

Date: 13 November 2024
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**TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND ADUIT COMMITTEE**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
HYBRID MEETING – WEDNESDAY 20 NOVEMBER 2024**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board Performance and Audit Committee** which will be held on **Wednesday 20 November 2024 at 9.00 a.m.** in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

As this is a hybrid meeting, Committee Members can attend in person or via Microsoft Teams. The agenda of business is attached.

Yours faithfully

Mehvish Ashraf

**Mehvish Ashraf
Chair, IJB Performance and Audit Committee**

Enc.

For information on how to access the virtual meeting please email
barry.tudhope@eastrenfrewshire.gov.uk or lesleyann.burns@eastrenfrewshire.gov.uk

This document can be explained to you in other languages and can be provided in alternative formats such as large print and Braille. For further information, please contact Customer First on 0141 577 3001 or email
customerservices@eastrenfrewshire.gov.uk

EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE

Wednesday 20 November 2024 at 9.00 a.m.
in East Renfrewshire Council Chamber, Council Headquarters, Eastwood Park,
Rouken Glen Road, Giffnock or via Microsoft Teams

AGENDA

- 1. Apologies for absence**
- 2. Declarations of interest**
- 3. Minute of previous meeting: 25 September 2024 (copy attached, pages 3–10)**
- 4. Matters Arising (copy attached, pages 11 – 12)**
- 5. Rolling Action Log (copy attached, pages 13 – 14)**
- 6. Mid-Year Performance Update 2024-25 (copy attached, pages 15 – 40)**
- 7. Audit Update (copy attached, pages 41– 72)**
- 8. IJB Strategic Risk Register (copy attached, pages 73 – 84)**
- 9. Calendar of Meetings 2025 (copy attached, pages 85 – End)**

NOT YET ENDORSED AS A CORRECT RECORD

**Minute of Meeting of the East Renfrewshire Integration Joint Board
Performance and Audit Committee held on Wednesday 25 September 2024 at
1.00p.m. in the Council Chamber, East Renfrewshire Council, Eastwood Park,
Rouken Glen Road, Giffnock.**

PRESENT

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Katie Pragnell	East Renfrewshire Council
Councillor Caroline Bamforth	East Renfrewshire Council
Anne Marie Kennedy	Non-voting IJB Member
Martin Cawley	NHS Greater Glasgow and Clyde Board (online)

IN ATTENDANCE

Lesley Bairden	Chief Financial Officer IJB
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Lesleyann Burns	Assistant Democratic Services Officer
Pamela Gomes	Governance and Compliance Officer
Julie Murray	Chief Officer IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Grace Scanlin	Ernst & Young (online)
Lynne Siddiqui	Community Rehabilitation Team Lead
Barry Tudhope	Democratic Services Manager

APOLOGIES FOR ABSENCE

None

1. WELCOME AND INTRODUCTION

- 1.1 The Chair introduced herself and welcomed everyone to the meeting of the Integration Joint Board Performance and Audit Committee.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest intimated.

3. MINUTE OF PREVIOUS MEETING: 26 JUNE 2024

- 3.1 The Committee considered and approved the Minute of the meeting held on 26 June 2024.

4. MATTERS ARISING

- 4.1 The Committee considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

- 4.2 The Chief Financial Officer confirmed that following the June meeting of the Performance and Audit Committee, the East Renfrewshire Integration Joint Board subsequently approved the Unaudited Annual Report and Accounts and these were submitted to Ernst & Young by the statutory deadline of 30 June 2024.
- 4.3 The Annual Performance Report was also approved and published on the Health and Social Care Partnership website.
- 4.4 The Chief Financial Officer also reported that Martin Cawley had agreed to join the Performance and Audit Committee following changes to NHS Greater Glasgow and Clyde Non-Executive Directors on the Integration Joint Board. She further reported that the Integration Joint Board would be asked to homologate Martin's appointment to the Performance and Audit Committee at its meeting later in the day.
- 4.5 The Committee agreed to note the report.

5. ROLLING ACTION LOG

- 5.1 The Committee considered a report by the Chief Officer providing details of all open actions and those that had been completed, or removed from the log, since the last meeting.
- 5.2 The Chief Financial Officer informed the Committee that five actions had been completed since the last meeting of the Performance and Audit Committee. She also provided updates on the actions that are still open. Notably, she highlighted the ongoing and positive discussions with colleagues from NHSGCC Health Board and the Chief Finance Officers Group regarding Action 82, which focuses on improving the NHS audit process. Additionally, she mentioned plans for a more comprehensive review of the Strategic Risk Register for Action 81 and the possibility of learning from Zurich following some work they had done with the Council's Corporate Management Team.
- 5.3 Action No. 31, concerning the Internal Audit Annual Report for 2020-21 and the Internal Audit Plan for 2021-22, is still with Police Scotland.
- 5.4 The Committee agreed to note the report.

6 ERNST AND YOUNG: IJB ANNUAL AUDIT REPORT YEAR ENDED 2023/24

- 6.1 The Committee considered the Annual Audit Report Year Ended 2023/24 which had been prepared by Ernst & Young, the Integration Joint Board's External Auditors.
- 6.2 Grace Scanlin (Ernst & Young) advised that this was the second year that Ernst & Young had acted as the Integration Joint Board's External Auditor and highlighted key areas in the report, including:
 - a minor error on page 15 of the report where reference was made to "Glasgow City Council" and should read "East Renfrewshire Council".
 - no material uncertainties in relation to the going concern of the IJB.
 - Governance arrangements worked well throughout the year and that there was an appropriate level of challenge and scrutiny at meetings.
 - performance information was good and the Integration Joint Board received a good level of information.

- approach to Performance and Financial Management allows the demonstration of Best Value.
- 6.3 She also highlighted the RAG (Red, Amber, and Green) assessment used in the report. She acknowledged that 2023/24 had presented the most significant budget challenge to date and the IJB required to identify savings of over £7m to set a balanced budget and planned to use £1.9m of reserve balances. The IJB delivered £2.7m (39%) of their targeted savings and had entered financial recovery during the year. Additional contributions were received from both of the IJBs partners. As a result, the Auditors assessment for Financial Management was amber.
 - 6.4 Similarly, the Board's reserve balances continued to fall significantly in 2023/24 to an unsustainable level and as at 31 March 2024 reserves were fully depleted. A savings requirement of £11.9 million had been set in the 2024/25 budget but delivery was currently off target, which could result in an additional recurring pressure in future years and as such the Auditor's assessment for Financial Sustainability was red.
 - 6.5 Grace Scanlin thanked the Chief Financial Officer and her team for their work throughout the audit and for their assistance in preparing the report.
 - 6.6 Committee members enquired about the performance of other Integration Joint Boards and whether the Auditors were seeing a similar picture across Scotland. Grace Scanlin confirmed that Audit Scotland were aware of five IJBs across Scotland that had no general reserves available to meet future unexpected cost pressures. She also highlighted that the next iteration of the report would take a whole systems approach recognising the impact on both Health Board and Council.
 - 6.7 The Chief Officer expressed her disappointment regarding the amber score for Financial Management, noting that the savings requirement had been the highest she had ever encountered. She also acknowledged that the impact and timeframe of the changes required to implement the Supporting People Framework had been underestimated. Additionally, she pointed out that developing a sustainable medium-term plan would be challenging and couldn't be managed by Integrated Joint Boards alone. Consequently, she welcomed the whole systems approach for the next report.
 - 6.8 The Chief Financial Officer also highlighted that the regular financial monitoring reports would allow IJB and PAC members to have oversight of the financial position and scrutinise finances going forward.
 - 6.9 Committee members thanked Grace Scanlin for the report.
 - 6.10 The Committee agreed to a) note the content of the External Auditor's report; and b) note that the report would be considered by the Integration Joint Board later in the day.

7. INTERNAL AUDIT ANNUAL REPORT AND OPINION 2023/24

- 7.1 The Committee considered a report by the Chief Auditor which provided an independent opinion on the adequacy and effectiveness of the governance, risk management and internal controls systems operating within the Integration Joint Board during 2023/24.
- 7.2 The Chief Auditor advised that the Integration Joint Board's control environment was informed by a number of sources, primarily the work carried out by the internal audit services of East Renfrewshire Council and NHS Greater Glasgow and Clyde. No significant issues were noted within the NHS or Council Annual Governance Statements

and therefore reasonable assurance could be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2024.

7.3 The Committee agreed to note the report.

8. AUDITED ANNUAL REPORT AND ACCOUNTS 2023/24

8.1 The Committee considered a report by the Chief Financial Officer, which provided an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024.

8.2 The Chief Financial Officer advised that the report confirms the position as presented by Ernst & Young and the work of the IJBs Chief Internal Auditor and confirms that the annual report and accounts for 2023/24 has an unqualified audit opinion and that no changes to the financial statements were required. The audit work also confirms that we have met legislative requirements, we address best value and have appropriate governance in place.

8.3 The Chief Financial Officer highlighted that given 2023/24 was a difficult year on many levels for the IJB, particularly with the challenges of financial recovery, she was pleased with the result. However there are some difficult messages within the accounts and report and from the Ernst & Young audit as we have heard.

8.4 Paragraph 12 of the report summarises the key messages from Ernst & Young along with the Red, Amber or Green RAG rating and whilst the financial statements, going concern, vision leadership and governance along with use of resources are all rated green there is one red and one amber.

8.5 The Chief Financial Officer confirmed that no changes were required to the financial statements however during the time period between the un-audited and final accounts there was a small change to the extended going concern accounting policy note on page 60 of the Auditor's report to reflect the extent of the challenge in the short term financial period to March 2026.

8.6 She also highlighted that paragraph 17 of the cover report details the one recommendation made by Ernst & Young around financial planning and the HSCPs response. The main messages from the report and accounts remain unchanged from the position presented to the June meeting of the Committee which is set out from paragraph 19 onwards.

8.7 It remains no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.

8.8 She confirmed that the IJB ended the year with an overspend of £4.7 million and this was funded through non-recurring support from both partners £2.6 million from East Renfrewshire Council and £2.1 million from NHS Greater Glasgow Clyde.

- 8.9 Paragraph 24 of the report summarises the main variances to the budget, prior to the additional support and this is in line with reporting throughout the year.
- 8.10 The Chief Financial Officer highlighted that paragraphs 26 to 30 in the report give an overview of our reserves position and the most important point to note is that we are in breach of our own reserves policy; this states we should hold a general reserve at 2% of our budget, as with prior years.
- 8.11 The ring-fenced and earmarked reserves held are for specific purposes and commitments and have featured in recovery discussions with partners.
- 8.12 The Chief Financial Officer advised that she and the Chair of the Performance and Audit Committee would sign the required letter of representation to the Auditors which was attached as an Appendix to the report. The IJB would then be asked to approve the annual report and accounts for subsequent signing and submission to Ernst & Young.
- 8.13 The Chief Officer then thanked Audit colleagues for their support and professionalism and also thanked the officers in the HSCP who supported all the work involved in the annual process.
- 8.14 Committee members highlighted the helpfulness of the management commentary and that whilst Health and Social Care Partnerships were operating in difficult circumstances there were a lot of positives in the report and that is important to acknowledge that.
- 8.15 The Committee agreed a) agreed to remit the audited reports and accounts to the Integration Joint Board for approval; and b) to note the summary overview of financial performance document for 2023/24 prior to publication on the Integration Joint Board website.

9. QUARTER 1 PERFORMANCE UPDATED 2024-25

- 9.1 The Committee considered a report presented by the Policy, Planning and Performance Manager on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership Strategic Plan 2022-25.
- 9.2 The Policy, Planning and Performance Manager highlighted that the HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. He emphasised a number of performance highlights, including:
- The HSCP was performing ahead of the national average in terms of supporting independence and rebalancing care.
 - Waiting times for alcohol and drug recovery services improved for the second quarter in a row.
 - Unplanned hospital attendances and admissions remain stable and within target.
 - Hospital discharges and bed days lost continue to be a priority for the HSCP.
- 9.3 He also highlighted areas that remain challenging, including:

- A lower number of people coming through the reablement services.
- Reduction in people accessing psychological services therapies within 18 weeks.
- Managing Sickness absence remains a priority but there are improvements.
- The percentage of people accessing psychological therapies within 18 weeks saw a reduction in quarter 1.
- Compliance with NHS knowledge and skills framework training requirements is below target.

9.4 The Chief Officer highlighted that the sickness absence in terms of care at home staff has improved with significant support being provided to managers in terms of following processes.

9.5 Discussion also took place on work being done in terms of Care Homes and emergency hospital admission and it was highlighted that there is a significant amount of training taking place with care home staff around this and in terms of dealing with individuals and their families in developing future care plans.

9.6 The Committee agreed to note the quarter one performance update.

10. **COMMISSIONED SERVICES**

10.1 The Committee considered a report by the Strategic Planning, Performance and Commissioning Manager on current arrangements in place to commission health and care services with external partners.

10.2 The Strategic Planning, Performance and Commissioning Manager highlighted that the HSCP Strategic Planning Group at their meeting on 29 August 2024 approved the arrangements for the light touch review of the Strategic Plan. This review will include an update on the Strategic Commissioning Plan. There will be an engagement programme during autumn 2024 culminating in a 6 week consultation period from December 2024 and a final draft of the Strategic Plan will be presented to the Integration Joint Board by March 2025.

10.3 Scotland Excel commenced the review of the care and support framework in early 2024 with the intention to renew by 1st April 2024. As part of the renewal process, providers were able to submit revised costings on their delivery of care and increased costs for HSCPs as purchasers of care. Nationally, HSCPs expressed their concern over the ability of IJBs to meet the increased costs given the current financial challenges. This resulted in extended negotiation both nationally and locally with a resulting delay in the renewal date to end September 2024.

10.4 Paragraph 21 of the report set out a range of collaborative commissioning opportunities where the HSCP has worked partners and stakeholders together with updates on this work.

10.5 The Chief Officer and Committee Members thanked the Commissioning Team for their work on the report.

10.6 The Committee agreed to note the report.

11. AUDIT UPDATE

- 11.1 The Committee considered a report by the Chief Financial Officer on Audit Activity relating to the Integration Joint Board since the last meeting of the Performance and Audit Committee in June 2024.
- 11.2 The Chief Financial Officer confirmed that three audits have been completed by the Chief Auditor and her team with details at paragraphs 10 through 16.
- 11.3 She also advised that in June there had been a total of 49 recommendations, now reduced to 37, reflecting that 23 recommendations are now verified closed and 11 new recommendations have been added. Details of movements were summarised at paragraphs 17 to 21. The table at paragraph 22 shows that of the current 37 recommendations, 16 are considered closed pending verification.
- 11.4 The Chief Internal Auditor also confirmed that further actions at appendices 2E, 2H, 2I had been closed since the report was written and this will be reflected in the next report.
- 11.4 Appendix 2 provided the full detail of all current recommendations and any relevant updates and Appendix 3 provided a summary of NHS audit activity.
- 11.5 The Committee noted the report.

12. ANNUAL POLICY UPDATE

- 12.1 The Committee considered a report from the Strategic Commissioning, Planning and Performance Manager provided an update on the assessment of policies related specifically to the governance of the Integration Joint Board.
- 12.2 It was noted that the review of the Integration Schemes for all six HSCPs remained ongoing. The Risk Policy and Strategy for the Integration Joint Board is currently under review, and a revised policy is expected to be submitted for approval to the Integration Joint Board by the end of the financial year.
- 12.3 Minor adjustments have been made to both the Freedom of Information (FOI) Policy and Publication Scheme, and the Records Management Plan for the Integration Joint Board. Given the changes are insignificant there is no need to formally present these to the Integration Joint Board for approval.
- 12.4 The Chair thanked the Strategic Commissioning, Planning and Performance team for their work in reviewing policies. She also noted that it had been several years since the Standing Orders had been reviewed and requested that a review of these be incorporated into the future work programme.
- 12.5 The Committee agreed to a) note the report and b) that a review of Standing Orders should take place in the coming year.

13 INTEGRATION JOINT BOARD: STRATEGIC RISK REGISTER UPDATE

- 13.1 The Committee considered a report by the Chief Financial Officer on the Integration Joint Board Strategic Risk Register.

13.2 The Chief Financial Officer indicated that since the June 2024 meeting of the Performance and Audit Committee, there had been no new risks added or existing risks removed, and the scoring of one risk had been reduced. She emphasised that financial sustainability continues to be rated as red after all mitigating factors are taken into account.

13.3 Updates on existing risks were detailed in paragraphs 11 to 19 of the report. The Chief Financial Officer also reminded the Committee that, as per the Rolling Action Log (Item 5 above), there will be a review of the Strategic Risk Register approach, which will include examining the relationship with partner registers.

13.4 The Committee agreed to note the report.

The Chair thanked everyone for their attendance at the meeting and advised that she was looking forward to working with the other members of the Committee in future.

The meeting ended at 14:08

CHAIR



<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Performance and Audit Committee</p> <p>20 November 2024</p>
<p>Agenda Item</p>	<p>4</p>
<p>Title</p>	<p>Matters Arising</p>
<p>Summary</p> <p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 25 September 2024.</p>	
<p>Presented by</p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 November 2024

Report by Chief Financial Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 25 September 2024.

RECOMMENDATION

2. Performance and Audit Committee members are asked to note the contents of the report.

REPORT

Audited Annual Report and Accounts

3. The Integration Joint Board approved the Audited Annual Report and Accounts on 25 September which were subsequently signed and submitted to Ernst & Young who have submitted to Audit Scotland.

Strategic Risk Register

4. A risk workshop which will be facilitated by Zurich has been arranged for January 2025. It is our intention to approach this on an integrated basis and we will invite the Chief Risk Officer for NHS Greater Glasgow and Clyde.

RECOMMENDATIONS

5. Members of the Performance and Audit Committee are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.Bairden@eastrenfrewshire.gov.uk

6 November 2024

IJB Chief Officer: Julie Murray



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 November 2024
Agenda Item	5
Title	Rolling Action Log
Summary	
<p>The attached rolling action log details all actions, including those which have been completed since the meeting on 25 September 2024.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
<p>Performance and Audit Committee members are asked to note progress.</p>	

ACTION LOG: Performance and Audit Committee (PAC)**November 2024**

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
86	25-Sep-24	Policy Update	IJB Standing Orders to be reviewed	Democratic Services Manager	OPEN	Sep-25	This will be progressed as part of the ongoing review of all policies.
82	26-Jun-24	Audit Update	Better process to be developed in relation to NHS audits	Chief Financial Officer / Chief Internal Auditor	CLOSED	Nov-24	The Chief Internal Auditor has agreed the reporting approach with NHS GGC as reflected in the appendix to each audit update report.
81	26-Jun-24	Strategic Risk Register	Consider narrative around key assumptions for inclusion in Strategic Risk Register	Heads of Service	OPEN	Mar-25	This will be considered as part of a wider review. A workshop has been arranged for January.
31	24-Nov-21	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.	Chief Financial Officer	OPEN	Jun-22	No further update as at November 2024.



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 November 2024
Agenda Item	6
Title	Mid-Year Performance Update 2024-25
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data is available for strategic performance indicators this is included. The report includes exception reporting for two PIs, providing more detailed discussion of performance for these measures.</p> <p>Exception reports are reports delving further into the performance of specific measures and mitigation or reasoning for current performance. They look at projected information on how to maintain or improve on current performance.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2024-25.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

Report by Chief Officer

MID-YEAR PERFORMANCE UPDATE 2024-25

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data is available for strategic performance indicators this is included. The report also includes more detailed exception reports for two key performance indicators.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2024-25.

BACKGROUND

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year.
4. We continue to work with members of the PAC to improve the format and content of our performance reports including the introduction of 'exception' reporting format in line with recommendations from our working group. For this current report, in addition to our full report on progress against our key performance indicators (Appendix One), we have included two exception reports (Appendix Two) giving more detailed discussion on performance trends for the following measures:
 - A&E attendances/ admissions from care homes in East Renfrewshire HSCP
 - Payment of invoices: Percentage invoices paid within agreed period (30 days)
5. The exception reports cover:
 - Purpose of the indicator – *explanation and how we use it to improve*
 - What does good look like? – *long-term objective for this area of activity*
 - Current status of measure – *current position including visualisation of data*
 - Reason/explanation for current performance – *understanding why performance is an exception*
 - Mitigating action – *approaches (with timescales) that will improve performance*
 - Investment – *current / required resources to deliver expected performance*
 - Context and benchmarking – *relevant comparative data if available*
6. For all indicators in our reporting, we aim to show clear visualisation of performance trends against targets with charts. As we develop our reporting (and particularly for our

core/exception indicator set) we intend to incorporate future performance projections against forward targets to show intended trajectories in our charts.

REPORT

7. As expected, the mid-year performance update provides a smaller number of data updates compared with end-year. The report includes data for mid-year and any updated end-year data for indicators from our Strategic Plan that have not previously been reported to the Committee. The report provides charts for all measures. Each measure is presented with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Many of the data trends continue to reflect the unique circumstances faced by local health and social care services since the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.
8. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
 - Working together with children, young people and their families to improve mental and emotional wellbeing
 - Working together with people to maintain their independence at home and in their local community
 - Working together to support mental health and wellbeing
 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
 - Working together with people who care for someone ensuring they are able to exercise choice and control
 - Working together on effective community justice pathways that support people to stop offending and rebuild lives
 - Working together with individuals and communities to tackle health inequalities and improve life chances
 - Working together with staff across the partnership to support resilience and wellbeing
 - Working together to protect people from harm
9. The final section of the data report contains a number of organisational indicators relating to our staff and customers.
10. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, staff have continued to resilience and commitment to deliver services to support the residents of East Renfrewshire.

Performance highlights include:

11. Supporting **looked after children** - no children who experienced 3 or more placement moves in the reporting period.
12. Supporting **independence** - a high proportion of service users (94%) continue to report that their 'living where/as you want to live' needs are being met. This is slightly reduced on the previous 6 months but continue to perform above target.

13. We are continuing to see improving performance on waiting times for **psychological therapies** with the percentage of people waiting no longer than 18 weeks increasing from 80% to 87.1% in the reporting period. This follows successful recruitment into the service.
14. We are also seeing positive performance on waiting times for **drug and alcohol recovery** services - with 97.7% of people seen within three weeks – up from 97% (target 90%).
15. Our support for women and children affected by **domestic violence** continues with high numbers of support users (97% - up from 93%) reporting improved personal safety and wellbeing outcomes.
16. We have seen significant improvement in **absence rates** for our Council-employed staff and are now ahead of our target for the 6 month period thanks to targeted support and improved absence among Care at Home staff. Absence for NHS declined slightly and remains higher than expected.
17. Our **payment of invoices** within expected timescales has continued to improve. Further information is included in our exception report at Appendix Two.

Areas that remain challenging include:

18. Unplanned **hospital admissions** have increased in the 6 month period, although performance remains within target. **Attendances** remain stable for the 6 month period and are lower than at the same time last year, suggesting fewer unnecessary attendances. We are continuing to see an increase in attendances and admissions from our care homes. In response, we are working closely with local care home to embed a Care Homes Falls Pathway and developing the alignment of OTs, physios and other Allied Health Professionals with our care homes. More information is given in our exception report at Appendix Two.
19. The number of people accessing support through **Self-directed Support (SDS)** Options 1 and 2 has reduced in the past 6 months. However, the overall trend is stable and latest data shows that the proportion of our social care spend going through SDS has been increasing and is in line with the national average. Supporting choice and control remains a strategic priority for the HSCP.
20. We continue to see declining performance in our measure of satisfaction for **unpaid carers** during the period. This is reflecting the pressures that our unpaid carers are experiencing.
21. In the last 6 months, **reablement** performance has declined significantly with 45% of care needs reduced following period of Reablement – down from 63% significantly lower than target (60%). This has been a challenging period with significant demand pressures and staffing issues for the service.
22. Although the response rate for the iMatter staff survey had increased, the results of the survey show scores had reduced in relation to support for learning, involvement in decisions and support for **staff health and wellbeing** from managers.
23. In the last 6 months commencement and completion within court timescales of **Community Payback Orders** has dropped and remains challenging. However, of those surveyed 100% advised that their order helped them look at stopping offending.

24. Minimising hospital **discharges with delay** (and bed days lost to delays) continue to be an area of focused activity for the partnership and we have seen performance decline compared with the previous 6 months. We remain focused on supporting people to return home or into alternatives in the community.

RECOMMENDATION

25. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2024-25.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
Steven.Reid@eastrenfrewshire.gov.uk

November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Performance and Audit Committee, Performance Update – Quarter 1, 2024/25,
25 September 2024

https://www.eastrenfrewshire.gov.uk/media/10741/PAC-Item-09-25-September-2024/pdf/PAC_Item_09_-_25_September_2024.pdf?m=1726679529017

Performance and Audit Committee, HSCP Annual Performance Report 2023-24,
26 June 2024

https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC_Item_09_-_26_June_2024.pdf?m=1718729971193

Appendix 1



HSCP Strategic Plan – 2024-25 Mid-Year

Report Author: Graeme Clark / Steven Reid

Generated on: 24 Oct 2024

Key:

Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

Trend arrows point upwards where there is **improved** performance (incl. where we aim to decrease the value).


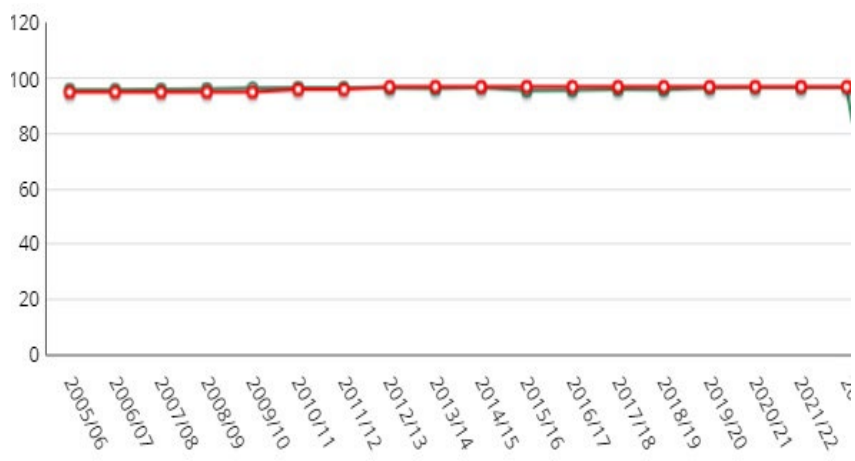

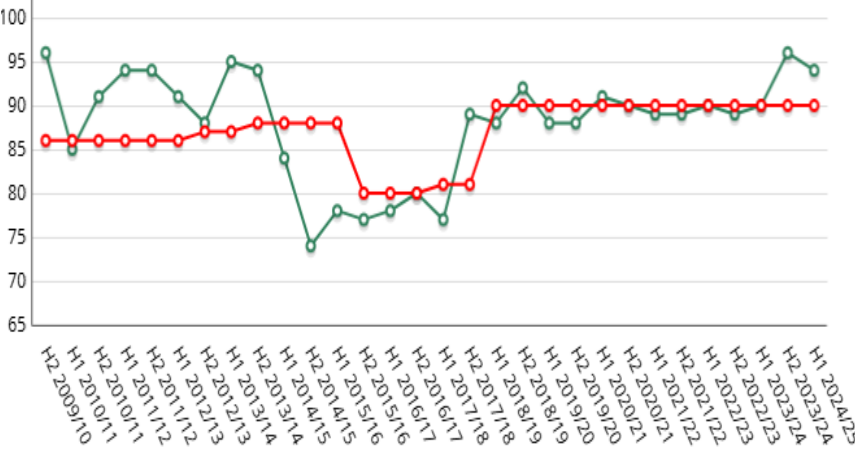
* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

1. Working together with children and their families to improve mental well-being

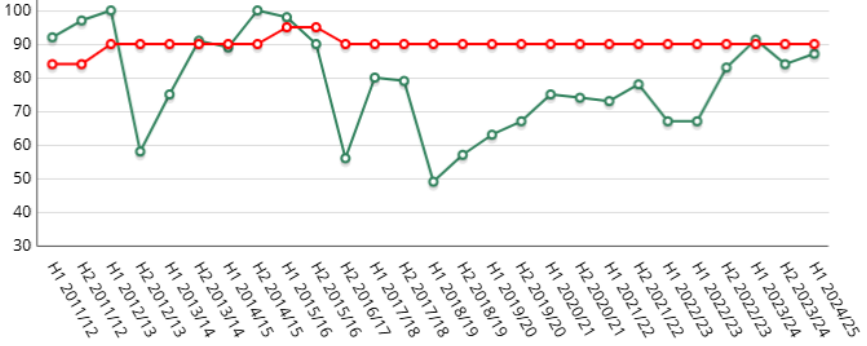
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of children looked after away from home who experience 3 or more placement moves (AIM TO DECREASE)	2023/24	0%	11%	Green	No Change		There were no children who experienced 3 or more placement moves in the reporting period (122 children looked after between 01/04/2023 - 31/03/2024).

2. Working together with people to maintain their independence

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	H1 2024/25	459	600	Red	No Change	<p>The chart displays two data series over time. The green line represents the current value, which starts near zero and rises to 459 by H1 2024/25. The red line represents the target value, which is constant at 600. A blue square icon indicates 'No Change' in the trend.</p>	Data calculated from the Social Care return. For first six months of 2024/25 459 people self directed their support through option 1 and option 2 against an annual target of 600. This is down slightly on the previous six months outturn of 474.
Percentage of those whose care need has reduced following re-ablement / rehabilitation (AIM TO INCREASE)	H1 2024/25	45%	60%	Red	(declining)	<p>The chart displays two data series over time. The green line represents the current value, which fluctuates between 0% and 100% before settling at 45% in H1 2024/25. The red line represents the target value, which is constant at 60%. A blue downward arrow icon indicates a declining trend.</p>	In the first six months of 2024/25 a total of 23 clients of the 52 discharged were discharged with reduced needs. This is down from 61% in the previous half year period in 2023-24. Whilst the increase in complexity has impacted on reablement outcomes for individuals, long term unplanned absence within this area of service has significantly impacted on performance. The team has now returned to establishment level.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital	2022/23	96.7%	97%	Green	 (improving)		Data to March 2023 released June 2023. (Source: Scottish Government MSG, June 2022). Target reviewed with no change being required (97%) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	H1 2024/25	94%	90%	Green	 (improving)		In the first six months of 2024/25 of the total 69 valid responses 65 reported their needs met.

3. Working together to support mental health and well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note																																																								
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	H1 2024/25	87.1%	90%	Amber	 (improving)	 <table border="1"> <caption>Historical Data for Percentage of people waiting no longer than 18 weeks for access to psychological therapies</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>H1-2011/12</td><td>92</td></tr> <tr><td>H2-2011/12</td><td>83</td></tr> <tr><td>H1-2012/13</td><td>90</td></tr> <tr><td>H2-2012/13</td><td>58</td></tr> <tr><td>H1-2013/14</td><td>75</td></tr> <tr><td>H2-2013/14</td><td>90</td></tr> <tr><td>H1-2014/15</td><td>89</td></tr> <tr><td>H2-2014/15</td><td>99</td></tr> <tr><td>H1-2015/16</td><td>95</td></tr> <tr><td>H2-2015/16</td><td>90</td></tr> <tr><td>H1-2016/17</td><td>55</td></tr> <tr><td>H2-2016/17</td><td>80</td></tr> <tr><td>H1-2017/18</td><td>79</td></tr> <tr><td>H2-2017/18</td><td>48</td></tr> <tr><td>H1-2018/19</td><td>58</td></tr> <tr><td>H2-2018/19</td><td>63</td></tr> <tr><td>H1-2019/20</td><td>67</td></tr> <tr><td>H2-2019/20</td><td>75</td></tr> <tr><td>H1-2020/21</td><td>74</td></tr> <tr><td>H2-2020/21</td><td>73</td></tr> <tr><td>H1-2021/22</td><td>78</td></tr> <tr><td>H2-2021/22</td><td>67</td></tr> <tr><td>H1-2022/23</td><td>67</td></tr> <tr><td>H2-2022/23</td><td>83</td></tr> <tr><td>H1-2023/24</td><td>90</td></tr> <tr><td>H2-2023/24</td><td>84</td></tr> <tr><td>H1-2024/25</td><td>87.1</td></tr> </tbody> </table>	Period	Value (%)	H1-2011/12	92	H2-2011/12	83	H1-2012/13	90	H2-2012/13	58	H1-2013/14	75	H2-2013/14	90	H1-2014/15	89	H2-2014/15	99	H1-2015/16	95	H2-2015/16	90	H1-2016/17	55	H2-2016/17	80	H1-2017/18	79	H2-2017/18	48	H1-2018/19	58	H2-2018/19	63	H1-2019/20	67	H2-2019/20	75	H1-2020/21	74	H2-2020/21	73	H1-2021/22	78	H2-2021/22	67	H1-2022/23	67	H2-2022/23	83	H1-2023/24	90	H2-2023/24	84	H1-2024/25	87.1	During the period April to September 2024, on average, 80.7% of patients assessed as suitable for psychological therapy waited no longer than 18 weeks to start treatment. This is below the target of 90% although the last six months demonstrate improving performance, increasing from 80% in April to 87.1% as at 30 September 2024. This is due to success in securing additional psychology resources. Achieving required performance in this area has been difficult over the long term due to challenges in securing psychology resources. Psychology vacancies within teams remain and this is a nationwide workforce issue. Wait times are monitored on a weekly basis, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service. Over this period 273 patients started treatment and at the quarter end (30 September) there are 132 patients waiting to start treatment with longest wait at that time being 42 weeks.
Period	Value (%)																																																														
H1-2011/12	92																																																														
H2-2011/12	83																																																														
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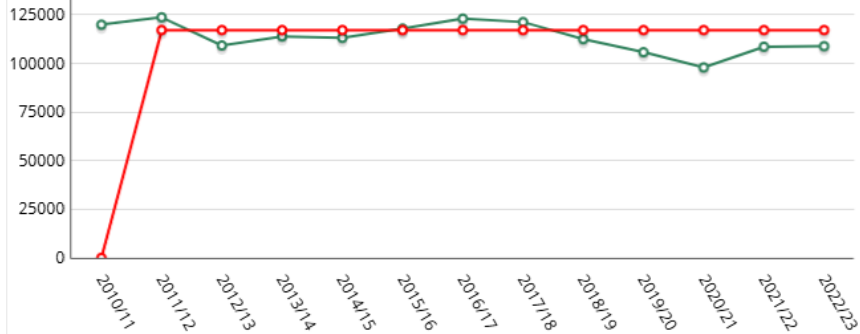

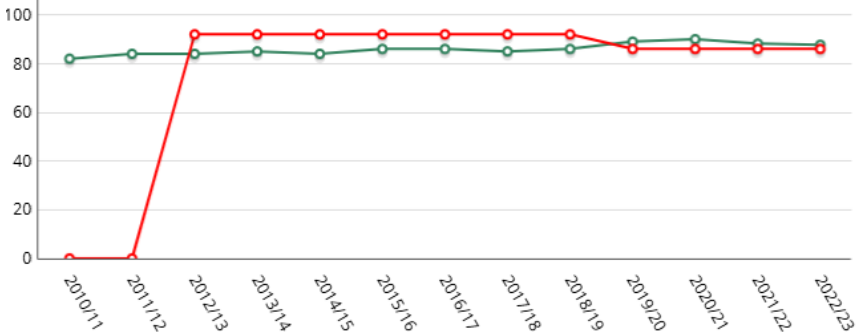
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
<p>Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</p> <p>(AIM TO INCREASE)</p>	H1 2024/25	97.7%	90%	Green	<p>(improving)</p>		<p>On average during the period April to September 2024, 97.7% of people waited no longer than three weeks from referral to appropriate alcohol and / or drugs (this is subject to verification pending Public Health Scotland report in 17 December 2024). This exceeds the 90% target and is higher than the performance achieved in the previous six months (89.9%). Action to fill vacancies and manage caseloads has returned service back to above average on target in recent quarters. 135 referrals started treatment during this the first half of 2024-25, with 91 still in treatment.</p>

4. Working together to meet people's healthcare needs							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
<p>Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute & MH weekly data)</p> <p>(AIM TO DECREASE)</p>	H1 2024/25	7	0	Red	<p>(improving)</p>		<p>Weekly average over the first six months of 2024/25. Compares to an average of nine in the previous six months (i.e. the last six months of 2023/24)</p>


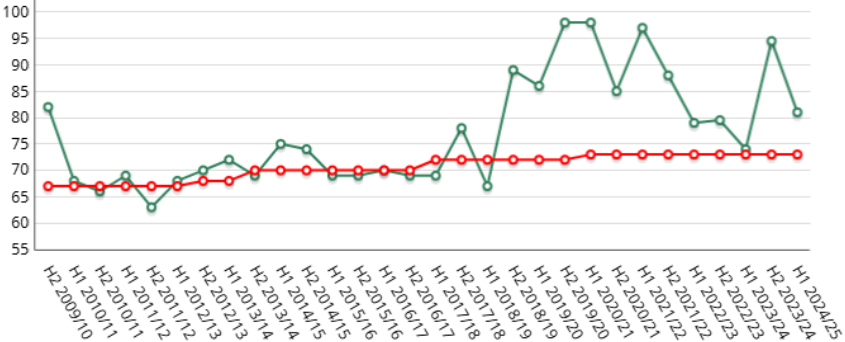
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharges bed days lost to delayed discharge (PHS) (AIM TO DECREASE)	H2 2023/24	3,068	946	Red	↓ (declining)		Latest data to August 2024. Increased from 2,064 bed days in the previous six months. (Source: PHS, August 2024)
people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	H2 2023/24	16	0	Red	↓ (declining))		Figure relates to the annual monthly average in last six months of 2023/24. This has increased from 10 in the previous six months. (Source: PHS August 2024)
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	H1 2024/25	3,370	3,564	Green	↓ (declining)		Admissions in the first six months of 2024/25 have increased on the previous period (3,274) though still remain below target.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A&E Attendances (excl MIU) (NHSGGC data) (AIM TO DECREASE)	H1 2024/25	6,086	9,166	Green	No Change		Data from the first six months of 2024/25 has increased slightly (6,040) in the previous period and is significantly down on the corresponding period last year (11,366)
Occupied Bed Days (Adult – non-elective) (NHSGGC data) (AIM TO DECREASE)	H1 2024/25	34,893	29,110	Red	(improving)		The figure for the first six months of 2024/25 has decreased on the same period last year (35,320) Source: NHSGGC, Sep 2024. Target reviewed for 2023/24 with no change required (58,220) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	H1 2024/25	128	120	Amber	(declining)		Hospital admissions from Care Homes have increased on the previous six months from 118 to 128. This has rose above target for the first time since the last six months of 2019/20.


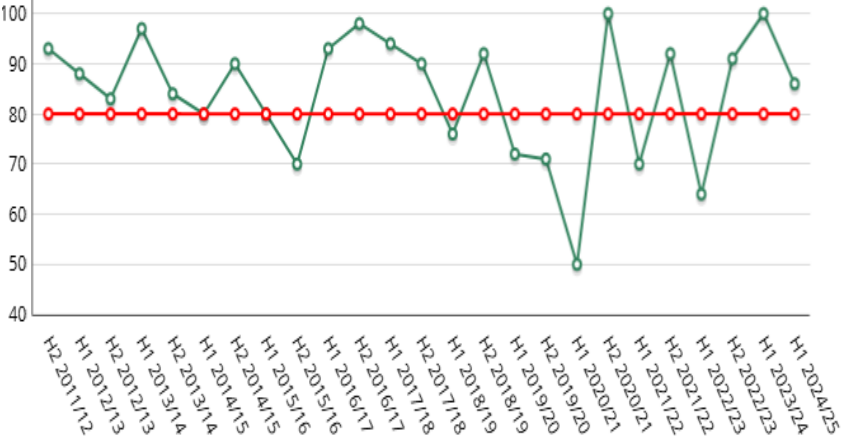
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
A & E Attendances from Care Homes (NHSGCC data) (AIM TO DECREASE)	H1 2024/25	241	200	Red	↓ (declining)		In the first six months of 2024/25 there were 241 attendances at A&E from Care Homes, this is up from 226 in the previous six months and is above target. This is also 20 less than the same period 2023/24.
Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults (AIM TO DECREASE)	2022/23	2,161		Data Only	↑ (improving)		Latest available data May 2023. Down from 9,414 in 2021/22. Annual outturn calculated with interim data for Qtr 3 and 4. (Source: Public Health Scotland)


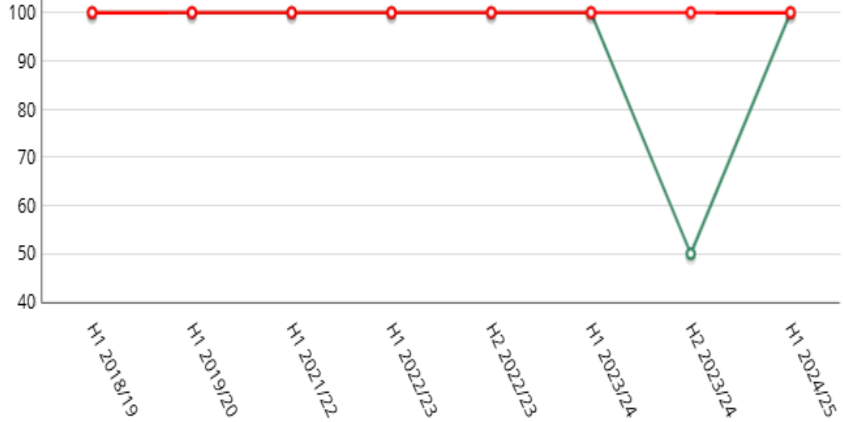
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults (AIM TO DECREASE)	2022/23	108,721	117,000	Green	 (improving)		Latest available data at May 2024. (Source: Public Health Scotland)
Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting (AIM TO INCREASE)	2022/23	87.7%	86%	Green	 (declining)		Latest data at May 2024, annual outturn calculated on interim data for Qtr 3 and 4. Down from 89.5% in 2021/22. (Source: Public Health Scotland)

5. Working together with carers to be able to exercise choice and control


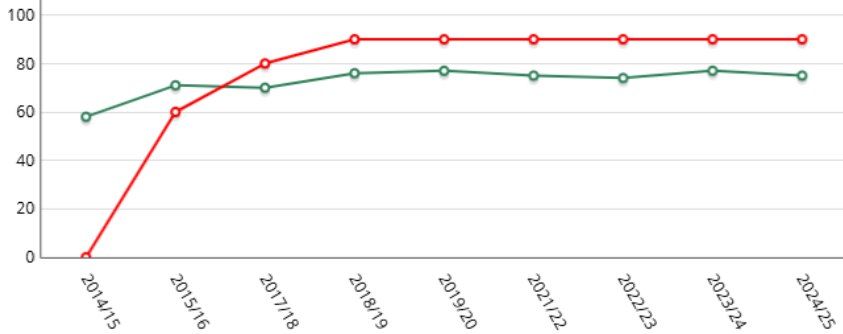
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	H1 2024/25	81%	73%	Green	 (declining)		In the first six months of 2024/25 of the total 68 valid responses 55 reported their needs met. Down from 94.5% in the previous six months.


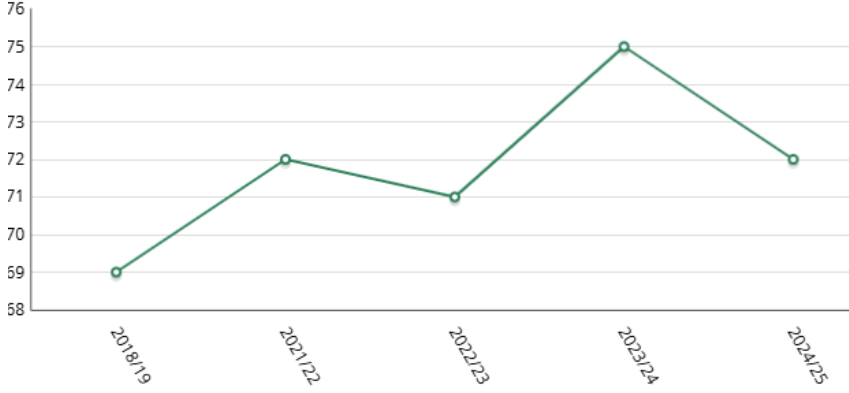

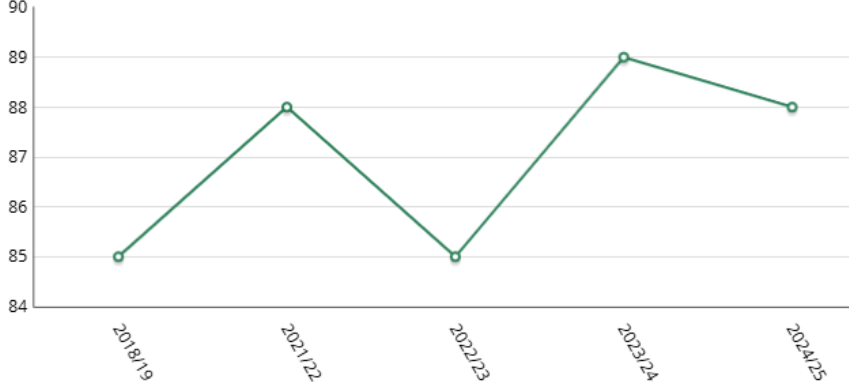
6. Working together with our partners to support people to stop offending

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	H1 2024/25	86%	80%	Green	 (improving)		In the first six months of 2024/25 19 out of 22 (86%) work placements were completed within court timescales. This remains above target but is down slightly for the same 6 month period in the previous year.


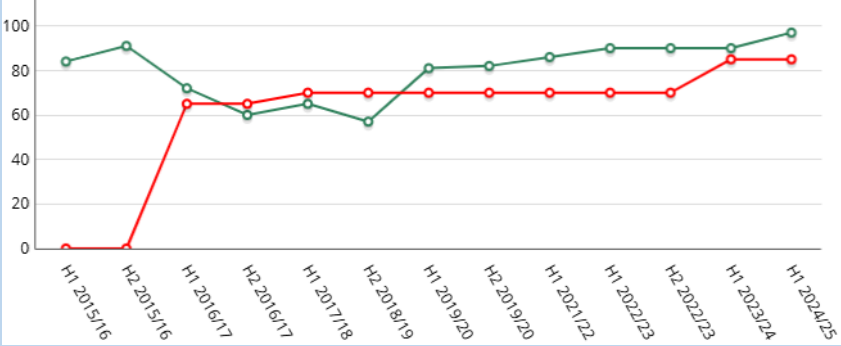

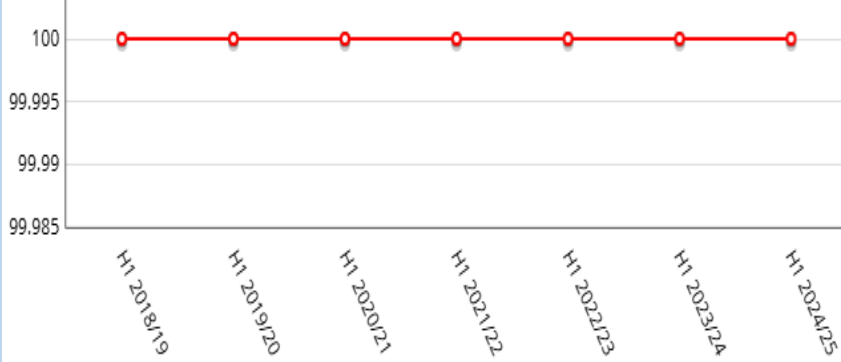
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? (AIM TO INCREASE)	H1 2024/25	100%	100%	Green	 (improving)		In the first six months of 2023/24 of the four Survey forms returned all said their Orders had helped them to look at how to stop offending

8. Working together with staff across the partnership to support resilience and well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
% Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey. (AIM TO INCREASE)	2024	75%	90%	Red	 (Declining)		Average score based on 675 responses, iMatter Survey Report 2024. Although we are missing target for this measure, performance was consistent with the previous surveys.


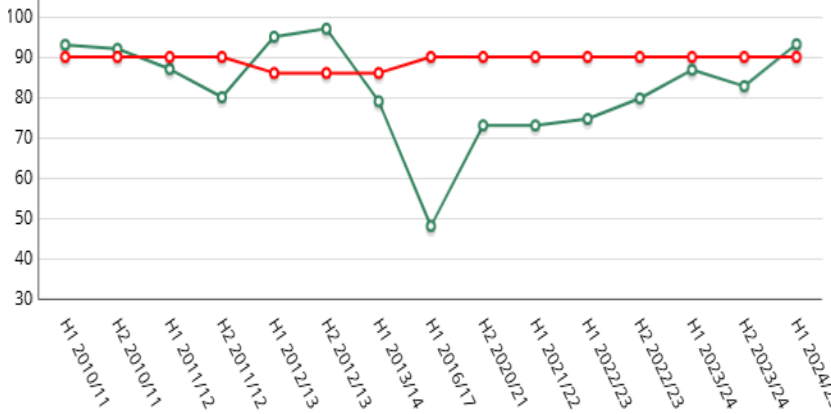
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note												
% Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey. (AIM TO INCREASE)	2024	72%		Data Only	 (Declining)	 <table border="1"> <caption>Data for Chart 1: % Staff who report "I feel involved in decisions in relation to my job"</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>59</td> </tr> <tr> <td>2021/22</td> <td>72</td> </tr> <tr> <td>2022/23</td> <td>71</td> </tr> <tr> <td>2023/24</td> <td>75</td> </tr> <tr> <td>2024/25</td> <td>72</td> </tr> </tbody> </table>	Year	Value (%)	2018/19	59	2021/22	72	2022/23	71	2023/24	75	2024/25	72	Based on 675 responses, iMatter Survey Report 2024. This is consistent with performance in 2022 and 2023 (72%)
Year	Value (%)																		
2018/19	59																		
2021/22	72																		
2022/23	71																		
2023/24	75																		
2024/25	72																		
% Staff who report "their manager cares about my health and well-being" in iMatter survey (AIM TO INCREASE)	2024	88%		Data Only	 (Declining)	 <table border="1"> <caption>Data for Chart 2: % Staff who report "their manager cares about my health and well-being"</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>85</td> </tr> <tr> <td>2021/22</td> <td>88</td> </tr> <tr> <td>2022/23</td> <td>85</td> </tr> <tr> <td>2023/24</td> <td>89</td> </tr> <tr> <td>2024/25</td> <td>88</td> </tr> </tbody> </table>	Year	Value (%)	2018/19	85	2021/22	88	2022/23	85	2023/24	89	2024/25	88	Based on 675 responses, iMatter Survey Report 2024. This continues to be a very positive score and is the same as pre-pandemic levels. Health & Wellbeing continues to be a focussed priority.
Year	Value (%)																		
2018/19	85																		
2021/22	88																		
2022/23	85																		
2023/24	89																		
2024/25	88																		

9. Protecting people from harm


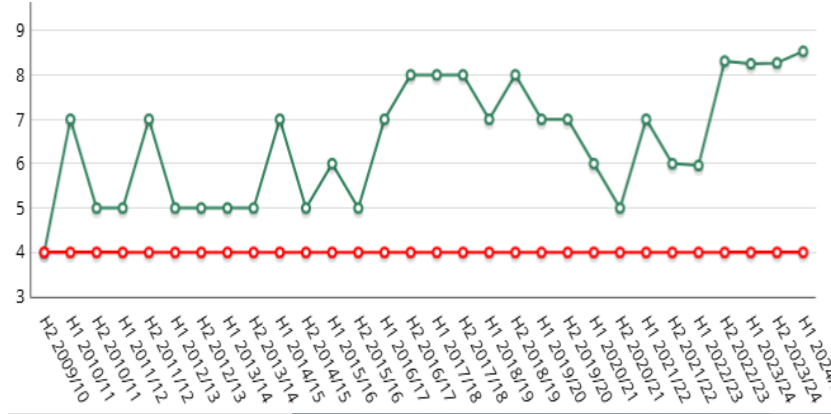
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Domestic abuse - % change / improvement in women's safety and wellbeing outcomes (AIM TO INCREASE)	H1 2024/25	97%	85%	Green	 (improving)		From April 2023– March 2024, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes. 49 reviews were completed with 97% of women assessed noting improvement in progress in their outcomes overall (above target 85%) indicating positive impact of support. Women's Aid continue to provide emotional and practical support to women, children and young people. In total, 575 women and children were supported across the three core services, helpline and drop in enquiries compared to 553 during the same period last year - a 4% increase.
People agreed to be at risk of harm and requiring a protection plan have one in place (AIM TO INCREASE)	H1 2024/25	100%	100%	Green	 (no change)		All people who are identified as being at risk of harm have a protection plan in place where required. This has been the historically consistent position.


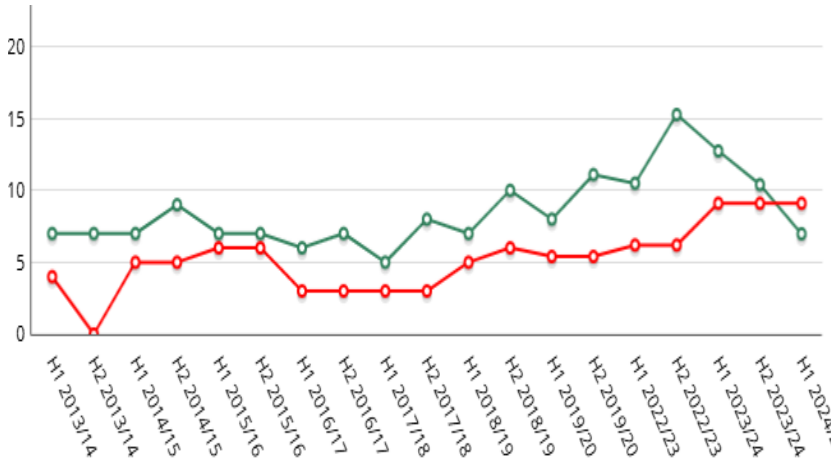

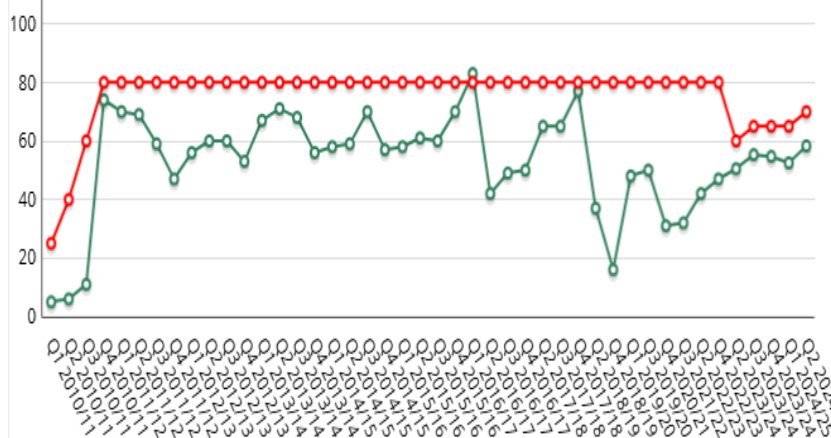
10. Organisational outcomes


10.2 Efficiency

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	H1 2024/25	93.2%	90%	Green	 (improving)		The first six months of 2024/25 performance has seen this measure come above target. The processing team has been back at full complement since January 2024. Previously long-term absence has affected this. In addition, better dashboards for the team to use, and the manager has been instrumental in ensuring these are used daily and invoices are properly targeted. Finally, due to the additional layer of authorisation needed for CareFirst invoices, we amended some of the parameters on our dashboard to help ensure they didn't tip over the payment period.

10.3 Our people

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	H1 2024/25	8.53%	4.0%	Red	 (Declining)		Average of available data for the first six months of 2024/25. This represents an increase on the previous six months (8.27%)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	H1 2024/25	6.98	9.1	Green	 (improving)		In the first six months of 2024/25 absence was 6.98 days lost per employee this is down from 10.4 in the previous six months.
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Q2 2024/25	58.29 %	70%	Red	 (improving)		Due to the pressures of the pandemic KSF became lower priority over the past 3 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. Increasing steadily over previous 4 months.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note																
iMatter Response Rate - HSCP (AIM TO INCREASE)	July 2024	65%		Data Only	 (improving)	<table border="1"> <caption>iMatter Response Rate - HSCP (Historical Data)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Response Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>66.5</td> </tr> <tr> <td>2018/19</td> <td>71.0</td> </tr> <tr> <td>2019/20</td> <td>67.0</td> </tr> <tr> <td>2021/22</td> <td>61.0</td> </tr> <tr> <td>2022/23</td> <td>67.0</td> </tr> <tr> <td>2023/24</td> <td>57.0</td> </tr> <tr> <td>2024/25</td> <td>65.0</td> </tr> </tbody> </table>	Fiscal Year	Response Rate (%)	2017/18	66.5	2018/19	71.0	2019/20	67.0	2021/22	61.0	2022/23	67.0	2023/24	57.0	2024/25	65.0	<p>iMatter response rate at July 2024, of the 1037 recipients 675 responded (65%) up from 57% in 2023/24.</p>
Fiscal Year	Response Rate (%)																						
2017/18	66.5																						
2018/19	71.0																						
2019/20	67.0																						
2021/22	61.0																						
2022/23	67.0																						
2023/24	57.0																						
2024/25	65.0																						

Appendix Two – Exception Reports

Purpose of the indicator

A&E attendances/ admissions from care homes in East Renfrewshire HSCP

What does good look like?

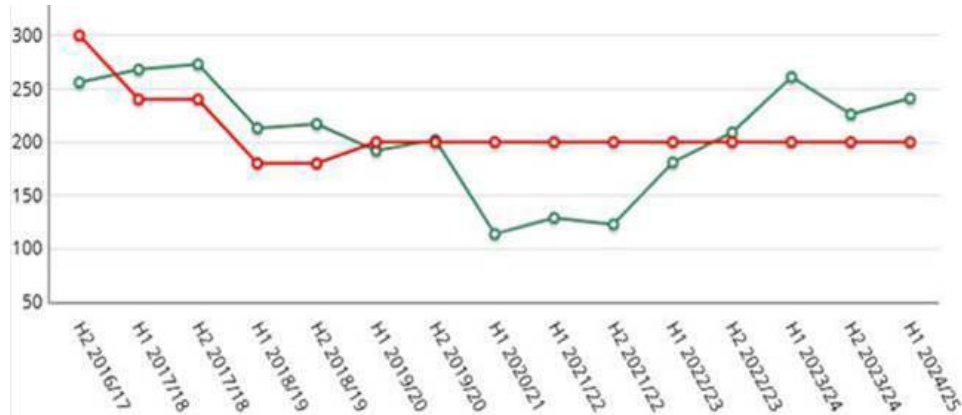
Unscheduled care activity/ conveyance to A&E for Care Home residents only occurs when clinically necessary. All opportunities, supports and pathways are considered to avoid unnecessary conveyance and admissions to hospital where possible.

Current status of measure

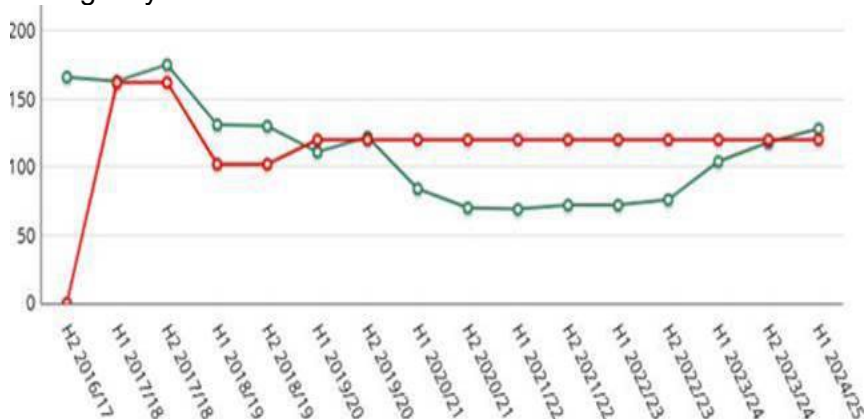
In the first six months of 2024/25 there were 241 attendances at A&E from East Renfrewshire Care Homes, which is increased from 226 in the previous six months and is above target. This was, however, 20 less attendances than in the same period in 2023/24. As noted in the previous report to PAC, this increase is similar to the picture across Scotland and seen in partnerships across NHS GG&C Health Board Area. It should also be noted that these are numbers of individuals presenting at A&E from a Care Home but this does not account for the corresponding total number of residents within Care Homes in East Renfrewshire during any given period.

Hospital admissions from East Renfrewshire Care Homes have increased on the previous six months from 118 to 128. This has risen above target for the first time since the last six months of 2019/20. This is again a picture which is being seen across the health board area. With a small increase in attendances at A&E, then it is not unexpected that the HSCP has also seen an increase in admissions to hospital.

A&E Attendances from care homes



Emergency admissions from care homes



Reason/explanation for current performance

Prevention of avoidable conveyance to A&E is multifaceted and there are challenges across the system to ensure alternative pathways are available and considered both in hours and out of hours. People living in care homes should have timely access to members of the multidisciplinary team 24/7 when urgent or unscheduled care is required. Consideration should also be given to the increasing complexity of health and care needs being managed within care home environment, challenges of provision of consistent permanent staffing within care homes.

Mitigating action

There is significant work ongoing across the HSCP to support avoidable conveyance to A&E for Care Home residents.

As per previous update, main focus going forward is development of the current Care Home Liaison Nursing (CHLN) Single Point of Access pathway to provide a proactive 7 day planned approach. Vacant posts (permanent and fixed term) both filled and 7 day working model will go live this month. All opportunities to encourage the Care Homes in East Renfrewshire to follow the Care Homes Falls Pathway continue to be taken and the SAS:FNC Call Before You Convey pathway remains a focus. This pathway is for SAS crews to use when a call has been made to 111/999 and the crew attending a resident in the home can call FNC for advice/decision support regarding conveyance.

Investment

Funding re-directed from the Care Home Collaborative to HSCPs to support Winter Planning assistance to Care Homes totalling £500k was allocated across all 6 HSCPs to mobilise this. The allocation to East Renfrewshire based on care home bed numbers for 23/24 (£31,651) and 24/25 (circa £35,000) has supported provision of additional Care Home Liaison Nurse hours- recruitment to a 0.6WTE fixed term post completed which will increase existing capacity. This will allow testing of the implementation of a 7 day service and consider impact of this change on rates of weekend conveyance.

Context and benchmarking

A comparative was sought with East Dunbartonshire HSCP and across the other HSCPs within GG&C who are currently all experiencing similar challenges with increasing numbers of attendances and admissions from care homes. There is ongoing multiagency work across GG&C in relation to this with East Renfrewshire representation on all appropriate working groups.

Purpose of the indicator

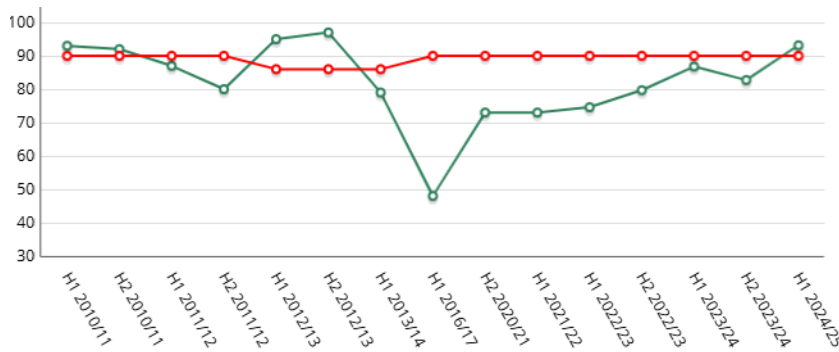
Payment of invoices: Percentage invoices paid within agreed period (30 days)

What does good look like?

The measure sets a standard of 90% of all invoices will be processed and paid within the agreed 30 days period from receipt. This is crucial in the financial process to assist with budgetary control and forecasting.

Current status of measure

The first six months of 2024/25 performance has seen this measure come above target for the first time in 10 years with 93.2% of all invoices paid within the 30 days. The performance has been gradually increasing over the last couple of years with gradual progress made.



Reason/explanation for current performance

The processing team has been back at full complement since January 2024, as previously long-term absence has affected this. In addition, better dashboards for the team to use, and the manager has been instrumental in ensuring these are used daily and invoices are properly targeted. Finally, due to the additional layer of authorisation needed for CareFirst invoices, we amended some of the parameters on our dashboard to help ensure they didn't tip over the payment period.

Mitigating action

The expectation is that with the current dashboard and full complement of staff that invoices would continue to be paid in the timely manner and within the agreed period going forward.

Due to a member of staff being redeployed to another team on a temporary basis from October on a 12-month temporary term and a new Scotland Excel procurement framework being introduced, the complexity of processing will increase as staff manoeuvre working with two concurrent financial frameworks and this impact the degree of how progressed performance is.

Investment

Staff absence has reduced significantly allowing a full complement of processors and management taking a more focused approach towards workloads. A traffic light dashboard was implemented to signal staff to invoices that may be about to fall out with the payment period. Alongside this, changes were made to the timings around the dashboard to alert staff sooner and allow focus to be on processing these and assisting the processors in the management of the workload.

Context and benchmarking

Currently we have no information to compare this performance with other partnerships or nationally as this is a local target.



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 November 2024
Agenda Item	7
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in September 2024 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2024 • A summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 November 2024

Report by Chief Financial Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
 - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in September 2024
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2024
 - A summary of all open audit recommendations

RECOMMENDATION

2. Performance and Audit Committee are asked to note and comment on the report.

BACKGROUND

3. As agreed at the Performance and Audit Committee in June 2021 we continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst & Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.
6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

High	<ul style="list-style-type: none">• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.• Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none">• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.• Corrective action should be taken within a reasonable timescale.

Low	<ul style="list-style-type: none"> Area is generally well controlled or minor control improvements needed. Lower level controls absent, not being operated as designed or could be improved
Efficiency	<ul style="list-style-type: none"> These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	<ul style="list-style-type: none"> Very high risk exposure - major concerns requiring immediate senior management attention.
3	<ul style="list-style-type: none"> High risk exposure - absence / failure of key controls.
2	<ul style="list-style-type: none"> Moderate risk exposure - controls not working effectively and efficiently.
1	<ul style="list-style-type: none"> Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

Audit Activity relating to the Integration Joint Board Audit (Appendix 1)

8. The action plan from the Ernst & Young Annual Audit Report for the year ending 31 March 2024 is now included at Appendix 1a.

East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)

9. Since last reported, one new audit report has been issued.

Audit of St Andrew's House (MB/1216/IM - issued 25 September 2024)

10. This is an HSCP specific audit with 4 recommendations.
11. A copy of the audit report is included at Appendix 2A, along with our response. We have actioned 3 of the 4 recommendations.
12. In addition, an audit of Bonnyton House has recently been undertaken and the report will be issued imminently and included in the next update.

Recommendations from previous audits (Appendices 2B-2G)

13. At the September 2024 meeting, a total of 37 recommendations were reported; 21 open and 16 which the HSCP considered to be closed but were pending verification from internal audit.

14. As a result of follow up work 11 recommendations have now been either been verified as complete or superseded by more recent audits. These were from the following audits which have now been removed from the report:-
- Debtors
 - Follow up of Business Operations and Partnerships Department
 - Payroll
15. From the new audit of St Andrew’s House we consider 3 recommendations closed, in addition to a further 7 recommendations now considered closed from previously reported audits.
16. This means we now have 30 recommendations in total; 11 open and 19 which are considered closed and awaiting verification.
17. The table below summarises the total number of recommendations impacting on the HSCP which are either open or yet to be verified by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each ‘status’ section.

Audit Report and Appendix		No. changed to considered closed since last reported	Recommendations		
			Total no. for HSCP	HSCP consider closed (awaiting verification)	Total open
St Andrews House	2A	(new)	4	3	1
Accounts Payable	2B	4	4	4	0
Accounts Receivable	2C	0	3	0	3
Application Audit of Payroll	2D	0	4	0	4
Follow-up of HSCP Audits	2E	2	8	6	2
SDS – Direct Payments	2F	3	3	3	0
Ordering and Certification	2G	n/a	4	4	0
TOTAL			30	19	11

NHS Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 3)

18. A report has been provided by the Chief Internal Audit, which is included at Appendix 3.

CONCLUSIONS

19. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

20. Performance and Audit Committee are asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk

6 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 25.09.2024 – Audit Update
https://www.eastrenfrewshire.gov.uk/media/10743/PAC-Item-11-25-September-2024/pdf/PAC_Item_11_-_25_September_2024.pdf?m=1726679529833

Appendix	1A
Title	Ernst & Young 2023/24 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	New

No	Finding / Risk	Grade	Recommendation	Management Response	Responsible Officer	Timing	Comments
1	Financially sustainable planning						
	<p>The IJB's General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that dequate general reserves are essential to manage the level of risk.</p> <p>There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.</p>	Grade 1	The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.	<p>The budget agreed for 2024/25 included an overrecovery target for savings to allow for forward planning including rebuilding of reserves.</p> <p>The tension between delivering savings and building reserves, particularly in the current climate is recognised.</p>	Chief Financial Officer	31 March 2025	This will continue to be reviewed as part of revenue budget monitoring.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

Appendix	2A
Title	St Andrews House
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New (4.1.1, 4.2.1 and 4.2.2 considered closed)

**REPORT ON AUDIT OF HSCP AREA OFFICE
ST ANDREWS HOUSE**

<u>Contents</u>	<u>Page No</u>
Introduction	1
Scope	1
General Conclusion	1
Findings & Recommendations	2-3
Action Plan	4-5

Chief Auditor
MB/1215/NS
25 September 2024
(reply due 25 October 2024)

REPORT ON AUDIT OF HSCP AREA OFFICE (ST ANDREWS HOUSE)

1. INTRODUCTION

As part of the Annual Audit Plan for 2024/25, a regularity audit of the HSCP Area Office (St Andrews House) was carried out.

The main risks associated with this area are that if the correct procedures are not in place for the income and expenditure incurred in relation to the petty cash imprest then purchases may not be appropriate or reimbursements are not credited to the correct account. There is also the risk that absences are not being properly managed and the information is not accurate for performance indicator purposes.

The previous audit of this area office was issued in April 2017 and at that time the main weaknesses related to the recording of absence and subsequent reporting of these to payroll. A review of absence as part of this audit showed that there are still weaknesses in relation to the monitoring of absences and the completion of the forms required by the maximising attendance policy.

The co-operation and assistance given to the auditor during the audit is gratefully acknowledged.

2. SCOPE

The scope of the audit was to ensure that all income and expenditure is correctly accounted for and proper financial records are maintained. Audit testing covered the period January to August 2024. The audit focussed on the following areas:

- Petty cash
- Purchasing
- Inventory
- Staff existence and absence monitoring checks
- Security Checks

These objectives were agreed in advance with the Head of Finance and Resources.

This audit has been conducted in conformance with the revised Public Sector Internal Audit Standards.

3. GENERAL CONCLUSION

Testing carried out using ITrent absence information indicated that there is still scope for improvements in this area as the breach of absence triggers was not always being noted and actioned as appropriate. It was also noted that an old form was being used to document the absence and return to work.

The review of the petty cash imprest highlighted that there is no longer a petty cash imprest held at the location with all expenditure being reimbursed via the imprest held by Children and Families at Barrhead. A review of the expenditure being reimbursed showed that VAT is not always being claimed as appropriate.

The following recommendations are made and require to be addressed.

4. FINDINGS AND RECOMMENDATIONS

PETTY CASH IMPREST

4.1 VAT on Petty Cash Purchases

Petty cash transactions incurred by staff based at St Andrews House are reimbursed from the petty cash imprest held by Children and Families Team based at the main offices in Barrhead.

A review of claims that included transactions incurred by St Andrews House staff was carried out and it was noted that there were supporting receipts for all expenditure within the sample period and that the items being purchased were appropriate for the needs of the service.

A review of the receipts showed that on a number of occasions the receipt specifically showed the amount of VAT for the spend but this had not been shown on the claims for reimbursement. Whilst the amounts involved are not material, the VAT cannot be reclaimed from HMRC unless shown in the appropriate column of the claim for reimbursement.

Recommendation

4.1.1 The Business Support Team responsible for the petty cash should be advised to ensure that where VAT is clearly shown on receipts submitted this should be shown on the claim forms for reimbursement to allow it to be reclaimed from HMRC.

EMPLOYEE EXISTENCE AND ABSENCE MONITORING

4.2 Supporting Documentation for Sickness Absence

An absence report was generated from I Trent showing all absences in the period 01/01/2024 to 09/07/2024. A sample of 15 periods of absence covering 11 employees was taken and checks were carried out to ensure that the requirements of the maximising attendance policy were being adhered to.

It was noted that in 6 cases, an old MA1 form had been used to record the notification of sickness and subsequent return to work. There is a newer version of this form on the intranet that should be used for all future absences to ensure that the line manager is completing all required checks.

Within the sample there were nine cases where the absence had breached one of the absence triggers and required further action to be taken. In the majority of cases the required Absence Review Meeting (ARM) had taken place and managers were able to confirm the date this happened. In four cases where there was no ARM completed, the Line Manager was able to provide appropriate reasons for this not happening (e.g. type of absence, employee left Council) but in one case the ARM did not take place due to the Manager not realising a trigger had been breached.

The ARM was completed during the audit when this was raised with the Line Manager.

Recommendations

4.2.1 All line managers responsible for monitoring absence should be instructed to discard old versions of the notification of sickness forms and use the one available in the Council Intranet.

4.2.2 All line managers should be asked to confirm that they have an appropriate system in place to monitor the absence of employees reporting to them and that this includes monitoring of absence triggers to ensure that the correct action is taken in a timely manner.

INVENTORY4.3 **Updating Inventory Records**

The computer and mobile equipment inventory for St Andrews House is held centrally and updated by the business support team with the furniture inventory held by the Senior Business Support Assistant at the location.

A review of the computer inventory showed that the record is not fully up to date with a number of employees not showing as having a laptop or mobile phone despite not being office based.

It was also noted that movements in inventory items during the year are not always being shown as such in the acquired and disposed of columns.

Recommendation

4.3.1 The inventory records should be updated on an annual basis and the columns for items that have been acquired and disposed of used to show inventory movements.

Chief Auditor
25 September 2024

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The Business Support Team responsible for the petty cash should be advised to ensure that where VAT is clearly shown on receipts submitted this should be shown on the claim forms for reimbursement to allow it to be reclaimed from HMRC.	Communication to be issued to responsible individuals.	30-Nov-24	Considered Closed (pending verification)	Communication sent to relevant staff who are responsible for petty cash
4.2.1 (Low)	All line managers responsible for monitoring absence should be instructed to discard old versions of the notification of sickness forms and use the one available in the Council Intranet.	The correct forms will be shared with the Managers at St Andrews House. A wider communication will also be sent to all managers reminding them of the correct process.	30-Nov-24	Considered Closed (pending verification)	An instruction has been issued to all managers at St Andrews House along with links to the correct paperwork. A communication has also been sent to HSCP managers.
4.2.2 (Low)	All line managers should be asked to confirm that they have an appropriate system in place to monitor the absence of employees reporting to them and that this includes monitoring of absence triggers to ensure that the correct action is taken in a timely manner.	The Service Manager will issue an instruction to Managers within St Andrews House.	30-Nov-24	Open	An instruction has been issued to all managers at St Andrews House
4.3.1 (Low)	The inventory records should be updated on an annual basis and the columns for items that have been acquired and disposed of used to show inventory movements.	A reminder will be issued to staff responsible for maintaining inventory records.	30-Nov-24	Open	

Appendix	2B
Title	Audit of Accounts Payable MB/1216/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since reported to PAC 25.09.2024 4.3.1 considered closed 4.3.3 considered closed 4.4.2 considered closed 4.6.1 considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (Med)	Goods receipts should only be input at the appropriate level in relation to the actual goods received.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	Communication issued to business support staff
4.3.3 (Med)	Following invoice authorisation, the order should be checked and if no more spend is expected against the order, it should be forced complete, including forcing the Goods Receipt complete if necessary to remove this accrual from the ledger.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.4.2 (Low)	Staff should be reminded if an Eform is started on Integra but then subsequently not used, these should be cancelled on the system.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.6.1 (Low)	An appropriate expense head should be used at all times in order to easily identify expenditure. If one is not available, consideration should be given to creating a new one to properly reflect the nature of the spend incurred and if in any doubt, the Finance Business Partner should be contacted for advice.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above

Appendix	2C
Title	Audit of Accounts Receivable MB/1212/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since reported to PAC 25.09.2024

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Directors must ensure that they have appropriate processes in place to notify Payroll immediately as soon as they are aware that an employee they are responsible for will be leaving the Council to ensure unnecessary payroll related debt is not incurred.	A reminder will be sent to managers. Further comms to be included in the staff bulletin along with the reminders from the payroll audit.	30 Sep 2024 31 Dec 2024	Open	Added to bulletin scheduler
4.7.4 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP has an agreed process in place with the debtors team. We will review this to identify whether any change may improve this and will also inform any changes to process from the implementation of the finance module within Mosaic. In relation to services for care it is not appropriate to raise invoices in advance.	31-Dec-24	Open	
4.7.5 (Med)	Improved communication and joint ownership of the debt recovery process between accounts receivable and departments needs to be established to aid income recovery. Departments should make consistent use of reports available to monitor outstanding debt	As above	31-Dec-24	Open	

Appendix	2D
Title	Application Audit of Payroll MB/1201/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 25.09.2024 - all notes updated

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.1.1 (Med)	Directors must ensure that line managers are aware that plain time overtime must be used instead of additional basic for full time employees.	A communication was issued to managers on 16th August 2024 and a further reminder will be scheduled in the staff bulletin. Managers of individuals identified in the sample will be contacted directly. We will work with HR and payroll colleagues where any specific action is needed.	31-Dec-24	Open	Managers of the employees identified in the sample have been contacted separately to ensure they are aware of correct process. A reminder for all staff has also been scheduled in the staff bulletin
5.1.2 (Med)	Directors must ensure that line managers reject overtime claims for time and a half if 37 hours have not been worked by the employee that week.	As above	31-Dec-24	Open	As above
5.2.1 (Low)	Directors must ensure that line managers are aware that they should only approve payment of double time overtime for hours worked on a public holiday. There should be no exceptions to this policy.	As above	31-Dec-24	Open	As above
5.3.1 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	As above	31-Dec-24	Open	As above

Appendix	2D
Title	Follow-up of HSCP Audits MB/1204/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 25.09.2024:- <ul style="list-style-type: none"> - 4.2.1 now considered closed - 4.2.2 now considered closed - 4.5.1 now considered closed - 4.5.2 now considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.	Reminder email to be issued – sent 31.05.2024. A review of the HSCP inventory process is also planned.	31-May-24	Open	A reminder was issued 31.05.2024. The process will be reviewed by the end of the calendar year.
4.2.1 (High)	Fully functional reports showing varies to cost should be used to regularly review and amend service agreements where appropriate.	Report developed and put in place September 2023. The changes to the Supporting People Framework and the associated reviews have taken priority. Once the reviews are complete this report will be part of routine monitoring. The report will be issued monthly from August 2024. The finance module in MOSAIC, which will commence April 2025, is expected to eliminate the vary process.	31-Aug-24	Considered closed (pending verification)	The report has been produced and Finance Support Officers will review and discuss with Service Managers and others as appropriate. This will be undertaken at least quarterly until the new MOSAIC finance module is in place.
4.2.2 (High)	Audit should be advised when the quarterly meetings to confirm varies are put into action.	As above. Meeting schedule will commence August 2024.	31-Aug-24	Considered closed (pending verification)	As above

4.3.1 (Low)	A review of the uprating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	<p>The process for uprating non-framework service agreements was revised in February 2024. Rate changes are made by the Carefirst system team.</p> <p>Any provider queries re rates are picked up via Finance or Contract Monitoring and will be resolved with the respective services.</p> <p>There is a monthly housekeeping process in place and the vast majority of varies are downwards so there is no offset as the amount paid is lower than the committed value.</p> <p>There can be amounts not matched and the majority of these are due to providers invoicing at a rate lower than the service agreement – and in such a case it is incumbent on the provider to raise the invoice.</p> <p>Any credit value not matched will be by exception as no invoice will be paid that is above the committed value – but there may be timing differences.</p> <p>As above the move to MOSAIC will eliminate the need for varies.</p>	30-Sep-24	Considered closed (pending verification)	All actions have been completed and this is now considered closed, pending verification
4.3.2 (Med)	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	Please see above	30-Sep-24	Considered closed (pending verification)	As above

4.4.1 (Low)	Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.	The redesign of Inclusive support is ongoing, with a best value review commencing in October 2024 and the outcome of this will determine any revisions to the policy. This will then be provided.	31-Mar-25	Open	
4.5.1 (Low)	The bank should be advised to remove the former Unit Manager of Bonnyton House from the list of authorised signatories and confirmation from the bank of the remaining authorised signatories should be provided to audit.	The previous unit Manager has been removed as a signatory and the current mandate will be provided to internal audit.	31-Jul-24	Considered closed (pending verification)	Information has been passed to internal audit which is currently being reviewed
4.5.2 (Med)	Details (account name, number and sort code) of all Bonnyton House bank accounts that have been in existence since 2018 should be provided to audit.	A list of accounts will be provided to internal audit.	31-Jul-24	Considered closed (pending verification)	As above

Appendix	2F
Title	Self-Directed Support – Direct Payments MB/1171/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 25.09.2024:- <ul style="list-style-type: none"> - 4.1.1 considered closed - 4.1.2 considered closed - 4.1.3 considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	The financial review of direct payments should be completed as soon as possible.	Already under way. This will be done in a phased approach to manage workload	30-Jun-23	Considered closed (pending verification)	All care packages are being reviewed as part of the Supporting People Framework including Direct Payments and reviews for the current year are expected to be completed by March 2025.
4.1.2 (High)	The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.	We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff.	30 June 23 then ongoing	Considered closed (pending verification)	As above. Balances are highlighted to care managers and recovery of unspent funds will follow review.
4.1.3 (Med)	Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.	All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.	31-Mar-24	Considered closed (pending verification)	Where there is evidence of inappropriate spending, full receipts will be asked for.

Appendix	2G
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since reported to PAC 26.06.2023 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.	We will issue a reminder to all employees responsible for ordering	28-Feb-23	Considered Closed (Pending verification by internal audit)	Email issued to Business Managers to cascade to those staff who process orders on Integra
4.1.2 (Med)	All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.	Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Considered Closed (Pending verification by internal audit)	Process established with Commissioning and Procurement to identify and action breached thresholds if applicable
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Considered Closed (Pending verification by internal audit)	Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in pace to review new and existing contracts.
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28-Feb-23	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 November 2024

Report by Chief Auditor

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25

PURPOSE OF REPORT

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2024/25. The internal audit service is currently provided by Azets.

BACKGROUND

2. The East Renfrewshire Integration Joint Board directs both East Renfrewshire Council and NHSGGC to deliver services on its behalf to enable it to deliver on its strategic plan.

3. Both East Renfrewshire Council and NHSGGC have internal audit functions which conduct audits across their organisations and report the findings of these to their respective audit committees.

NHSGGC INTERNAL AUDIT ACTIVITY TO NOVEMBER 2024

4. The report in appendix 1 provides a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC received since the last meeting.

5. Details of four reports were received. Two of these were classified as needing substantial improvement, one was classified as effective and one contained advisory recommendations only.

RECOMMENDATION

6. The Committee is asked to:

(a) Note the contents of the report.

M Blair, Chief Auditor
5 November 2024

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25

1. Reports Issued

Details of four audits from the 2024/25 audit plan have been provided by the NHSGGC internal auditors as summarised below, in addition to follow up work being carried out.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Hospital Discharges	Substantial Improvement required	0	2	3	0
Property Transaction Monitoring	Effective	0	0	0	0
Sustainability and Value Programme	Substantial Improvement required	0	2	1	1
Succession Planning	N/A advisory	0	0	0	0

2. Hospital Discharges

The complex relationship between NHSGGC and its associated HSCPs mean they have to work together to discharge patients promptly from acute settings.

Generally it was concluded that there are well designed processes in place for proactive discharge planning however they are not always consistently applied. The most significant findings relate to planned dates of discharge (PDD) for adults with incapacity (AWI) and the need to ensure timeliness of social work referrals and improve communication/interface between HSCPs and Acute. Samples were taken which included some East Renfrewshire patients.

Five recommendations were made:

- two grade 3 recommendations related to stressing to ward staff the need to review and update all PDDs regularly and also to promptly refer AWI to HSCP and document these requirements in PDD Standard Operating Procedure and Discharge Policy and Procedure respectively.
- three grade two recommendations for more formal documentation arrangements to be put in place for patients removed from delayed discharge lists, guidance on social work referrals and the information to be included, and finally, further guidance to be provided for ward staff to ensure key dates within the referral process are consistently recorded in patient notes.

3. Property Transaction Monitoring

The audit found that the NHSGGC has robust arrangements in place to ensure that property transactions are managed in line with the NHS Scotland Property Transaction Handbook. Testing at two locations concluded that the procedures were consistently applied. No recommendations for improvement were made and several areas of good practice were identified.

4. Sustainability and Value Programme

Due to the extreme financial pressure NHS Scotland is currently facing, a 3% savings target has been set against baseline budget. The Sustainability and Value programme is in place with the purpose of enabling NHSGGC to achieve these savings.

It was found that whilst there is a solid framework in place with well-defined roles and good governance and reporting, the scale and timing of the savings required remains a significant challenge with 65% of the required savings of just under £227m being identified so far. This means there is £78m of savings that remain unidentified. Of those identified savings, 63% are RAG rated

as red as they have not commenced yet and the winter period is approaching, a challenging time to try to deliver savings.

Four directorate areas were sampled and it was confirmed that savings plans were in place aligned with targets allocated and approved, the targets were viable and there was sufficient scrutiny of these.

Four recommendations were made:

- two grade 3 recommendations with the most significant recommendation related to NHSGGC taking steps to reduce the unallocated savings balance and continue to keep the programme board, senior management and the Scottish Government updated with overall progress. The other emphasises the need for action plans to be translated into activities from which related actions should be SMART i.e. specific, measureable, achievable, relevant and time-bound.
- one grade 2 recommendation around the recognition of a saving before it had been achieved and
- one grade 1 recommendation around documented project mandate sign off being in place.

5. Succession Planning

NHSGGC has been proactive in implementing a succession planning framework in advance of national guidance, and although at an early stage and still being embedded, is at more developed stage than other public sector bodies. The frameworks approach included prioritising initially senior levels and hard to fill roles where risk is higher.

The audit considered the arrangements for succession planning in the following areas:

- Identification of business-critical roles and the skills required to fill the roles
- Articulation and implementation of succession/development plans to ensure there is capacity and capability to fill these roles when required.

The framework is still being embedded and whilst recommendations were made against each of the seven objectives covered in the audit, they were only advisory and included enhancing reporting arrangements by adding performance indicators, improving consistency and quality of development discussions and more clearly agreeing the leadership skills to be developed.

A sample of business areas were also reviewed and it was found that there was some inconsistent application of the guidance in services that had put succession plans in place and some areas where no formal succession plan was yet in place.

Note 1 - The overall audit report rating is based on the following table:

<i>Immediate major improvement required</i>	<i>Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Substantial improvement required</i>	<i>Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met</i>
<i>Minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

Note 2 - Issues within these reports are graded on the following basis.

4	<i>Very high risk exposure – major concerns requiring immediate senior management attention that create fundamental risks within the organisation</i>
3	<i>High risk exposure – absence/failure of key controls that create significant risks within the organisation</i>
2	<i>Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation</i>
1	<i>Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.</i>



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	20 November 2024
Agenda Item	8
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 November 2024

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER UPDATE

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible / could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
Impact		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 25 September 2024. Since last reported:-
 - No new risks have been added
 - No risks have been removed
 - No risk scores have changed
 - 1 risk remains red post mitigation (Financial Sustainability)
9. Since last reported there has been little change to the risk register, however risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
10. Committee members may recall that under the Policy Update presented at the last meeting, the Risk Policy and Strategy is being reviewed. A workshop facilitated by Zurich is also planned for the new year which may inform both the strategy and future iterations of the register.
11. In addition, members are asked to note the following:-

In-house Care at Home Service (11)

12. Implementation of service redesign is underway and is due to be completed by the end of January 2025. An update on the redesign is included within the IJB papers for the meeting on 20 November 2024.

Business Continuity, Covid-19 and Recovery (13)

13. An annual review of Business Impact Assessments (BIA) is underway and BIAs are being updated where necessary.
14. Our partner, East Renfrewshire Council, held a business continuity exercise in relation to a significant and prolonged power outage. The HSCP was well represented and this gave the opportunity to consider the robustness of our plans and response. We intend to undertake a follow up session with the extended management team to review this exercise and also to inform any changes we need to make to planning, a gap analysis in roles and training.

Post Mitigation - Red and Significant Risks Exception Report

15. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

Financial Sustainability

16. There remains risk that the HSCP could become unsustainable due to any of the following causes:
 - Unable to deliver required savings on a recurring basis
 - Unable to remain within operational budget as a result of demand and capacity pressures
 - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
 - Implications from hosted services should current arrangements change
 - Prescribing volatility
 - Diminished reserves limit flexibility
17. Discussions with both partners remain ongoing, not only recognising the audit recommendation around financial sustainability but also to focus on financial recovery following the non-recurring support for 2023/24.

RECOMMENDATIONS

18. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk; 0141 451 0746

6 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: September 2024: IJB Strategic Risk Register Update
https://www.eastrenfrewshire.gov.uk/media/10745/PAC-Item-13-25-September-2024/pdf/PAC_Item_13_-_25_September_2024.pdf?m=1726679530633

IJB Paper: January 2020: IJB Risk Management Policy and Strategy
https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

				Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly staffing safety huddle in place to manage risk.									
n/a	2	S	Scottish Child Abuse Inquiry										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues. Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22. Key learning from S21 work shared with managers Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made. Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and MAPPAs (Multi-Agency Public Protection Arrangements)) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues. "Safe Together" model implemented in HSCP and rolled out across Council Regular reporting to COPP in place for adult, children and high risk offenders. Training programme reviewed and monthly ASP audits in place	2	4	8	Fully implement ASP improvement plan	31/03/2025	1	4	4	Chief Social Work Officer
						78							

4	C	Financial Sustainability											
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We do have very specific reserves to support ringfenced activity only.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2024) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer term.</p> <p>Monitor Medium Term Financial Plan for any significant changes</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Implement actions from local prescribing action plan – new plan for 2024/25 includes local and GGC wide prescribing initiatives</p> <p>Assess the impact of reductions in ring-fenced/bundled funding from Scottish Government</p>	31/03/2025	31/03/2025	Ongoing	31/03/2025	31/03/2025	<p>3</p> <p>4</p> <p>12</p> <p>Chief Financial Officer</p>

n/a	5	S	Failure of a Provider											
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>			12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing (Review-30/09/24)					
					3	4					3	3	9	Chief Financial Officer / Heads of Service

6	S	Access to Primary Care											
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC sustainability toolkit and escalation framework.</p> <p>NHSGGC Strategy for Primary Care launched 2024</p>	3	3	9	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	3	2	6	Clinical Director	
5.1	7	S	Increase in frail older population										
			<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	<p>Ongoing</p>	3	3	9	Chief Officer HSCP

			<p>Project to support Care at Home redesign now live</p> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p> <p>Completed review of equipment requests – management oversight and monitoring in place</p>										
8	S	Workforce Planning and Change											
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3rd / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>	3	3	9	<p>Workforce Plan 2025-28 to be developed</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	30/04/2025		2	3	6	Chief Officer HSCP
						82							

2.2	10	S	Increase in children & adults with additional support needs								
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p>	<p>Transitions service and strategy in place Transitions is also included in R&R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	2
n/a	11	C	In-House Care at Home Service								
			<p>Inability to deliver services to a level that meet current demand and /or meet all statutory requirements</p>	<p>Increased resource to support robust absence management.</p> <p>Scheduling system (Total Mobile) in place</p> <p>Work patterns realigned to maximise efficiencies.</p> <p>Programme Board in place to provide oversight of planned care at home redesign</p>	3	4	12	<p>Complete implementation of new practice model in line with organisational change</p> <p>Complete implementation of the in house structural redesign</p> <p>Implement local framework for externally purchased care</p>	<p>31/01/2025</p> <p>31/03/2025</p> <p>01/02/2025</p>	2	4

13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY												
		<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Schedule of meetings with partner ICT BRMs in place to highlight and address intermittent and known ICT issues.</p> <p>Specific sender email addresses highlighted to ensure receipt of critical emails e.g. MAPPA</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Complete transfer of Business Continuity Plans into new template and complete annual review of business impact assessments</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	31/12/2024	31/12/2024	31/03/2025	2	3	6	All Heads of Service
14	S	ANALOGUE TO DIGITAL SWITCHOVER												
		<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	1	3	<p>Installation of alarms and call warden devices within remaining sheltered housing</p>	31/03/25			1	1	1	Head of Adult Services: Communities and Wellbeing



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 November 2024
Agenda Item	9
Title	Calendar of Meetings 2025
<p>Summary</p> <p>This paper provides the 2025 meeting dates for Performance and Audit Committee.</p>	
Presented by	Lesley Bairden, Chief Financial Officer
<p>Action Required</p> <p>Members are asked to note the proposed 2025 meeting dates for Performance and Audit Committee.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

20 November 2024

Report by Chief Officer

CALENDAR OF MEETINGS 2025

PURPOSE OF REPORT

1. To provide the 2025 calendar of meetings for Performance and Audit Committee.

RECOMMENDATION

2. Members are asked to note the proposed 2025 meeting dates.

REPORT

3. At the Integration Joint Board on 25 September 2024, the 2025 calendar of meetings for the IJB was approved.
4. For committee members' convenience and to maximise attendance, meetings of the Performance and Audit Committee usually take place immediately prior to the IJB on March, June, September and November dates.
5. It has been agreed that on dates where meetings are scheduled to take place in the morning, Performance and Audit will start at the later time of 9.30am, with IJB at 11am.
6. Meetings in June and September will take place in the afternoon to accommodate those members of the IJB who also serve on Glasgow IJB, which has scheduled meetings on the same dates in order to meet statutory reporting deadlines for the annual report and accounts.
7. It is therefore proposed that Performance and Audit Committee meeting dates for 2025 are as follows:

 Wednesday 26th March at 9.30am
 Wednesday 25th June at 1pm
 Wednesday 24th September at 1pm
 Wednesday 19th November at 9.30am
8. All meetings will be hybrid with the option for members to join either in person or online via Microsoft Teams.

RECOMMENDATIONS

9. Members are asked to note the proposed 2024 meeting dates.

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Chief Officer, IJB: Julie Murray