is being held for longer than necessary which is costly to the Council in terms of physical storage space and server space and may not comply with the with the Freedom of Information (Scotland) Act 2002 where information should be easily accessible to respond to Freedom of Information requests.

3.9 NHSGGC - Internal Audit Progress Report Summary

Since the last IA Progress Report considered at the June meeting of the Audit and Performance Committee, there were no Internal Audit Reports reported to NHSGGC which are relevant to the Inverclyde IJB.

3.10 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 Inverclyde IJB Audit Committee is asked to note the progress made by Internal Audit for the period 5 June to 1 September 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
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

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

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 Inverclyde IJB'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.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

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.
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.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **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.

5.7 **Clinical or Care Governance**

This report relates to strong corporate governance.

5.8 **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.	N/A

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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

5.9 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.

5.10 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 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 The Chief Officer and the Chief Financial Officer have been consulted on this report.

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 AUGUST 2023**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2023

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

Section 2 Summary of Current Management Actions Plans at 31/08/2023

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 31/08/2023

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

Section 4 Analysis of Missed Deadlines

At 31 August 2023 there were three 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 31.08.2023

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*	No action proposed
0				

* 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 31.08.2023

SECTION 2

Current Actions	
Due for completion September 2023	1
Due for completion December 2023	1
Due for completion January 2024	1
Due for completion April 2024	1
Total current actions:	4

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

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2023

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date
IJB Integration Scheme Update – Readiness Review (December 2019)		
<p>Recommendation: Specifying governance arrangements within the Integration Scheme (Amber) 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>Agreed Action: Recommendation accepted.</p>	IJB Chief Officer	01.04.2023*
IJB Performance Management and Reporting Arrangements (July 2021)		
<p>Recommendation: Reporting on progress with implementing the IJB’s Strategic Plan (Amber) 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>Agreed Action: Recommendation accepted.</p>	IJB Chief Financial Officer	30.09.2023*
	IJB Chief Financial Officer	31.01.2024*

* 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 31.08.2023

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date
IJB Workforce Planning Arrangements (February 2023)		
Recommendation: Managing Timescales within the Workforce Plan action plan (Amber) The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action. Agreed Action: Recommendation accepted.	IJB Chief Financial Officer	31.12.2023

* 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
<p>IJB Integration Scheme Update – Readiness Review (December 2019)</p>	<p>Specifying governance arrangements within the Integration Scheme (Amber) 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>31.07.22 31.05.23</p>	<p>01.04.24</p>	<p>Work has continued to be developed on the integration schemes. We continue to work with our partners at the NHS and Council around updates. Work also continues across all 6 Greater Glasgow and Clyde IJB's to find a consistent approach to our Integration Schemes.</p>
<p>IJB Performance Management and Reporting Arrangements (July 2021)</p>	<p>Reporting on progress with implementing the IJB's Strategic Plan (Amber) 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>30.06.22 30.11.22 30.09.23</p>	<p>31.01.24</p>	<p>Due to an unanticipated vacancy arising this action has not been progressed. The post has now been filled and a revised date of end of 31 January 2024 has been set for the completion of this action.</p>
<p>IJB Performance Management and Reporting Arrangements (July 2021)</p>	<p>Reporting on progress with implementing the IJB's Strategic Plan (Amber) Management will provide a mid-year (April to September) Strategic Plan progress report to IJB that includes RAG status and actions.</p>	<p>30.11.22</p>	<p>30.09.23</p>	<p>The Strategic Plan was presented to the March 2023 IJB and was approved. The mid-year update will be presented to the September meeting of the IJB.</p>

**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 August 2023.

Audit Year	Total Agreed Actions	Total Actions Completed	Total Current Actions Not Yet Due*		
			Red	Amber	Green
2016/2017	3	3	0	0	0
2017/2018	8	8	0	0	0
2018/2019	6	6	0	0	0
2019/2020	6	5	0	1	0
2020/2021	2	2	0	0	0
2021/2022	6	4	0	2	0
2022/2023	6	5	0	1	0
Total	37	33	0	4	0

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

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Chief Officer Inverclyde Health and Social Care Partnership	Report No:	IJBA/13/2023/AP
Contact Officer:	Andi Priestman	Contact No:	01475 712251
Subject:	Status of External Audit Action Plans at 31 August 2023		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

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

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB 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 August 2023.
- 3.3 There is one current external audit action being progressed by officers. The current status report is attached at Appendix 1.

4.0 PROPOSALS

- 4.1 The Inverclyde 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
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

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 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 Inverclyde IJB's system of internal control to those charged with governance.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

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.
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.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) 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.

5.7 Clinical or Care Governance

This report relates to strong corporate governance.

5.8 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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

5.9 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.

5.10 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	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 AUGUST 2023**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2023

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

Section 2 Summary of Current Management Actions Plans at 31/08/2023

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 31/08/2023

At 31 August 2023 there was one current audit action point.

Section 4 Analysis of Missed Deadlines

At 31 August 2023 there was one audit action point 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 31.08.2023

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
1			1

* 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 31.08.2023

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion April 2024	1
Total Actions	1

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

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2023

SECTION 3

Action	Owner	Expected Date
2021/22 Annual Audit Report (November 2022)		
<p>b/f Integration Scheme Review</p> <p>Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p>Agreed Action: 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>	Chief Officer	01.04.2024*

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

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
2021/22 Annual Audit Report (November 2022)	<p>b/f Integration Scheme Review Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p>Agreed Action: The Integration Scheme is currently being reviewed. The JB 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>	31.05.23	01.04.24	<p>This continues to be outstanding. The Integration schemes have not been agreed across all partners yet. We continue to work with both the NHS and Council around this matter.</p> <p>Recent work has seen this issue progress where we hope to go to consultation shortly with both our partners in Health and Inverclyde Council. We are working towards an April 2024 completion.</p>

Report To:	Inverclyde Integration Joint Board	Date:	11 September 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	VP/LS/77/23
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Directions Update August 2023		

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 March 2023 to August 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 sixth such report and covers the period from March 2023 to August 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 sixth such report and covers the period from March 2023 to August 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 March 2023 and August 2023 (inclusive):
- the IJB has issued 4 Directions;
 - 3 of these were Directions to both the Council and Health Board; and
 - 1 of these was a Direction to the Council only.
- 4.3 Of the 4 Directions issued by the IJB:
- 3 remain open (current); and
 - 1 has 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, 2022/23 and 2023/24.
- 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, 2021/22 and 2022/23 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 March 2023 and August 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
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		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
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

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

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 arising from the content of 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. 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.	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

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

(d) **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.

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

6.9 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.

6.10 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.

7.0 DIRECTIONS

7.1	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	

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

**INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21**

Classification : Official

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	Inverclyde Alcohol and Drug Recovery Development Update	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	Inverclyde Alcohol and Drug Recovery Development Update	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	Hard Edges Scotland Report	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	Private report	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	Unscheduled Care Commissioning Plan	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	Champions Board/Proud2Care	Head of Children, Families and Criminal Justice	Childrens Services	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21

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)
21.09.20 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	HSCP Digital Strategy 2020/21	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports
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	Emergency Powers Decision Log	Head of Children, Families and Criminal Justice	Childrens Services	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2021-22

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)
17.05.20 21 IJB/23/2 021/SMC A	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	The Promise Partnership Funding	Head of Children, Families and Criminal Justice	Children's Services	
01.11.20 21 IJB/50/2 021/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	Private Report	Head of MH, ADRS and Homelessness	Mental Health	
01.11.20 21 IJB/49/2 021/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	Private Report	Head of MH, ADRS and Homelessness	Homelessness	

**INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23**

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)
27.06.20 22 IB/31/20 22/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	IDEAS Project Surplus Funds	Head of Finance, Planning and Resources	Finance, Planning and Resources	
27.06/22 IB/27/20 22/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	Mental Health and Wellbeing Report	Head of MH, ADRS and Homelessness	Mental Health	
20/07/22 IB/34/20 22/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 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	Inverclyde Learning Disability Community Hub	Head of Finance, Planning and Resources Head of Health and Community Care	Learning Disabilities	
07.11.22 IB/51/20 22/CG	HSCP Workforce Plan - 2022-2025	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix A to the report and within the associated budget outlined in the report.	All functions outlined within the report and Appendix A.	As outlined in Appendix A.	07-Nov-22	07-Nov-22	May-23	Current	Yes Supersede	24.08.2020 IJB/54/2020/LA 21.06.2021 IJB/26/2021/AM	HSCP Workforce Plan 2022-2025	Head of Finance, Planning and Resources	Finance, Planning and Resources	
28.11.22 IB/54/20 22/CG	Cost of Living Initiatives	Council only	Inverclyde Council is directed to: 1. Extend access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 budgets to Health staff employed in Health Visiting, Family Nurse Partnership, Advice Services, Community Mental Health and Occupational Therapy in Inverclyde service users assessed as in need and in line with the Standard Operating Procedure (to be developed) to a maximum value of £0.300m. This direction does not affect access to Section 12 and Section 22 funding for staff with existing access. 2. Offer and provide an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers through the Care at	Advice Services	£0.430m as detailed in the report	28-Nov-22	28-Nov-22	May-23	Current	No		Cost of Living Proposals	Head of Finance, Planning and Resources	Finance, Planning and Resources	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23

23.01.23 IJB/08/20 23/AS	Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years	Council only	Inverclyde Council is directed to provide financial support to self funding MSc students by paying set fees for the final year of their education in order to attract new registered social workers to employment in Inverclyde HSCP for 3 years.	Children & Families Adult Services	£150,000 as detailed in the report	23-Jan-23	23-Jan-23	Jan-24	Current	No	MSc Student Funding	Chief Social Work Officer	Children & Families Community Care	
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INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2023-24

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)
20.03/20 23 IJB/19/2 023/CG	Inverclyde IJB Budget 2022/23	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £68.156m 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 £132.579m in line with the Strategic Plan and the budget outlined within the report.	Budget 2023-24	The budget delegated to Inverclyde Council is £68.156m and NHS Greater Glasgow and Clyde is £132.579m as per the report.	20-Mar-23	20-Mar-23	May-23	Current	No	N/A	Inverclyde IJB Budget 2023/24	Chief Financial Officer	Finance	
15/05/23 IJB/26/2 023/CG	Financial Monitoring Report 2022/23 - Period to 28 February 2023 - Period 11	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.	15-May-23	15-May-23	Jun-23	Current	No	N/A	Financial Budget Monitoring Report 2022/23 - Period 11	Chief Financial Officer	Finance	7 November 2022 Superseded by Financial Monitoring Report 2022/23 - Period 5 - IJB/49/2022/CG
26/06/20 23 IJB/33/2 023/AB	The Future of Care and Support at Home	Council only	Inverclyde Council is directed to implement the redesign of the Care at Home Support Service as set out in the report and within the associated budget outlined in the report, including the increase from grade 3 to grade 4 for Social Care Workers and the realignment of supervisor posts (Senior Social Care Workers).	Care at Home	As outlined in Paragraph 7.2 and Appendix 2	26-Jun-23	26-Jun-23	Jun-24	Current	No	N/A	The Future of Care and Support at Home	Head of Health and Community Care	Health and Community Care	

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	IJB/38/2023/AB
Contact Officer:	Alan Best Interim Head of Health & Community Care	Contact No:	01475 715212
Subject:	Inverclyde Adult Support and Protection Partnership - Adult Support and Quality Improvement Plan 2021-22 Update		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board Audit Committee of the progress to date of the Adult Support and Protection Quality Improvement Plan 2021-22 following 2022/2023 audit to capture impact.

1.3 This Plan was commissioned by the Chief Officers' Group from the positive Inverclyde Joint Adult Support and Protection Inspection led by the Care Inspectorate, Health Improvement Scotland, and Her Majesty's Inspectorate of Constabulary in 2020.

2.0 RECOMMENDATIONS

2.1 That Integration Joint Board Audit Committee note the content of this report and progress to date of the Adult Support and Protection Quality Improvement Plan.

2.2 That Integration Joint Board Audit Committee note the impact of the 2022/2023 audit and the additional actions identified to progress further improvement.

2.3 The Integration Board is asked to note that the 2022/2023 audit and progress of the Adult Support and Protection Quality Improvement Plan will be approved at the Public Protection Chief Officers Group.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Inverclyde Joint Adult Support and Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic. The file reading did take place in January 2021 and whilst no formal grading was offered a positive written report was provided as feedback.
- 3.2 The Inspectors spent 5 days in January 2021 auditing 50 case files subject to Adult Support and Protection (ASP) Investigation as well as 38 cases where the partnership had a Duty to Inquire and took the decision not to progress to ASP Investigation. The Inspectors also conducted two focus groups with staff across the Partnership.
- 3.3 The feedback provided was very positive particularly in respect of practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:
- Staff survey showed the majority of staff across the Partnership held positive and confident views about adult support and protection and of the Partnership's efforts to keep adults at risk of harm safe, protected and supported.
 - Operational adult support and protection practice across the Partnership was sound, with effective collaborative working to keep adults at risk of harm safe.
 - Partnership staff effectively shared information to identify and protect adults at risk of harm.
 - Adults at risk of harm were supported and listened to by staff throughout the process to keep them safe and protected.
 - Police and health staff worked collaboratively to manage the risks for adults at risk of harm and to improve their health and wellbeing.
 - Almost all case file records read concurred that adults subject to adult support and protection, experienced a safer quality of life from support they receive.
- 3.4 There were as would be expected some areas where the Partnership could improve its performance:
- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
 - The HSCP Adult Support and Protection Policy, Practice Standards and Operational Procedures should be updated to provide a more consistent approach to some critical elements of adult support and protection work.
 - The Partnership should review its key processes documentation to ensure it more explicitly records matters in relation to the three-point-test at each stage in the adult support and protection process.
 - The Partnership's quality assurance performance framework needs further developed and more consistently applied.
 - The Partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.
- 3.5 The Adult Support and Protection Improvement Plan was developed and approved by the Chief Officers' Group and addresses the identified areas for improvement. This is updated regularly (See Appendix 1). Key aspects of the Plan were already identified by HSCP officers as needed and part of the established work plan. The development of the attached plan has also been supported by the Care Inspectorate.
- 3.6 The Plan was implemented with some actions signed off ahead of the report to the Social Work & Social Care Scrutiny Panel (June 2022) with agreed plans to implement remaining areas by the end of 2022. The case file audit which took place end of May 2023 focussed on auditing adult support and protection cases that had as a minimum progressed to investigation during

2022/2023. The emphasis was on capturing the improvements made by benchmarking against the performance findings of the Joint Adult Support and Protection Inspection (June 2021). This audit has supported evidencing the successes of the plan, the changes now embedded in practice and as to what further action is required.

3.7 The Plan has been impacted by the progress being made to move to a new electronic management information system. This is given the proposed system having the functionality for adult support and protection document templates to be embedded and available to all adult services teams within one system. Given benefits it is currently under review as to whether to progress further rollout of completion of adult support and protection templates within CIVICA or to introduce an interim measure with the longer-term focus being for all relevant adult services staff being trained to complete documents within the new management information system when this goes live.

3.8 Summary of Progress

- a. Chronology Template & Guidance – It was previously reported that training was rolled out to all Council Officers and Assessment Staff with chronology in use in line with Guidance. The audit evidenced that chronology of an acceptable standard was available in 47% of case files whilst at inspection this was 66%. The chronology is not an adult support and protection specific tool. The reason for this decrease will be examined.
- b. Revise Risk Assessment and Adult Support and Protection Plan – It was previously reported that the Risk Assessment Guidance and template had been reissued to staff with briefing sessions completed. The audit evidenced that significant improvement has been made as this was evident in 90% of case files whilst at inspection it was 71%. For audit 76% rated good or better compared with 59% for inspection.
- c. Establish explicit recording of the application of 3-point test at all stages of ASP Process- It was previously reported that revised templates and guidance to clearly record application of the three-point-test had been implemented with briefing sessions completed. The Inspection did not provide percentage for this at Duty to Inquire stage. Where the template was completed the application of 3-point test was evident in 100% of files and in 88% of files overall when recording within case notes was included. For the Inspection explicit recording of 3-point test for Investigation Stage was evident in 98% of files and for audit was evident in 100%.
- d. Implement new recording guidance for SWIFT, CIVICA & EMIS - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed. With move to new Social Work Information System interim arrangements being developed to upload ASP documents to CIVICA.
- e. Interface between information systems – Internal to HSCP this issue fully addressed with new Social Work Information System.
- f. Refresh Quality Assurance framework across Partnership APC Business Plan and Quality Improvement Plan - Business and Improvement Plans agreed at Adult Protection Committee (APC) and APC Quality and Development Sub Committee. APC Business Plan 2022/2024 forms part Biennial Report presented to Social Work and Social Care Scrutiny Panel October 2022.

4.0 PROPOSALS

4.1 That HSCP officers will continue to implement plans and audit annually to capture impact and improvement. This is to continue to provide evidence and reassurance that adults at risk of harm

in Inverclyde are and continue to be safer because of our partnership working. Quality Assurance is a key aspect the Biennial Report with next report to Scottish Ministers due to be submitted October 2024.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection	X	

5.2 Finance

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

The implementation of the Improvement plan will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

This action is in line with the Strategic objective Big Action 3 - Together we will protect our population

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.
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.	The action plan supports the protection of characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Promotes safer communities
People with protected characteristics feel included in the planning and developing of services.	ASP work is transparent and inclusive.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	ASP training promotes diversity and protects it.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supports integration.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **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.

5.7 **Clinical or Care Governance**

N/A

5.8 **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.	Supports health & wellbeing
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	Promotes independence in people’s own home
People who use health and social care services have positive experiences of those services, and have their dignity respected.	People are respected
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves quality of life
Health and social care services contribute to reducing health inequalities.	ASP reduces inequalities
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.	Promotes independence
People using health and social care services are safe from harm.	Protects our community
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.	Engages our community
Resources are used effectively in the provision of health and social care services.	Ensures best use of resources

5.9 Environmental/Sustainability

N/A

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.

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

7.0 CONSULTATION

7.1 Consultation with Council Officers partners and Adult Protection Committee.

8.0 BACKGROUND PAPERS

8.1 IAPC ASP Quality Improvement Plan 2021-22 v0.5.

IAPC ASP Quality Improvement Plan 2021-22 v0.5

Background	<p>Following Joint Partnership Inspection 2021,5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan.</p> <p>This Quality Improvement plan is developed across the Inverclyde Partners to ensure appropriate focus upon these areas.</p> <p>QIP will collaborate with Staff Reference Group Comprising of Council Officers</p> <p>The APCQ&PSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to the APC, with final report to be completed by 30th November 2022</p>
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Lead	Alan Best (<i>Interim Head of Service, Health and Community Care</i>)
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1: Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a standardised approach and single templates used by all adult services and partners.					
Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A	Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	31 st May 2021	GREEN Complete	Training rolled out to all Council Officers and Assessment Staff. Chronology is in use in line with Guidance.
		Briefing Sessions to Teams			
	Audit Roll out		30 th September 2022	GREEN Complete	Audit of use of chronologies. Chronologies used appropriately across Teams.
B	Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	31 st January 2022	GREEN Complete	Audit report completed and recommendations made.
		Reissue Risk Assessment Template and Guidance to all staff	30 th September 2022	GREEN Complete	Risk Assessment Guidance and template reissued to staff recommendations made.

	Briefing Sessions to Teams								Briefing sessions completed
	Audit Role out								Audit of use of risk Assessment and confirm are used appropriately across Teams.
C	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best	30th September 2022	GREEN In Progress	Paperwork removed.			
		Agree revised Paperwork and CIVICA Hierarchy		31st January 2022	GREEN Complete	New paperwork and hierarchy on CIVICA.			
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA		31st January 2022	GREEN Approved and complete	All ASP recording is appropriate and on SWIFT module.			
		SWIFT/CIVICA training sessions for social work staff. It was viewed this repeat of SWIFT AP module training would also be worthwhile for the Assessment & Care Management and Learning Disability teams	Alan Brown	30th April 2022	GREEN Complete	Training completed.			
D	Interface between Partners information systems	A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane	31st August 2022	GREEN Agreed in principle	Meeting completed and agreed actions in place.			

2: The Practice Standards and Operating procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work including risk assessment, support planning and decision to progress with ASP process strengthening peoples understanding of the conditions around where and when it applies.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A	Implement the revised West of Scotland ASP Procedures	Alan Best	31 st August 2021	GREEN Draft Procedures in Place.	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 st October 2022	GREEN	Guidance approved by APC and COG.

						Final revised COP published. Revision in progress.	
	Audit use of discretion exercised by Service Manager around Risk Assessment and progressing ASP Actions.		31 st July 2022			GREEN Agreed actions in place	Audit completed and agreed appropriate use across Teams.
	Develop Practice Guidance to support decision making and use of discretion appropriately		31 st August 2022			GREEN Draft Procedures in Place	
	Establish quarterly development sessions to Teams all grades, Council Officers, Team Leads, Service Managers to improve consistency of practice around ASP Guidance		31 st October 2022			GREEN	Workshop programmes in place and feedback is positive (80%).
	Establish Quarterly development sessions for Service Managers to improve consistency of practice around ASP Guidance and application by Service Managers		31 st October 2022			Programme of workshops to be restarted, can use regular Team Meetings ongoing	Case file audit to confirm consistency of practice and application of guidance.
	Programme of self-evaluation workshops to be re-established to assist in governance and consistent application of guidance						

3: The Partners should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.							
Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?		
A	Establish explicit recording of the application of 3-point Test at all stages of ASP Process	Alan Brown	31 st January 2022	GREEN Approved and Complete	Consistent application and recording of 3-point criteria.		
	Briefing Sessions to Teams		31 st August 2022	GREEN Complete			

		HSCP and Police Scotland to further develop understanding and application of the 3-point Test		31 st August 2022	GREEN	
		Audit Roll out		30 th September 2022	GREEN	Audit reports passed through Governance Structure.
					2022 Single Agency Audit Complete	Annual Audit arranged June 2023

4: The partnership's quality assurance performance framework needs further developed and more consistently applied based on previous audit findings.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 st December 2021	GREEN Business Plan in place and relaunched. Complete	Signed off by COG as complete.
	Identify Key Areas for Audit		31 st January 2022	GREEN Business Plan in place and relaunched. Complete	
	Agree Audit Plan and Framework		31 st January 2022	GREEN Business Plan in place and relaunched. Complete	
B ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 st March 2022	GREEN Complete. Next review May 2023	

5: The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	May 2022	GREEN Complete	Signed off by COG as complete. Business Plan 2022/24 submitted to Scottish

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBA/14/2023/CG
Contact Officer:	Craig Given Head of Finance, Planning and Resources Inverclyde Health & Social Care Partnership	Contact No:	01475 715381
Subject:	IJB Risk Register		

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 Audit Committee:
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 March 2023. 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 5 Workforce Plan–This risk has been downgraded from 12 to 9 following the report presented to March 2023 IJB. This report advised IJB of the undated Workforce Plan Action Plan which provided updated actions, timescales, and responsible officers. This update met the requirement from the 2023 internal audit report. The Year One progress report will be presented at November 2023 IJB.
 - Risk 9 Locality Planning- this risk has been removed as the Localities information sessions are completed and dates arranged for the two Locality Planning Groups in August 2023.
 - Risk 10 Contingency Planning- this risk has now been removed as the IJB was presented with an updated report at June IJB.
 - Risk 11- Equalities Legislation-This risk has now been removed as the IJB is now compliant and has an Improvement Plan in place. Update to September 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
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

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

The requirement to have a robust set of internal controls that includes the IJB response to Risk Management

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.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: A risk register is not relevant to this part of the duty.

(d) 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.

5.7 Clinical or Care Governance

There are no clinical or care governance implications arising from this report.

5.8 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	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 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.

5.10 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	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 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.

8.0 BACKGROUND PAPERS

8.1 N/A

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	20/03/2023
Date Last Reviewed by Officers	01/08/2023

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)
Governance								
1	<p>Effective Governance</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 & 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 & 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 March 2024.	Chief Officer
2	<p>Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change</p> <p>During winter pressure period there is a risk due to partnership breakdown caused by different priorities & 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)
Resources & Performance								

3	<p>Financial Sustainability / Constraints / Resource Allocation 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 & local outcomes & 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>Resources/Finance 1. Strategic Plan 2. Due Diligence work 3. Close working with Council & 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&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>Financial Implications of Responding to Covid-19 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>Resources/Finance 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&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 & Families service carried out by the Head of Children & Families. This will commence April 23 and will be reviewed regularly.</p>	Head of Finance, Planning & Resources

Risk No	Workforce Sustainability and Implementation of the Workforce Plan 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)	L'HOOD Rating (B)	Risk Score (A*B)	Update report approved at June IJB with updated Action Plan and timescales. One year progress update to Nov IJB	Who is Responsible? (name or title)
5			3	3	9	0	Chief Officer
6	*Description of RISK Concern (x,y,z) Home Care 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	Current Controls 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	0	Head of Health and Community Care
7	Workforce Mental Health In patients: 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	0	Interim Head of Mental Health, ADRS and Homelessness

8	<p>Performance Management Information Risk due to lack of quality, timely performance information systems to inform strategic & operational planning & decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.</p>	<p><u>Performance</u> 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	<p>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.</p> <p>Head of Finance, Planning & Resources</p>
Strategy							
9	<p>New Strategic Plan 2024 onwards New Strategic Plan to be in place for April 2024. Risk of failure to develop and implement a new Strategic Plan which meets the requirement to delivery on the 9 National Health and wellbeing Outcomes</p>	<p>1. Development session for Strategic Planning Group 28/8/23 2. Timeline for development and engagement developed 3. Engagement with communities integral to developing key priorities 4. Statutory guidance received from SG 5. Draft to IJB in Jan 2024 6. Consultation timeline identified 7. Approval date for IJB March 2024</p>	5	3	9	New Risk	<p>Strategic Planning Group will oversee development</p> <p>Head of Finance, Planning & Resources</p>

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.

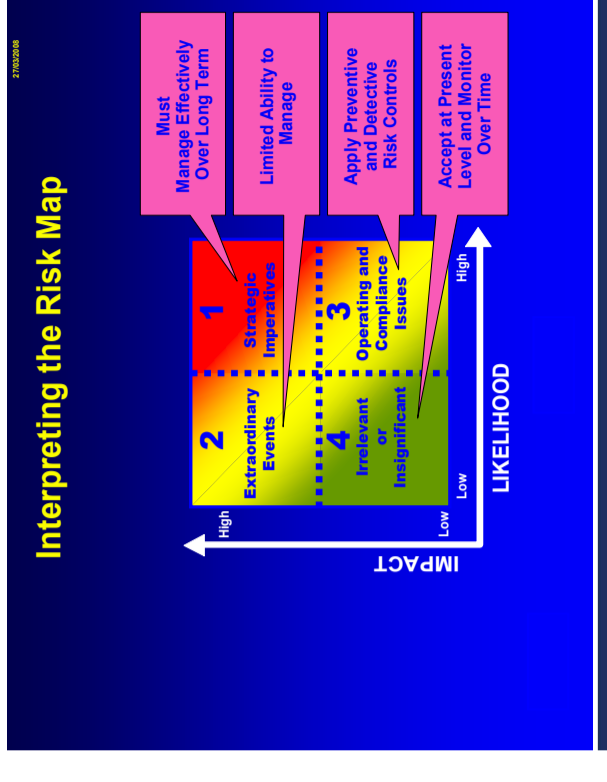
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

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
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	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
Operational/ Continuity	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
Likelihood					
	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
Definition	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

