

Date: 20 November 2020
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 25 November 2020 at 9.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

ANNE-MARIE MONAGHAN
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY 25 NOVEMBER 2020**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 23 September 2020 (copy attached, pages 3 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Mid-Year Performance Update 2020-21 (copy attached, pages 23 - 48).**
- 7. Audit Scotland: COVID-19 Guide for Audit and Risk Committees (copy attached, pages 49 - 58).**
- 8. IJB Strategic Risk Register Update (copy attached, pages 59 - 76).**
- 9 Date of Next Meeting – Wednesday 17 March 2021 at 9am.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 23 September 2020**

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member
Councillor Paul O’Kane	East Renfrewshire Council

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Aimee MacDonald	Audit Scotland
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES FOR ABSENCE

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
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INTRODUCTORY REMARKS

1. Ms Monaghan welcomed Jacqueline Forbes to her first meeting of the committee. Ms Forbes had replaced John Matthews as one of the 2 NHS Greater Glasgow and Clyde Board representatives on the committee. A welcome was also extended to Michelle Blair East Renfrewshire Council’s Chief Auditor and to John Cornett and Aimee MacDonald of Audit Scotland.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

3. The committee considered and approved the Minute of the meeting of 27 November 2019 subject to an amendment to record Julie Murray as attending the meeting.

INTERNAL AUDIT ANNUAL REPORT 2019-2020 AND PROPOSED AUDIT PLAN 2020-21

4. The committee considered a report by the Chief Auditor, East Renfrewshire Council, relative to the Chief Auditor's Annual Report for 2019-20 which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the IJB. A copy of the Chief Auditor's Annual Report accompanied the report as an appendix.

The report explained in summary that the Annual Report concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2020.

In addition, details of the proposed 2020/21 audit plan, for which approval was sought, were contained in the report.

The Chief Auditor was heard further on the report and confirmed that Internal Audit were satisfied that reasonable assurance could be placed on the control environment which operated in the East Renfrewshire Integration Joint Board.

In response to Councillor Bamforth on the adequacy of the number of audit days available in the proposed 2020/21 audit plan, the Chief Auditor explained that there were a number of contingency days available in the plan to deal with unexpected matters should they be required, in addition to which there was some additional funding available that could be used to further supplement the number of days available if required.

In addition, responding to Ms Forbes who questioned the high number of unallocated audit days in the plan compared to other IJBs, the Chief Auditor explained that the number of matters that were the sole responsibility of the IJB were limited and that responsibility for operational matters such as payroll and human resources, for example, remained the responsibility of either the local authority or the health board. As such, any audits of these services would be carried out through the audit procedures for those bodies. In support the Chief Financial Officer confirmed that all operational audit work happened through the partner organisations and she worked closely with the Chief Auditor on an audit programme.

The Chief Auditor explained that the difference between IJBs and the number of unallocated days in their audit plans may be down to whether or not services were allocated to the IJB rather than the HSCP. In this regard the Chief Officer suggested it would be useful to obtain benchmarking information from other IJBs.

Ms Monaghan questioned when it was likely that the follow-up audit referred to in the plan would be carried out. In reply, the Chief Auditor referred to the ongoing challenges associated with lack of access to premises and services and explained that the timing of the follow-up would be dependent on the outstanding actions being undertaken.

Referring to the presentation of the benchmarking information to a future meeting and the timing of the follow-up audit, Ms Monaghan suggested it may be useful to the committee if a rolling action log was introduced similar to that used by the Board to track those matters to be reported to future meetings with an associated timescale. This was agreed.

The committee:-

- (a) noted the contents of Internal Audit's annual report 2019-20;
- (b) noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2019-20;
- (c) approved the proposed 2020-21 audit plan; and
- (d) agreed that a rolling action log be established and made a standing item on the agenda for future meetings of the committee.

AUDIT SCOTLAND REPORT 2019-20

5. The committee took up consideration of the external audit annual report for 2019-20, which summarised the findings arising from the 2019-20 audit of the IJB.

The report provided a number of key messages. These included that the auditor's report was unqualified; that whilst COVID-19 created additional challenges for both IJB and audit staff, key dates in the financial reporting process remain unchanged; and that the IJB had appropriate and effective financial management arrangements in place to support financial monitoring reporting and decision making. It was further highlighted that a medium-term financial plan had been developed but required updating for future COVID-19 implications; that appropriate governance arrangements were in place to support scrutiny of IJB decisions with changes to these to take account of the effect of COVID-19 being considered to be appropriate and effective; that there was a demonstrable range of arrangements in place to demonstrate best value; and there were effective arrangements in place to monitor progress towards strategic objectives.

Included in the appendices accompanying the report was an action plan which set out the proposed management action in respect of areas where recommendations had been made.

Ms Monaghan introduced John Cornett and Aimee MacDonald from Audit Scotland.

Mr Cornett was heard further on the report highlighting its positive nature; that the audit opinion on the IJB accounts was unqualified and that the accounts presented a true and fair view of the IJB's financial position; and paid tribute to all those involved in the production of both the accounts and report in accordance with the original pre-COVID timetable.

Mr Cornett then commented on the recommendations for action made by Audit Scotland, in particular the recommendation that action be taken to comply with the IJB's stated reserves policy and to bring the level of general reserves into line with the Board target of £1 million. He acknowledged that difficult decisions and a lot of hard work would be required for this to be achieved.

Thereafter having heard Ms Monaghan echo Mr Cornett's thanks to all those involved in the timeous production of the accounts and the annual report, the committee noted the report.

ANNUAL REPORT AND ACCOUNTS 2019-20

6. Under reference to the Minute of the meeting of the IJB of 24 June 2020, the committee considered a report by the Chief Financial Officer seeking approval for the final annual report

and accounts for the IJB for the period 1 April 2019 to 31 March 2020, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. These included that the annual accounts were unqualified, met legislative requirements, had no significant issues and confirmed sound financial governance. The impact of the COVID-19 pandemic on the preparation of the annual report and accounts was also highlighted as was the fact that appropriate governance arrangements to support scrutiny of the Board's decisions were considered to be in place.

The report also referred to the 2 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on both to be reported to the Performance and Audit Committee.

The Chief Financial Officer was then heard further on the accounts. She commented on the reduction in the operational overspend position from June, explained the reasons for the change and that identifying changes between the draft and final account stages was not unusual, and that the reasons why the overspend had not been identified in the first place had been investigated with additional checks already having been incorporated into procedures.

Ms Monaghan having commended the Chief Financial Officer and her team. Ms Forbes welcomed the report and the amount of useful information therein. Referring to the following item on the agenda she suggested that there appeared to be a lot of duplication of information, and whilst recognising that these reports needed to be viewed on a stand-alone basis questioned if anything could be done to reduce the levels of duplication.

In reply the Chief Financial Officer explained that due to the statutory timescales for the submission of accounts and performance reports it was necessary for them to be presented at the same meeting, and that their format and content was prescribed. Commenting on the Annual Performance Report to be considered as the next item, the Policy, Planning and Performance Manager reminded the committee that the production of an easy-read version was one of the recommendations for which approval would be sought.

Thereafter, the committee agreed that the audited annual report and accounts be remitted to the IJB for approval.

EAST RENFREWSHIRE HSCP ANNUAL PERFORMANCE REPORT 2019-20

7. The Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2019/20.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the second year of the 2018/21 Strategic Plan and the fourth Annual Performance Report that had been prepared. It was noted that the report was a high level report principally structured around the priorities set out in the Strategic Plan

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2019/20, the report being structured around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section in the Annual Report contained an overview of national performance indicators, community planning, Council and Health Board indicators, as well as giving an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

The main elements of the report set out the HSCP's current strategic approach; work to deliver the strategic priorities over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted significant progress across a number of areas. These included outcomes for children following support from the HSCP's parenting programmes; improving the balance of care for looked after children; helping older people and people with long-term conditions maintain independence at home; and supporting the needs of unpaid carers, amongst others.

However the report also highlighted a number of indicators where it was considered that performance could be improved and where there would be focus on improvement in 2020/21. These included improved children and young people accessing support through Child and Adolescent Mental Health Services (CAMHS), completion of unpaid work placement (Community Payback Orders) within court timescales; increasing the number of people self-directing care through receipt of direct payments and other forms of self-directed support; and reducing the number of A&E attendances and admissions.

Commenting on the report, the Policy, Planning and Performance Manager reminded the committee that the report was retrospective and covered the period prior to the COVID-19 pandemic.

Full discussion and questioning of the report then took place.

In response to questions from Ms Forbes on the disproportionate use of mental health inpatient beds, the Chief Officer explained that eating disorders was one of the main reason for this highlighting that there were no links between deprivation and the use of these beds. She also explained in response to Councillor Bamforth that whilst people being more proactive in seeking support would have a potential impact on CAMHS, whether to admit a young person to hospital was a clinical decision and so would not be affected in a similar way.

The Policy, Planning and Performance Manager then outlined the steps that would be taken to publicise the report and make it available with the Chief Officer explaining that care would need to be taken not to raise expectations as some of the services described in the performance report had been reduced or suspended as a result of resources being redirected to tackle COVID-19.

Discussion also took place on the financial challenges facing the HSCP it being noted that care package cost reduction had been identified as the main method of achieving budget savings. The Chief Financial Officer was heard on the challenges of achieving the projected savings in the current environment explaining that the inability to make savings at the moment was being recorded as a COVID-19 related cost and that a working group had been set up to look at this further.

Commenting further, the Chief Officer indicated that care package demand and costs would inevitably increase. This was a national issue and cognisance of the challenges facing HSCPs needed to be recognised by government.

Ms Monaghan referred to the improvements in the CAMHS service but suggested that the relationships between CAMHS and the Family Wellbeing Service (FWS) and the impact FWS was having on CAMHS demand could be clearer. Indicating that only Inverclyde was performing better than East Renfrewshire in terms of CAMHS waiting times, the Chief Officer indicated that a report on this could be brought to a future meeting.

Following further discussion on services for children and young people, and the Chief Officer having reported on the introduction of a recovery service in conjunction with colleagues in Education the purpose of which was to remove the need for clinical support, the committee:-

- (a) noted the report; and
- (b) noted that a report on the relationship between CAMHS and FWS and the impact of FWS on CAMHS service demand would be submitted to a future meeting.

SELF DIRECTED SUPPORT – 2017 PROGRESS REPORT – IMPACT REPORT PUBLISHED BY AUDIT SCOTLAND

8. The committee took up consideration of a report advising of the key themes of the 2019 Audit Scotland Impact Report following the original Self-Directed Support Progress report published by Audit Scotland in 2017, and providing an update of the current local position in terms of the implementation of Self-Directed Support and the planned self-evaluation activity check that would be used to inform any future development programme.

The report outlined the background to the introduction of Self-Directed Support (SDS), explaining that there had been a number of national audits/inspections carried out to scrutinise the performance of HSCPs across Scotland to measure impact and implementation progress. Details of these were listed in the report.

It was explained that in 2019 Audit Scotland had published an impact report as a follow-up to their 2017 audit activity in relation to progress of implementation, and thereafter the report set out the key messages and recommendations of the 2017 audit. The report also explained the Care Inspectorate Thematic Inspection in 2019 noted similar themes with key recommendations being echoed across both. It being noted that a lack of consistency of implementation of SDS across HSCPs was identified, details of the most significant issues identified by the Care Inspectorate in their inspection were outlined. In particular it was noted that a lack of consistent collecting, aggregating analysing or reporting on personal outcomes across HSCPs was making it difficult to evaluate progress and drive improvement.

Thereafter the report explained that there had been good progress locally in implementing SDS, with details of recommended actions and an update as at September 2020 appended to the report.

The report concluded by stating that whilst there had been good local progress further work was still required to embed changes, further refine and analyse data, and review and reflect on the use of SDS during the pandemic in order to inform future development activity.

The Head of Recovery and Intensive Services was heard further on the report in the course of which it was explained that some development work was needed across a number of areas which would help to shape future plans. These would be reported to a future meeting.

In response to questions from Councillor Bamforth, the Head of Recovery and Intensive Services and the Chief Officer confirmed there was a variability in terms of practice by social workers in respect of care packages and this would be looked at with a view to relevant training being developed. In addition, the Chief Financial Officer explained the process for the allocation of SDS funding clarifying that if allocated funds were unspent they would be recalled and the care package reviewed. However she confirmed that funding would not be recalled if there was an adverse impact on the individual.

Welcoming the report, Ms Monaghan emphasised the importance of SDS, and that it would be useful in the report to be submitted to a future meeting to see examples of how SDS fitted in to the telecare/telehealth agenda.

The Committee:-

- (a) noted the content of the report and current progress locally in term of SDS implementation; and
- (b) agreed to receive an update on future SDS development activity following local self-evaluation activity.

AUDIT SCOTLAND – COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

9. The committee took up consideration of a report by the Chief Financial Officer advising of the publication in August 2020 of new guidance entitled *Guide for Audit and Risk Committees* on key issues for consideration by audit and risk committees during the COVID-19 pandemic.

It was explained that the guidance, a copy of which accompanied the report, posed a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that required additional focus. These included internal control and assurance; financial management and reporting; governance; and risk management.

Whilst it was noted that a number of the questions posed in the guidance were answered and evidenced through the audited 2019/20 annual report and accounts within the management commentary and annual governance statement it was recommended that the Chair and Vice Chair of the committee, supported by the Chief Financial Officer and Chief Auditor, consider the questions posed as part of the 2020/21 audit work to support the IJB's governance arrangements.

Mr Cornett confirmed that the guide had been considered by the NHSGGC Audit and Risk Committee the previous day. He explained that Audit Scotland would not be conducting a follow-up assessment of compliance with the guide and that whilst some of the questions posed could be answered in simple terms organisations may wish to consider in addition the effectiveness of their arrangements.

Ms Forbes confirmed the comments made by Mr Cornett regarding the health board's Audit and Scrutiny Committee and indicated she would seek information from the Chair of the committee about what action was agreed.

The committee agreed that Chair and Vice Chair of the committee, supported by the Chief Financial Officer and Chief Auditor, consider the questions posed as part of the 2020/21 audit work to support the IJB's governance arrangements and submit a report to a future meeting of the committee.

CONTRACTS AND EXCEPTIONS UPDATE TO JUNE 2020

10. The committee considered a report by the Chief Financial Officer providing information about direct spend through HSCP framework contracts; grant activities; non-framework spend together with spend activity on national framework contracts, as well as providing information in relation to East Renfrewshire Council's Contract Standing Orders together with the business reasons for such exceptions.

Details of the spend for purchased care for the period June 2019 to June 2020 were set out it being noted that there had been no direct awards during the period.

The Chief Financial Officer referred to the next intake of care providers in October in terms of the new Care and Support framework and that there may be local implications. A further report outlining any implications would be presented to a future meeting. She also explained that the Council's Audit and Scrutiny Committee considered an annual contracts report and it was intended to tie in the reporting cycles of the committee with the Council's Audit and Scrutiny Committee

The committee noted the report and that a progress report would be submitted to the next meeting.

IJB STRATEGIC RISK REGISTER UPDATE

11. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register together with the recent audit undertaken by the Council's internal audit service. It was noted that the objectives of the audit had been agreed by the committee on 25 September 2019.

A copy of the risk register and audit findings and action plan accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the IJB on 12 August which had considered the risk register annual update and when it had been reported that all risk scores and risk measures had been reviewed and updated where necessary with three new risks being added to the register, details being listed. Details of those risks still considered to be high or significant post-mitigation were also outlined. It was highlighted that financial sustainability remained a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and uncertainty around COVID-19 and Brexit implications.

The report also referred to the internal audit review of the IJB's risk management arrangements, setting out the areas covered by the review it being noted that four recommendations had been made.

The committee noted the report.

CALENDAR OF MEETINGS

12. The committee considered and approved a report by the Chief Officer setting out a proposed calendar of meetings of the committee in 2021.

DATE OF NEXT MEETING

13. It was reported that the next meeting of the committee would take place on Wednesday 25 November 2020 at 9.00am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 November 2020
Agenda Item	4
Title	Matters Arising
Summary	
<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 23 September 2020.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 November 2020

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the committee on progress regarding matters arising from the discussion that took place at the meeting of 23 September 2020.

RECOMMENDATION

2. The committee is asked to note the contents of the report.

REPORT

Internal Audit Benchmarking Exercise

3. The Chief Internal Auditor has undertaken a benchmark exercise with peers across the country and from the information received (18 of 31) this has confirmed that the split of audit time between specific IJB and HSCP work is comparable.

4. As discussed at our last meeting the analysis confirmed that some areas do not specifically distinguish the split of time between the IJB and the HSCP, however the comparison of the areas of work undertaken is consistent for IJBs over the last two years including risk, performance, directions and governance.

5. We have always used some discretion to flex time between IJB and HSCP work in year if needed.

Audit Actions Update

6. The Chair of the Performance & Audit Committee and the Chief Financial Officer have agreed that an audit actions update report should be brought to the March 2021 meeting. The action plan resulting from the Annual Report and Accounts was discussed in some detail at the September meeting and the capacity to progress the CareFirst Finance actions has been impacted by the pandemic response.

Performance Reporting

7. A development session will be arranged early in the new calendar year with the Chair of the Performance and Audit Committee to review the content, format and presentation of our performance reporting. This will focus on balancing the retrospective performance review with forward looking actions and trends.

8. We will also use this session to look at how we develop our easy read approach to statutory annual reports.

RECOMMENDATIONS

9. The committee is asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

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

12 November 2020



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 November 2020
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 23 September 2020.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Performance and Audit Committee (PAC)

November 2020

Action No	Meeting Date	Item No	Item Name	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
8	23.03.2020	4	Internal Audit Annual Report 2019/20 and Internal Audit Plan 2020/21.	The Annual Report was noted and the audit plan was approved. Arrangements should now be made for the implementation of the audit plan.	Chief Auditor	CLOSED	Sep-20	Chief Internal Auditor will report as required.
7	23.03.2020	4	Internal Audit Annual Report 2019/20 and Internal Audit Plan 2020/21.	Conduct a benchmarking exercise amongst colleagues in other councils into the number of days held in reserve for dealing with emerging issues and to clarify what are considered to be IJB issues or Council/Health Board issues, and report back to a future meeting.	Chief Auditor	CLOSED	Nov-20	Chief Internal Auditor has undertaken a benchmark exercise with peers across the country and from the information received (18 of 31) this has confirmed that the split of audit time between specific IJB and HSCP work is comparable - see update in Matters Arising (Nov 2020)
6	23.03.2020	5	Audit Scotland Report 2019/20	Carry out the agreed actions as contained in the action plan	Chief Financial Officer	OPEN	Jun-21	
5	23.03.2020	6	Annual Report and Accounts 2019/20.	Work on the development of an easy-read version of the report and accounts	Chief Financial Officer	OPEN	Sep-21	We will aim to put this in place for the next annual report and accounts
4	23.03.2020	7	East Renfrewshire HSCP Annual Performance Report 2019/20	Submit a report to a future meeting of the committee of the impact of the Family Wellbeing Service on CAMHS waiting times.	Chief Officer	OPEN	Mar-21	This will be included in detail next year's annual report on the Family Wellbeing Service. An update report will be brought to the March meeting of the committee.
3	23.03.2020	8	Self-Directed Support – 2017 Progress Report – Impact Report published by Audit Scotland	Submit a report to a future meeting of the committee on future SDS development activity following local self-evaluation to include examples of how the SDS agenda fits with the telecare/telehealth agenda.	Head of Recovery and Intensive Services	OPEN	Mar-21	
2	23.03.2020	9	Audit Scotland – COVID-19 Guide for Audit and Risk Committees	Arrange to meet with the Chair and Vice Chair to consider the questions posed in the guide as part of the 2020/21 audit work to support the IJB's governance arrangements, and report back to a future meeting if required	Chief Financial Officer	CLOSED	Nov-20	Chair and CFO met to review questions 16.11.2020 - report included on November agenda.
1	23.03.2020	10	Contracts and Exceptions Update to June 2020.	Submit a report to a future meeting on service implications following the next intake of care providers to the national framework.	CFO	OPEN	Mar-21	Provisionally scheduled for March 2021

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 November 2019
Agenda Item	6
Title	Mid-Year Performance Update 2020-21
<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 2018-2021. Where mid-year data is available for strategic performance indicators this is included. We also include relevant data on performance relating to unscheduled care and our recent social care return which gives information on the use of social care services.</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 2020-21.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 November 2020

Report by Chief Officer

MID-YEAR PERFORMANCE UPDATE 2020-21

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 2018-2021. Where mid-year data is available for strategic performance indicators this is included. We also include relevant data on performance relating to unscheduled care and our recent social care return which gives information on the use of social care services.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2020-21.

BACKGROUND

3. The Performance and Audit Committee regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year.

REPORT

4. Due to the ongoing Covid-19 pandemic availability of mid-year data is more limited than normal although there is usually a smaller number of updates compared with end-year. In addition, our normal reporting of data trends against our established targets is less meaningful for many indicators due to the impact of Covid-19 on provision during the reporting period April to September 2020. As a consequence, this report does not follow the format for previous reports. It 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 also includes a summary analysis of the latest Ministerial Strategic Group (MSG) indicators relating to unscheduled care and a brief summary of headline data from our recent social care return.
5. The report provides charts for all measures. For our updated Strategic Plan indicators the report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with long-term and short-term trend arrows and commentary on performance.

6. Many of the data trends reflect the unique circumstances faced by services over the course of the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.
7. The available data shows that despite the pressures of the pandemic there has been strong performance in relation to: supporting older people and people with long-term conditions to continue to live independently; and supporting quality of life outcomes for unpaid carers. We have also seen improved performance in minimising delayed discharges from hospital and reducing A&E attendances and unplanned admission to hospitals. However these measures have been significantly affected by the pandemic response with hospital use decreasing and building back up following lockdown.
8. Areas that remain challenging include waiting times for CAMHS and psychological therapies although we had been seeing improving performance for both before the impact of the pandemic. Available data for complaints handling for the first quarter of the year shows that performance has deteriorated during a period of exceptional pressure on staff capacity.
9. Services including the delivery of Community Payback Orders and drug and alcohol recovery services were significantly disrupted during the initial phases of the pandemic and are showing signs of recovery in the mid-year performance data.

RECOMMENDATIONS

10. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2020-21.

REPORT AUTHOR AND PERSON TO CONTACT

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

November 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[Performance and Audit Committee, 23 September 2020, HSCP Annual Performance Report 2019/20](#)

East Renfrewshire HSCP - Mid Year Performance Update 2020-21



1. Introduction

This report provides the latest available performance updates for the period April-September 2020.

Data provided includes updates to performance indicators included in our Strategic Plan, latest Ministerial Strategic Group (MSG) data relating to unscheduled care and data on client demand from our Source (Social Care) Return for 2019/20.

2. HSCP Strategic Implementation Plan 2018-21 Mid-Year update

This section of the performance report gives available mid-year updates for key performance indicators. Data is given under the relevant strategic priority in our plan. A full summary of progress against Strategic Plan indicators will be given at end year.

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%)

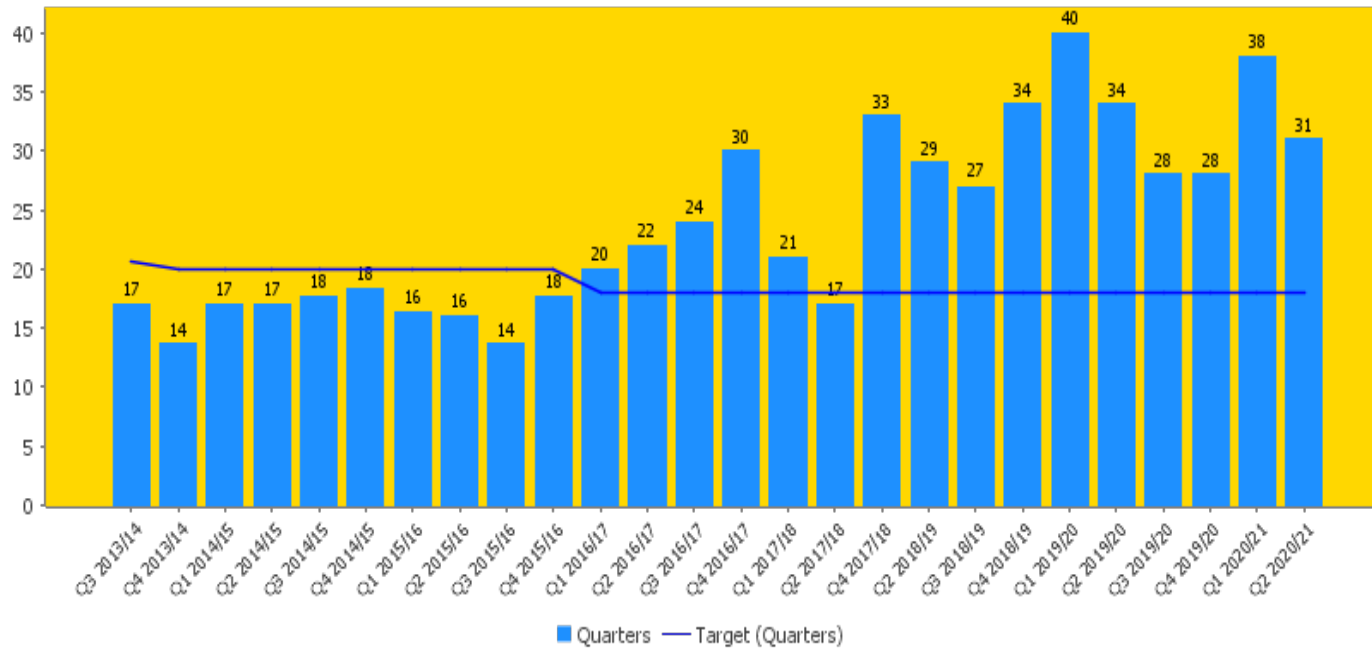
Trend arrows point upwards where there is improved performance (inc. where we aim to decrease the value).

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1 - Mental wellbeing is improved among children, young people and families in need

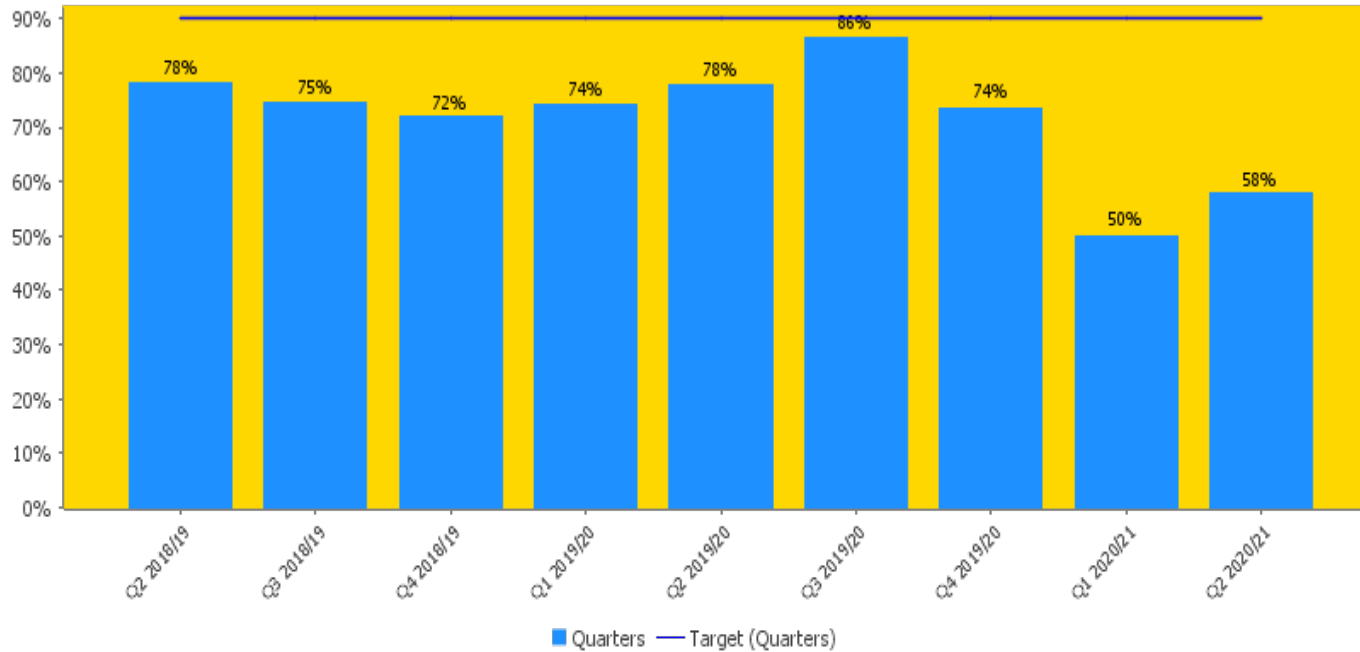
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end	Q2 2020/21	31	18	Red	↑	↑	The monthly average longest wait for July to September 2020 was 31 weeks which; although still below target, is an improvement on the previous Quarter 2 average (34 weeks). Improving access and waiting times for CAMHS remains a key area of focus for the HSCP.

CHCP-CSP-CAMHS Child & Adolescent Mental Health - longest wait in weeks at month end (REDUCE)



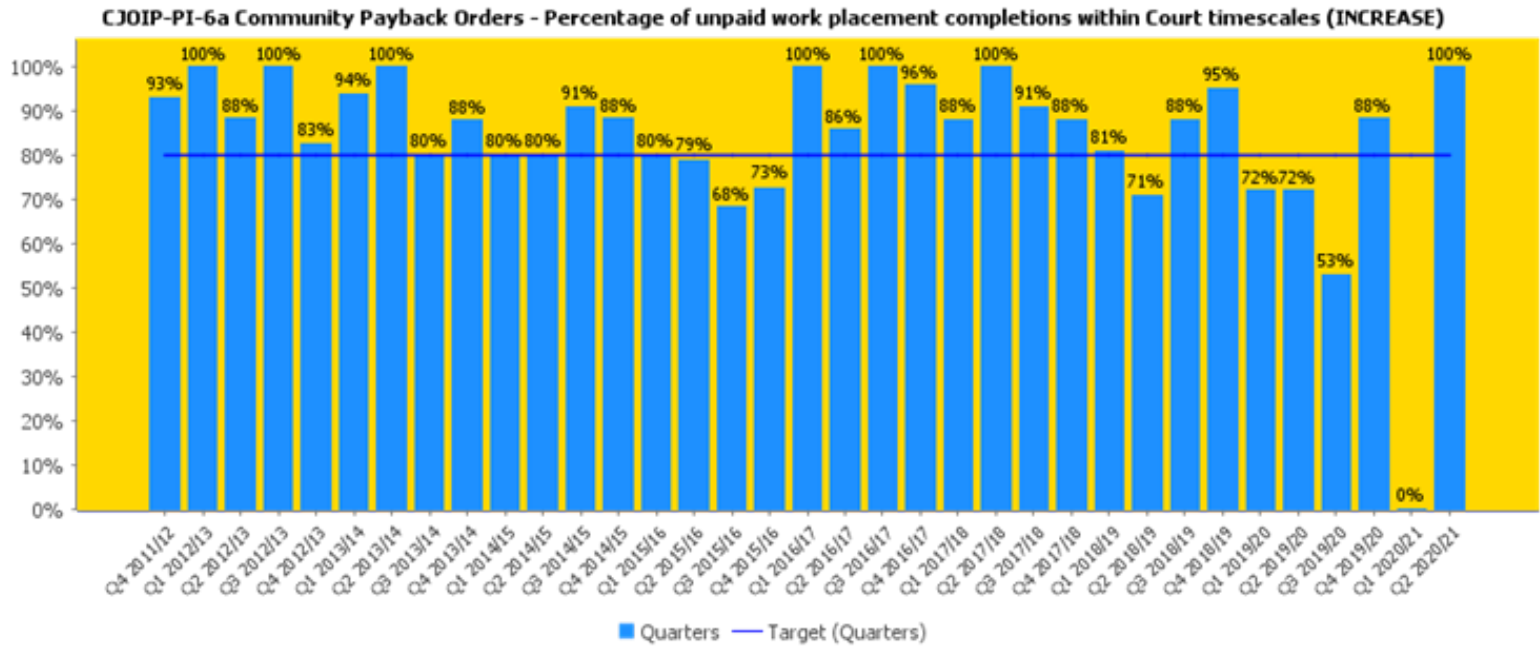
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Q2 2020/21	58%	90%	Red	↓	↑	Performance in Qtr 2 has seen a significant improvement Qtr 1 of this year (50%). However it is still below the corresponding period in 2019/20 (78%).

HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)



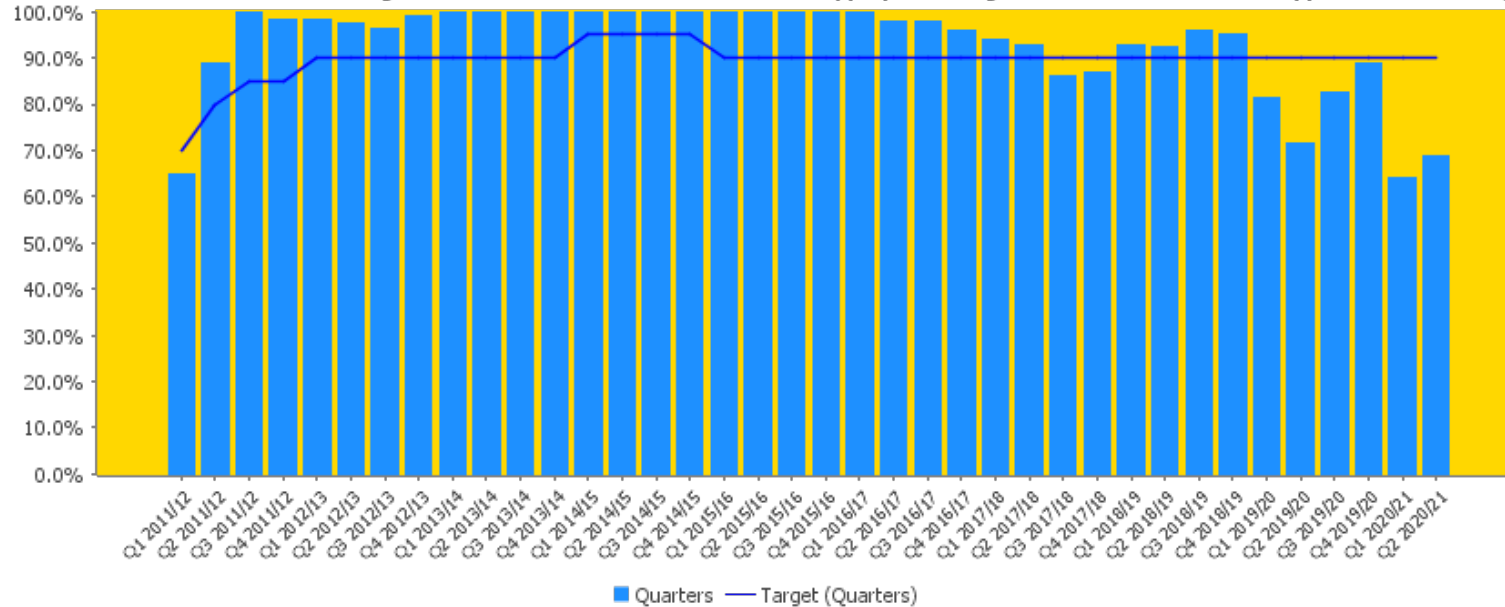
2 - People are supported to stop offending and rebuild their lives through new community justice pathways

Code	Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
CJOIP-PI-6a	INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	Q2 2020/21	100%	80%	Green	↑	↑	Only one order successfully completed within timescales. This follows significant disruption to this activity as a result of Covid-19, with no CPOs completed within timescale in the previous quarter.



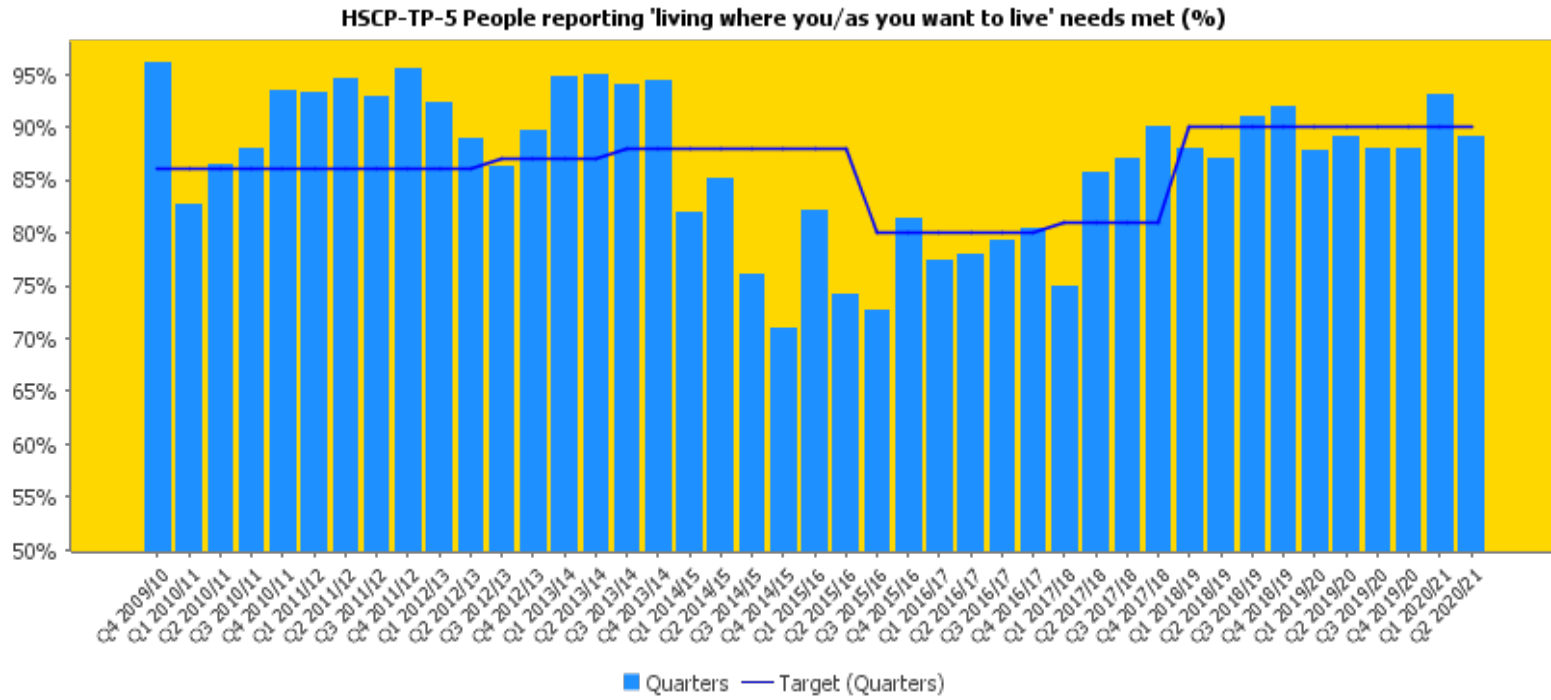
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.	Q2 2020/21	69.0%	90.0%	Red	↓	↑	In the second three months of the pandemic, effective arrangements for assessment and beginning treatment were well embedded, with 55 of 80 new referrals seen within 3 weeks. However due to a significant increase in referrals compared to the previous quarter, staff absence and the continuing impact of Covid on service delivery, progress towards achieving the 90% target remains ongoing.

HSCP-ADP-05 Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.



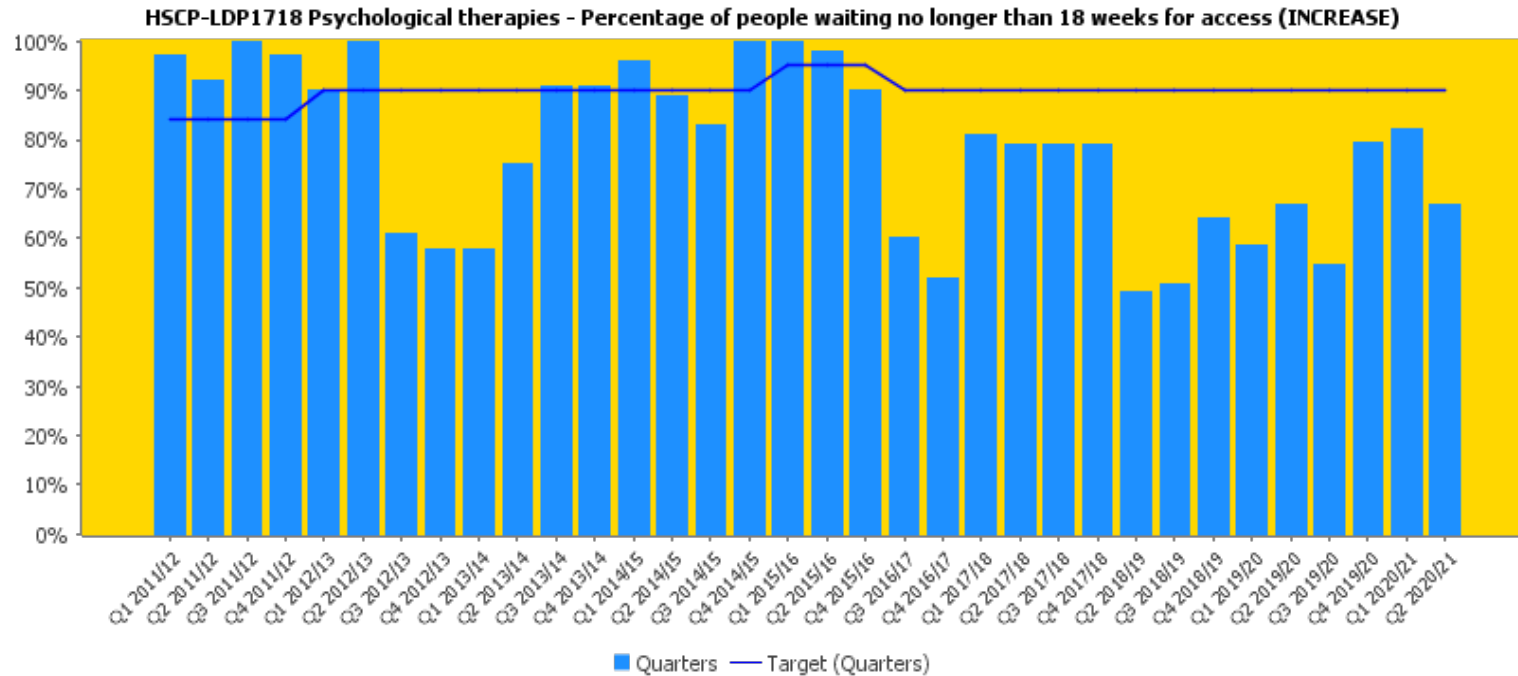
4 - People are supported to maintain their independence at home and in their local community.

Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Q2 2020/21	89%	90%	Green	↓	↓	In Quarter 2 of the total 136 valid responses 121 reported their needs met. There has been a small decrease on previous quarter but remain within tolerable range of target.



5 - People who experience mental ill-health are supported on their journey to recovery

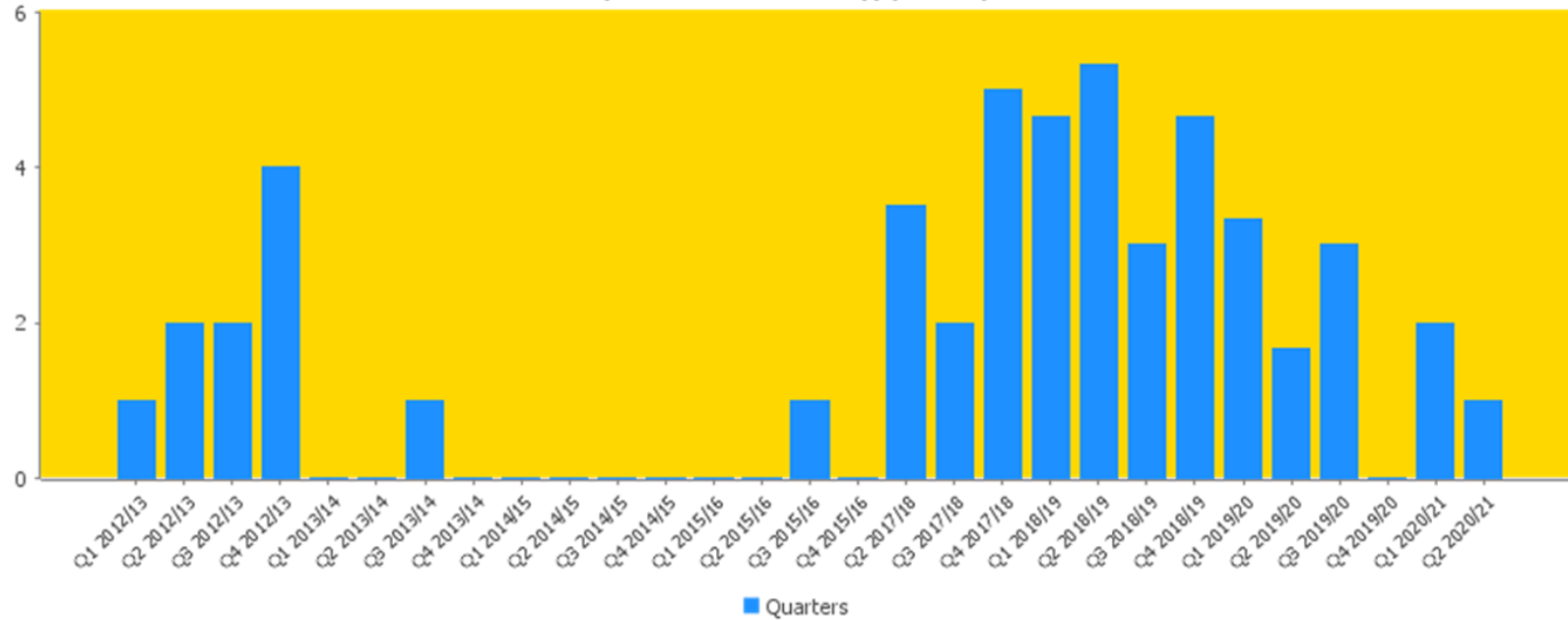
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	Q2 2020/21	67%	90%	Red	↓	↓	Performance in Qtr 2 has seen a significant decline on the previous Qtr of this year (82%), this is due to the effects of Covid 19. However it corresponds exactly to the same period last year (i.e. Qtr 2 2019/20 = 67%).



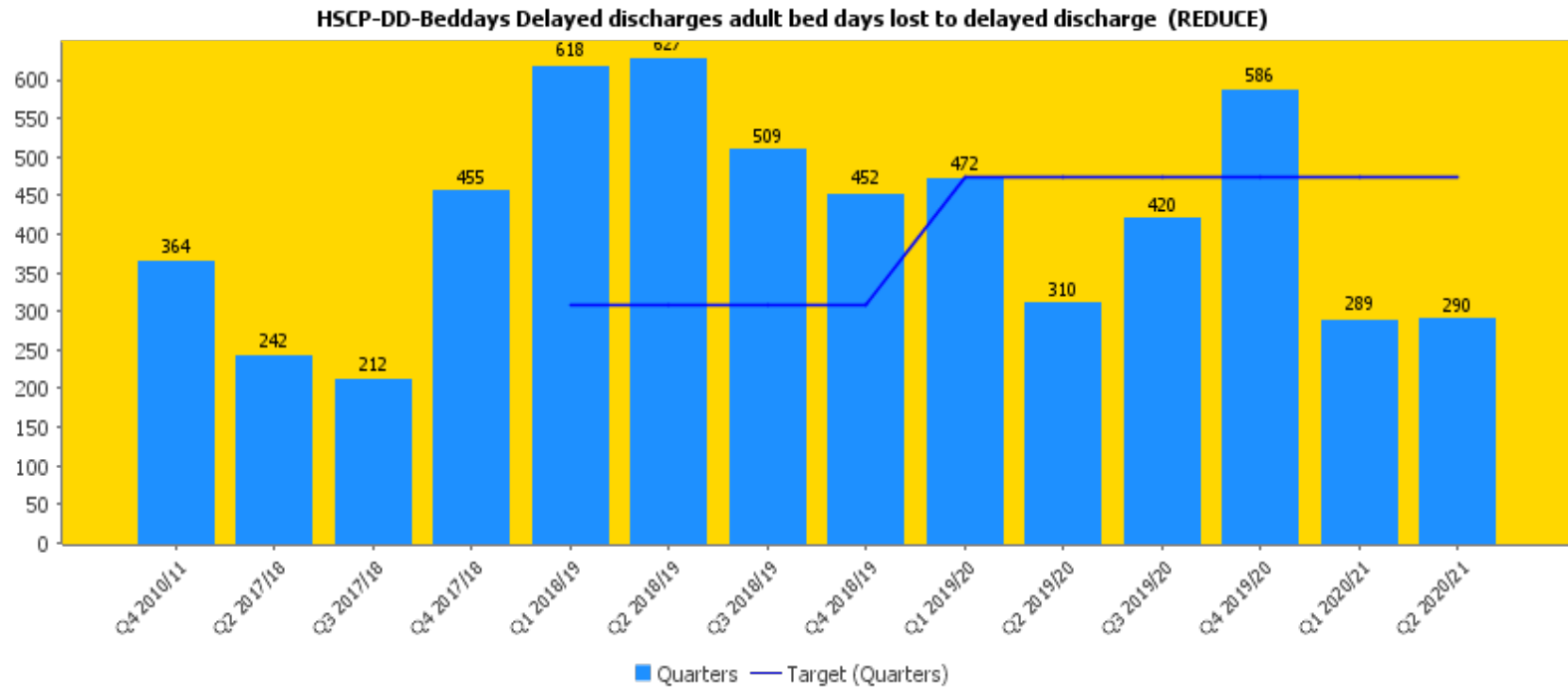
6 - *Unplanned admissions to hospital are reduced*

Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (NHSGGC Acute data only)	Q2 2020/21	1	0	Amber	↑	↑	Data is weekly average for Qtr 2. We continue to perform well on delayed discharges from hospital. There was one East Renfrewshire (acute) client waiting more than 72 hours for discharge at week ending 28 Sep 2020. Across NHSGGC as a whole, there were a total of 238 delayed discharges comprising 179 Acute and 59 Mental Health patients reported in the same period.

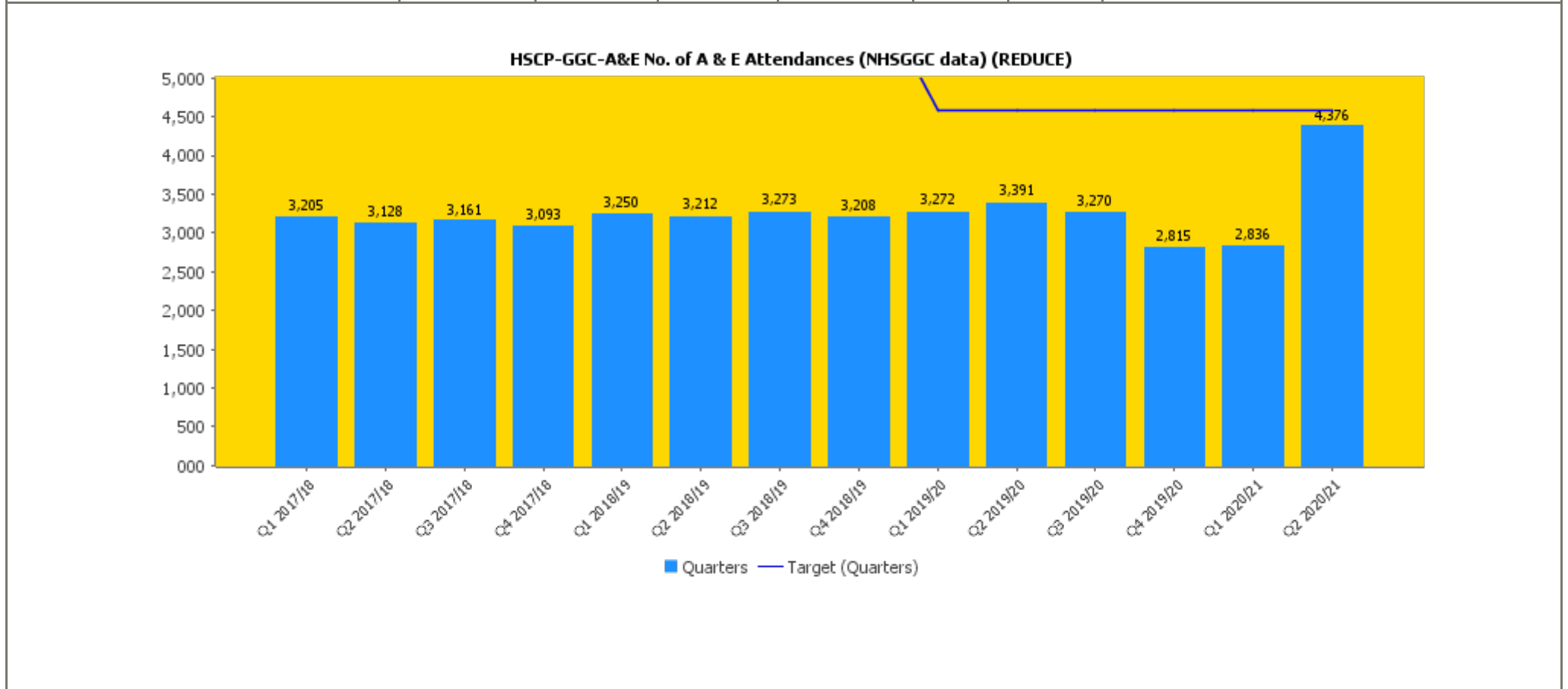
HSCP-GGC-DD3 Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (NHSGGC Acute data only) (REDUCE)



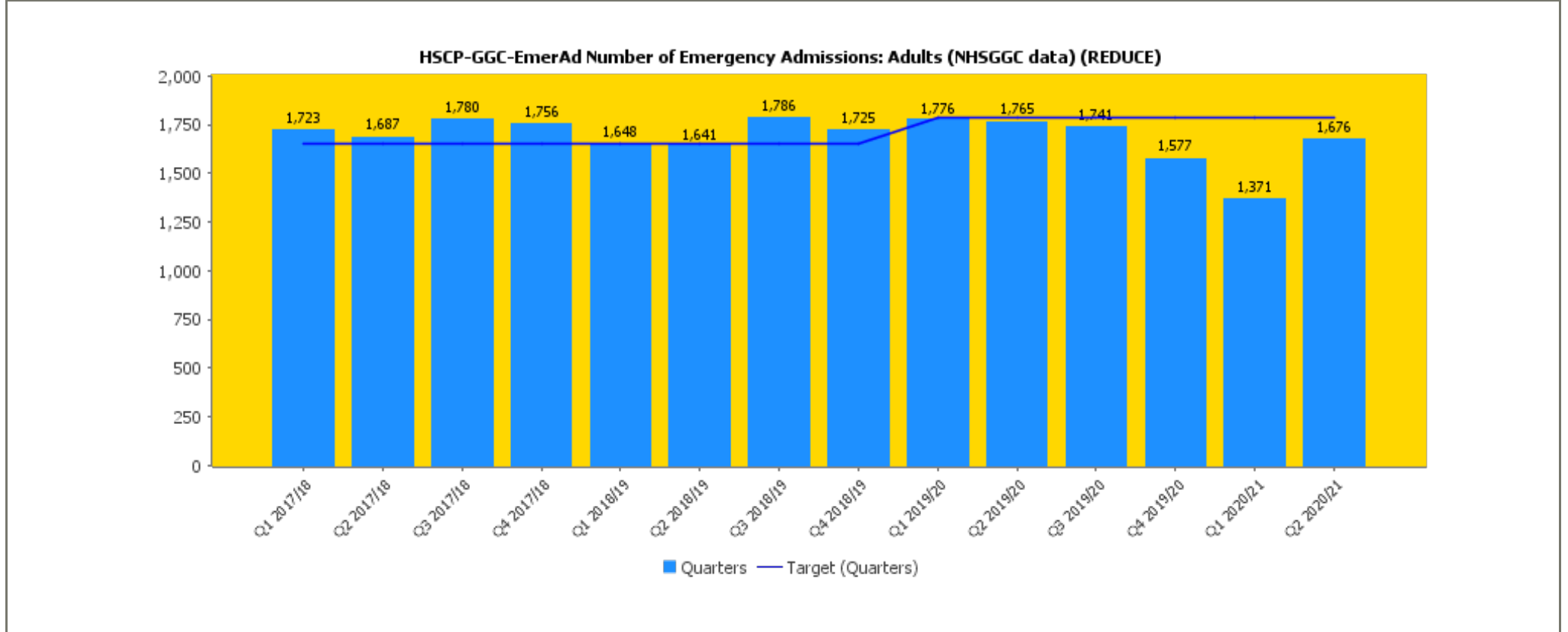
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Delayed discharges adult bed days lost to delayed discharge (ISD)	Q2 2020/21	290	473	Green	↑	↓	Total bed days for Qtr 2 is July and August only. Latest available data (ISD) October 2020.



Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - No. of A & E Attendances (NHSGGC data)	Q2 2020/21	4,376	4,583	Green	↓	↓	Data relates to NHSGGC figures – attendances at A&E and MIUs. Attendances have seen a significant increase on previous Qtr (2,836) this is likely to be a consequential effect of Covid 19.



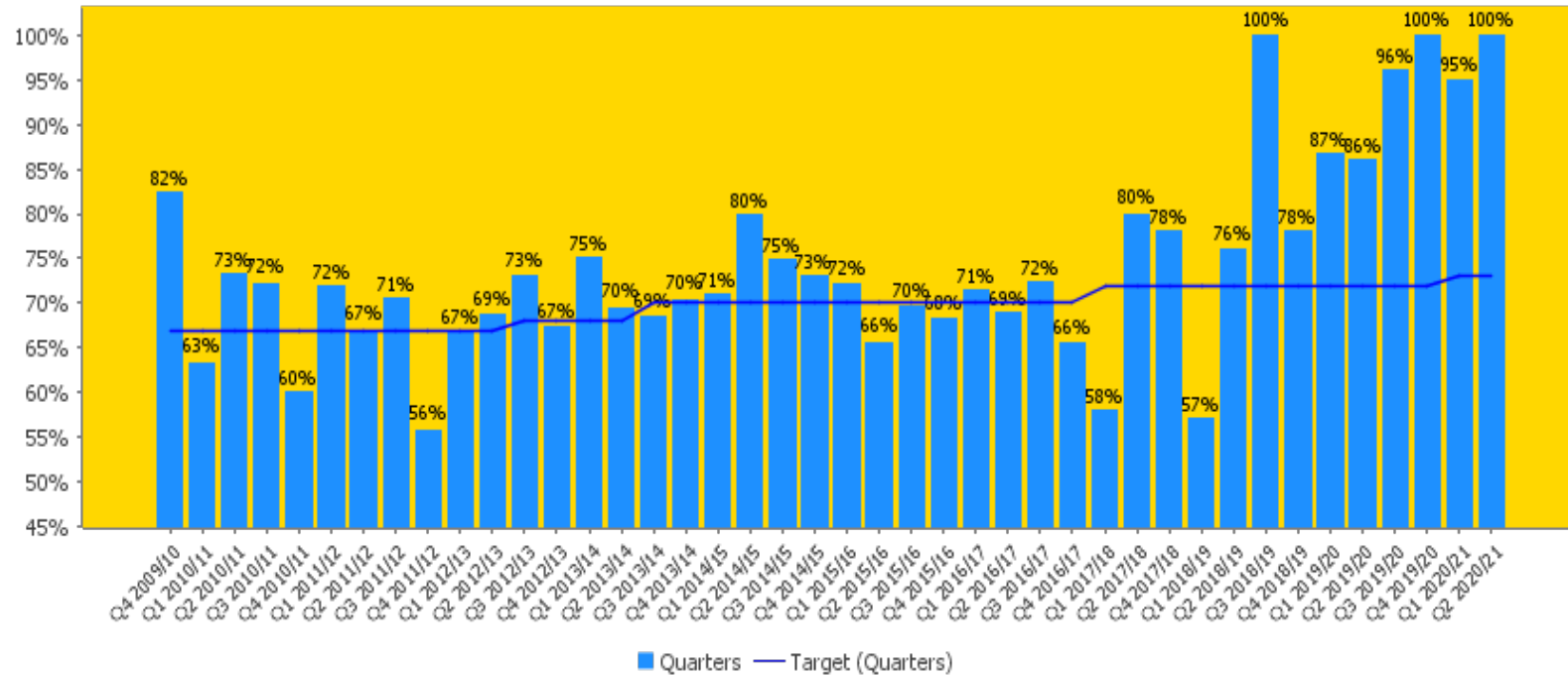
Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	Q2 2020/21	1,676	1,782	Green	↓	↓	Data relates to NHSGGC figures. Although we remain ahead of target (1,782) there has been an increase in emergency admissions compared with the previous Qtr (1,371).



7 - People who care for someone are able to exercise choice and control in relation to their caring activities

Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Q2 2020/21	100%	73%	Green	↑	↑	In Qtr 2 of the total 37 valid responses all reported their needs met.

HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)

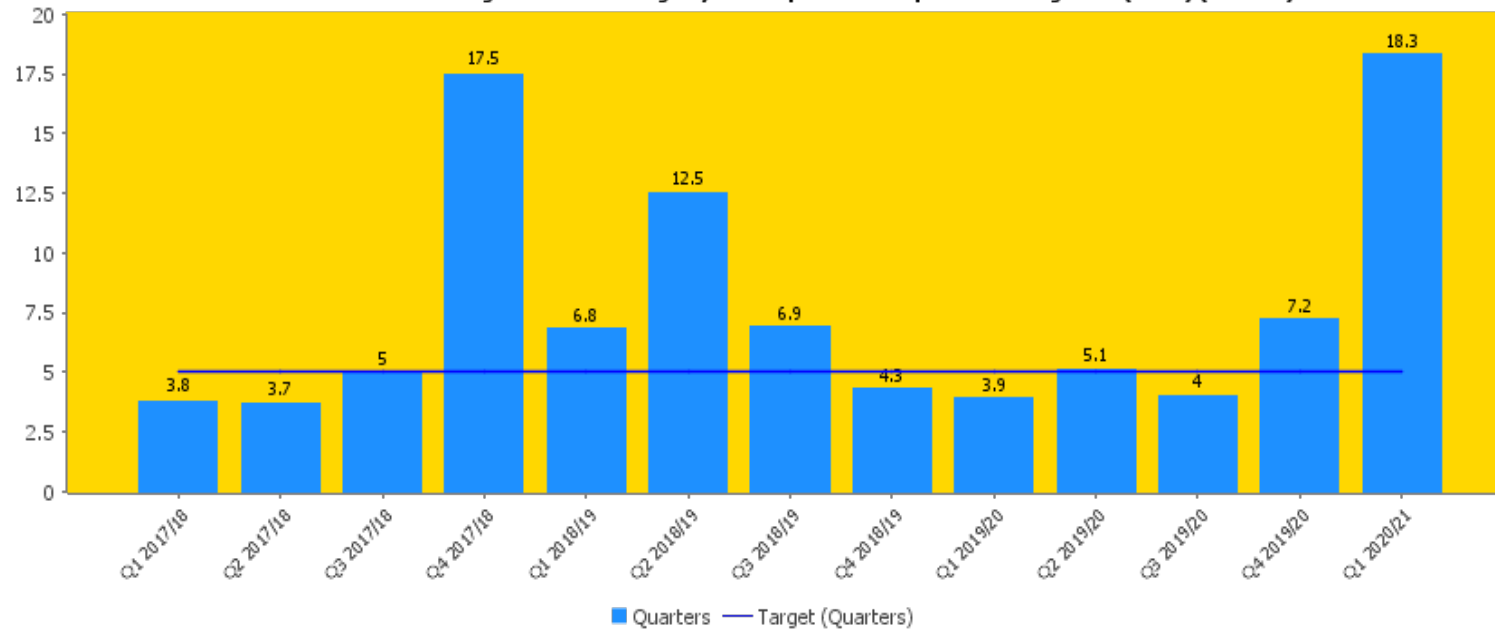


8 - Organisational outcomes

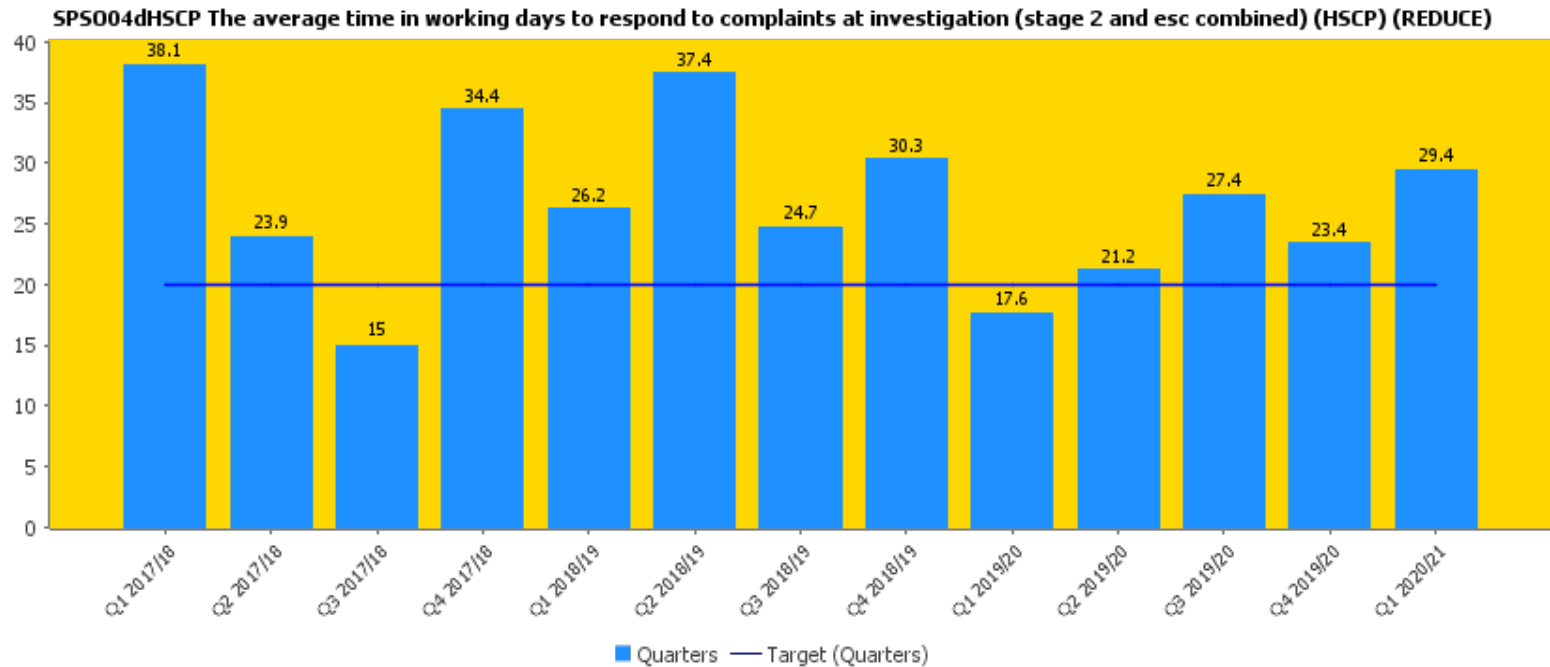
8.1 Our customers

Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Average time in working days to respond to complaints at stage one (HSCP)	Q1 2020/21	18.3	5	Red	↓	↓	15 frontline complaints received. Performance on complaints response times has declined in quarter one due to the pressures resulting from the Covid-19 pandemic. We continue to support staff to meet complaints handling statutory requirements through training and supervision.

SPS004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE)

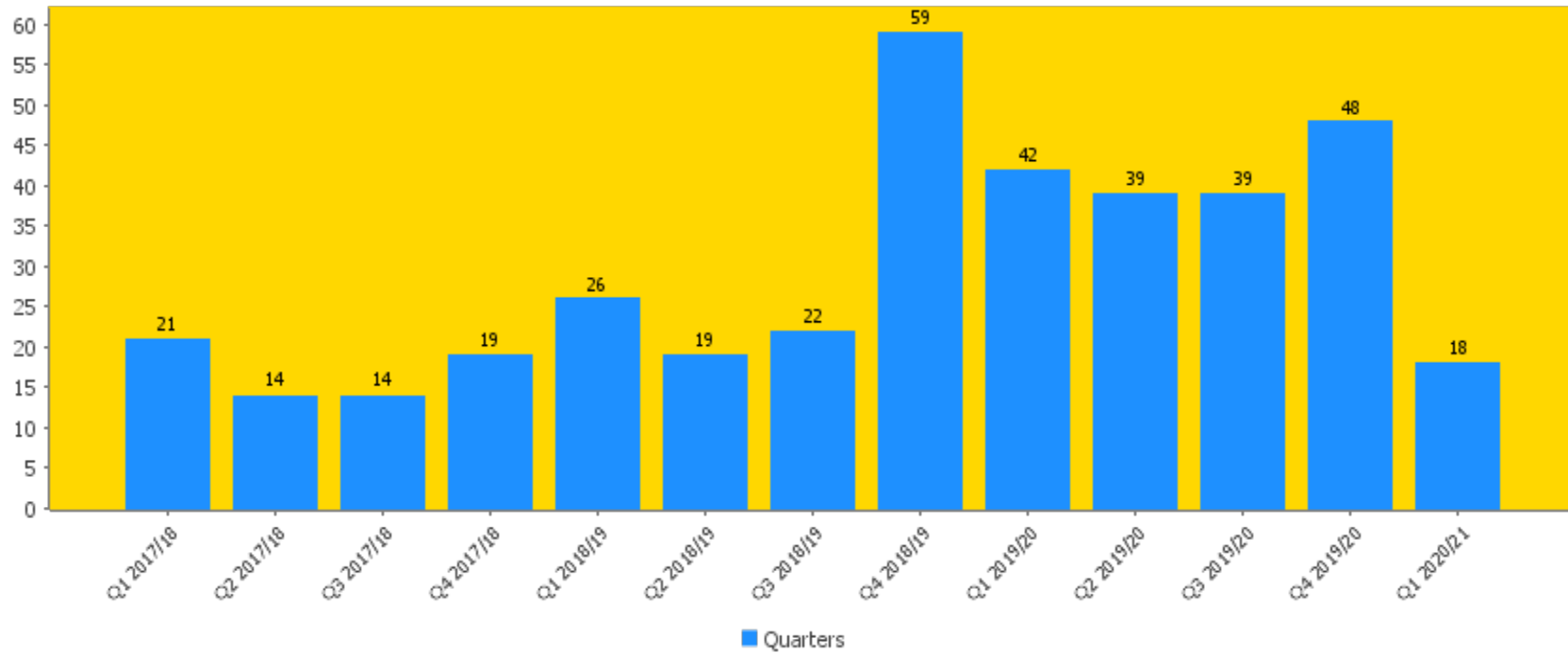


Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)	Q1 2020/21	29.4	20	Red	↓	↓	8 investigation stage complaints were processed in quarter one 2020/21. We have performed less well for investigation stage complaints, due to the complexity of some individual cases as well as the impact on staff of the Covid-19 pandemic. We continue to support staff to meet complaints handling statutory requirements through training and supervision.



Description	Last Available Update	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
DECREASE - The total number of complaints received - HSCP	Q1 2020/21	18		Data Only	↑	↑	This equates to 0.19 complaints per 1,000 residents. Complaints numbers dropped significantly in Q1 20/21 potentially due to the disruption to normal service provision resulting from the pandemic.

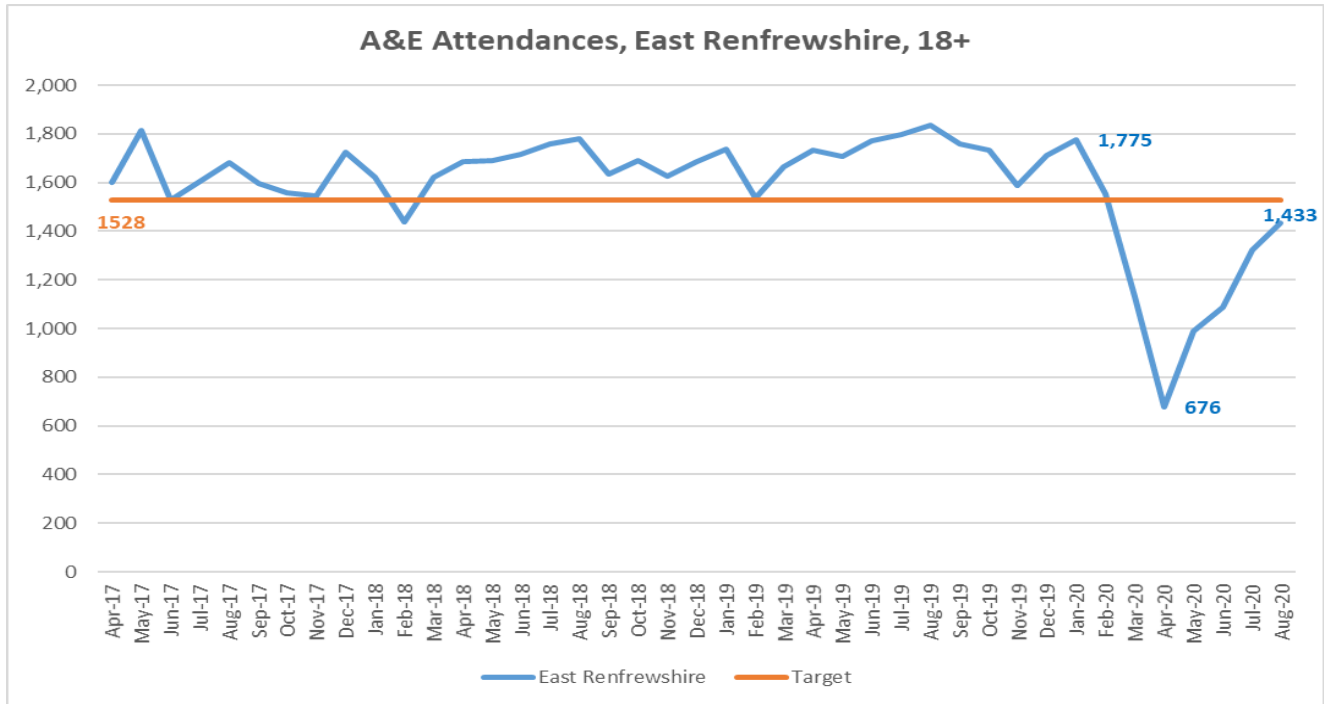
SPS0001HSCP The total number of complaints received (HSCP) (REDUCE)



3. Ministerial Strategic Group (MSG) Indicators – unscheduled care

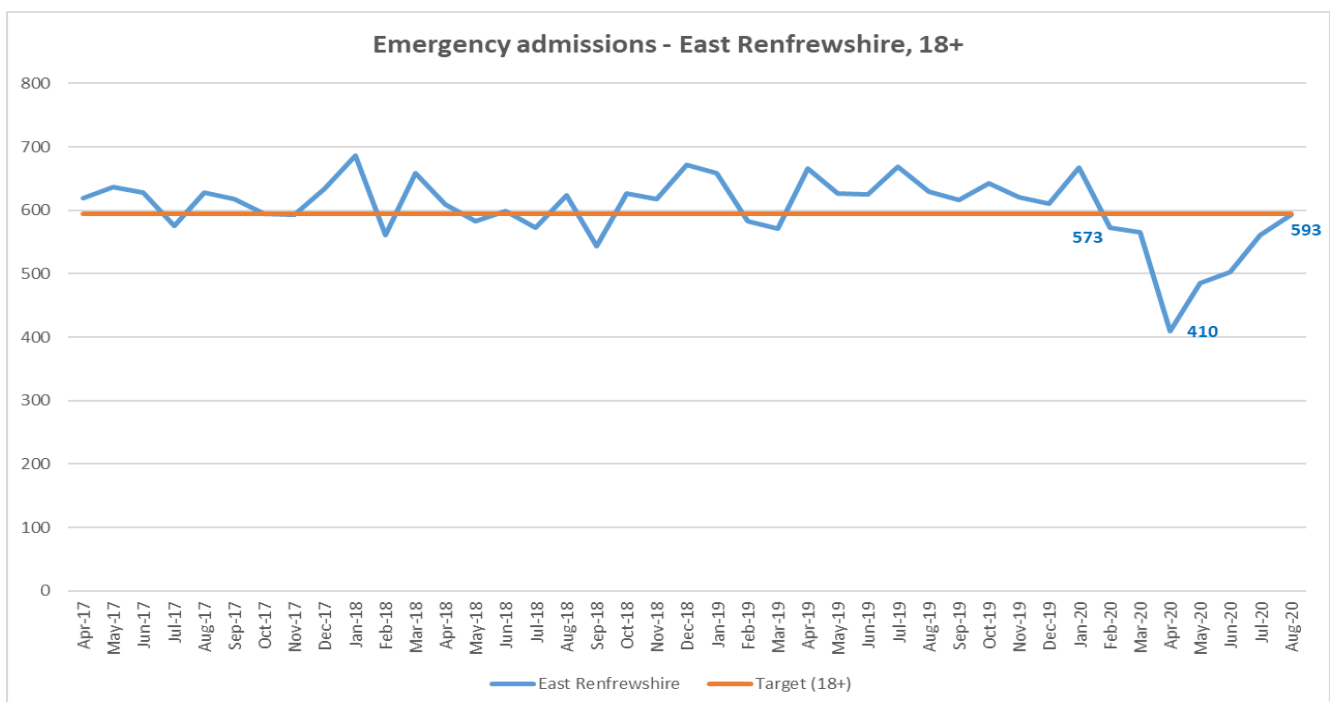
This section provides an update on our performance relating to minimising unscheduled hospital care. MSG data is more accurate than data provided by NHS Greater Glasgow and Clyde but is published with a significant time-lag. Latest complete MSG data is available to August 2020.

A&E Attendances



A&E attendances were persistently above target until January 2020. The pandemic saw attendances drop sharply to 676 in April. Subsequently, we have seen steadily growing numbers of attendances since the end of the lockdown period.

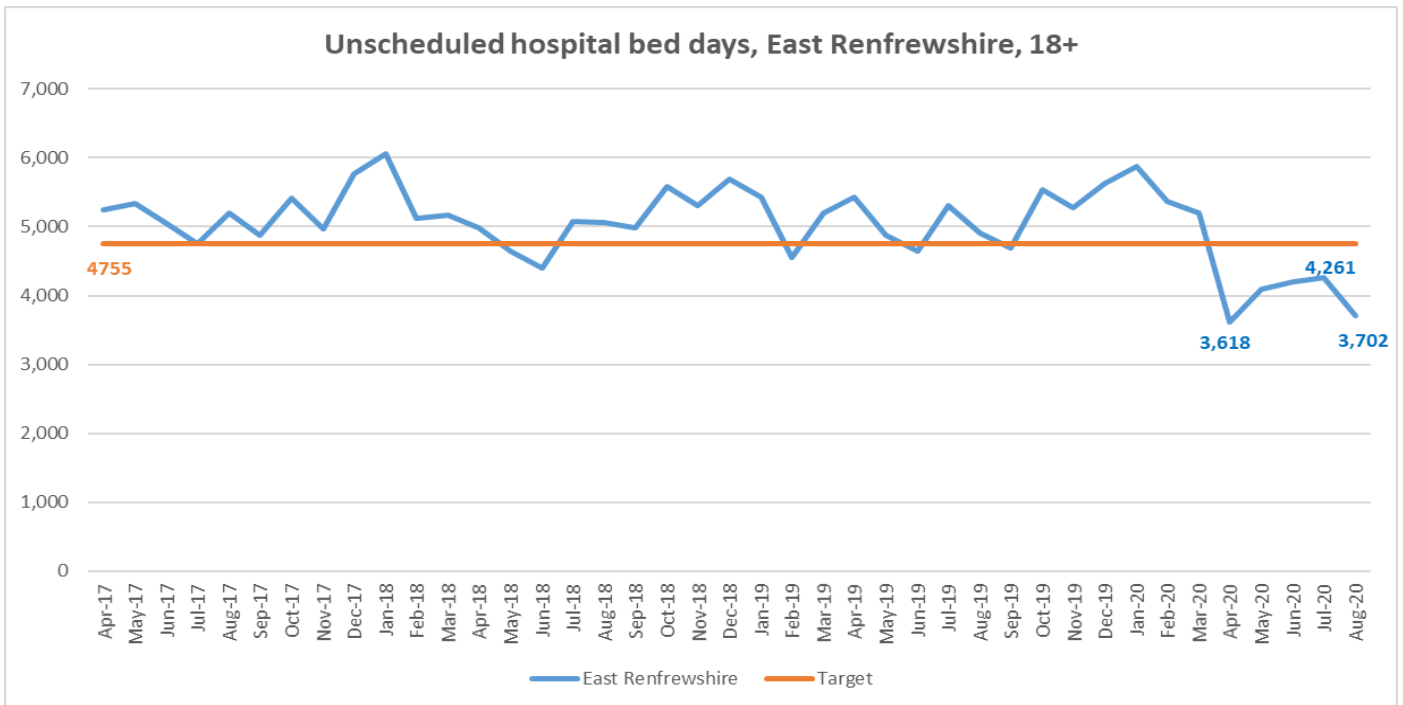
Emergency admissions



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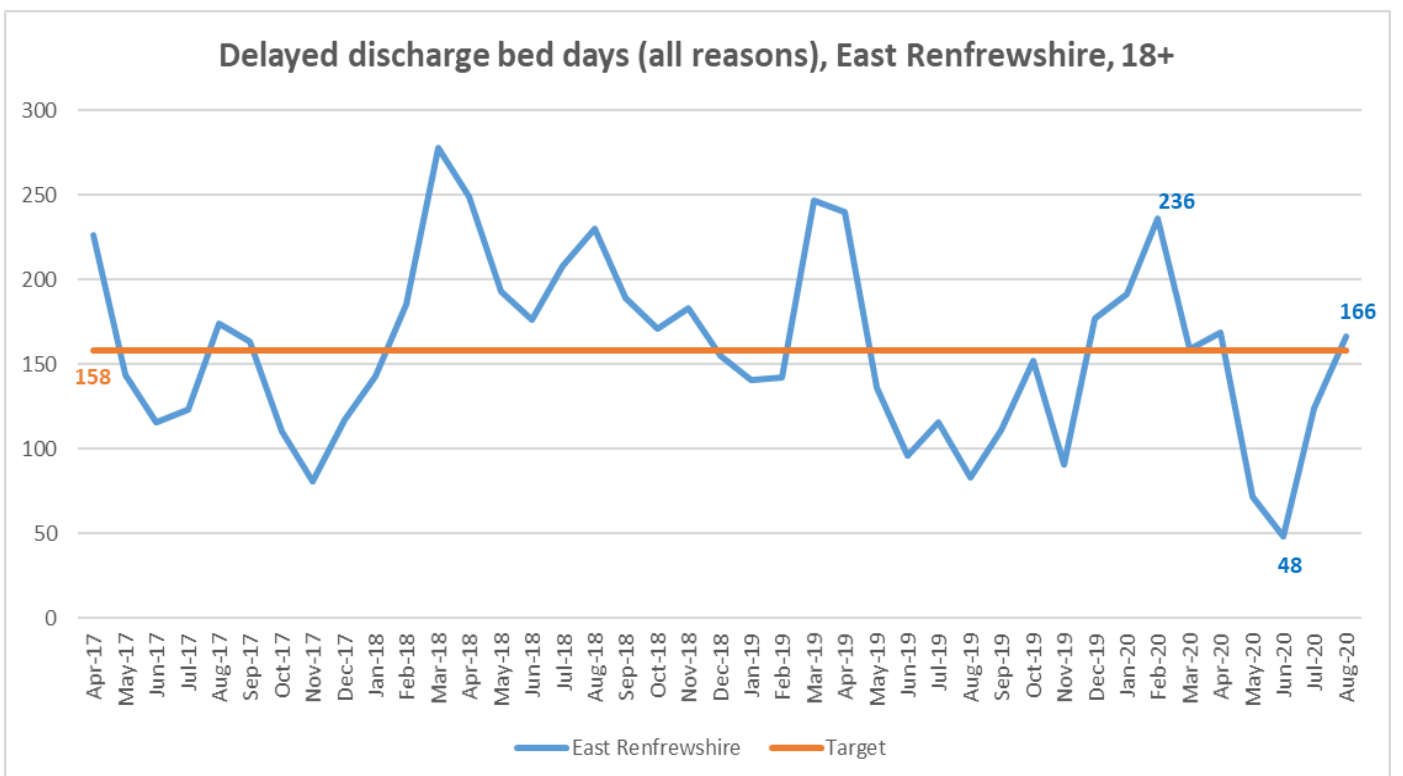
Emergency admissions have followed a similar pattern to attendances, remaining above target for most of 2019/20 then dropping significantly at the height of the pandemic to 410 before rising back towards typical performance as lockdown was eased.

Unscheduled hospital bed days



Unplanned hospital bed days were declining between January and March 2020 in line with seasonal trends then dropped during the lockdown period. Bed days started to creep higher over the summer months but dropped again in August 2020.

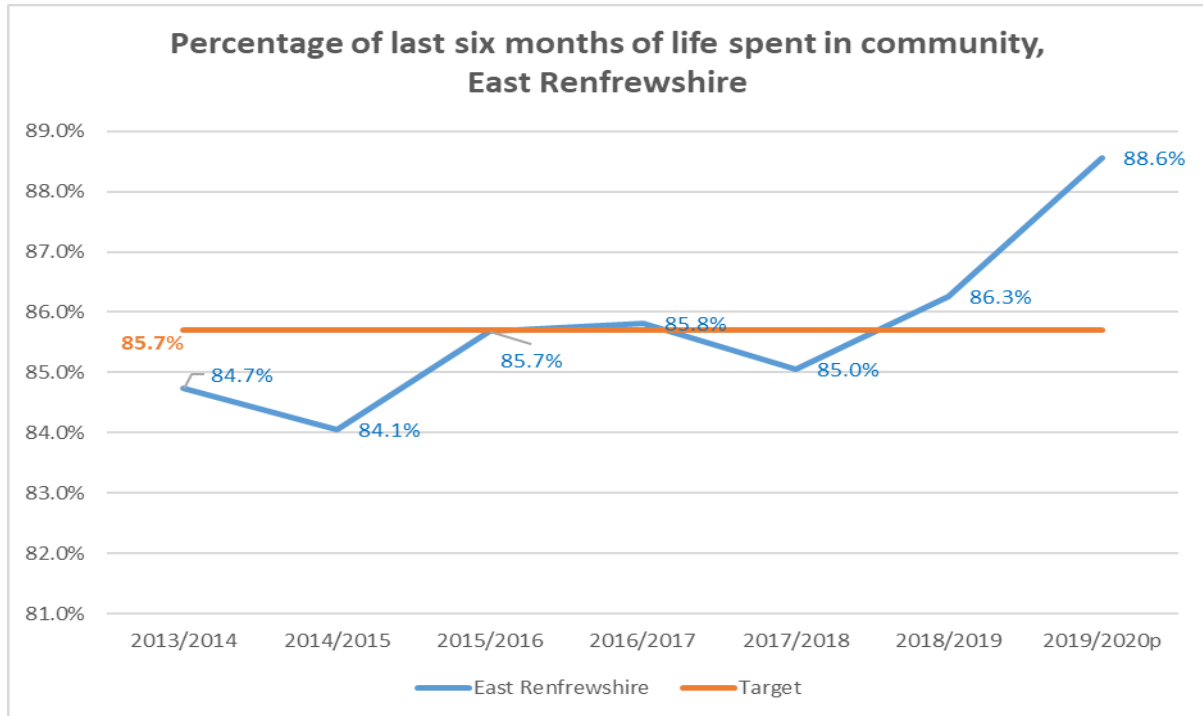
Delayed discharge bed days



45

Delayed discharge bed days have fluctuated above and below our target historically but there was consistent performance within target during 2019-20. From a high of 236 days in February 2020, delays dropped sharply to March reflecting significant effort to minimise pressure on hospitals in the lead-up to the anticipated rise in Covid-19 infections. Bed days due to delays rose slightly during the lockdown period (March to April) before continuing to drop sharply to June (48). We have seen a significant increase in bed days due to delays since then as more typical hospital use has recovered.

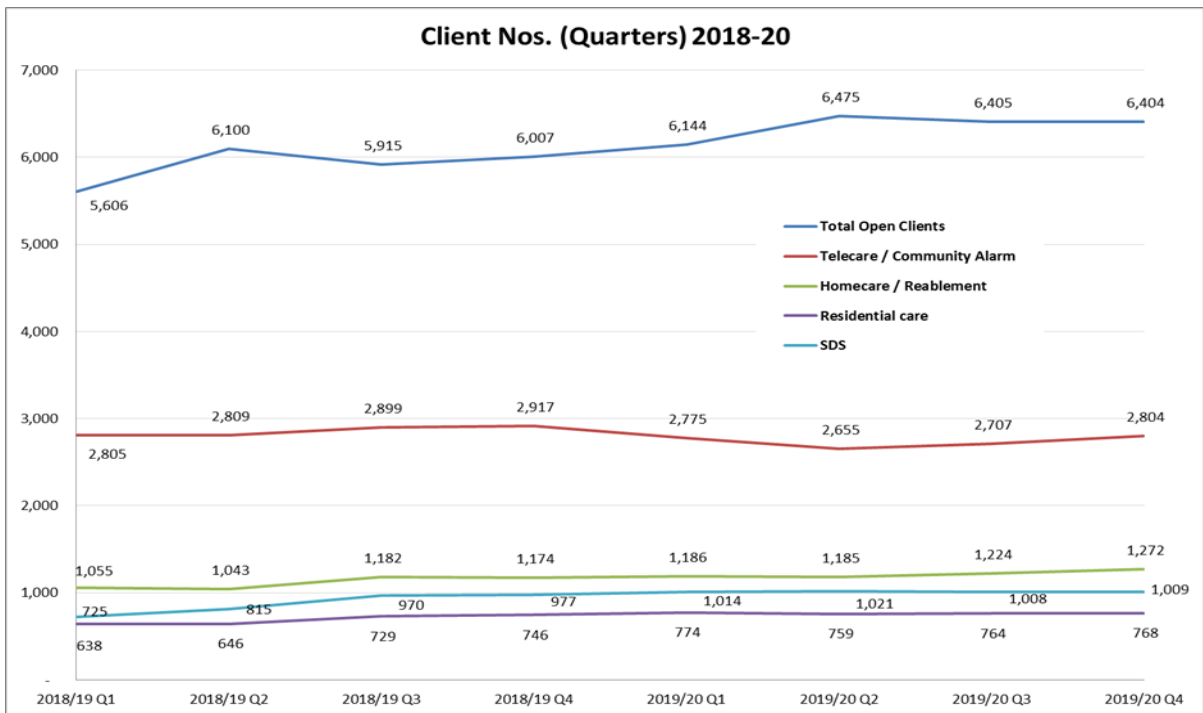
End of life care



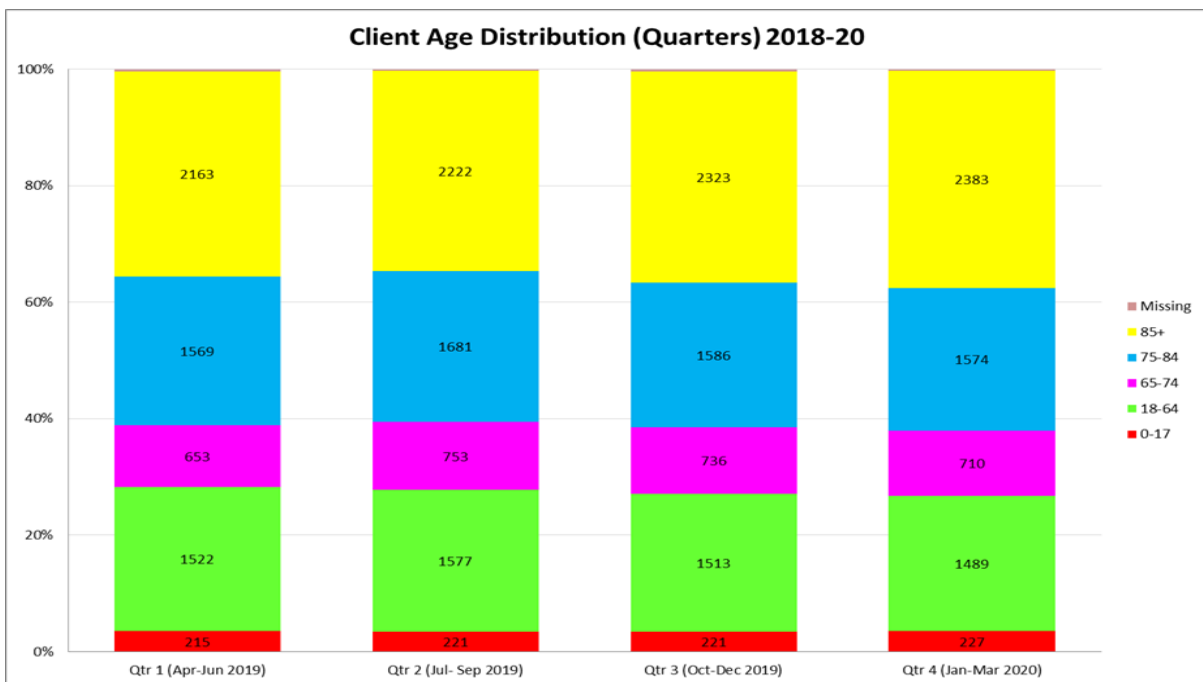
Data is only available provisionally to 2019-20 for the proportion of last six months spent in the community. This is an area where we have seen strong improvement since 2017-18 and we will continue to work to ensure appropriate end of life care is available in the community.

4. Social Care return

The HSCP provides regular client census data to the Scottish Government outlining demand for our services and client profile. Since 2018-19 the data has been required to be produced quarterly, with the latest data return covering the period to the end of 2019-20.

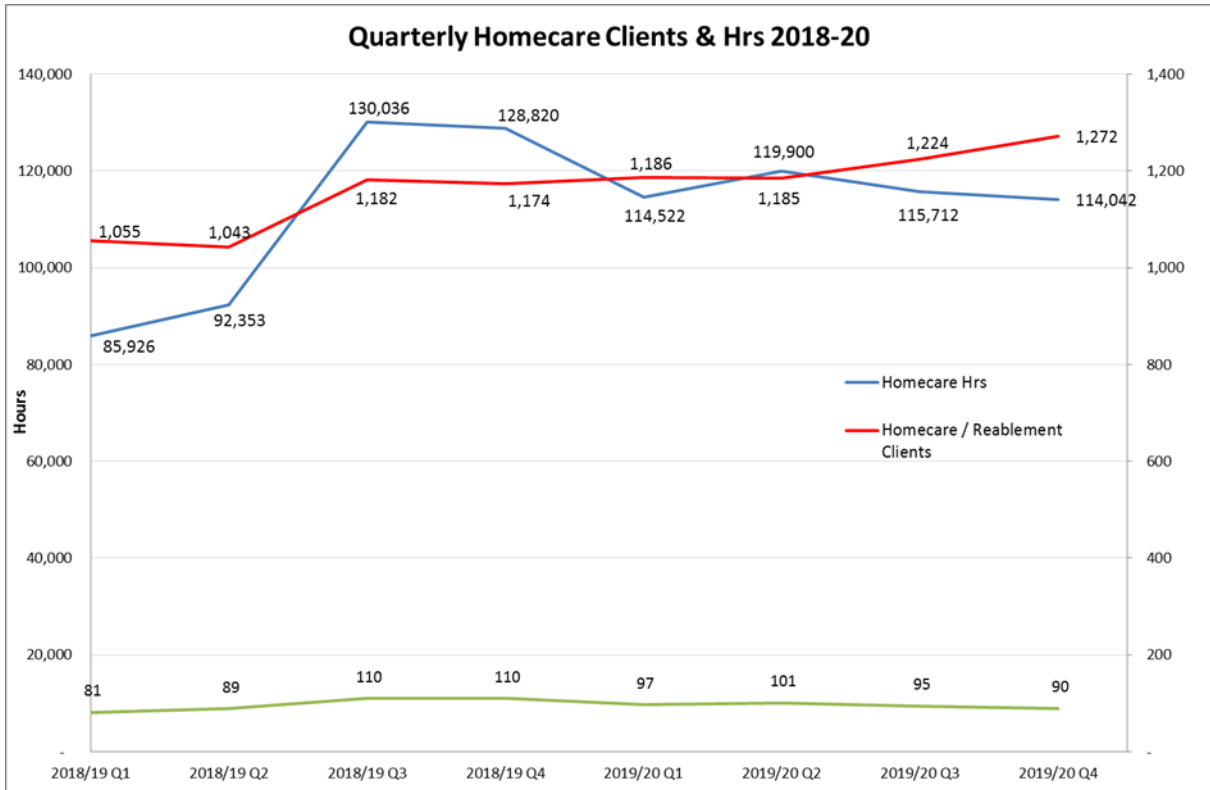


Our total number of ‘active’ clients has continued to rise since the start of 2018-19 but was fairly stable during 2019/20 and sits at between 6,400 and 6,500. We have seen rises in clients for all key service categories in the return including homecare and reablement. The number of residential clients has continued to increase reflecting demographic trend and increased local provision. We also continue to see a steady increase in the update of self-directed support.



The social care return highlights our increasing elderly client profile. The number of clients aged over 85 continues to grow with a decreasing proportion of clients aged under 75.

Homecare



Care at home continues to see increasing demand with client numbers rising by 22% from the start of 2018-19. The reporting of homecare hours shows some fluctuation potentially due to a change in our IT management system during the period. However, the data shows a corresponding increase in the homecare hours being provided to residents by the HSCP and partner providers.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 November 2020
Agenda Item	7
Title	Audit Scotland: Covid-19 Guide for Audit and Risk Committees
<p>Summary</p> <p>This report updates members of the Performance and Audit Committee on our response to the guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>It is recommended that the Performance and Audit Committee:</p> <ul style="list-style-type: none"> ▪ Note the questions posed in the guidance have been considered by the Chair of the Committee, supported by the Chief Financial Officer and that there are no issues of concern. 	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 November 2020

Report by Head of Finance and Resources

AUDIT SCOTLAND: COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

PURPOSE OF REPORT

1. To inform the Performance and Audit Committee of our response to the guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.

RECOMMENDATION

2. It is recommended that the Performance and Audit Committee note that the questions posed in the guidance have been considered by the Chair of the Committee, supported by the Chief Financial Officer and that there are no issues of concern.

BACKGROUND

3. In August 2020 Audit Scotland published guidance on key issues for consideration by audit and risk committees during the Covid-19 pandemic: "Guide for Audit and Risk Committees" and this was brought to the September meeting of this committee.
4. At the September meeting it was agreed that the Chair of the Performance and Audit Committee would look at our response to the helpful questions posed with the support of the Vice Chair, Chief Internal Auditor and Head of Finance and Resources (Chief Financial Officer) as required.
5. This work has now been completed by the Chair of the Performance and Audit Committee with the support of the Chief Financial Officer.

REPORT

6. The committee will recall the Audit Scotland guidance poses a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that require additional focus including:
 - Internal control and assurance;
 - Financial management and reporting;
 - Governance; and
 - Risk Management.
7. The Performance and Audit Committee, as a sub-committee of the Integration Joint Board, has responsibility for overseeing and providing independent assurance on the four key areas detailed above.

8. As reported in September a number of the questions posed in the guidance can be answered and evidenced through the audited 2019/20 Annual Report and Accounts within the management commentary and the annual governance statement and our review and response to each of the questions is set out in Appendix 1.

CONCLUSIONS

9. Following review of our response the Chair of the Performance and Audit Committee and the Chief Financial Officer are content there are no concerns with the IJB's governance arrangements.

RECOMMENDATIONS

10. It is recommended that the Performance and Audit Committee note that the questions posed in the guidance have been considered by the Chair of the Committee, supported by the Chief Financial Officer and that there are no issues of concern.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.bairden@eastrenfrewshire.gov.uk ; 0141 451 0749

16 November 2020

Chief Officer, IJB: Julie Murray

Exhibit 1 Internal controls and assurance	
<p>What changes to internal controls have been required due to Covid-19?</p> <ul style="list-style-type: none"> • Has internal audit assessed the design, implementation and operational effectiveness of revised internal controls? 	<p>Delegated powers were agreed for Chief Officer in conjunction with Chair of IJB. Payment processes streamlined and agreed with internal audit and subsequently national principles introduced.</p>
<p>What new controls have been established to account for the distribution of any additional funds received?</p> <ul style="list-style-type: none"> • Have officers identified any weaknesses in new controls and if so, how are these being addressed? 	<p>Coding introduced to ensure capture of Covid costs. Mobilisation cost tracker introduced as part of NHSGG board process reflecting funding route.</p> <p>Financial reporting maintained and annual report and accounts completed to timescale.</p>
<p>To what extent has your organisation assessed the impact of working remotely on the control environment and working practices?</p>	<p>The control environment was not adversely impacted, many of our staff already worked on an agile basis. We did need to extend agile working and provide additional equipment to ensure those staff who needed to work out with the normal environment could do so effectively.</p>
<p>Has internal audit reviewed their audit plan and assessed which projects might need to be cancelled, postponed or accelerated as your organisation navigates its way through the pandemic?</p>	<p>Our Chief Internal Auditor gave an update to September P&AC</p>
<p>How is management supporting internal audit to balance its 'routine' programme of work and that required to respond to Covid-19-related audit work?</p>	<p>Internal audit included in agreeing streamlined payment process. As we moved to recovery outstanding audit work is being picked up capacity permitting.</p> <p>Annual report and accounts work with internal audit completed to original timescale.</p>
<p>What impact has Covid-19 had on the annual reporting and accounting process?</p> <ul style="list-style-type: none"> • Has your organisation's timetable for the annual reporting process been considered for 2019/20 and 2020/21? If so, have the timetables been revised and updated accordingly? • Has the external auditor's annual audit plan been updated to assess and address new risks? 	<p>Completed annual report and accounts to original sign off and submission timetable. Electronic authorisation used successfully. The audit and the plan took appropriate cognisance of pandemic issues.</p>
<p>To what extent has your organisation considered work undertaken by other organisations (via professional networks and bodies), or where appropriate, engaged with external experts to inform decision-</p>	<p>A number of local and national professional networks were established. This allowed us to share issues, experiences and learning. Examples include national Chief Officers, Tactical Chief Officers across NHSGGC allowed a board wide coordination and response and discussion with SG. CFOs and CSWOs peers as above.</p>

<p>making around significant areas of change in response to the pandemic?</p>	<p>Meeting frequencies varied from initially daily to a few times a week to weekly.</p> <p>There are also a number of working groups established and the daily meeting to support care homes is a current and ongoing example.</p> <p>The HSCP has its own resilience meetings and is also a member of our partners processes.</p>
<p>How have IT services performed during the pandemic?</p> <ul style="list-style-type: none"> • To what extent have cyber security controls been considered? 	<p>IT systems have performed well, particularly give the increase in remote systems use. Some minor issues where zoom was the hosting platform for external meetings but not supported. Microsoft Teams has become the default for the majority of meetings.</p>
<p>To what extent has management assessed the impact of Covid-19 on overall staff capacity?</p> <ul style="list-style-type: none"> • What areas have been identified as being under resourced and how is this being addressed? 	<p>We have used a prioritisation process for service delivery, building capacity and initially for limited IT kit. We have increased resource in some areas through realignment, additional hours, overtime, agency and temporary posts. We have also used volunteers where appropriate.</p> <p>We have workforce as one of our recovery work streams,</p>
<p>What is your organisation doing to support its staff during the pandemic?</p> <ul style="list-style-type: none"> • To what extent have workload and working practices been adjusted to allow for the challenges that people may face when working remotely? • What guidance, advice or signposting has your organisation put in place to support staff wellbeing? 	<p>Remote working and service prioritisation focussed on ensuring those most in need were supported and our staff quickly adapted and developed ways of working to minimise the impact where any frontline service was impacted. Our partner HR policies provide advice and guidance and practical support.</p> <p>Social distancing and PPE have been introduced through all working practices</p> <p>Our own HR work stream includes wellbeing across the HSCP and where a service has been particularly impacted the specialist resource will be made available (counselling, a sanctuary room).</p>
<p>What opportunities and risks have arisen as staff are deployed across departments?</p>	<p>Our prioritisation allowed staff to be targeted to the most critical services. Where we have had to set up new services and processes our staff have been incredibly dedicated and resilient: community assessment centre, PPE Hub, Care Home support, Flu vaccination clinics, changes to buildings are a few examples.</p>
<p>How is your organisation capturing the learning and opportunities that arise from new ways of working?</p>	<p>The recovery programme and associated plans aim to capture the learning and opportunities arising from the pandemic response. It is still too early to fully address recovery but we will continue to capture this through our ongoing service and recovery plan monitoring</p>

Exhibit 2 Financial management and reporting	
<p>Is financial (and performance) information received in a timely manner, with sufficient detail, to inform the fast-paced changes that are required due to Covid-19?</p>	<p>Covid related costs are captured in a “tracker” that supports the mobilisation return to the SG through the NHS reporting by board.</p> <p>The implications are included in financial reporting to the IJB (and to our partners)</p>
<p>How is management assessing the financial impact of Covid-19 on income and expenditure?</p> <ul style="list-style-type: none"> • What processes or procedures have been put in place to assess, for example, new demands, new expenditure streams, savings from activity foregone and lost income? 	<p>Ledger coding established to capture Covid expenditure for both health and social work service responses. The tracker captures the full financial impact of Covid including lost income and the lack of capacity to deliver our in-year savings programme.</p> <p>Sustainability payments to providers are in line with nationally agreed principles and a process established locally for governance of claims.</p>
<p>What information has been used in determining the value of assets and liabilities?</p> <ul style="list-style-type: none"> • To what extent have estimated valuations been impacted by Covid-19, for example, disruption to the revaluation of properties or market volatility impacting on investments? • What is the likely impact of Covid-19 on pension deficits and what does this mean for your organisation? 	<p>The assets issue does not relate to the IJB and pension implications will be picked up through our partners.</p>
<p>What commitments and guarantees have been made to third parties, and how are these being monitored?</p> <ul style="list-style-type: none"> • Where relevant, how is your organisation ensuring that the impacts of the pandemic on its arm's-length external organisations (ALEOs) are being appropriately monitored? 	<p>As above the sustainability payments for social care providers is underpinned by nationally agreed principles for capturing and evidencing additional costs incurred as a result of Covid.</p> <p>Engagement with care providers and a template for submission of additional costs to support payments through the HSCP is in place.</p> <p>More recently discussions with Scottish Care rep.</p>
<p>What impact has Covid-19 had on savings plans?</p> <ul style="list-style-type: none"> • Is your organisation on track to deliver these savings and if not, what plans are your organisation putting in place to help with this? 	<p>Capacity for change, particularly our review of overnight support and our individual budget calculator mean that we are unlikely to deliver these savings by the start of the new financial year. The IJB is aware of this.</p> <p>This cost is included in our Covid tracker and whilst this had recently been revised to assume some savings in the current year this now looks less likely.</p>

<p>What impact has Covid-19 had on transformational activity?</p> <ul style="list-style-type: none"> • If there has been or will be significant delays to activity or a failure to meet savings targets, what are the financial implications and how is management preparing for this? 	<p>As above – savings plans aligned to change, including our digital programme have not had capacity to progress.</p>
<p>Is there sufficient capacity within the finance team to deal with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19?</p>	<p>Despite vacancies the finance team have done an incredible job supporting the HSCP and the CFO. The statutory annual accounts were submitted to the original timescale without impact on quality.</p> <p>Financial reporting has been maintained however development activity and some of the more routine tasks are now a lower priority than they otherwise would have been.</p>
<p>Exhibit 3 Governance</p>	
<p>What impact has Covid-19 had on governance arrangements?</p> <ul style="list-style-type: none"> • How is your organisation ensuring that effective oversight and scrutiny of key decisions is maintained as it responds rapidly to the challenges it faces during the pandemic? • Have any significant changes been made to governance arrangements due to the pandemic, for example, suspension of committees or increased use of delegated decision-making powers? • Where decisions are being made using delegated or emergency powers, how are these being recorded, made public and subjected to scrutiny by the relevant committee(s)? • Have changes to processes and procedures made in response to Covid-19 been reviewed and documented appropriately to comply with overall governance arrangements? 	<p>With the exception of the March P&AC all other IJB and P&AC meetings have taken place using Microsoft teams.</p> <p>A number of working groups established and CO delegated powers as above.</p> <p>Decisions recorded through tracker and through IJB and partners reporting.</p> <p>A weekly update to IJB during lockdown and early response</p>
<p>Are governance arrangements being reviewed regularly to ensure they remain fit for purpose?</p>	<p>Our recovery included a Governance work stream and our programme is aligned to SG route map and strategy.</p>
<p>Are non-executive directors providing appropriate levels of support, scrutiny and challenge to your organisation as it responds to the current environment and new risks?</p>	<p>Attendance as normal at all meetings and working groups. IJB seminars will be re-established</p>
<p>What barriers, if any, have affected your organisation's ability to continue to provide services for individuals and communities during the pandemic?</p> <ul style="list-style-type: none"> • How have these barriers been overcome? • What was the impact on service users? 	<p>Staff capacity due to absence, shielding, self-isolation or contact through track and trace. Individual and family preferences for a pause in service delivery. Social distancing. Virtual service delivery. Building reduced capacity and some building closures (daycare).</p> <p>Delays to Bonnyton House refurbishment and return delayed till October.</p>
<p>What impact has Covid-19 had on your organisation achieving its stated objectives?</p>	<p>The impact on our performance will be assessed in due course however our underpinning core values have been maintained throughout the pandemic response</p>

<ul style="list-style-type: none"> • Does performance reporting highlight any changes on your organisation's ability to meet its objectives as a consequence of Covid-19? • Has the pandemic caused new risks to achieving your organisation's objectives? If so, how are these being addressed? 	
<p>What impact has Covid-19 had on collaborative working?</p>	<p>The response to the pandemic has strengthened how we work with a range of partners and this is well reflected in the current strategic planning sessions.</p> <p>There are some areas where we have not been able to conduct face to face discussion and consultation as would have been our usual practice.</p>
<p>Exhibit 4 Risk management</p>	
<p>Are there new expenditure or procurement streams, or delivery methods arising from Covid-19 that introduce new risk?</p> <ul style="list-style-type: none"> • What indicators does management have to support informed decisions on risk and is this data available in real time? • Is your organisation's risk management strategy up-to-date to include risks associated with Covid-19? • What risks have emerged that need to be addressed and what protocols are in place to report and analyse emerging risks as the situation evolves? • Are risks being reported to the relevant committee? 	<p>We have a Covid risk register and a recovery risk register, both supported by our prioritisation approach.</p> <p>We are embedding our business impact assessments and scenario planning as part of our winter plans by service and this will be refreshed every 6 months or so (or more frequently in the event of significant change) to maintain a live service plan for each area. This will also include the service risk.</p> <p>P&AC receive a strategic risk update at every meeting.</p> <p>We feed into partner risk processes</p>
<p>Has your organisation's risk register been updated to reflect new risks arising from Covid-19?</p>	<p>Yes – see above</p>
<p>Is there a need for management's risk appetite framework to be reviewed to ensure it is appropriate in this rapidly evolving environment?</p> <ul style="list-style-type: none"> • If so, when will the committee be informed of the outcome and any next steps? 	<p>Yes - see above</p>
<p>How does Covid-19 impact on any financial risks already facing your organisation and how does this affect short, medium and long-term financial plans?</p>	<p>Significant implication in current year if costs are not fully funded, legacy savings will impact on 2021/22. Medium Term Financial Plan will be refreshed once implications from 2021/22 settlement is clearer. One year bridging strategic plan will support.</p>
<p>What impact does Covid-19 have on any scenario planning that your organisation has in place for events such as EU withdrawal and increasing budget uncertainty?</p>	<p>It is still difficult to quantify the exact implications from Brexit and to some degree this is overshadowed by Covid-19. Brexit planning continues and lessons learned from pandemic response (PPE as an example) can be drawn on to look at better mitigation or help prioritise scarce resource.</p>

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Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	25 November 2020
Agenda Item	8
Title	IJB Strategic Risk Register Update
<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>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****25 November 2020****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 and audit action plan.

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.

Risk levels considering Likelihood and Severity

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 23 September.
9. There have been no material changes since the last update in September and that:-
- There has been no change to risk scores
 - No new risks have been added
 - No risks have been removed

Post Mitigation - Red and Significant Risks Exception Report

10. 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'.

Scottish Child Abuse Inquiry

11. Despite any proposed risk control measures, the score remains the same due to the historical nature of this risk.

Financial Sustainability

12. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the uncertainty around Covid-19 and Brexit implications.
13. Brexit working groups and national events have recommenced and we continue to monitor developments.
14. There remains the future year risk that the HSCP could become unsustainable due to one of the following causes:
- Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget
 - Unable to influence future funding to recognise demographic & other pressures, or realise future efficiencies & savings
 - Implications from hosted services
 - Prescribing volatility
15. Although '*Failure of a Provider*' is scored at 9 'medium' after mitigation is taken into account, this is still considered a significant risk given the potential impact on service delivery.

RECOMMENDATIONS

16. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register and audit action plan.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0746

November 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: September 2020: IJB Strategic Risk Register Update
https://www.eastrenfrewshire.gov.uk/media/3488/Performance-and-Audit-Committee-Item-11-23-September-2020/pdf/Performance_and_Audit_Committee_Item_11_-_23_September_2020.pdf?m=637360286481870000

IJB Paper: August 2020: IJB Strategic Risk Register Annual Update
https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration_Joint_Board_Item_11_-_12_August_2020.pdf?m=637323284404970000

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

PAC Paper: November 2019: IJB Strategic Risk Register Update
https://www.eastrenfrewshire.gov.uk/media/1987/Performance-and-Audit-Committee-item-08-27-November-2019/pdf/Performance_and_Audit_Committee_Item_08_-_27_November_2019.pdf?m=637356832342130000

PAC Paper: September 2019: IJB Strategic Risk Register Update

PAC Paper: June 2019: IJB Strategic Risk Register Update

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 17.11.2020

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Likelihood (probability) L	
n/a	1	C	Death or significant harm to vulnerable individual										
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions.</p> <p>Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.</p>	<p>Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Updated professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling programme for refresher training and quality assurance for Council Officers and frontline managers and registered services following launch of ASP procedures 1 November.</p>	3	4	12	<p>Implementation of Adult Service Improvement Plans for:</p> <ul style="list-style-type: none"> Initial Contact Supervision Commissioning Adult Support and Protection Procedures and Quality assurance <p>Put in place additional resources to deal with additional Covid demands.</p> <p>Develop new schedule for performance reporting for adult services.</p> <p>Prepare for forthcoming ASP inspections.</p> <p>Senior Manager rota for chairing ASP to be implemented.</p>	<p>30/12/2020</p> <p>30/12/2020</p> <p>31/01/2021</p> <p>Jan / Feb 2021</p> <p>31/12/2020</p>	2	4	8	<p>Head of Adult Health and Social Care Localities / Head of Recovery and Intensive Services / Chief Social Work Officer</p>

			<p>Self-evaluation and audit activity being undertaken by Lead Officer: Policy and Practice Development Completed.</p> <p>Increased frequency of APC. Improved reporting schedule from sub-committees.</p> <p>New ASP Team will commence in January 2021.</p> <p>Professional supervision policy in place to provide professional leadership.</p>				<p>Implement new risk management framework (Signs of Safety) across adult services.</p> <p>Implement new procedures (currently being devised) in relation to AWI, LSI and MHC&T Act (following approval at APC).</p> <p>Devise new screening tool for waiting lists.</p> <p>Recruit external consultants to support improvement programme – as required.</p>	<p>31/03/2021</p> <p>28/02/2021</p> <p>31/01/2021</p> <p>Ongoing</p>				
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4.4	2	C	Scottish Child Abuse Inquiry									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry have noted that they may come back for further information.</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	4	3	12	<p>Manager's briefing session taking place on 24/11/20 re key learning from the s21 work.</p>	30/11/2020	4	3	12
4.1	3	C	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.</p> <p>Service Manager ASP has responsibility for chairing Case Conferences and leading on self-evaluation and audit activity.</p> <p>Risk assessment integral part of the assessment process.</p> <p>Interim APC Chair in place.</p> <p>New Service Manager ASP commenced in post May-2020.</p> <p>Council officer and managers forums established.</p>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p> <p>Review Quality assurance framework for ASP activity annually.</p> <p>Engagement with social workers not yet vetted to NPPV status. Increase in vetting coverage for criminal justice has improved but focus engagement consulting with non-vetted Social Workers for NPP status.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p>	<p>13/11/2020</p> <p>31/10/2021</p> <p>31/12/2020</p> <p>31/03/2021</p>	1	4	4

			<p>Rolling programme of All front line managers provided with refresher training concerning statutory compliance.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended and candidates are required to be eligible to achieve NPPV (Non Police Personal Vetting) level 2 vetting status.</p> <p>Quarterly external audit of MAPPA cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19).</p> <p>"Safe Together" model implemented.</p> <p>PVG (Protecting Vulnerable Groups) scheme in place.</p> <p>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19.</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020).</p>				Strengthen reporting arrangements around SSSC registrations.	31/03/2021			
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4	S	<p>Financial Sustainability</p> <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.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</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.</p> <p>5) Financial risks relating to COVID 19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There may be longer term implications that may have financial impact.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</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 the budget setting process with each of our partners and tri-partite discussions take place with Partner engagement included in Strategic Improvement Action Plan.</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 prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGSC.</p> <p>Planning for Brexit implications taking place at both national and local levels.</p> <p>Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGSC.</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date).</p> <p>Plan for the 2021/22 budget.</p> <p>Review and revise the medium term financial plan.</p> <p>Continue to develop the tri-partite financial planning discussions with partners.</p> <p>Detailed financial planning and monitoring on COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p>	31/03/2021	31/03/2021	31/03/2021	31/13/2021	31/03/2021	<p>3</p>
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5.2	5	C	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 financial instability or significant care concerns. 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>We work with the Care Inspectorate to ensure robust action plans for improvement are in place.</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Consideration of balance of market share across external market providers.</p> <p>Company Credit Health Checks undertaken.</p> <p>Independent learning review concluded – action plan developed following recommendations and plan to disseminate learning agreed.</p>	4	3	12	<p>Implement learning from independent review of recent provider failure.</p> <p>Work with providers at risk to agree phased and managed approach to closure if required.</p>	30/11/2020	Ongoing	3	3
	6	C	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>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Stage 2 bid submitted for Newton Mearns hub as part of the GGC capital prioritisation process. Awaiting feedback.</p> <p>Primary Care Improvement Plan agreed by IJB.</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments.</p> <p>Meet regularly with 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>Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.</p>	Ongoing	Ongoing	Ongoing	3

5.1	7	C	Increase in Older population									
			<p>Increase in 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>Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures.</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>Agile working for HSCP employees improved efficiency.</p> <p>Annual budget setting takes account of demographic projections.</p> <p>Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.</p> <p>Rollout of Talking Points commenced May 19.</p>	4	4	16	<p>Conclude redesign work focusing on rehabilitation and frailty pathways.</p> <p>Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Continue Council funding for demographic cost pressures.</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	31/03/2021	Ongoing	Ongoing	4
	8	C	Workforce Planning and Change									
			<p>Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial</p>	<p>2019/20 workforce plan update complete.</p> <p>All intensive services staff made permanent (late 2019).</p> <p>Workforce planning group established (although on hold due to Covid-19).</p> <p>HSCP management team actively review of all request to recruit.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from</p>	3	4	12	<p>Develop Workforce Statement for 2020/21 (<i>The 3 year Workforce Plan has been postponed</i>).</p> <p>Restart Workforce Planning Group following receipt of SG guidance.</p> <p>Improve partnership workforce planning working with providers in line with developing strategic commissioning plan.</p> <p>Develop workforce information to include data on staff with long term health conditions to better</p>	31/01/2021			2

			uncertainty impacts on ability to recruit and retain staff.	Covid-19 and our response to the emergency).				understand the impact of covid-19 on service delivery.	Ongoing				
								Continue to provide personalised supports to the workforce in relation to trauma experienced during covid-19.					
2.2	10	C	Increase in children & adults with additional support needs										
			Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	Appointed Advanced Practitioner to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes. Increased financial forecasting. Children's Services redesign implemented. Inclusive Support redesign completed and implemented (April 2019). Education Resource Group to manage specialist resources and admission to specialist provision. Phase 1 Fit for the Future Redesign implemented. The Resource Allocation Group (RAG) has strengthened its membership to include an educational psychologist and occupational therapist.				HSCP/Education to strengthening transition arrangements through application to take part in Principles into Practice enhanced Trial with Scottish Transitions Forum and Scottish Government. Council continues to contribute to funding to demographic cost pressures.	30/11/2020 Ongoing				
					4	3	12			4	2	8	Chief Officer HSCP

5.3	11	C	In-House Care at Home Service												
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers Reputational risk to HSCP and Council Risk of enforcement action should we fail to meet the Care Inspectorate requirements.</p>	<p>Ongoing transfer of some packages to external providers to ensure capacity.</p> <p>Increased resource to support robust absence management.</p> <p>Recruitment campaign complete - additional care at home staff recruited.</p> <p>Medication policy in place.</p> <p>Medication management training embedded in rolling training programme.</p> <p>Oversight Board chaired by Chief Executive established.</p> <p>Improvement Task Force overseeing phase 2 of improvement activity re-established.</p> <p>Regular updates being provided to CI</p> <p>Performance management of reviewing activity in place through weekly reporting.</p> <p>Co-location during Covid-19 to Care at Home Hub has had Positive impact on relationships and performance.</p> <p>Embedded full time Pharmacy resource within the service (Jul-20).</p> <p>Permanent Registered Manager commenced in post (Aug-20).</p> <p>Increased level of quality assurance in place.</p>	3	4	12	<p>Roll out medication management training to remaining staff.</p> <p>Arrangements for singular base for Care at Home to be agreed (and allow for resolution of longstanding telecommunication issues for the service).</p> <p>Re-mobilise the service redesign activity.</p>	31/03/2021						
										2	3	6		Chief Officer HSCP	
		N	Failures within IT System												
			<p>Critical information not been received due to failures in IT system</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the</p>	TBC		2	2	4	IT Business Partner	

			<p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p>				Clearswift Gateway infrastructure.					
		N	COVID19 & RECOVERY									
			<p>Emergence of a pandemic disease with potential to significantly impact our workforce, supply chain, demand for and availability of services, IT, accommodation, and resultant impact on financial and service planning.</p> <p>Business Continuity and Operational Recovery Plans are in place.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Weekly care home staff testing and surveillance testing if residents with daily calls to oversee.</p> <p>Resilience Management Team established (currently stood down) although regular sit rep reporting remains in place.</p> <p>Agile working capability for majority of staff.</p> <p>Recovery Steering Group established with 7 key workstreams; Governance, Accommodation, Workforce, Partner Organisations, IT, PPE and Change Programme.</p> <p>Interim ASP Team established and core group of staff identified to oversee CP and MAPPA statutory functions.</p>	4	3	12	<p>Further scoping of accommodation and resource requirements in relation to adult vaccinations over the winter period.</p> <p>Reintroduction of services as outlined in Operational Recovery Plan linked to the Scottish Government Routemap. This includes planned changes to accommodation and activity supported by recovery plans.</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Weekly recovery meeting to review progress.</p> <p>SMT focus on recovery.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	3	3	9	

			<p>Risk assessment and shielding pathways and procedures in place to identify and support our most vulnerable people.</p> <p>Increased awareness raising/ campaigns for vulnerable groups.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including supporting Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door'.</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place. PPE Lead linking with local partner groups and national Hub working group.</p> <p>Monthly Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC.</p> <p>All operating procedures and accommodation for Community Assessment Centre (currently closed) but clinical space being maintained.</p>									
		N	ANALOGUE TO DIGITAL SWITCHOVER									
			Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to	Programme board established and programme team currently being recruited to take forward the transition to analogue to digital.	3	3	9	Programme board to ensure a functional central system capable of handling digital technology is implemented in suitable timeframe.	31/03/2022	2	3	6

			digital phone lines and associated financial implications.	HSCP representation on programme board. Analogue to digital implementation plan.				There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.					
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