



Date: 17 November 2022
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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

Please find attached the undernoted 2 items marked “to follow” and a further additional item for consideration at the meeting of the Integration Joint Board Performance and Audit Committee on **Wednesday 23 November 2022 at 9.00 am.**

Yours faithfully

COUNCILLOR KATIE PRAGNELL
Chair

Undernote referred to

“To follow” items

Item 6 – Internal Audit Annual Report (copy attached, pages 3 - 10).

Item 9 – Mid-year Performance Report (copy attached, pages 11 - 34).

Additional Item

Item 13 - NHS GGC Internal Audit Progress Report 2022-23 (copy attached, pages 35 - 36).

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 November 2022****Report by Chief Auditor****INTERNAL AUDIT ANNUAL REPORT 2021/22****PURPOSE OF REPORT**

1. To submit the Chief Auditor's Annual Report for 2021/22 which contains an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the integration joint board (IJB).

BACKGROUND

2. Internal Audit is an autonomous unit within the Chief Executive's Office of East Renfrewshire Council. Independence is achieved through the organisational status of internal audit and the objectivity of internal auditors. For the purposes of providing an annual opinion, reliance will be placed on the work of the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors, East Renfrewshire Council internal auditors and any work carried out by other external assessors, for example Audit Scotland and Care Inspectorate.

3. In order to ensure proper coverage and avoid duplication of effort, the internal auditors of the NHSGGC and all the local authorities operating within this Health Board area are in regular communication when necessary.

ANNUAL REPORT 2021/22

4. The attached annual report (Appendix 1) contains the annual internal audit statement of assurance and concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2022 except for one area. This is the area still under investigation by Police Scotland, though it is noted that the periods under investigation were prior to 2021/22.

RECOMMENDATION

5. The Committee is asked to:

- (a) note the contents of internal audit's annual report 2021/22
- (b) note the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2021/22 except for a matter still under investigation by Police Scotland which was also referred to in the 2020/21 annual report.

Further information is available from Michelle Blair, Chief Auditor, telephone 0141 577 3067.
M Blair, Chief Auditor
16 November 2022

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INTERNAL AUDIT ANNUAL REPORT 2021/22

INTRODUCTION

1. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to develop professional guidance.
2. The IRAG guidance outlines the responsibility of the integration joint board (IJB) to establish good governance arrangements, including proportionate internal audit arrangements for the review of the adequacy of the arrangements for governance, risk management and control of resources delegated to the IJB.
3. East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed that East Renfrewshire Council's internal audit service would undertake the internal audit role for the IJB and the Chief Auditor of East Renfrewshire Council was formally appointed to that role by the Integration Joint Board on 7 October 2015.
4. The guidance also states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
5. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, internal audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework for governance, risk management and control. This annual report contains the opinion on the IJB's internal control framework for the financial year 2021/22.

INTERNAL CONTROL FRAMEWORK

6. In order to ensure the proper conduct of its business, the IJB has a responsibility to develop and implement systems of internal control. The presence of an effective internal audit function contributes towards, but is not a substitute for, effective controls and it remains primarily the responsibility of line management to ensure that internal controls are in place and are operating effectively. A sound control system will help safeguard assets, ensure records are reliable, promote operational efficiency and ensure adherence to IJB policy and procedures. Such systems of internal control can provide only reasonable and not absolute assurance against loss.
7. An excellent working relationship exists between internal audit and Audit Scotland, the IJB's appointed external auditors. Information on audit planning and the progress of audit work is regularly exchanged on an informal basis which helps avoid duplication of effort and maximises audit resources.
8. East Renfrewshire IJB commissions East Renfrewshire Council and NHS Greater Glasgow and Clyde to provide services on its behalf, both of which operate in compliance with the Public Sector Internal Audit Standards (PSIAS). As such, any significant governance issues reported in either the Council's or NHS Greater Glasgow and Clyde's 2021/22 Annual Governance Statements are considered for relevance to the East Renfrewshire IJB. No significant issues were noted within the NHS statement. One issue was noted within the Councils Annual Governance Statement but since this matter is still under investigation by Police Scotland, no further detail can be provided at this time. The same matter was referenced in the 2020/21 annual report. The Chief Financial Officer has kept the Chairs of the IJB and its Performance and Audit Committee, and the IJB's external auditor (Audit Scotland) fully informed of this matter and all accept that this does not impact materially on the IJB accounts or the external audit opinion.

ACHIEVEMENT OF 2021/22 ANNUAL AUDIT PLAN

9. The 2021/22 audit plan provided 20 days and was approved by the Performance and Audit Committee on 24 November 2021. In agreement with the Head of Finance and Resources, no audit work specific to the IJB was planned and the days were to be reserved to address any emerging issues during the year.

10. The planned work on follow up of progress against previous internal audit recommendations was completed and issued in March 2022. One IJB specific issue remained outstanding at that time. This was classified as low risk and relates to management being reminded to use the most up to date version of the ERC operational risk register. Audit now considers this recommendation to be closed.

INTERNAL AUDIT WORK CARRIED OUT BY PARTNER ORGANISATIONS

11. Internal audits which are of relevance and interest to the IJB will be carried out in both the Council and the Health Board by their respective internal audit teams and these will be detailed within the relevant organisation's audit plans.

12. The internal audit plan for the Council was approved by the Audit and Scrutiny Committee in June 2021 and included an allocation of 15 days for IJB audit commitments. These days are audit allocations for IJB specific audits and are in addition to HSCP related audits included within the Council audit plan.

13. HSCP related audits carried out by the council's internal audit team have been submitted to the Performance and Audit Committee periodically with details of the full reports and levels of implementation of recommendations made. Recommendations within Council audit reports are classified as High, Medium or Low in accordance with the following table.

| Risk Ratings for Recommendations | |
|---|--|
| High | <ul style="list-style-type: none"> • Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately. |
| Medium | <ul style="list-style-type: none"> • There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale. |
| Low | <ul style="list-style-type: none"> • Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved |
| Efficiency | <ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice. |

14. In 2021/22, only one HSCP specific audit was carried out on Kinship, Fostering and Adoption payments. The report was issued in April 2022 and contained three recommendations, all classified as low risk. Other reports containing recommendations to be implemented by HSCP have already been circulated in full to the Committee.

15. Azets currently provide an internal audit service on behalf of NHSGGC. In 2021/22 a total of thirteen audits were conducted as follows:

| Review | Overall audit rating | No. of issues per grading | | | |
|---------------|-----------------------------|----------------------------------|----------|----------|----------|
| | | 1 | 2 | 3 | 4 |
| | | | | | |

| | | | | | |
|---|---|------------|-----------|-----------|----------|
| <i>Remobilisation planning</i> | <i>Effective</i> | - | - | 1 | - |
| <i>Assurance framework – corporate risk register</i> | <i>n/a – not rated</i> | <i>n/a</i> | | | |
| <i>Assurance framework – directorate risk registers</i> | <i>Minor improvement required</i> | - | 1 | 1 | - |
| <i>Procurement and tendering</i> | <i>Substantial improvement required</i> | - | 3 | 4 | - |
| <i>Delayed discharges</i> | <i>Substantial improvement required</i> | - | 2 | 1 | - |
| <i>Nurse bank</i> | <i>n/a – not rated</i> | <i>n/a</i> | | | |
| <i>Bed management</i> | <i>Minor improvement required</i> | - | - | 2 | - |
| <i>Time of day discharge</i> | <i>Substantial improvement required</i> | - | 4 | 2 | -- |
| <i>Recruitment</i> | <i>Minor improvement required</i> | - | - | 4 | - |
| <i>HEPMA – Project governance</i> | <i>Minor improvement required</i> | - | - | 2 | - |
| <i>ICT service delivery</i> | <i>Minor improvement required</i> | - | - | 6 | - |
| <i>NIS audit preparedness</i> | <i>n/a – not rated</i> | <i>n/a</i> | | | |
| <i>Property Transaction Monitoring</i> | <i>Minor improvement required</i> | - | - | 2 | - |
| Total | | 0 | 10 | 25 | 0 |

16. Each of the issues within these reports are ranked on the following basis.

| Ranking | Definition |
|----------------|---|
| 4 | <i>Very high risk exposure – major concerns requiring immediate senior management attention</i> |
| 3 | <i>High risk exposure – absence/failure of key controls</i> |
| 2 | <i>Moderate risk exposure – controls not working effectively and efficiently</i> |
| 1 | <i>Limited risk exposure – controls are working effectively but could be strengthened</i> |

17. The overall audit report rankings are based on the following table:

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

| | |
|----------------------|--|
| <i>opportunities</i> | <i>assurance that risks are being managed and objectives should be met.</i> |
| <i>Effective</i> | <i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance tht risks are being managed and objectives should be met.</i> |

18. None of the reports were classified as requiring immediate major improvement. Overall, there were no grade 4 recommendations in any audit report and in their annual report, Azets have concluded that NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives.

19. In the audit of Procurement and Tendering, Azets highlighted issues such as the arrangements for ensuring the completeness and accuracy of the contracts register were inadequate, there was insufficient management oversight and scrutiny of procurement and tendering activity, and the documentation confirming approval for some contracts procured during the Covid 19 pandemic could not be located. Azets however commented that all recommendations were implemented in full ahead of the agreed target dates.

20. Three audits were carried out under the theme of Discharge Planning (Bed Management, Time of Day Discharge and Delayed Discharges). Issues were identified in each of these audits and comments were made regarding the extent to which discharge is proactively managed between the NHSGGC and its associated HSCP, in particular, inconsistent practices at both hospital and ward level over Pharmacy and Social Work referrals which are commonly known barriers to timely patient discharge.

ANNUAL INTERNAL AUDIT OPINION

21. The ERC annual report and assurance statement for 2021/22 was presented to the Council's Audit and Scrutiny Committee in August 2022 and did not highlight any significant failures in controls except for one area which is still currently under Police Scotland investigation. It should be noted that this issue is not material overall to the IJB Financial Statements.

22. The internal auditors for NHSGGC have presented their annual report and assurance statement for 2021/22 to the NHS Audit and risk committee in June 2022. They concluded that the framework of governance and internal control provides reasonable assurance regarding the effective and efficient achievement of objectives.

23. The Internal Audit Annual Statement of Assurance for East Renfrewshire IJB is attached.

CONCLUSION

24. Audit is satisfied that the required financial assurance and governance arrangements were in place to support the delegation of functions to the integration joint board for the year ended 31 March 2022 except for one matter still under investigation by Police Scotland. The IJB has produced a Governance Statement which concurs with this conclusion.

INTERNAL AUDIT ANNUAL STATEMENT OF ASSURANCE FOR 2021/22

As Chief Auditor of East Renfrewshire Integration Joint Board, I am pleased to present my annual statement on the adequacy and effectiveness of the governance, risk management and internal control systems of the East Renfrewshire Integration Joint Board for the year ended 31 March 2022.

Respective responsibilities of management and Internal Audit in relation to Governance, Risk Management and Internal controls

It is the responsibility of the Board and IJB senior management to establish appropriate and sound systems of governance, risk management and internal control and to monitor the continuing effectiveness of these systems. It is the responsibility of the Chief Auditor to provide an annual overall assessment of the robustness of governance, risk management and internal control.

Framework of Governance, Risk Management and Internal Controls

The Integration Joint Board uses the systems of East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) to manage its financial records.

The main objectives of the internal control systems are:

- To ensure adherence to management policies and directives in order to achieve the Integration Joint Board's objectives;
- To safeguard assets;
- To ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
- To ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, ERC and NHSGGC continually seek to improve the effectiveness of their systems of internal control.

The work of Internal Audit

Internal Audit is an independent appraisal function established for the review of the internal control system as a service to the organisation. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of the organisation's resources.

The operational delivery of services within ERC and NHSGGC on behalf of the IJB will be covered by their respective internal audit arrangements.

There is a requirement that the IJB internal audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS) which came into effect on 1 April 2013. The East Renfrewshire Council Internal Audit service operates in accordance with the PSIAS and undertakes an annual programme of work which is approved and monitored by the Council's Audit and Scrutiny Committee. The internal audit service for NHSGGC is provided by Azets whose audit methodology also conforms to PSIAS.

ERC's internal audit section provided an annual report and assurance statement for 2021/22 which was submitted to the Council's Audit and Scrutiny Committee on 11 August 2022 for approval. The audit opinion concluded that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and internal control for the year ended 31 March 2022 except for a matter still under investigation by Police Scotland.

No significant governance issues were raised by NHSGGC's internal auditor in their annual report presented to the NHSGGC Audit Committee in June 2022 which were of relevance to the East Renfrewshire IJB.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work undertaken by ERC Internal Audit staff during the year to 31 March 2022
- The audit work undertaken by Azets who are the appointed auditors of NHSGGC during the year to 31 March 2022.
- Chief Auditor's knowledge of the IJB's activities for the year ended 31 March 2022.

Opinion

It is my opinion, based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2022 except for an area still under investigation by Police Scotland.

Michelle Blair FCA
Chief Auditor

16 November 2022



| | |
|---|---|
| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 November 2022 |
| Agenda Item | 9 |
| Title | Mid-Year Performance Update 2022-23 |
| <p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data is available for strategic performance indicators this is included.</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 2022-23.</p> | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 November 2022

Report by Chief Officer

MID-YEAR PERFORMANCE UPDATE 2022-23

PURPOSE OF REPORT

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

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2022-23.

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 HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year.
4. Work is ongoing with members of the Performance and Audit Committee, through a short-life working group, to develop the format and improve the content of our performance reports. Central to the new reporting format will be exception reporting with more focus on a core set of key performance indicators. For these core indicators we will develop more detailed commentary clearly outlining: what good looks like; what activities and resources are going into delivering our intended outcomes; where we are in relation to our intended target, and if we are not meeting target what mitigating action is under way / planned to deliver improvements.
5. For all indicators, we aim to show clear visualisation of performance trends against targets with charts. As we develop our reporting (and particularly for our core/exception indicator set) we intend to incorporate future performance projections against forward targets to show intended trajectories in our charts.
6. The HSCP collates data and produces all performance reports through the East Renfrewshire Council performance system. The Council has recently transitioned from the Pentana performance IT system to a new internally developed system called pERform. While the new system is potentially more flexible to our uses than its predecessor, at November 2022 it remains in an early development phase, limiting our ability to significantly manipulate reporting for this mid-year update. In particular, we have not been able to modify performance charts and have had to manually construct the report, limiting the scope for improvement work.

7. Ahead of our next reporting cycle we will continue to work through the practical reporting issues with Council colleagues and will share revised format examples with the working group to ensure future reports meet the aspirations of the committee.

REPORT

8. As expected, the mid-year performance update provides a smaller number of data updates compared with end-year. In addition, we continue to note that for many indicators recent performance trends against established targets have been impacted by the Covid-19 pandemic.
9. The report includes data for mid-year and any updated end-year data for indicators from our Strategic Plan that have not previously been reported to the Committee. The report provides charts for all measures. 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 trend arrows (showing 'up' for improvement) and commentary on performance. Many of the data trends reflect the unique circumstances faced by services since the start of the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.
10. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
 - Working together with children, young people and their families to improve mental and emotional wellbeing
 - Working together with people to maintain their independence at home and in their local community
 - Working together to support mental health and wellbeing
 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
 - Working together with people who care for someone ensuring they are able to exercise choice and control
 - Working together on effective community justice pathways that support people to stop offending and rebuild lives
 - Working together with individuals and communities to tackle health inequalities and improve life chances
 - Working together with staff across the partnership to support resilience and wellbeing
 - Working together to protect people from harm

The final section of the data report contains a number of organisational indicators relating to our staff and customers.

11. The data shows that despite the continuing pressures facing health and social care provision there has been strong performance across service areas. During the reporting period we have continued to develop our senior management structure and our staff have continued to work tirelessly during challenging circumstances.
12. Performance highlights include:
 - Improving performance on CAMHS waiting times due to ongoing development and promotion of Tier 2 services for young people. Longest waits have been reducing over the reporting period although they remain above target.
 - Supporting independence - continuing high proportion of service users (90%) reporting that they are living where/as they would want to live.

- We perform well on waiting times for drug and alcohol recovery-focused treatment with 98.9% of people seen within three weeks (figure was 100% for Q2).
- A&E attendances and emergency admissions remain within our agreed targets. However, as we move beyond the pandemic, we are seeing the rate of attendances and admissions increasing.
- Positive support to care home residents is reflected in the low volume of A&E attendances and admissions.
- Continuing to be ahead of target for palliative care as measured by the proportion of last 6 months of life spent at home or in a community setting.
- Our support for women and children affected by domestic violence continues with increasing numbers of support users reporting improved outcomes.

13. Areas that remain challenging include:

- Reablement services are below target for the proportion of service users with reduced care needs, reflecting the pressures non-residential care services are experiencing.
- Performance for psychological therapies waiting times has declined for the period, reflecting local recruitment challenges. However, long-standing vacancies have been filled and there was an improvement from 61% for Q1 to 76% for Q2.
- Minimising hospital discharges with delays remains a challenge for the partnership although we saw an improvement on the average number of delays (and bed days lost) over the first 6 months of 2022-23.
- Meeting our breastfeeding target in our more deprived neighbourhoods remains challenging and this has been impacted by the pandemic. However, we saw improved performance over the course of 2021-22.

RECOMMENDATION

14. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2022-23.

REPORT AUTHOR AND PERSON TO CONTACT

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

November 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[Performance and Audit Committee, 21 September 2022, HSCP Annual Performance Report 2021/22](#)

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HSCP Strategic Plan – Mid Year Update 2022-23

Report Author: Ian Smith / Steven Reid

Generated on: Nov 2022



Key:


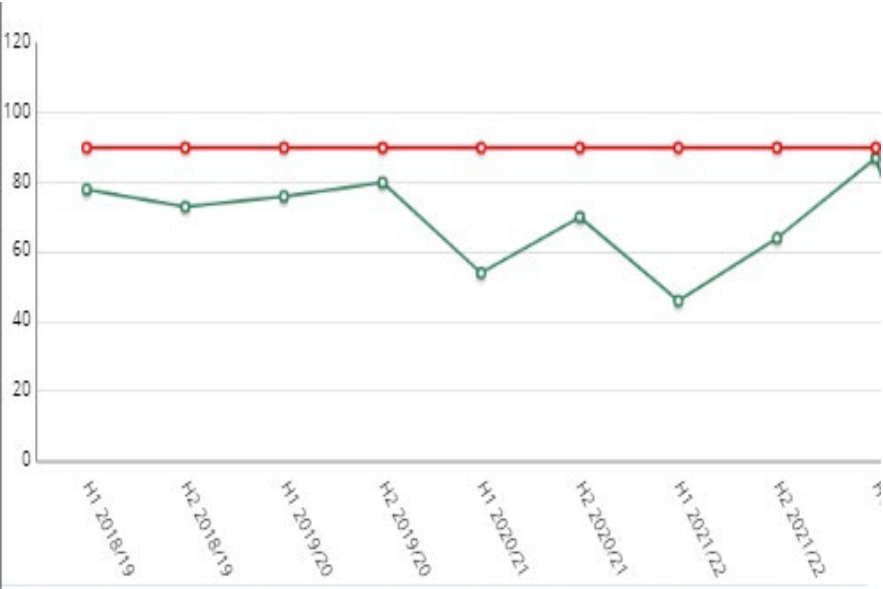
| | |
|--------------|---|
| Green | performance is at or better than the target |
| Amber | Performance is close (approx 5% variance) to target |
| Red | Performance is far from the target (over 5%) |


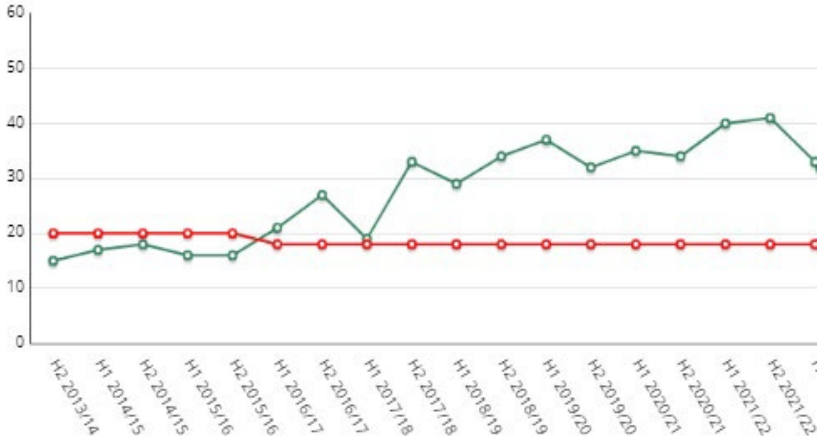
* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

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


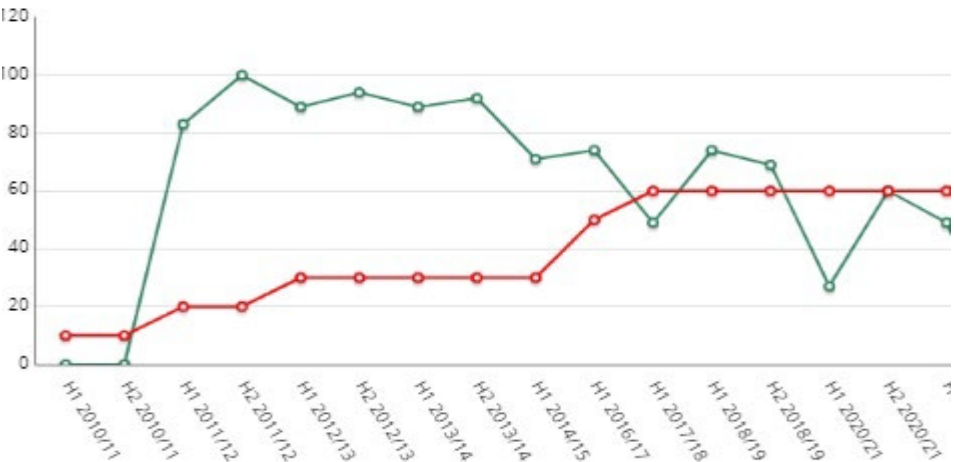
Charts show performance trend in blue; target is shown in red

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

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|-------------|---------------|--------|---------------|--|---|---|
| INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral | H1 2022/23 | 87% | 90% | Amber |  (improving) |  | Average weekly data 2021/22. Performance has improved significantly against 2021/22 end year's figure (55%) and we are now approaching the national target. |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|---|-------------|---------------|--------|---------------|---|--|---|
| DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end | H1 2022/23 | 33 | 18 | Red |  (improving) |  | Average longest wait in first six months of 2022/23 was 33 weeks, which is a significant improvement on the previous six month average (41 weeks) |


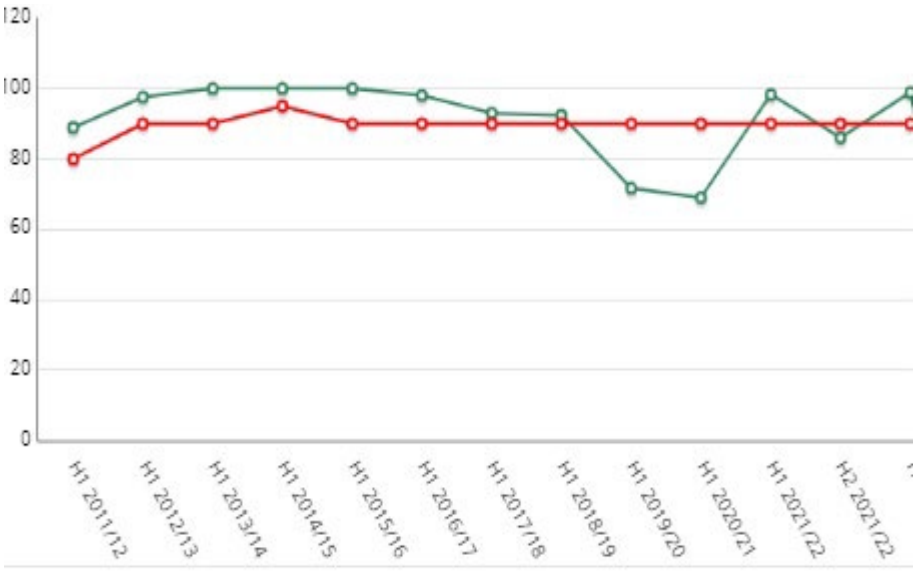
2. Working together with people to maintain their independence at home and in their local community

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|---|-------------|---------------|--------|---------------|---|---|---|
| INCREASE - Percentage of those whose care need has reduced following re-ablement / rehabilitation | H1 2022/23 | 49% | 60% | Red |  (declining) |  | Of the 103 clients discharged from re-ablement services in the first six months of 2022/23, 50 were discharged with reduced or no services. |


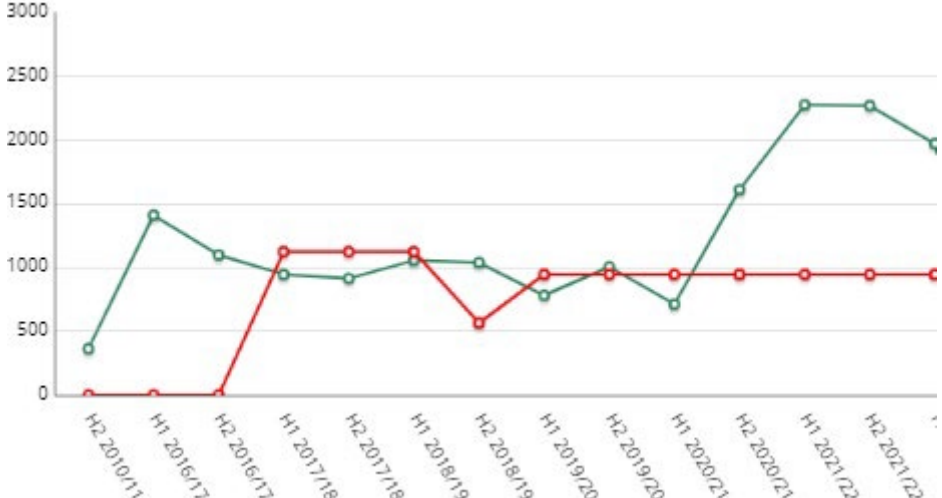

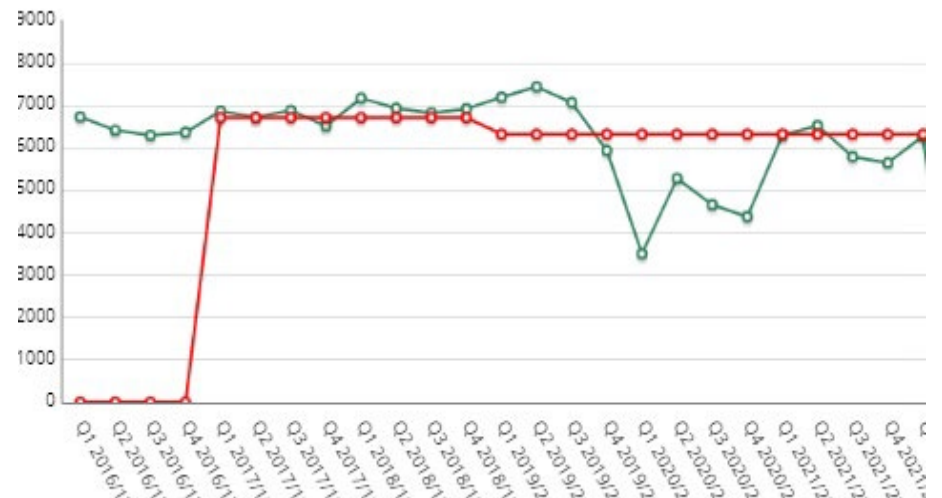
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|-------------|---------------|--------|---------------|------------------|-------|--|
| INCREASE - People reporting 'living where you/as you want to live' needs met (%) | H1 2022/23 | 90% | 90% | Green | ↑ (improving) | | In the first six months of 2022/23 of the total 423 valid responses 379 reported their needs met. Up from 89% at end year 2021/22. |





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


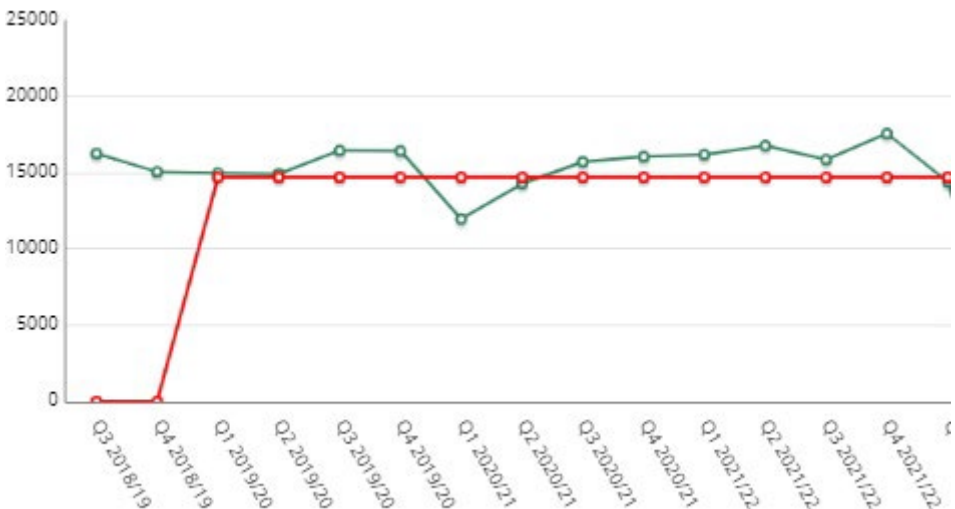

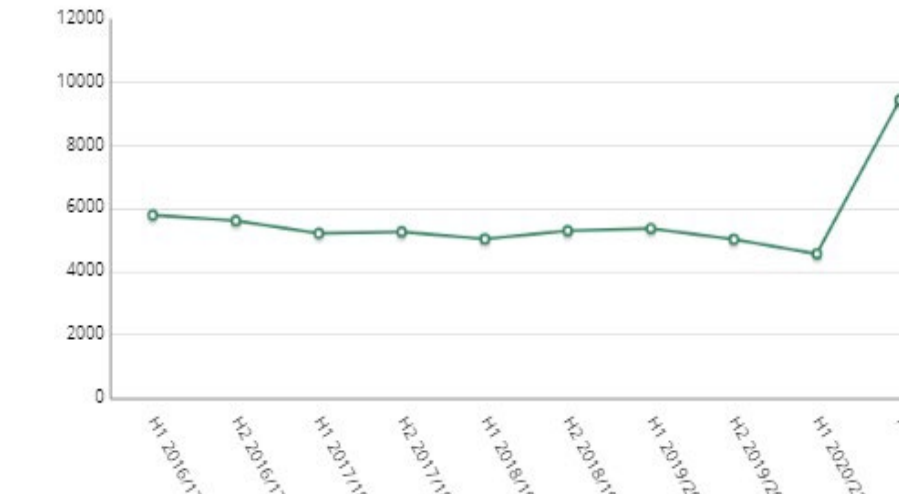
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|---|-------------|---------------|--------|---------------|------------------|-------|--|
| INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies | H1 2022/23 | 67% | 90% | Red | ↓ (declining) | | Weekly average for first six months of 2022/23. Compares to an average of 78% in the previous six months. The service has experienced challenges with local recruitment and has been working to fill posts. As a result, during the period we saw improvement from 61% for Q1 to 76% for Q2. |


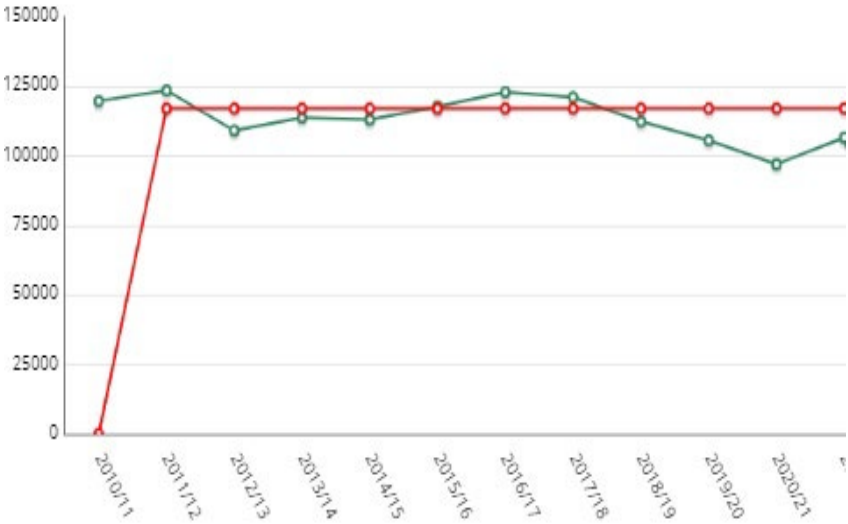


| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | | Latest Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|---------------|--------|---------------|--|---|-------------|-------------------|------------|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|------|----|------------|------|----|---|
| Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. | H1 2021/22 | 98.9% | 90.0% | Green |  (improving) |  <table border="1"> <caption>Line Chart Data: Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks</caption> <thead> <tr> <th>Period</th> <th>Current Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>H1 2011/12</td><td>88</td><td>90</td></tr> <tr><td>H1 2012/13</td><td>95</td><td>90</td></tr> <tr><td>H1 2013/14</td><td>95</td><td>90</td></tr> <tr><td>H1 2014/15</td><td>98</td><td>90</td></tr> <tr><td>H1 2015/16</td><td>95</td><td>90</td></tr> <tr><td>H1 2016/17</td><td>95</td><td>90</td></tr> <tr><td>H1 2017/18</td><td>90</td><td>90</td></tr> <tr><td>H1 2018/19</td><td>70</td><td>90</td></tr> <tr><td>H1 2019/20</td><td>68</td><td>90</td></tr> <tr><td>H1 2020/21</td><td>95</td><td>90</td></tr> <tr><td>H1 2021/22</td><td>98.9</td><td>90</td></tr> <tr><td>H2 2021/22</td><td>97.7</td><td>90</td></tr> </tbody> </table> | Period | Current Value (%) | Target (%) | H1 2011/12 | 88 | 90 | H1 2012/13 | 95 | 90 | H1 2013/14 | 95 | 90 | H1 2014/15 | 98 | 90 | H1 2015/16 | 95 | 90 | H1 2016/17 | 95 | 90 | H1 2017/18 | 90 | 90 | H1 2018/19 | 70 | 90 | H1 2019/20 | 68 | 90 | H1 2020/21 | 95 | 90 | H1 2021/22 | 98.9 | 90 | H2 2021/22 | 97.7 | 90 | East Renfrewshire Community Addictions Service have performed well in this area. 97.7% of people accessing the service starting treatment within three weeks of referral in the first quarter of 2022-23. Compliance increased to 100 in Quarter 2. |
| Period | Current Value (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2011/12 | 88 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2012/13 | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2013/14 | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2014/15 | 98 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2015/16 | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2016/17 | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2017/18 | 90 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2018/19 | 70 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2019/20 | 68 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2020/21 | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2021/22 | 98.9 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2021/22 | 97.7 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


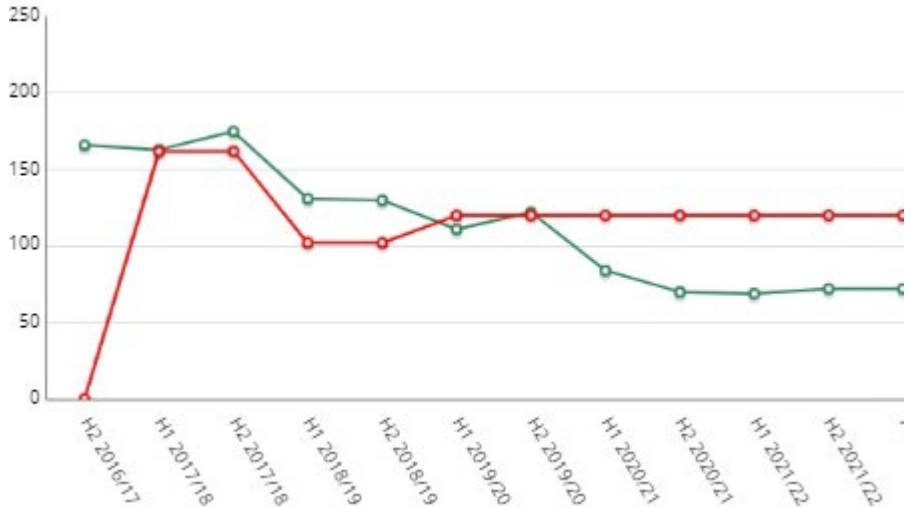

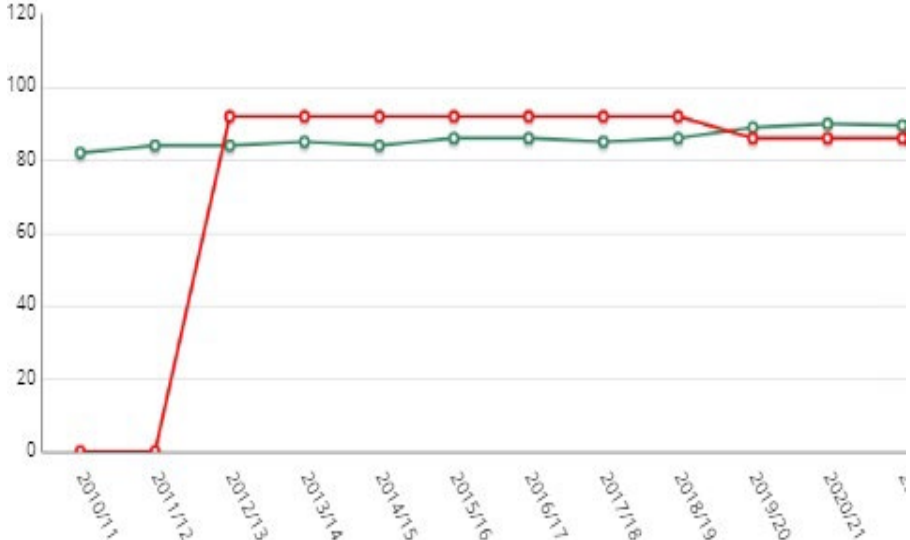
| 4. Working together to meet people's healthcare needs | | | | | | | |
|---|-------------|---------------|--------|---------------|------------------|-------|--|
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
| Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Average number delayed based on NHSGGC Acute & MH weekly data) | H1 2022/23 | 6 | 0 | Red | ↑ (improving) | | Weekly average over the first six months of 2022/23. Compares to an average of seven in the previous six months (i.e. the last six months of 2021/22) |
| DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) | H1 2022/23 | 10 | 0 | Red | ↑ (improving) | | Figure relates to the annual monthly average in first six months of 2022/23. This has fallen from 13 in the previous six months. (Source: PHS November 2022) |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|---|---------------|---------------|--------|---------------|---|---|---|
| DECREASE - Delayed discharges (PHS) bed days lost to delayed discharge (REDUCE) | H1 2022/23 | 1,972 | 946 | Red |  (improving) |  | <p>Latest data to September 2022. Down from 2,270 bed days in the previous six months. (Source: PHS, November 2022)</p> |
| DECREASE - No. of A & E Attendances - All | Qtr 1 2022/23 | 6,273 | 6,325 | Green |  (declining) |  | <p>A&E attendances are up from 5,649 in Qtr 4 2021/22. MSG data to June 2022, released September 2022.</p> |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|---|---------------|---------------|--------|---------------|--|---|--|
| DECREASE - No. of A & E Attendances - Adults | Qtr 1 2022/23 | 4,302 | 4,584 | Green |  (declining) |  | A&E adult attendances are up from 3,938 in Qtr 4 2021/22. Latest MSG data at June 2022, released September 2022. |
| DECREASE - Number of Emergency Admissions: Adults (18+) | Qtr 1 2022/23 | 1,634 | 1,781 | Green |  (declining) |  | Latest data to June 2022, released September 2022. Data is provisional for Qtr 1 due to completeness issues. Historical data back to February 2022 has also been amended by this release. (Source: Public Health Scotland) |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|------------------|---------------|--------|---------------|--|---|--|
| DECREASE - Unscheduled Hospital (Acute) Bed Days: Adults (18+) | Qtr 1 2022/23 | 14,420 | 14,715 | Green |  (improving) |  | Out turn down from 17,598 bed days in Qtr 4 2021/22. MSG data to June 2022, released September 2022. |
| DECREASE - Health and Social Care Integration - Core Suite of Indicators NI- 12: Emergency admission rate (per 100,000 population) for adults. | 2021/22 | 9,444 | | Data Only |  (declining) |  | Latest available data at September 2022 is for 2021/22 end-year. In comparison the Scotland average was 11,641 for the period. Data at September 2022 (Source: Public Health Scotland) |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|-------------|---------------|---------|---------------|--|---|---|
| <p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults</p> | 2021/22 | 106,573 | 117,000 | Green |  (declining) |  | <p>Up from 97,038 in 2020/21. The Scotland average for the period was 111,293. Data at September 2022 (Source: Public Health Scotland)</p> |
| <p>DECREASE - A&E Attendances from Care Homes (NHSGGC data)</p> | H1 2022/23 | 137 | 200 | Green |  (improving) |  | <p>In the first six months of 2022/23 there were 137 attendances at A&E from Care Homes, this is up slightly from 123 in the previous six months but is still below the target figure of 200.</p> |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|-------------|---------------|--------|---------------|--|---|---|
| DECREASE - Emergency Admissions from Care Homes (NHSGGC data) | H1 2022/23 | 72 | 120 | Green |  (improving) |  | Hospital admissions from Care Homes have remained consistent over the previous couple of years remaining consistent lower than pre pandemic levels. |
| INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting | 2021/22 | 89.5% | 86% | Green |  |  | Latest data to August 2022, released November 2022. (Source: Scottish Government MSG, Nov 2022) |

| 5. Working together with carers to be able to exercise choice and control | | | | | | | |
|--|-------------|---------------|--------|---------------|------------------|-------|---|
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
| INCREASE - People reporting 'quality of life for carers' needs fully met (%) | H1 2022/23 | 79% | 74% | Green | ↓ (declining) | | In the first six months of 2022/23 of the total 77 valid responses 61 reported their needs met. |


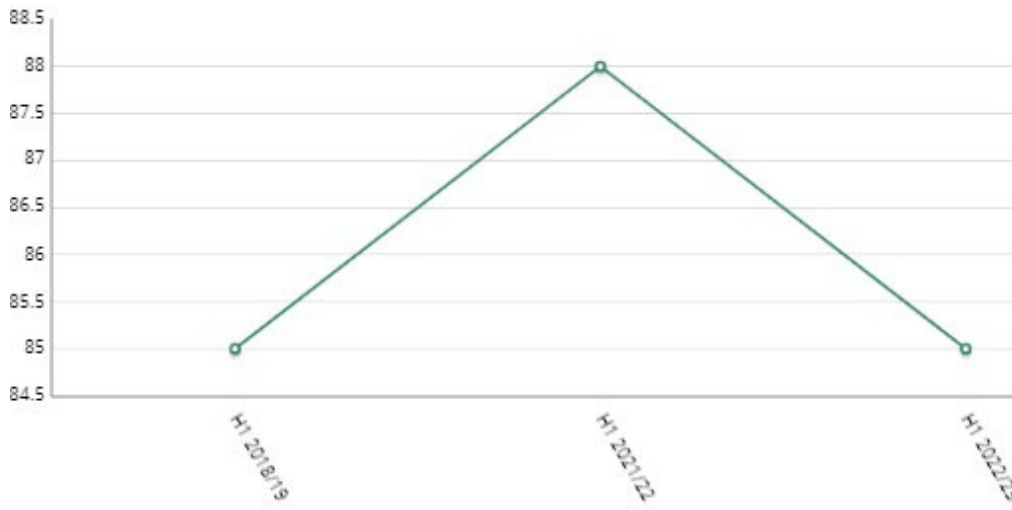
| 6. Working together with our partners to support people to stop offending | | | | | | | |
|---|---------------|---------------|--------|---------------|------------------|-------|---|
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
| INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days | Qtr 1 2022/23 | 91% | 80% | Green | ↑ (improving) | | We are seeing continuing improvement in performance for commencement of CPOs. We exceeded target in Q1 22/23 - up from 58% at end year 2021/22. |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
|--|----------------------|---------------|------------|---------------|--------------------------|-------|---|
| <p>INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.</p> | <p>Qtr 1 2022/23</p> | <p>64%</p> | <p>80%</p> | <p>Red</p> | <p>↓ (declining)</p> | | <p>Performance on completion of CPOs dropped below target for Q1 22/23 - down from 81% at end year 2021/22.</p> |
| <p>INCREASE - % Positive employability and volunteering outcomes for people with convictions.</p> | <p>H1 2022/23</p> | <p>67%</p> | <p>60%</p> | <p>Green</p> | <p>↓ (declining)</p> | | <p>Registrations = 9 (FT Employment = 4; PT Employment = 2; Sustained Employment = 1) Of which 67% demonstrated a positive employability outcome. Work is ongoing via LEP and CJP to maximise referrals and routes to employment.</p> |



| 7. Working together with individuals and communities to tackle health inequalities | | | | | | | |
|--|-------------|---------------|--------|---------------|------------------|-------|---|
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note |
| Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones. | 2021/22 | 17.9% | 25% | Red | ↑ (improving) | | This is a significant increase from 2020/21 (7.5%). Our comparator authority, East Dunbartonshire continues to see a higher rate in SIMD 1, with 21.1%, however East Renfrewshire is higher in SIMD 2 (28%). The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the second year in a row from 34.7% in 2020/21 to 27.6% in 2021/22. SIMD 5 rates have increase this year from 42.2% in 2020/21 to 45.5% in 2021/22. (Source: Public Health Scotland Infant Feeding Dashboard, Nov 2022) |
| DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) | H1 2022/23 | 333 | | Data Only | ↓ (declining) | | Latest available data at September 2022 relates to 2021/22 end-year. This shows a marginal fall on the 2020 figure (334). In comparison the Scotland rate in 2021 was 466 per 100,000. (Source: Public Health Scotland, September 2022) |

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

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|------------------|--------|---------------|------------------|---|-------------|----------------|------------------|---------|---------|----|---------|----|---|---------|----|----|---------|----|----|---------|----|----|---------|----|----|--|
| INCREASE - % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey. | H1 2022/23 | 74% | 90% | Red | ↓ (declining) | <table border="1"> <caption>Chart Data: % Staff who report 'I am given the time and resources to support my learning growth'</caption> <thead> <tr> <th>Year</th> <th>Red Series (%)</th> <th>Green Series (%)</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>0</td> <td>58</td> </tr> <tr> <td>2015/16</td> <td>60</td> <td>70</td> </tr> <tr> <td>2017/18</td> <td>80</td> <td>70</td> </tr> <tr> <td>2018/19</td> <td>90</td> <td>75</td> </tr> <tr> <td>2019/20</td> <td>90</td> <td>75</td> </tr> <tr> <td>2021/22</td> <td>90</td> <td>75</td> </tr> </tbody> </table> | Year | Red Series (%) | Green Series (%) | 2014/15 | 0 | 58 | 2015/16 | 60 | 70 | 2017/18 | 80 | 70 | 2018/19 | 90 | 75 | 2019/20 | 90 | 75 | 2021/22 | 90 | 75 | Based on 738 responses. iMatter Survey Report September 2022. Although we are missing target for this measure, performance was consistent with the previous surveys. |
| Year | Red Series (%) | Green Series (%) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2014/15 | 0 | 58 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015/16 | 60 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2017/18 | 80 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2018/19 | 90 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019/20 | 90 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021/22 | 90 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey. | H1 2022/23 | 71% | | Data Only | ↓ (declining) | <table border="1"> <caption>Chart Data: % Staff who report 'I feel involved in decisions in relation to my job'</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>69</td> </tr> <tr> <td>2021/22</td> <td>72</td> </tr> <tr> <td>2022/23</td> <td>71</td> </tr> </tbody> </table> | Year | Value (%) | 2018/19 | 69 | 2021/22 | 72 | 2022/23 | 71 | Based on 738 responses. This is consistent with performance in 2021 (72%) iMatter Survey Report September 2022. | | | | | | | | | | | | | |
| Year | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2018/19 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021/22 | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2022/23 | 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note | | | | | | | | |
|---|-------------|---------------|--------|---------------|--|---|-------------|-------|------------|----|------------|----|------------|----|--|
| % Staff who report "their manager cares about my health and well-being" in iMatter survey | 2021/22 | 85% | | Data Only |  (declining) |  <table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>H1 2018/19</td> <td>85</td> </tr> <tr> <td>H1 2021/22</td> <td>88</td> </tr> <tr> <td>H1 2022/23</td> <td>85</td> </tr> </tbody> </table> | Period | Value | H1 2018/19 | 85 | H1 2021/22 | 88 | H1 2022/23 | 85 | This continues to be a very positive score and is the same as pre-pandemic levels. Health & Wellbeing continues to be a focussed priority for 22/23. |
| Period | Value | | | | | | | | | | | | | | |
| H1 2018/19 | 85 | | | | | | | | | | | | | | |
| H1 2021/22 | 88 | | | | | | | | | | | | | | |
| H1 2022/23 | 85 | | | | | | | | | | | | | | |

9. Protecting people from harm

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|---------------|--------|---------------|--|---|-------------|-----------|------------|-----|------------|-----|------------|-----|------------|-----|--|----|------------|----|------------|----|------------|----|------------|----|------------|----|---|
| INCREASE - % Change in women's domestic abuse outcomes | H1 2022/23 | 90% | 70% | Green |  (improving) |  <table border="1"> <caption>Data for Chart 1: Change in women's domestic abuse outcomes</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>H1 2015/16</td><td>0</td></tr> <tr><td>H2 2015/16</td><td>0</td></tr> <tr><td>H1 2016/17</td><td>65</td></tr> <tr><td>H2 2016/17</td><td>60</td></tr> <tr><td>H1 2017/18</td><td>65</td></tr> <tr><td>H2 2018/19</td><td>65</td></tr> <tr><td>H1 2019/20</td><td>80</td></tr> <tr><td>H2 2019/20</td><td>80</td></tr> <tr><td>H1 2021/22</td><td>85</td></tr> <tr><td>H1 2022/23</td><td>90</td></tr> </tbody> </table> | Period | Value (%) | H1 2015/16 | 0 | H2 2015/16 | 0 | H1 2016/17 | 65 | H2 2016/17 | 60 | H1 2017/18 | 65 | H2 2018/19 | 65 | H1 2019/20 | 80 | H2 2019/20 | 80 | H1 2021/22 | 85 | H1 2022/23 | 90 | From April 2022 – September 2022, East Renfrewshire Women’s Aid service reported significant change and improvement for women across all reported outcomes 47 reviews were completed with 90% of women assessed noting improvement in progress in their outcomes overall. Reduction in risk is reflected in the significant increases in the areas of safety with 90% improvement, health & wellbeing 80%, and empowerment and self-esteem 80%. |
| Period | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2015/16 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2015/16 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2016/17 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2016/17 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2017/18 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2018/19 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2019/20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2019/20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2021/22 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2022/23 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCREASE - People agreed to be at risk of harm and requiring a protection plan have one in place | H1 2022/23 | 100% | 100% | Green |  |  <table border="1"> <caption>Data for Chart 2: People at risk of harm with a protection plan</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>H1 2018/19</td><td>100</td></tr> <tr><td>H1 2019/20</td><td>100</td></tr> <tr><td>H1 2020/21</td><td>100</td></tr> <tr><td>H1 2021/22</td><td>100</td></tr> </tbody> </table> | Period | Value (%) | H1 2018/19 | 100 | H1 2019/20 | 100 | H1 2020/21 | 100 | H1 2021/22 | 100 | All residents identified as at risk of harm by the HSCP have a bespoke protection plan in place. | | | | | | | | | | | | |
| Period | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2018/19 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2019/20 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2020/21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2021/22 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10. Organisational outcomes

10.1 Our customers

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note | | | | | | | | | | | | | | | | | | |
|---|-------------|---------------|--------|---------------|------------------|--|-------------|-----------|---------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|------|---|
| INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections' | 2021/22 | 78.9% | | Data Only | ↓ (declining) | <table border="1"> <caption>Chart Data for NI-17: Proportion of care services graded 'good' (4) or better</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>88</td></tr> <tr><td>2015/16</td><td>85</td></tr> <tr><td>2016/17</td><td>88</td></tr> <tr><td>2017/18</td><td>87</td></tr> <tr><td>2018/19</td><td>83</td></tr> <tr><td>2019/20</td><td>84</td></tr> <tr><td>2020/21</td><td>83</td></tr> <tr><td>2021/22</td><td>78.9</td></tr> </tbody> </table> | Year | Value (%) | 2014/15 | 88 | 2015/16 | 85 | 2016/17 | 88 | 2017/18 | 87 | 2018/19 | 83 | 2019/20 | 84 | 2020/21 | 83 | 2021/22 | 78.9 | This is down from 84% in 2020/21 and in comparison the Scotland figure for 2021/22 was 75.8%. (Source: Care Inspectorate, September 2022) |
| Year | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | |
| 2014/15 | 88 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015/16 | 85 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2016/17 | 88 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2017/18 | 87 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2018/19 | 83 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019/20 | 84 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020/21 | 83 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021/22 | 78.9 | | | | | | | | | | | | | | | | | | | | | | | | |

10.2 Efficiency

| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Latest Note | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|---------------|--------|---------------|------------------|---|-------------|-----------|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|------|--|
| INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days) | H1 2022/23 | 74.6% | 90% | Red | ↑ (improving) | <table border="1"> <caption>Chart Data for Percentage invoices paid within agreed period (30 days)</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>H1 2010/11</td><td>92</td></tr> <tr><td>H2 2010/11</td><td>90</td></tr> <tr><td>H1 2011/12</td><td>88</td></tr> <tr><td>H2 2011/12</td><td>78</td></tr> <tr><td>H1 2012/13</td><td>95</td></tr> <tr><td>H2 2012/13</td><td>85</td></tr> <tr><td>H1 2013/14</td><td>85</td></tr> <tr><td>H1 2016/17</td><td>48</td></tr> <tr><td>H2 2020/21</td><td>72</td></tr> <tr><td>H1 2021/22</td><td>74.6</td></tr> </tbody> </table> | Period | Value (%) | H1 2010/11 | 92 | H2 2010/11 | 90 | H1 2011/12 | 88 | H2 2011/12 | 78 | H1 2012/13 | 95 | H2 2012/13 | 85 | H1 2013/14 | 85 | H1 2016/17 | 48 | H2 2020/21 | 72 | H1 2021/22 | 74.6 | The Finance Team is still working at home full time, with slower network/connection issues, although looking to get back into the office at least a day per week shortly. They've also been impacted with a long term absence this year. Back at full complement as of October 2022, so this performance is expected to improve. |
| Period | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2010/11 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2010/11 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2011/12 | 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2011/12 | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2012/13 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2012/13 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2013/14 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2016/17 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2020/21 | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2021/22 | 74.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 10.3 Our people | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|---------------|--------|---------------|------------------|--|-----------------------------|-----------|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|------|--|
| Description | Data Period | Current Value | Target | Traffic Light | Trend arrow | Chart | Notes & History Latest Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff | H1 2022/23 | 5.96% | 4.0% | Red | ↓ (declining) | <table border="1"> <caption>Chart Data: Percentage of days lost to sickness absence for HSCP NHS staff</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>H2 2009/10</td><td>4.0</td></tr> <tr><td>H1 2010/11</td><td>7.0</td></tr> <tr><td>H2 2010/11</td><td>5.0</td></tr> <tr><td>H1 2011/12</td><td>5.0</td></tr> <tr><td>H2 2011/12</td><td>7.0</td></tr> <tr><td>H1 2012/13</td><td>5.0</td></tr> <tr><td>H2 2012/13</td><td>5.0</td></tr> <tr><td>H1 2013/14</td><td>5.0</td></tr> <tr><td>H2 2013/14</td><td>5.0</td></tr> <tr><td>H1 2014/15</td><td>7.0</td></tr> <tr><td>H2 2014/15</td><td>5.0</td></tr> <tr><td>H1 2015/16</td><td>6.0</td></tr> <tr><td>H2 2015/16</td><td>5.0</td></tr> <tr><td>H1 2016/17</td><td>7.0</td></tr> <tr><td>H2 2016/17</td><td>8.0</td></tr> <tr><td>H1 2017/18</td><td>8.0</td></tr> <tr><td>H2 2017/18</td><td>7.0</td></tr> <tr><td>H1 2018/19</td><td>8.0</td></tr> <tr><td>H2 2018/19</td><td>7.0</td></tr> <tr><td>H1 2019/20</td><td>7.0</td></tr> <tr><td>H2 2019/20</td><td>6.0</td></tr> <tr><td>H1 2020/21</td><td>5.0</td></tr> <tr><td>H2 2020/21</td><td>5.0</td></tr> <tr><td>H1 2021/22</td><td>7.0</td></tr> <tr><td>H2 2021/22</td><td>6.0</td></tr> <tr><td>H1 2022/23</td><td>5.96</td></tr> </tbody> </table> | Period | Value (%) | H2 2009/10 | 4.0 | H1 2010/11 | 7.0 | H2 2010/11 | 5.0 | H1 2011/12 | 5.0 | H2 2011/12 | 7.0 | H1 2012/13 | 5.0 | H2 2012/13 | 5.0 | H1 2013/14 | 5.0 | H2 2013/14 | 5.0 | H1 2014/15 | 7.0 | H2 2014/15 | 5.0 | H1 2015/16 | 6.0 | H2 2015/16 | 5.0 | H1 2016/17 | 7.0 | H2 2016/17 | 8.0 | H1 2017/18 | 8.0 | H2 2017/18 | 7.0 | H1 2018/19 | 8.0 | H2 2018/19 | 7.0 | H1 2019/20 | 7.0 | H2 2019/20 | 6.0 | H1 2020/21 | 5.0 | H2 2020/21 | 5.0 | H1 2021/22 | 7.0 | H2 2021/22 | 6.0 | H1 2022/23 | 5.96 | Average of available data for first six months of 2022/23. Previous six months (Oct-Mar 2021/22) was 6.2. Data at September 2022 was 6.87 days lost. |
| Period | Value (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2009/10 | 4.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2010/11 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2010/11 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2011/12 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2011/12 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2012/13 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2012/13 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2013/14 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2013/14 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2014/15 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2014/15 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2015/16 | 6.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2015/16 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2016/17 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2016/17 | 8.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2017/18 | 8.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2017/18 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2018/19 | 8.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2018/19 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2019/20 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2019/20 | 6.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2020/21 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2020/21 | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2021/22 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 2021/22 | 6.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 2022/23 | 5.96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 November 2022****Report by Chief Auditor****NHSGGC INTERNAL AUDIT PROGRESS REPORT 2022/23****PURPOSE OF REPORT**

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2022/23. The internal audit service is currently provided by Azets.

BACKGROUND

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

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

NHSGGC INTERNAL AUDIT ACTIVITY APRIL TO SEPTEMBER 2022

4. The report in appendix 1 provides a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC between April and September 2022.

5. No improvement actions have been identified in this period.

RECOMMENDATION

6. The Committee is asked to:

- (a) note the contents of the report.

Further information is available from Michelle Blair, Chief Auditor, telephone 0141 577 3067.

M Blair, Chief Auditor
14 November 2022

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2022/23

1. In the period April 2022 to September 2022, one audit from the 2022/23 audit plan has been completed as summarised below, in addition to follow up work being carried out.

| Review | Overall audit rating | No. of issues per grading (Note 2) | | | |
|---|-----------------------------|---|----------|----------|----------|
| | | 1 | 2 | 3 | 4 |
| <i>Property Transaction Monitoring (Note 1)</i> | <i>Effective</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> |

2. **Property Transaction Monitoring** NHS bodies are required to conduct property transactions in accordance with the NHS Scotland Property Transactions Handbook. The Handbook states that an annual internal audit review of property transactions is carried out at each NHS body and reported to the Scottish Government Health and Social Care Directorate (SGHSCD).

Internal auditors are then required to categorise the conduct of transactions as follows:

A – The transaction has been properly conducted

B – There are reservations on how the transaction was conducted

C – A serious error of judgement has occurred in the handling of the transaction.

3. The internal auditors selected three properties to assess and all three were categorised as A. The auditors concluded that NHSGGC has robust arrangements in place to ensure that property transactions are management in line with the requirements of the NHS Scotland Property Transaction Handbook, and consequently, no improvement actions were identified from the review.

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

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

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

| | |
|----------|---|
| <i>4</i> | <i>Very high risk exposure – major concerns requiring immediate senior management attention</i> |
| <i>3</i> | <i>High risk exposure – absence/failure of key controls</i> |
| <i>2</i> | <i>Moderate risk exposure – controls not working effectively and efficiently</i> |
| <i>1</i> | <i>Limited risk exposure – controls are working effectively but could be strengthened</i> |