

East Dunbartonshire HSCP

Performance Audit & Risk Committee Meeting

10am, Thursday 6TH November 2025

Meeting will be hybrid with in person attendance in F33a/F33b, Kirkintilloch Health and Care Centre or virtually via MS Teams

AGENDA

Item	Lead	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	C Smith	Welcome and Introductions	Verbal	Noting
2.	C Smith	Draft Minutes of Last Meeting – 15 th September 2025	Paper	Approval
3.	A McCready	Performance Audit and Risk Committee – Terms of Reference Review	Verbal	Noting
4.	T Reid	Forvis Mazars – Progress Report 2023/2024 2024/2025 Update	Paper Verbal	Approval Noting
5.	A McCready	East Dunbartonshire IJB Unaudited Accounts 2024/2025	Paper	Approval
6.	J Robertson	Internal Audit Update	Paper	Approval
7.	A Craig	HSCP Delivery Plan 2025-26 Update Qtr 2	Paper	Noting
8.	K Lamb	Pineview Inspection	Paper	Noting
9.	K Lamb	John Street Inspection	Paper	Noting
10.	A McCready	HSCP Corporate Risk Register Update	Paper	Approval

Chief Officer
Derrick Pearce

Item	Lead	Description	Update	For Noting/ Approval
11.	A McCready	HSCP PAR Agenda Planner	Paper	Noting
12.	C Smith	AOCB	Paper	Noting
13.	C Smith	Date of next meeting – tbc January 2026	Verbal	Noting

**Minutes of the
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting**

**Date: Monday 15th September 2025, 10.00am
Location: Via MS Teams and KHCC Rooms F33a/F33b**

Present:			
	Calum Smith	EDC Councillor, Depute Leader (Chair)	CS
	Libby Cairns Chair)	NHS Non – Executive Board Member (Vice	LC
	Derrick Pearce	HCSP Chief Officer	DP
	Alison McCready	HSCP Chief Finance and Resources Officer	AM
	Paul Brown	Internal Audit and Risk Manager	PB
	Kathleen Halpin	HSCP Chief Nurse	KH
	Lesley-Anne McDonald	NHS Non – Executive Board Member	LM
	Tom Reid	Manager, Mazars External Auditors	TR
	Pamela Marshall	EDC Counsellor	PM
	Ishana Singh	Manager, Mazars External Auditors	IS
	Vandrew McLean	HSCP Corporate Business Manager	VM
	Andy Craig	HSCP Planning, Performance & Quality Officer	AC
Minutes:	Siobhan McGinley	Corporate PA	SM

Item No.	Topic	Action by
	Welcome and Introductions	CS
	CS welcomed attendees both in the room and those who joined remotely. Apologies submitted by Charles Vincent, David Aitken and Claire Carthy. Not in attendance – Alison Willacy and Jamie Robertson.	
2.	Draft Minutes of Last Meeting – 19th June 2025	CS/All
	LM referenced her comments made at the last meeting on Item 5, where it is documented, she raised ' <i>concerns about the 3 medium risks...</i> ' under the comments section. LM requested the wording be amended to ' <i>sought more detail about the 3 medium risks...</i> ' Item approved as an accurate reflection of discussions and decisions from the last meeting on inclusion of this update.	
3.	Performance Audit and Risk Committee – Terms of Reference Review	AM

AM observed that the Terms of Reference were last updated in 2018 and determined that a review was warranted, particularly since the review format has changed somewhat over the past seven years. Although none of the neighbouring HSCPs have established a Performance Audit and Risk Committee, their input was duly considered during this process.

AM clarified that this ToR is not the final draft but shared today to be reviewed by the Committee.

One section which AM highlighted as an amendment, was 6.1.5 of the paper which infers that this is an open meeting, this detail has been removed.

AM also noted that the structure of meeting, referenced previously as Audit Committee will be changed to Performance Audit and Risk Committee.

CS requested the ToR paper be shared on screen and live updates be made during the meeting. However, given the changes which emerged during the discussion, it was agreed that members would feedback comments to VM in relation to the wording of section 6.1.5 and a final draft be brought to the November IJB meeting for approval.

An additional point of note included the frequency of meetings, from quarterly, to - as required on occasion when there may be pertinent information missing/pending, subject to approval from the Chair.

Comments/questions

CS noted that although there had been valid reasons to changes in frequency of meetings in the past, this is not considered ideal practice.

LM indicated that she was not a Board member in 2003 and asked whether, regarding non-voting members, the decision to have the same IJB members serve on the PAR Committee was intentional, noting that not all IJBs have this level of oversight.

With reference to section 4.3, LM was of the view that planned meetings with internal and external auditors should be a recommendation as opposed to taking place if considered appropriate. Members were in agreement with the points suggested in principle, a final revised version inclusive of updates will be submitted to November IJB meeting.

LC emphasised points made by LM and in particular referred to the IJB and PAR meetings having the same Chairperson. In addition, the ToR provides this Committee with an opportunity to refresh understanding of the purpose and work the Committee undertakes in joint approach with internal and external auditors.

LM is keen to collaborate with VM on the changes around wording within the ToR and asked, following the suggested updates, whether the paper could be circulated for agreement rather than coming back to the next meeting.

All comments regarding amendments to the ToR should be emailed to VM and come for approval to November IJB.

	DP added that the final ToR would be reviewed by the HSCP Standards Officer following submission of comments and suggestions.	
	Noted.	
4.	Forvis Mazars – the Annual Audit Report for Year Ended 31st March 2024	TR
	<p>TR noted the status as outlined in section 2 of the Annual Audit Report as substantially complete. This is due to the outstanding completion of East Dunbartonshire Council's data migration to the financial reporting system. The records for Periods 1–10 from the previous system are currently pending from Council Officers. This information is vital as the financial statements are prepared for the IJB using this data. Weekly meetings with CFRO and Council Officers continue to take place as a means of updates and to provide support.</p> <p>Section 4 in the report details significant matters discussed with management, specifically, the Comprehensive Income and Expenditure Statement and the Expenditure and Funding Analysis. This has been discussed with Officers, and the matter resolved through additional narrative.</p> <p>Section 5 covers internal control conclusions. No new recommendations have been identified. One of the recommendations from 2022/23 relating to compliance with the local authority accounts Scotland regulations is still outstanding. IJB had not complied with one of the regulations due to unaudited accounts not being submitted by the statutory deadline of 30th June 2024 for reasons already covered.</p> <p>Section 6 addresses misstatements; at the time of reporting, a limited number of disclosure misstatements were identified and subsequently corrected.</p> <p>Section 7 covers wider scope findings. Three new recommendations were identified, one in relation to financial management and two in relation to leadership and governance. Carried forward is the 2022/23 financial sustainability recommendation.</p> <p>Section 8 sets out the IJB best value arrangements. It is concluded that best arrangements are in place.</p> <p>Draft management letter is attached, pending approval, together with the draft Audit Report. These will be incorporated within the final financial statement.</p> <p>TR thanked timely assistance from AM during the audit process.</p> <p>Comments/questions</p> <p>LC expressed appreciation for the audit work undertaken and invited Members comments on the amendments related to the revised CIES and EFA, noting that these changes will be reflected in the statements. Taking the issues raised into consideration, LC inquired about the duration for which the draft remains valid before any revisions would be required.</p> <p>TR indicated that this is a caveated report and further noted that, only in exceptional circumstances, would the draft require significant revisions. Considerations regarding emerging factors of broader scope and best value remain valid until the date of signing.</p> <p>Approved.</p>	

5.	Forvis Mazars – Audit of East Dunbartonshire IJB’s Financial Statements for the year ending 31st March 2024	AM
	<p>AM agreed with what has been reflected upon by TR and noted that the current position is far from ideal but is being closely monitored. For various reasons this continues to be a complex process. The HSCP remains fully engaged with auditors and AM anticipates the 2024/25 accounts to be audited in November. The recommendations within the report were noted and AM reassured the Committee that steps are being taken and has demonstrated in her response that mitigations in place for a smooth and timely outcome.</p> <p>CS noted the encouraging open lines of communication.</p> <p>Noted.</p>	
6.	Annual Internal Audit Report 2024/2025	PB

	<p>The Annual Internal Audit report provides an overview of the work conducted throughout the year, with an overarching conclusion that reasonable assurance has been provided to management for the 2024/25 period. The primary focus was on issues related to CareFirst payments and the progression of the associated action plan.</p> <p>PB advised that the evaluation of the control environment was supported by multiple sources, including previous findings, outstanding issues and additional forms of assurance. Appendix 2 contains a comprehensive review of prior issues and their current status. The report acknowledges a delay in the implementation of recommendations concerning the CareFirst payment risks but noted that several high-risk items identified in the previous year and during the current year have since been resolved. Outstanding risks, particularly those associated with CareFirst payments, remain under review, with an updated management action plan in place.</p> <p>Appendix 3 outlines the work completed since the last Performance Audit and Risk Committee meeting, including a thorough review of the original CareFirst payments report presented in 2023/24. Process improvement is recognised, although further action is required to fully address remaining risks. Updated management responses have been incorporated into the action plan, and ongoing follow-up activity is planned to ensure closure of outstanding risks.</p> <p>PB clarified the section relating to Medicines Governance at Appendix 3, that the conclusion should indicate 'minor improvements' rather than 'substantial improvements' as stated.</p> <p>Comments/questions</p> <p>LM asked for more detail on what issues had been with CareFirst. PB advised it was pertinent to identify and compare all planned hours compared to actual number of hours delivered to ensure the HSCP was only paying for those services received. The information which sits on CareFirst was slightly out of sync with the hours recorded by the Providers. The redefining of this process required input from shared services and strategic commissioning team.</p> <p>Approved subject to wording on Medicines Governance being amended.</p>	
7.	HSCP Delivery Plan 2025-26 Update Qtr 1	AC

AC introduced item 7 as the first progress update approved by IJB in March which consolidates priorities for the year and is aligned to the HSCP strategic plan.

Appendix 1 provides the summary dashboard and Appendix 2 offers a more detailed update on each project.

Of the 29 projects reported, 24 are currently rated as green and on track for delivery, the remaining 5 are flagged as 'at risk'. These amber projects relate to: -

- West of Scotland adolescent Intensive Psychiatric Care Unit where progress is at 20% but has been delayed pending Scottish Government funding and regional approval
- Bishopbriggs premises redesign is 60% but facing delays
- Milngavie premises feasibility at 25% with a feasibility study in December
- Woodlands and Milngavie clinic business cases at 50% with progress depending on wider accommodation reviews
- NHS GG&C commissioning plan which is currently at 0%

AC added that the delivery plan may be superseded by NHS GG&C transformation agenda. The Review of HSCP Public Protection function has been postponed to 2026/27 and the Adults, Children and Families Services commissioning review has been captured under business as usual or ongoing strategic reviews and reported elsewhere. These two projects will therefore be removed from future 2025/26 quarterly reports.

Comments/questions

DP noted that, alongside the action regarding the IPCU and the previously mentioned reasons for delay, this forms part of a national review of adolescent inpatient psychiatric care. The outcome of this review will influence the delivery of intensive care, another factor contributing to the delay.

CS reflected upon the projects in amber, specifically areas where the HSCP has limited influence and was reassured to observe positive developments in these cases.

LC referenced the short life working group on page 122, established to review website content and queried whether the scope of the review is to assess integration of prevention messages from the framework, the HSCP identity, or community cohesion.

DP stated that, at this stage, the priority is ensuring that information about HSCP services is up-to-date and reliable. The intention is to use digital solutions to support business operations and provide opportunities for the local community to manage their own care through a portal, with accuracy being the initial focus.

AM stated that the HSCP webpage is a standing agenda item at Digital Board meetings, with an emphasis on ensuring the content remains current, easily signposted and accurate. AC leads on this in collaboration with all relevant

	<p>stakeholders. AM acknowledged the suggestions offered by LC, indicating that they may be further developed in the future.</p> <p>LM referred to Appendix 2, Project ID/Project Name HSCP-25-13, and sought reassurance on the adolescent mental health services which we provide and the impact on service users.</p> <p>DP touched on the information shared with all Board members regarding response to inspections and shared that the Scottish Government policy indicates there should be IPC provision in all three units. The governance requires clarification regarding the Scottish Government's request for this provision and the West of Scotland's agreement to commission it from NHS GG&C's services. The HSCP, as the provider, is evaluating how to deliver care across the continuum for individuals receiving inpatient treatment and assessing the need for a standalone service. Initial discussions on funding focused on the current service at Skye House, using that experience to inform future care models. The main consideration is whether an IPCU remains necessary or if the regional and community service model should be revised to ensure a comprehensive continuum of care. Staffing levels continue to present challenges; however, efforts are underway to identify opportunities for increasing resources, which will help mitigate further risks.</p> <p>Noted.</p>	
8.	HSCP Corporate Risk Register Update	AM

	<p>The latest update indicates that there are currently 21 active corporate risks. Of these, three are classified as category one (very high risk). There are 12 risks in category two and six in category three.</p> <p>Two of the very high risks pertain to finance: specifically, the ability to maintain a balanced budget and the completion of the transformation programme, which is linked to ongoing service reviews.</p> <p>AM informed Members that measures addressing both risks are ongoing as part of a continuous programme, and it is generally acknowledged that this situation is expected to persist for the foreseeable future.</p> <p>The third in the very high-risk category relates to Skye House which members have been sighted on.</p> <p>Comments/questions</p> <p>LM provided comments on the Skye House risk at HSCP20 SCS and proposed revised wording for the risk event described in the document. AM acknowledged the input and confirmed that the suggestion would be considered and incorporated as appropriate.</p> <p>LC asked whether Management had considered noting the inability to close final accounts due to difficulties in complying with statutory deadlines. In light of the incomplete data received during financial monitoring and previous mention of bad debt in an earlier report, it is worth considering whether this risk could have been identified earlier in the register.</p> <p>LC continued, considering whether management will integrate this risk as an extension of an existing finance-related risk instead of classifying it as a separate item.</p> <p>LC added, that to address the risks from insufficient support services, mitigation includes appointment of AM to the role, ongoing engagement with the SMT, finance, IT, legal, council, and guidance from both internal and external auditors.</p> <p>AM concurred with the feedback provided and is willing to incorporate these suggestions moving forward.</p> <p>Approved.</p>	
9.	HSCP PAR Agenda Planner	VM
	<p>VM reported that the planner outlines a programme covering routine business items, such as inspections, service feedback, and reviews. There have been no significant changes since June last year, and operations are continuing according to the current planner. Additional suggestions are welcome.</p> <p>TR noted that some further audit outputs regarding the outstanding work had not been reflected in the planner.</p> <p>DP observed that several inspection and scrutiny reports, including segments of the external review, are anticipated in January, which will enable a comprehensive update at that time. A position statement is scheduled to be incorporated into the Chief Officer's update.</p> <p>Additionally, the General Manager from SCS will be invited to present on this update at the November PAR meeting.</p> <p>Noted.</p>	

10.	AOCB	CS
	No discussion.	
11.	Date of next meeting – 6th November 2025	CS

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 6th NOVEMBER 2025

REPORT REFERENCE: PERF/061125/04

CONTACT OFFICER: ALI MCCREADY, CHIEF FINANCE &
RESOURCES OFFICER

SUBJECT TITLE: FORVIS MAZARS – ANNUAL AUDIT
PROGRESS REPORT FOR YEAR ENDED 31ST
MARCH 2024

1.0 PURPOSE

- 1.1 The purpose of this report is to update the committee on the progress of Forvis Mazars Annual Audit for East Dunbartonshire IJB for the year ending 31st March 2024.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit & Risk Committee:

- 2.1 Note and agree the content of the Annual Audit Progress Report for the IJB.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Annual Audit Report (AAR) provides the Performance Audit and Risk Committee with a summary of audit conclusions and findings from considerations of the wider scope audit specified in the Code of Audit Practice 2021 namely, financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.
- 3.2** The AAR was presented at the last Performance Audit and Risk Committee on the 15th September 2025 and noted the status of the 23/24 audit as substantially complete with final completion contingent on reconciliation of East Dunbartonshire Council's data migration to financial reporting system Oracle Fusion and completion of associated quality and compliance checks which remained outstanding. There were no known matters outstanding that would give cause to change the audit opinion noted.
- 3.3** A progress report has been submitted pertaining to items which remained outstanding. Forvis Mazars note that progress has been made with some of the outstanding items subsequently provided by East Dunbartonshire Council and that regular meetings continue to be held with the team in order to progress the remaining items required to conclude the audit. Forvis Mazars continue to meet regularly with the Chief Finance and Resources Officer and her team and will continue to do so as the above noted activities outstanding progress.
- 3.4** A copy of the Annual Audit Progress Report to 31st March 2024 as at November 2025 is included as **(Appendix 1)**.

4.0 IMPLICATIONS

The implications for the Committee are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

The annual audit plan sets out the arrangements for review of areas related to financial governance, management, sustainability and assurance on value for money across the HSCP financial landscape. This ensures the partnership delivers on these key aspects which in turn supports the continued delivery of priorities set out within the strategic plan.

4.2 Frontline Service to Customers – None

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None

- 4.5** Financial Implications – The Annual audit progress plan provides an update on the ongoing review of the financial performance of the IJB for 2023/24 through a review and opinion on the annual accounts for the partnership and considers the wider audit dimensions that frame the scope of public sector audit requirements including financial management arrangements, financial sustainability, governance and transparency and value for money.
- 4.6** Procurement – None
- 4.7** ICT - None
- 4.8** Economic Impact – None
- 4.9** Sustainability – None
- 4.10** Equalities Implications – None
- 4.11** Other – None

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1** The report sets out the significant risks for the IJB.

6.0 IMPACT

- 6.1** **STATUTORY DUTY** – Forvis Mazars are the externally appointed auditors for the IJB. The scope of engagement is set out in the Code of Audit Practice, issued by the Auditor General and the Accounts Commission available from the Audit Scotland website: Code of audit practice | Audit Scotland ([audit-scotland.gov.uk](https://www.audit-scotland.gov.uk)). The responsibilities are principally derived from the Local Government (Scotland) Act 1973 (the 1973 Act) and the Code of Audit Practice.

- 6.2** **EAST DUNBARTONSHIRE COUNCIL** - None

- 6.3** **NHS GREATER GLASGOW & CLYDE** - None

- 6.4** **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No
Direction Required

7.0 POLICY CHECKLIST

- 7.1** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

- 8.1** **Appendix 1** – Forvis Mazars Annual Audit Progress Report for the year ending 31 March 2024 as at November 2025.

Audit Progress Report

East Dunbartonshire Integration
Joint Board
October 2025



Audit progress

This report provides the Audit Committee with information about progress in delivering our responsibilities as external auditors for East Dunbartonshire Integration Joint Board (the IJB).

We presented our Annual Audit Report for the year ended 31 March 2024 to the September Performance, Audit and Risk Committee meeting. At the time of reporting our audit work was substantially complete, with work on the data migration and journal completeness for East Dunbartonshire Council's financial reporting system outstanding. The IJB's annual accounts are based on information from the Council's financial reporting system, so we need assurance over the data migration to be able to complete the IJB audit. There has been further progress with this work, however at the time of reporting Council officers have not provided all the information required to complete our procedures.

We continue to meet regularly with IJB and Council officers. We will conclude the audit as soon as practicable after the data migration work has been completed.

We plan to commence work on the 2024/25 audit in late November and will present our Annual Audit Plan to the next meeting of the Performance, Audit and Risk Committee.

Contact

Forvis Mazars

Tom Reid

Audit Director

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**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK
COMMITTEE**

DATE OF MEETING: 6TH NOVEMBER 2025

REPORT REFERENCE: PERF/061125/05

CONTACT OFFICER: ALISON MCCREADY, CHIEF FINANCE AND
RESOURCES OFFICER

SUBJECT TITLE: UNAUDITED ANNUAL ACCOUNTS 2024/25

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Committee on the financial out turn for 2024/25 and present the Unaudited Annual Accounts for the year ended 31st March 2025.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit and Risk Committee:

- 2.1** Note and approve the Unaudited Accounts for 2024/25 included as **Appendix 1.**
- 2.2** Approve the Annual Governance Statement included within the Unaudited Accounts at **page 36.**
- 2.3** Approve the local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2024/25 set out in **Appendix 2.**
- 2.4** Note and approve the self-assessment against the Scottish Government's best value framework set out in **Appendix 3.**
- 2.5** Note and approve the assessment of compliance for the IJB against the requirements of the CIPFA Financial Management code set out in **Appendix 4.**

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

- 3.1** The IJB is specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Local Authority Accounts (Scotland) Regulations 2014.
- 3.2** This will be the eighth set of Annual Report and Accounts produced for the HSCP Board.
- 3.3** LASAAC [The Local Authority (Scotland) Accounts Advisory Committee] has produced additional guidance on accounting for the integration of health and social care. The 2024/25 annual accounts for the IJB will be prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirement of the International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information.
- 3.4** Audit Scotland have also produced a good practice note on improving IJB Accounts and this has been reviewed in preparing the annual report and accounts.
- 3.5** The regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate. The IJB or committee whose remit includes audit and governance must meet to consider the unaudited annual accounts as submitted to the external auditor no later than the 31st August immediately following the financial year to which the annual accounts relate. Due to extenuating circumstances this has not been possible for financial year 2024/25, revised timescales are to be confirmed.
- 3.6** Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 3.7** Regulation 9 of the Local Authority (Scotland) Regulations 2014 provides the right to inspect and object to the accounts. The inspection period will commence no later than the 1st July in the year the notice is published. As highlighted above, due to extenuating circumstances this has not been possible for 2024/25 and revised timescales are to be confirmed.
- 3.8** The IJB is responsible for ensuring that its business is conducted in accordance with the law appropriate to standing, safeguarding public funds and assets and making arrangements to ensure best value. In order to demonstrate this, an annual governance statement is produced each year and included with the Annual Accounts. The IJB is required to review the effectiveness of the control environment annually and these feature in the annual governance statement.
- 3.9 Approval of Audited Accounts**
- The regulations require that the audited annual accounts should be considered and approved by the IJB or a committee of the IJB whose remit includes audit and governance having regard to any report made on the audited annual accounts by the proper officer or external auditor by the 30 September immediately following the financial year to which the accounts relate. In addition, any further report by

the external auditor on the audited annual accounts should also be considered by the IJB or committee of the IJB whose remit includes audit and governance.

- The Performance, Audit & Risk Committee would normally consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts.
- In order to comply with the regulations, the ISA260 and a copy of the audited annual accounts, would be considered by the Performance, Audit & Risk Committee prior to the 30 September in the year immediately following the financial year to which they relate.
- Due to extenuating circumstances for 2024/25 revised timescales are to be confirmed.

3.10 The regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

Management Commentary / Foreword	Chair of the IJB Chief Officer
Statement of Responsibilities	Chair of the IJB Chief Financial Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Remuneration Report	Chair of the IJB Chief Officer
Balance Sheet	Chief Financial Officer

3.11 Publication of Audited Accounts

- The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.
- The annual accounts of the IJB must be published by 31st October. This will be revised for 2024/25 due to extenuating circumstances.

3.12 Year End Financial Performance

The Annual Accounts provide an overview of the financial performance of the IJB in 2024/25. The main messages from the Annual Accounts in relation to the financial performance of the HSCP during 2024/25 are:

- The Comprehensive Income and Expenditure Statement (CIES) (see page 42 of the Unaudited Accounts 2024/25) describes expenditure and income by care group across the IJB and shows an overspend of £0.088m against the partnership funding available for 2024/25. Adjusting this position for in year movements in earmarked reserves provides an underlying negative variance on budget of £1.357m for 2024/25 which represents operational service delivery for the year and has been reported throughout the year to the IJB through regular revenue monitoring updates.

- The financial performance on the partnership budget against the allocation from each partnership agency is set out below:

Partner Agency	Annual Budget 2024/25 (£000)	Actual Expenditure 2024/25 £000	Year End Variance 2024/25 £000	Reserves Adjustment (£000)	Operational Variance Mth 12 (£000)
East Dunbartonshire Council	72,688	79,554	(6,867)	4,864	(2,002)
NHS GG&C	208,016	201,238	6,778	(6,133)	645
TOTAL	280,704	280,792	(88)	(1,269)	(1,357)

- This has reduced the overall reserves position for the HSCP from a balance of £22.544m at the year ending 31 March 2024 to that of a balance of £22.456m as at year ending 31 March 2025 (as detailed in the reserves statement on page 43 of the Unaudited Accounts 2024/25.)

The main reasons for the variances to budget for the HSCP during the year are set out below:

- **Strategic and Resources (overspend of £7.126m)** – this overspend related to unspecified savings which were planned to be offset from the re-designated smoothing reserve as part of budget setting for 2024/25
- **Community Health and Care Services – Older People / Physical Disability (overspend of £0.169m)** – there were pressures related to Older People's residential accommodation and also daycare in relation to demands. Pressures were partly offset by underspends across supported living for older people, external care at home and with underspends on NHS staffing budgets in this area due to staffing vacancies held within elderly MH service in expectation of a transfer of service to North Lanarkshire HSCP, delays and difficulties in recruitment in this care group area.
- **Mental Health, Learning Disability, Addiction Services, Health Improvement (underspend of £0.688m)** – an underspend from a decrease in the costs in relation to residential care and supported living and £1.0m funding aligned for individuals transitioning from Children's services for packages of care to support daily living was offset by pressures on SW staffing budgets within Addictions, day services, John Street and Pineview. A challenging turnover saving in this care group only resulted in Adult Protection, the Joint Learning Disability service and Mental Health services achieving the saving through vacancies being unfilled. Overall any pressures were further mitigated through delays in recruitment and turnover of staff within community health services.
- **Children and Criminal Justice Services (underspend of £1.049m)** – underspends in relation to secure accommodation, external fostering, support hours, respite and direct payments as children move onto positive destinations. Additional income received from the home office for Unaccompanied Asylum Seeking children, Low Moss for Prison social work service, peer navigator and criminal justice funding has added to the underspend. This underspend was reduced by pressures in relation to pathway payments for children within the Unaccompanied Asylum Seeking service and taxi costs.

- **Other Non Social Work (underspend of £0.256m)** - there are a number of other budgets delegated to the HSCP related to private sector housing grants, fleet provision, sheltered housing and planning & commissioning support. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate and the Corporate Directorate – there were positive variances in relation to care & repair and aids & adaptations.
- **Family Health Services (excluding prescribing) (overspend of £0.071m)** – overspend in relation to funding that was anticipated to cover the increase in costs for locum and premises costs was retained within acute services for the falls and weight management service.
- **Prescribing (overspend of £0.325m)** - pressures in relation to price and volume increases across a range of medicines have been reported throughout the previous financial year which has resulted in a continued adverse variance in this area beyond assumptions built into the budget for 2024/25. There has been a slight downturn in the average price increases due to Apixaban moving off patent generating some price reductions in this area as well as opportunities for switching to more cost effective alternatives.

There continues to be a number of cost saving initiatives to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. The HSCP has invested some spend to save funding locally to target waste within care homes with someone now appointed to take this work forward and we expect to see a positive impact as this is bedded in. Prices across the market are expected to continue to increase due to global factors out with the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C. If pressures continue then it is clear a more fundamental approach will be needed to manage demand and cost pressures in this area including a national approach to support the real changes required.

- **Oral Health (underspend of £0.628m)** - the underspend relates to delays in filling vacancies during the year, in particular difficulties in recruitment of Dental Officer posts. Workforce plans are under review to look at the best ways of providing a sustainable service in the future.
- **Specialist Children's Services (underspend of £4.981m)** – there were issues around late clarification of funding from SG which has resulted in significant underspends during the year. This compounded with delays and difficulties in filling of vacancies across all of Specialist Children's services has resulted in this year's underspend.

3.13 HSCP Reserves

- As at the 1 April 2024, the HSCP had a general (contingency) reserves balance of £4.386m. The deficit on operational service delivery generated during 2024/25 (£1.357m) will reduce that reserve to £3.029m as at 31st March 2025. This will still continue to provide the HSCP with some financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

- IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11 August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £4.8m for the partnership. The level of general reserves is short of this prudent level by £1.8m but still provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.
- While contingency reserves have reduced during 2024/25, there has been a net increase in the level of earmarked reserves from £18.158m to £19.427m with additional SG funding received late in year to deliver on specific strategic priorities. During 2024/25, the HSCP used £5.650m of its earmarked reserves. This related to the application of £4.847m smoothing reserve to help with the redetermination of funding back to the Council and delayed implementation of efficiency savings, prescribing pressures as well as the use of reserves to support expenditure related to the delivery of PCIP and ADP. There were additions to earmarked reserves in year of £6.919m (related primarily to Specialist Children, Oral Health and other SG policy initiatives). This will leave a balance on earmarked reserves of £19.427m.
- A breakdown of the HSCP earmarked reserves is set out in note 10, page 52 of the Unaudited Accounts 2024/25.
- The total level of partnership reserves is now £22.456m as set out in the table on page 43 of the Unaudited Accounts 2024/25.

3.14 A copy of the Draft Annual Accounts 2024/25 including the Annual Governance Statement is attached as **Appendix 1**.

3.15 Delivering Good Governance Framework

In April 2016, CIPFA / SOLACE published a report entitled 'Delivering Good Governance in Local Government: Framework'. The objective of this framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. This document is written in a local authority context, however most of the principles are applicable to the IJB, particularly as the legislation recognises the partnership (IJB) body as a local government body under Part V11 of the Local Government (Scotland) Act 1973.

3.16 A review has been undertaken and a compliance rating attributed to each principle. A summary of this is set out below with the detailed assessment included as **Appendix 2**. Many of the assurances are reliant on documents which belong to NHS GG&C and East Dunbartonshire Council which is appropriate given decisions taken by the IJB require being taken in collaboration with partner organisations.

Governance Principle	Level of Compliance
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.	Fully Compliant
Ensuring openness and comprehensive stakeholder engagement.	Fully Compliant
Defining outcomes in terms of sustainable economic, social and environmental benefits	Fully Compliant

Governance Principle	Level of Compliance
Determining the interventions necessary to optimise the achievement of intended outcomes.	Fully Compliant
Developing the entity's capacity, including the capability of its leadership and individuals within it.	Fully Compliant
Managing risk and performance through robust internal control and strong public financial management	Fully Compliant
Implementing good practices in transparency, reporting and audit to deliver effective accountability	Fully Compliant

3.17 Best Value Framework

In terms of best value, it is the duty of the IJB to secure best value as prescribed in Part 1 of the Local Government in Scotland Act 2003. The Scottish Government have developed a best value framework to support public bodies in considering their responsibilities to secure best value, the partnership has assessed itself against this framework and this is reviewed and updated annually. This is set out in **Appendix 3**.

3.18 CIPFA Financial Management Code

CIPFA has published a new Financial Management Code which is designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability.

The Financial Management Code is a series of financial management standards which set out the professional standards needed if an IJB is to meet the minimal standards of financial management acceptable to meet fiduciary duties to taxpayers and customers. Since these are minimum standards CIPFA's judgement is that compliance with them is obligatory if an IJB is to meet its statutory responsibility for sound financial administration. Beyond that, CIPFA members must comply with it as one of their professional obligations.

The underlying principles which inform the code are outlined below:-

- Organisational **leadership** – demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisational culture.
- **Accountability** – based on medium-term financial planning that drives the annual budget process supported by effective risk management, quality supporting data and whole life costs.
- Financial management is undertaken with **transparency** at its core using consistent, meaningful and understandable data, reported frequently with evidence of periodic officer action and elected member decision making.
- Adherence to professional **standards** is promoted by the leadership team and is evidenced.
- Sources of **assurance** are recognised as an effective tool mainstreamed into financial management, including political scrutiny and the results of external audit, internal audit and inspection.
- The long-term **sustainability** of local services is at the heart of all financial management processes and is evidenced by prudent use of public resources.

The IJB is compliant with the Financial Management Code and this is set out in detail in **Appendix 4**. This highlights some areas for development which will continue to be progressed.

4 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

The Unaudited Annual Accounts reflect the partnership performance for the year passed and detail the reserves position to contribute to the strategic priorities for the partnership. The assessment against the CIPFA Financial Management Code determines the IJB compliance across a range of measures in support of financial sustainability.

4.1 Frontline Service to Customers – None.

4.2 Workforce (including any significant resource implications) – None.

4.3 Legal Implications – The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014. The Financial Management Code is a series of financial management standards which set out the professional standards needed if an IJB is to meet the minimal standards of financial management acceptable to meet fiduciary duties to taxpayers and customers. Since these are minimum standards CIPFA's judgement is that compliance with them is obligatory if an IJB is to meet its statutory responsibility for sound financial administration. Beyond that, CIPFA members must comply with it as one of their professional obligations.

4.4 Financial Implications – The annual accounts set out the financial performance of the IJB for the year 2024/25. The financial implications and performance are set out within this report. The financial performance reflects an underlying over spend on budget of £1.357m for the financial year 2024/25. This will reduce the general reserve balances meaning the HSCP is below the 2% recommended in the HSCP Reserves Policy but still provides a contingency to manage in year pressures and support ongoing financial sustainability. It also has earmarked reserves to support progression of HSCP strategic priorities and mitigate specific anticipated future year pressure in relation to the delivery of the savings programme for 25/26 and prescribing pressures. In addition the HSCP holds earmarked reserves to deliver on other specific strategic priorities set out within the Strategic Plan 2025-2030 in the years ahead.

4.5 Procurement – None.

4.6 ICT – None.

4.7 Economic Impact – None

4.8 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services. The Financial Management Code has been developed to support organisations to maintain financial management standards which will assist with an organisation remaining financially sustainable.

4.9 Equalities Implications – None

4.10 Other – None.

5 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 There are a number of financial risks moving into future years given the rising demand and cost pressures in the context of reducing budgets which will require effective financial planning and service redesign to ensure financial balance as we move forward.

5.2 Failure to comply with the Financial Management Code would be considered as a breach of the IJBs statutory responsibilities for sound financial administration.

6 IMPACT

6.1 **STATUTORY DUTY** – The IJB is specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Local Authority Accounts (Scotland) Regulations 2014.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The reliance on identification of service redesign and transformation activity to deliver a balanced budget will require strong collaborative working to achieve a year on year balanced budget for the HSCP.

6.3 **NHS GREATER GLASGOW & CLYDE** - The reliance on identification of service redesign and transformation activity to deliver a balanced budget will require strong collaborative working to achieve a year on year balanced budget for the HSCP.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8 APPENDICES

- 8.1 Appendix 1** – HSCP Unaudited Accounts 2024/25
[HSCP unaudited-accounts-24-25.pdf](#)
- 8.2 Appendix 2** – Delivering Good Governance Framework
- 8.3 Appendix 3** – Best Value Framework
- 8.4 Appendix 4** – CIPFA Financial Management Code – Self Assessment and Action Plan

Agenda Item Number: 5b. APPENDIX 2



East Dunbartonshire Health & Social Care Partnership Board Local Code of Good Governance – Assurance Review & Assessment

Owner: Chief Finance Officer

Status: Draft

Approval Date:

Review Date: 6th November 2025

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Integration Scheme• Governance Arrangements, Structures and Terms of Reference (Partnership Board and Performance, Audit & Risk Committee)• Standing Orders• Code of Conduct• Local Code of Good Governance• Declaration of Interests• Minutes of meetings of Partnership Board and Performance, Audit & Risk Committee• Strategic Plan 2022-25• HSCP Vision & Values Statement• Workforce & Organisational Development Strategy - Health & Social Care Partnership Board Development• Participation & Engagement Strategy• Strategic Partnership Agreements• Financial Regulations• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)• Annual Audit Report 2023/24 by Mazars as external (third party) auditors• Audit Plans (Internal and Third Party)	<ul style="list-style-type: none">• Standing Orders• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Statutory Officers and Statutory Appointments• Financial Regulations/Procedures• Financial Reporting and Scrutiny across Management Structures (e.g., budget monitoring)• Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting• Chief Social Work Officer Annual Report• Registered Services Inspections• SSSC registrations• Information Governance (including Freedom of Information, Records Management Plan, Information Sharing and Information and Physical Security)• Employee Code of Conduct• HR Policies and Procedures (including Whistleblowing Policy)• Declaration of Interests (required staff)	<ul style="list-style-type: none">• Standing Orders• Schedule of Reserved Decisions• Scheme of Delegation and Standing Financial Instructions• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Financial Procedures• Financial Reporting and Scrutiny across Management Structures• Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting• Information Governance (Freedom of Information, Records Management, Information Sharing and Information Security)• Staff Survey (iMatters)• Employee Conduct Policy• NHSGGC Board Members Code of Conduct• eKSF Processes/Objective Setting• HR Policies and Procedures (including Whistleblowing Policy)• Complaints Handling Procedure	

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of the law.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)• Complaints Handling Procedure• Work to refresh the Equalities Mainstream Report and embedding of EQIA post to oversee compliance• Impact Assessment Framework (including EQIAs, SEIA, Risk Assessments, Data Impact Assessments)• Integrated Clinical and Care Governance Arrangements and Reporting• Internal Audit Report of the Partnership Board's Governance, Performance and Financial Management Arrangements• Corporate Risk Register, Financial Risk Register• HSCP Risk Management Plan	<ul style="list-style-type: none">• Gifts and Hospitality Declaration• Anti-Bribery/Fraud Policy• Complaints Handling Procedure• Impact Assessment Framework (including EQIAs, SEIA, Risk Assessments, Data Impact Assessments)• Health and Safety Arrangements (including policies and procedures and audits)• Workforce Plan (including Organisational Development Strategy)• Supervision and Personal Development Plan Framework• Staff Induction• Staff Survey• Communications Strategy• Staff Engagement Opportunities• Risk Register• Risk Management Plan	<ul style="list-style-type: none">• Impact Assessment Framework (including EQIAs, SEIA, Risk Assessments, Data Impact Assessments)• Health and Safety Arrangements (including policies and procedures and audits)• Workforce Plan (including Organisational Development Strategy)• Supervision and Personal Development Plan Framework• Staff Induction• Staff Survey• Communications Strategy• Staff Engagement Opportunities• Risk Register• Risk Management Plan	

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Ensuring openness and comprehensive stakeholder engagement.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Governance Arrangements and Structure (Partnership Board and Performance, Audit & Risk Committee)• Partnership Board Membership (incl. Stakeholder Members for patients/service users, carers, third sector and Trade Unions)• Live streaming of IJB meetings to support virtual meeting arrangements and access to wider public• Publication of Partnership Board and Performance, Audit & Risk Committee papers and minutes of public meetings• Strategic Plan 2025-30• Annual and Quarterly Public Performance Report• On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning, Older People Daycare, Recovery)• Strategic Partnership Agreements• Locality Group Work Plans• Participation and Engagement Strategy• Work to refresh the Equalities Mainstreaming Report• Locality Engagement Networks• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)• Complaints Handling Procedure• Comprehensive consultation and engagement of policy and strategy development• HSCP website• Public, Service User and Carer Support Group• HSCP Staff Partnership Forum	<ul style="list-style-type: none">• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Strategic Planning arrangements• Performance Management Framework and Reporting (HGIOS)• Information Governance (Freedom of Information, Records Management and Information Sharing)• Publication of Committee papers• Workforce Plan (including Organisational Development Strategy)• Supervision Framework• Staff Survey• Practice Governance (social care) arrangements• Communications Strategy• Equalities Arrangements (including EQIAs)• Trade Union liaison and engagement (Joint Management Group)	<ul style="list-style-type: none">• NHSGGC Feedback Service• NHSGGC Local Delivery Plan• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Performance Management Framework and Reporting• Information Governance (including Freedom of Information, Records Management, Information Sharing and Information Security)• Publication of Board papers• Workforce Plan (including Organisational Development Strategy)• Supervision Framework• Staff Governance Framework• Staff Survey (iMatters)• Communications Strategy• Staff Engagement Opportunities• Equalities Arrangements (including EQIAs)• Trade Union liaison and engagement – Area Partnership Forum	

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Defining outcomes in terms of sustainable economic, social and environmental benefits.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Strategic Plan 2025-30 includes our approach to climate change work, the completion of a Strategic & Environmental Screening Assessment and specific actions on the HSCP contribution to the Climate action agenda• Actions set out in the HSCP Business Improvement Plan to contribute to Council sustainability and Climate Change agenda linked to LOIP objectives.• Annual and Quarterly Performance Report• On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning, Older People’s Social Support , Recovery)• Locality Group Work Plans• Participation and Engagement Strategy• Work to refresh the Equalities Mainstreaming Report• Locality Engagement Networks• Performance Management Framework and Reporting• Annual and Quarterly Public Performance Report	<ul style="list-style-type: none">• Strategic Planning arrangements• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Performance Management Framework and Reporting• Annual Performance Report• Local Outcome Improvement Plan (LOIP)• Integrated Children’s Services Plan 2023-2026• Criminal Justice Outcome Improvement Plan	<ul style="list-style-type: none">• NHSGGC Moving Forward Together Strategy• NHSGGC Local Delivery Plan• NHSGGC Remobilisation Plan• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Performance Management Framework and Reporting• Annual Performance Report	

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Determining the interventions necessary to optimise the achievement of intended outcomes.		Fully Compliant	
Sources of Assurance			
Partnership Board		EDC	NHSGGC
<ul style="list-style-type: none">• Strategic Plan 2025-30• HSCP Annual Delivery Plan and oversight through Annual Delivery Plan Board• Medium Term Financial Strategy 2022 - 2027• Risk Management Strategy and Procedure and Reporting• Integrated Corporate Risk Register, reviewed and updated quarterly• Business Continuity Plan• Preparation of Budgets in accordance with Strategic Plan• Budget Monitoring and Reporting• Approved savings, transformation and recovery Plans• Annual and Quarterly Public Performance Reports• Performance Management Framework and Reporting to SMT• Audit Plans and Assurance (Internal and Third Party)• On-going Development of Other Strategies/Plans (e.g. Unscheduled Care Commissioning, Fair Access to Community Care)• Clinical and Care Governance Arrangements and Reporting• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)		<ul style="list-style-type: none">• Strategic Planning arrangements• Risk Management Strategy and Procedure and Reporting• Resilience Plans and Arrangements (Business Continuity and Emergency Plans)• Preparation of Budgets in accordance with organisational objectives, strategies and the medium term financial plan• Budget Monitoring and Reporting• Medium Term Financial Strategy• Performance Management Framework and Reporting• Audit Plans and Assurance (Internal and Third Party)• Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting• Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information and Physical Security)• Health and Safety Arrangements (including policies and procedures and audits)	<ul style="list-style-type: none">• NHSGGC Moving Forward Together Strategy• NHSGGC Local Delivery Plan• NHSGGC Remobilisation Plan• Risk Management Strategy and Procedure and Reporting• Resilience Plans and Arrangements (Business Continuity and Emergency Plans)• Budget Monitoring and Reporting• Preparation of Budgets in accordance with organisational objectives and strategies• Performance Management Framework and Reporting• Audit Plans and Assurance (Internal and Third Party)• Clinical Governance and Integrated Clinical and Professional Governance Arrangements and Reporting• Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information Security)• Health and Safety Arrangements (including policies and procedures and audits)
<ul style="list-style-type: none">• Standing Orders• Code of Conduct• Scheme of Delegation		<ul style="list-style-type: none">• Workforce Plan (including Organisational Development Strategy)	<ul style="list-style-type: none">• Workforce Plan (including Organisational Development Strategy)

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Determining the interventions necessary to optimise the achievement of intended outcomes.		Fully Compliant	
Sources of Assurance			
Partnership Board		EDC	NHSGGC
<ul style="list-style-type: none">Local Code of Good GovernanceWorkforce & Organisational Development Strategy - Health & Social Care Partnership Board DevelopmentComplaints Handling ProcedureEqualities Mainstream ReportIntegrated Clinical and Care Governance Arrangements and ReportingIntegrated Operational Management TeamsLeadership group meetingsLeadership ForumsVision & Values Statement and engagement and communication across teamsLeadership development programmesDevelopment Programme for IJB members.Internal Audit Report of the Partnership Board's Governance, Performance and Financial Management ArrangementsStaff Partnership Forum (TU Liaison and engagement)		<ul style="list-style-type: none">Governance Arrangements and Reporting (including Management Structures, Groups and Forums)Elected Member InductionStaff InductionLeadership and Staff Development and Training OpportunitiesSupervision and Personal Development Plan FrameworkStaff Groups for Equalities and DiversityTrade Union liaison and engagement (Joint Management Group)Integrated Assessment Framework	<ul style="list-style-type: none">Governance Arrangements and Reporting (including Management Structures, Groups and Forums)Clinical and Care Governance Arrangements and ReportingBoard Members InductionStaff InductionLeadership, First Line Management and Staff Development and Training OpportunitiesSupervision and Personal Development Plan FrameworkStaff Groups for Equalities and DiversityTrade Union liaison and engagement – Area Partnership Forum

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Managing risk and performance through robust internal control and strong public financial management.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Integration Scheme• Financial Regulations• Standing Orders• Performance, Audit & Risk Committee – Terms of Reference and scrutiny• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)• Annual review and update of Internal Control checklists across SMT Heads• Annual Audit Report (Audit Scotland)• Annual Governance Statement• Strategic Plan 2025-30• HSCP Medium Term Financial Strategy 2022 – 2027• Reserves Strategy• Risk Management Strategy and Procedure and Reporting• Integrated Corporate Risk Register• Business Continuity Plan• Preparation of budgets in accordance with Strategic Plan• Budget Monitoring and Reporting• Approved savings, transformation and recovery Plans• HSCP Transformation board• Annual and Quarterly Public Performance Reports	<ul style="list-style-type: none">• Financial Regulations• Standing Orders• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)• Audit Committee – Terms of Reference• Risk Management Strategy and Procedures and Reporting• Anti-Bribery/Fraud Policy• Audit Plans and Assurance (Internal and Third Party)• Annual Governance Statement• Medium Term Financial Strategy• Budget Monitoring and Reporting• Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting• Information Governance Assurance (including Freedom of Information, Records Management, Information Sharing and Information and Physical Security)• Procurement regulations, training and development• Contract Management Framework• Project Management Framework (Council Transformation Board)	<ul style="list-style-type: none">• Schedule of Reserved Decisions• Scheme of Delegation and Standing Financial Instructions• Governance Arrangements and Reporting (including Management Structures, Groups and Forums)• Financial Procedures• Annual Governance Statement• Budget Monitoring and Reporting• Financial Reporting and Scrutiny across Management Structures• Risk Management Strategy and Procedures and Reporting• Fraud Policy• Audit Plans and Assurance (Internal and Third Party)• Clinical and Care Governance Arrangements and Reporting• Information Governance (including Freedom of Information, Records Management, Information Sharing and Information Security)• Financial Improvement Plan and project board	

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Managing risk and performance through robust internal control and strong public financial management.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• Performance Management Framework and Reporting• Audit Plans and Assurance (Internal and Third Party)• Clinical and Care Governance Arrangements and Reporting• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)			

Governance Principle	Level of Compliance (Fully; Partial; or Not)	
Implementing good practices in transparency, reporting and audit to deliver effective accountability.	Fully Compliant	
Sources of Assurance		
Partnership Board	EDC	NHSGGC
<ul style="list-style-type: none">• Integration Scheme• Financial Regulations• Governance Arrangements and Structure (Partnership Board and Performance, Audit & Risk Committee)• Publication of Partnership Board and Performance, Audit & Risk Committee papers and minutes of public meetings• Live streaming of IJB meetings to support virtual meeting arrangements and access to wider public• Strategic Plan 2025-30• Annual and Quarterly Public Performance Report• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)	<ul style="list-style-type: none">• Committee Reporting Framework and Schedule• Publication of Committee papers• Financial Regulations/Procedures• Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring)• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)• Risk Management Strategy and Procedure and Reporting	<ul style="list-style-type: none">• Committee Reporting Framework and Schedule• Publication of Board papers• Financial Regulations/Procedures• Financial Reporting and Scrutiny across Management Structures (e.g., Budget Monitoring)• Annual Accounts (including Governance Statement, Statement of Income and Expenditure and Balance Sheet)• Risk Management Strategy and Procedure and Reporting

Governance Principle		Level of Compliance (Fully; Partial; or Not)	
Implementing good practices in transparency, reporting and audit to deliver effective accountability.		Fully Compliant	
Sources of Assurance			
Partnership Board	EDC	NHSGGC	
<ul style="list-style-type: none">• HSCP Annual Audit Plan• Annual Audit Report• Risk Management Strategy and Procedure and Reporting• Integrated Corporate Risk Register• Business Continuity Plan• Preparation of budgets in accordance with Strategic Plan• Budget Monitoring and Reporting• Approved Savings and Recovery Plans• Annual and Quarterly Public Performance Reports• Management Framework and Reporting• Audit Plans and Assurance (Internal and Third Party)• Clinical and Care Governance Arrangements and Reporting• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)• HSCP website	<ul style="list-style-type: none">• Performance Management Framework and Reporting• Annual Performance Report• Audit Plans and Assurance (Internal and Third Party)• Social Work Professional Governance and Integrated Clinical and Professional Governance arrangements and reporting• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)• Council Website	<ul style="list-style-type: none">• Performance Management Framework and Reporting• Audit Plans and Assurance (Internal and Third Party)• Clinical and Care Governance Arrangements and Reporting• Information Governance (including Freedom of Information, Information Sharing and Publication Scheme)• Board Website	

Signature:

Name:

**Title: Chief Finance Officer
East Dunbartonshire HSCP**

ACHIEVEMENT OF BEST VALUE

Best Value Audit November 2025 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	<p>Integration Joint Board</p> <p>Integration Joint Board Performance, Audit & Risk Committee</p> <p>HSCP Chief Officer</p> <p>HSCP Chief Finance & Resources Officer</p> <p>Senior Management Team</p> <p>HSCP Leadership Group and Forum</p> <p>Parent Organisations around support services, assets and all staff who are involved in commissioning and procurement.</p> <p>All staff involved in the prescription of packages of care, drugs and drugs (acting in line with agreed policies etc.)</p>
2.	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	<p>Performance management reporting on a quarterly basis to IJB.</p> <p>Explicit links between financial and service planning through Annual Service Delivery Planning, HOS plans, Service Plans to ensure a golden thread that links back to our over-arching Strategic Plan.</p> <p>Scrutiny of delivery through our Annual Delivery Plan Board and SMT with regular updates and scrutiny to PAR Committee on key priorities.</p> <p>Application of HSCP Performance Reporting and Quality Management Frameworks</p> <p>Monthly Performance Reports</p> <p>Annual Performance Report</p> <p>Audit and Inspection Reports</p> <p>Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities.</p> <p>Engagement with Finance leads from partner organisations</p> <p>Performance, Audit & Risk Committee scrutiny</p> <p>Clinical & Care Governance Group</p> <p>Strategic Planning Group</p> <p>Senior Management Team scrutiny (HSCP)</p> <p>Service specific Leadership Groups and operational management supervision</p> <p>Corporate Management Teams of the Health Board and Council</p> <p>Service specific performance updates to SMT on a regular basis.</p> <p>Operational Performance Review: scrutiny by CEOs of Council and Health Board</p> <p>Housing, Health & Social Care Forum</p>

Best Value Audit November 2025 – HSCP Evaluation		
		<p>Business Improvement Planning (BIP) and How Good is our Service (HGIOS) reports to Council, including Local Government Benchmarking Framework analysis.</p> <p>HSCP Commissioning Strategy and Market Facilitation Plan</p> <p>The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p>
3.	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members	<p>Yes, the IJB has approved a Medium Term Financial Strategy 2022 - 2027 setting out the financial outlook, challenges and strategy for managing the medium term financial landscape. This is reviewed annually. This is aligned to its Strategic Plan which clearly sets out the direction of travel with work underway to develop and engage on the next iteration of the Strategic Plan.</p> <p>The IJB has good joint working arrangements in place and has benefited from ongoing support, within the resources available, in support of service redesign, from members and officers within our partner organisations over the past 12 months in order to deliver the IJBs longer term vision. Engagement with partner agency finance leads to focus on budget performance, financial planning in support of delivery of strategic priorities.</p> <p>Bi Annual OPR meetings with partner agency Chief Executives to focus on performance and good practice and any support required to progress initiatives.</p>
4.	How is value for money demonstrated in the decisions made by the IJB	<p>Monthly budget reports and scrutiny at service level and regular budget meetings with managers across the HSCP.</p> <p>IJB development sessions</p> <p>Chief Finance & Resources Officer Budget Monitoring Reports to the IJB</p> <p>Review of current commissioning arrangements across the HSCP to ensure compliance with Procurement rules through Parent Organisation processes in support of service delivery.</p> <p>All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, procurement, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions.</p> <p>In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – 'Optimise efficiency, effectiveness and flexibility'. This has been enhanced in light of the final strategic guidance on directions with regular</p>

Best Value Audit November 2025 – HSCP Evaluation		
		oversight and monitoring of delivery through PAR Committee and IJB.
5.	Do you consider there to be a culture of continuous improvement?	<p>The HSCP has an overarching Quality Management Framework that establishes a cultural and operational commitment to continuous improvement. This is being implemented across the HSCP with a Governance post now in place to provide effective oversight and monitoring of consistent quality aspects set out within the framework. Focus on self-evaluation work as a means for identifying improvement and preparation for strategic inspections.</p> <p>The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines and operational service groups with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area:</p> <ul style="list-style-type: none"> • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved in developing improvement activity on areas highlighted through engagement events. • In addition, a number of service reviews and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Annual Delivery Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach (subject to regular IJB reports). • Lessons learned through Covid-19 response has escalated a number of areas of improvement e.g. through maximising use of digital, virtual meetings, focus on aspects of quality improvement through enhanced support to care home sector. • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes.

Best Value Audit November 2025 – HSCP Evaluation		
		<ul style="list-style-type: none"> • Regular service audits, both internal and arm's length. • An extensive range of self-evaluation activity, for example case-file assessment against quality standards. • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Human Resources and Organisational Development leads. • A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Care at Home Service.
6.	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	<p>A robust process for progressing service reviews is in place with support from the Council's transformation team and HR services where appropriate. A number of reviews have been undertaken in 2024/25 including:</p> <ul style="list-style-type: none"> • A review of the Children and Families Social Work Service was undertaken in 2024/25. The aims of the review were to ensure statutory duties were delivered and outcomes for vulnerable children, young people and families were improved; to achieve transformational change and design sustainable Children and Families Services; and to achieve financial efficiency where possible. The review was completed with recommendations approved by the Integration Joint Board for commencement in March 2025. • Review of Learning Disability Services - Whole System Review of services to support adults with a learning disability including daycare provision and supported accommodation. Overarching Adult Learning Disability Strategy established that sets out redesign priorities. Fair access and resource allocation policy approved and implemented to manage current and future demand on a sustainable basis and to achieve Best Value. Stage 2 of the review focussed on accommodation services has continued, focussed initially on options to address cost pressures of in house services, and reviewing high costs packages of care. • Review of Mental Health & Addiction Commissioned Services through an updated needs assessment with an action plan for progression in line with recovery based approach and strategic realignment of commissioned services, to deliver improved outcomes and savings. <p>Work streams in the HSCP Annual Delivery Plans which sets out the transformation activity for the year and the strategic</p>

Best Value Audit November 2025 – HSCP Evaluation		
		areas of work the HSCP will be progressing during 24/25 were continued and largely delivered.
7.	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	<p>The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement.</p> <p>The Annual Delivery Board has a role to consider and oversee service redesign which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.</p>
8.	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9.	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	<p>Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative covering rationale, situational analysis and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.</p> <p>The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.</p>

Best Value Audit November 2025 – HSCP Evaluation		
10.	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	<p>Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB.</p> <p>Service review process involves staff partnership representation for consideration of workforce issues.</p> <p>Regular budget and performance monitoring reports to the IJB give oversight of this performance.</p> <p>Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events.</p> <p>All IJB reports contain a section outlining the financial implications of each paper for consideration.</p>

Agenda Item 5d: APPENDIX 4

CIPFA Financial Management Code – Self Assessment and Action Plan

FM Ref	Requirement	What we are currently doing	Areas for Development
1. The responsibilities of the chief finance officer and leadership team			
A	The leadership team can demonstrate that the services provided by the IJB provide value for money	<ul style="list-style-type: none"> • The IJB has the following in place to ensure best value:- <ul style="list-style-type: none"> • Regular reports to every IJB in relation to financial performance • Update and presentations to IJB development sessions on relevant matters related to finance for scrutiny • All reports to the IJB for decisions are clear and can include:- <ul style="list-style-type: none"> ○ Implications for service users and patients ○ Results of consultations ○ Equality impacts ○ Financial consequences and how these will be funded ○ Where relevant contribution to current and future saving plans • The IJB receives updates on commissioned expenditure and how contracts are being managed. • The HSCP is part of a number of national contracting frameworks to secure economies of scale and better value contracts • The IJB undertakes an annual best value assessment against SG criteria which evidence and demonstrates how it is delivering best value. • External inspection reports for services such as care services are reported to the IJB Performance , Audit & Risk (PAR) Committee 	

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		<ul style="list-style-type: none"> • The IJB receives quarterly performance reports, and a statutory Annual Performance Report is produced, in which performance activity is mapped to against the 9 national health and wellbeing outcomes, so that performance management activity across the Partnership is effectively focussed on outcomes. • The IJB has a culture of continuous improvement supported by the Annual Delivery Plan Board which develops and monitors the IJBs transformation and service redesign agenda which seeks to identify service improvements and secure best value. • Annually External Audit assess these arrangements to ensure best value is delivered for the IJB. The most recent audit concluded that the IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value, supported by performance management activity which is effectively focussed on national health and wellbeing outcomes. 	
B	The IJB complies with the CIPFA Statement on the Role of the Chief Finance Officer (CFO) in Local Government (2016)	<ul style="list-style-type: none"> • The Chief Finance & Resources Officer (CFRO) is a key member of the HSCP's Strategic Management Team. • The CFRO is actively involved in all material business decisions and offers challenge and influence on decisions made. This is evidenced through the CFRO's attendance and participation at key business meetings such as the IJB Senior Management Team, Leads the Annual Delivery Plan Board, HSCP Business Meetings, Partner Body meetings as required and individual transformation programme boards to support major programmes, most recently day care supports for older people. 	

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		<ul style="list-style-type: none"> • The CFRO champions the promotion and delivery of good financial management. This is reflected in the management structure within the organisation and the reporting of financial performance to all key management groups. The Annual Delivery Plan Board provides a forum for a strategic overview of financial management as well as offers strategic oversight for future financial management. • The IJBs Financial Regulations clearly outlines the role and responsibilities of the Chief Officer, Chief Finance & Resources Officer and all budget holders in relation to financial management. • The CFRO is a professionally qualified accountant with significant experience as a CFRO. The HSCP's finance team is suitably resourced and experienced in support of the CFRO undertaking their role. There are well established training programmes in place to ensure the continuous learning development and resilience of the team. 	
2. Governance and financial management style			
C	The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control.	<ul style="list-style-type: none"> • The IJB and Senior Leadership Team has a shared vision and commitment to deliver outcomes in line with the IJBs strategic plan. • Behaviours are underpinned by various codes of conduct developed for both IJB Board Members and HSCP employees. 	<ul style="list-style-type: none"> • Continue to review outcome of internal audit reviews of internal controls taking remediation actions where required.

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		<ul style="list-style-type: none"> • The importance of governance and internal controls is reflected in the HSCP's Scheme of Delegation which has clear responsibilities defined for all staff members and establishes the levels at which financial management responsibilities lie in terms of decisions and approvals of spend. This covers all levels of staff including those with the highest position in the organisation. • An annual assessment of compliance with governance and internal controls is undertaken by the Leadership Team for both partner bodies and is part of the annual assurance for both internal and external auditors. This is reported through the Annual Governance Statement within the annual accounts. • Internal audit reviews provide assurance on a range of internal controls. The outcome of these is reported to IJB PAR Committee with actions identified where required and progress in delivering actions monitored. • Annually External Audit assess these arrangements to ensure arrangements are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place. 	
D	The IJB applies CIPFA/SOLACE "Delivering Good Governance in Local Government: Framework (2016)".	<ul style="list-style-type: none"> • The IJB has adopted governance arrangements consistent where appropriate with the six principles of the CIPFA/SOLACE framework "Delivering Good Governance in Local Government Framework. The system of internal control is designed to manage risks to a reasonable level based on a risk based approach. 	<ul style="list-style-type: none"> • Continue to progress actions plans to improve the contractual underpinning of social work commissioned spend.

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		<ul style="list-style-type: none"> • The Annual Governance Statement (AGS) outlines how the IJB has complied with its Code of Corporate Governance. The statement for 2024/25 confirms there are no significant governance concerns. 	
E	The Financial Management style of the IJB supports financial sustainability	<ul style="list-style-type: none"> • The IJB's financial management style can be described as 'enabling transformation' using the CIPFA FM Financial Management hierarchy Model. • The IJB has a framework in place to manage its financial affairs including:- <ul style="list-style-type: none"> • Financial regulations • Scheme of delegation • Financial regulations and standing orders of both Partner Bodies • Medium Term Financial Outlook • Reserve Strategy • The Leadership Team has a collaborative approach to developing financial strategies for financial sustainability and this can be evidenced in the way the budget and medium term financial outlook are updated and developed each year with active participation and support from all services. • The Finance Team support all services in developing financial strategies and reporting and advising on all finance matters. • The IJB has a culture of continuous improvement supported by the Annual Delivery Plan Board which develops and monitors the IJBs transformation and 	<ul style="list-style-type: none"> • Continue to update the Medium Term Financial Outlook in the context of the changing financial environment within which the IJB operates and continue focus on transformation and service redesign opportunities which deliver a balanced budget into future financial years and deliver financial sustainability for the IJB.

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		<p>service redesign agenda and seeks to identify service improvements and secure best value.</p> <ul style="list-style-type: none"> • The IJB has set a balanced budget in each year of its existence. • The Medium Term Financial Outlook considers the sustainability of the IJB over the medium term, including an assessment of funding, cost and demand pressures and the risks over the medium term. This includes a review of reserves. The annual budget process for 2025-26 highlighted the need to continue to focus on a transformative agenda and deliver service as efficiently as possible to ensure future financial sustainability, while acknowledging that the options are limited and will inevitably have an impact on the level of services on offer. • There is a scheme of delegation in place for the HSCP which has clear responsibilities defined for all staff members and establishes the levels at which financial management responsibilities lie in terms of decisions and approvals of spend. 	
3. Medium to long term financial management			
F	The IJB has carried out a credible and transparent financial resilience assessment	<ul style="list-style-type: none"> • The Medium Term Financial Outlook considers the sustainability of the IJB over the medium term, including an assessment of funding, cost and demand pressures and the risks over the medium term. This includes a review of reserves. 	<ul style="list-style-type: none"> • The outturn report which will be presented to the IJB in March/June will include a review of all reserves including proposals, where available, to create reserves which will support delivery of service redesign such as

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		<ul style="list-style-type: none"> • The Medium Term Financial Outlook includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the IJB. • The Medium Term Financial outlook describes the strategy available to the IJB to deliver financial sustainability over the medium term. It also recognises the scale of the financial gap is such that discussions need to continue with Partner Bodies in relation to funding. • While the IJB approved a balanced budget for 2024-25, as well as a robust savings programme there was a reliance on reserves to underwrite / smooth in the delivery of a number of high risk savings. Resort to reserves is a short term solution and cannot be relied upon in future years, therefore the IJB needs to continue to deliver transformation and service redesign options going forward to deliver a balanced budget each year. • The IJB also has an established reserves policy which is reviewed annually. 	digital solutions, accommodation redesign to support service delivery as well as mitigating any anticipated in year budget pressures which will offer a greater level of financial sustainability.
G	The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.	<ul style="list-style-type: none"> • The IJB's Annual Budget, Annual Accounts, Medium Term Financial Outlook and Risk Register reflect the main risks to sustainability. These are subject to regular review to ensure these remain robust and relevant for the IJB. The frequency of these reports are annually to the IJB- or PAR Committee, with the exception of the corporate risk register which is taken quarterly. 	

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		<ul style="list-style-type: none"> • The Medium Term Financial Outlook assesses both cost and demand pressures and forecasts for funding and uses this to develop a financial strategy over the medium term to address these risk. This is used by the Leadership Team to support the development of plans which aim to deliver financial balance over the longer term. The delivery of plans and options for transformation and service redesign are monitored through the Annual Delivery Plan Board. • The Medium Term Financial Outlook includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the IJB. • Development Sessions with IJB members and the Leadership Team are undertaken as part of the annual budget process and these include an overview of the longer term financial sustainability and risks based on the Medium Term Financial Outlook. In addition this is updated and reported to the IJB on an annual basis. 	
H	The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities	This is not relevant as the IJB does not have capital programmes or borrowing powers.	
I	The IJB has a rolling multi-year medium-term financial plan consistent with	<ul style="list-style-type: none"> • The IJB has a Medium Term Financial Outlook which is reviewed and updated annually and presented to the IJB for approval in support of delivering the IJBs strategic plan. 	<ul style="list-style-type: none"> • Consider the allocation of specific targets to areas of transformation and service redesign over the

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	sustainable service plans.	<ul style="list-style-type: none"> • The Medium Term Financial Outlook is underpinned by a range of other strategies including commissioning strategies, workforce planning and property and ICT strategies which also support delivery of the IJBs strategic plan. • The Medium Term Financial Outlook is prepared in conjunction with all service areas and reflects all significant demand and cost pressures being experienced both at a local and national level. The plan also considers the strategy for responding to the challenges. • The Medium Term Financial Outlook includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the IJB. 	medium term. Focus has been on annual targets for each service area once the extent of the financial certainty is known. This should include a wider process of engagement and consultation with key stakeholders.
4. The annual budget			
J	The IJB complies with its statutory obligations in respect of the budget setting process.	<ul style="list-style-type: none"> • The IJB is fully aware of the need to set a balanced budget as established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992. The need to meet this requirement is set out within the annual budget report. • A balanced budget was agreed by the IJB in March 25 for 2025/26. 	
K	The budget report includes a statement by the CFO on the robustness of the estimates and the	The requirement for a CFO statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland.	

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	statement on the adequacy of the proposed financial reserves.	<ul style="list-style-type: none">• The 2025/26 Budget report includes a statement from the CFRO on the implications of the budgets on general reserves and the adequacy of these reserves in relation to the financial risks which face the IJB.• This report also highlights where there are risks linked to financial estimates.• The Medium Term Financial Outlook includes sensitivity analysis which demonstrates the implications if estimates differ from assumptions and the potential impact this could have on IJB finances.• The IJB has a reserve policy which is based on national recommended practice. The Medium Term Financial Outlook, the budget report and the IJB outturn report provide information on levels of general reserves and whether they are sufficient to ensure ongoing sustainability. These reports include actions to manage reserves in the most effective way to support the financial performance of the IJB.	
5. Stakeholder engagement and business cases			
L	The IJB has engaged where appropriate with key stakeholders in developing its long-term financial	<ul style="list-style-type: none">• The IJB undertakes comprehensive engagement with all stakeholders when it develops its strategic plan which determines the strategic priorities which the IJB sets out to deliver over the medium term. This engagement provides stakeholders an opportunity to have their say on what their priorities are and this is used to shape the strategic plan, which is then used in shaping the budget both annually and over the medium term.	<ul style="list-style-type: none">• The IJB could be engaging more widely with stakeholders on the development of the annual budget and proposals for transformation and service redesign more widely and on the

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	strategy, medium-term financial plan and annual budget.	<ul style="list-style-type: none"> • The IJB has some engagement with stakeholders in developing its annual budget in relation to specific budget proposals, for example where stakeholders are part of the development of transformation plans and also where the impact of savings require detailed EQIAs and therefore consultation with stakeholders. • Stakeholders are well represented on the IJB and annually participate in the discussion as plans are developed and presented to the IJB both in terms of the annual budget and the medium term financial outlook. As well as formal reporting this is included in development sessions with IJB members as the budget develops. • In preparing the annual budget each year, the Leadership Team works in collaboration with both Partner Bodies to ensure that pressures are fully understood as well as the implications of changes to funding for services. 	medium / longer term implications for the IJB.
M	The IJB uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.	<ul style="list-style-type: none"> • As part of the annual budget process consideration is given to options for savings. This process includes a detailed assessment which includes an assessment of impacts on service users, patients, operational delivery and financial risks. Where relevant this will also include a consideration of options and a recommendation in relation to the preferred option. • Option appraisal is also used as part of capital planning for the IJB when making investment decisions. This is well documented and business case and options appraisal follow project management methodology in line 	

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		<p>with the processes established by both the Council and Health Board, which includes project management documentation, governance and review meetings and a lesson learned process on follow up post completion which reviews value received and benefit realisation.</p> <ul style="list-style-type: none">• Options appraisals are also used, where relevant, as part of transformation programmes. These are well documented and where relevant are reported to the IJB with a clear assessment and recommendation for the IJB to consider.• In line with best practice all options appraisals include both qualitative and quantitative assessments of options.	
6. Monitoring financial performance			
N	<p>The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.</p>	<ul style="list-style-type: none">• The Medium Term Financial Outlook is prepared in conjunction with all service areas and leadership teams are asked to identify any emerging risks for consideration as part of the annual budget strategy and the medium term financial outlook.• This discussion is also used to identify specific pieces of work required to mitigate risks moving forward and to agree actions to deliver on this.• Financial performance reports are produced and presented monthly to a variety of leadership, management and team meetings including CFRO / HOS meetings, SMT, the IJB which identify major areas of	<p>Financial performance reports being available monthly has been a problem for 2024/25 due to unforeseen circumstances with issues in the implementation of a new council ledger system. This is being rectified with the 2023/24 and 2024/25 accounts now being available and expectation that 2025/26 financial performance reports being available on a monthly basis in the coming months.</p>

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		<p>variations from budget plans. These are discussed and remediation identified where required to bring income or expenditure back in line with expectations.</p> <ul style="list-style-type: none"> • Deeper dive meetings take place around areas of significant pressure and this includes analysis of historic trends and forecasting of future trends. These meetings also review the impact of actions taken to reduce expenditure to understand the impact being achieved. • Financial forecasting is undertaken during the year to understand changes to in year budget plans and the impact on financial sustainability. This is reported formally to the IJB and provides the IJB with an opportunity to agree a financial strategy to resolve issues in year. This is further updated and reported when final actuals are known at year end. • All teams review risk on a regular basis and this is recorded on the risk register. This is reviewed and reported regularly to the SMT and IJB to ensure oversight and governance. This is used to highlight emerging risks including those which would impact on the budget. 	
O	The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.	<ul style="list-style-type: none"> • The main element to the IJB balance sheet relates to reserves balances. Regular reports are produced in relation to the movements in reserves during the financial year and reported each cycle to the IJB. • Financial reports include an update to the IJB on the level of reserves drawn down and or contribution to reserves. The use of reserves also referenced in the budget report, 	<ul style="list-style-type: none"> • Improved reporting to IJB on bad debt provision and movements / write offs. While this is held on the Council balance sheet it has relevance to the IJB as impacts

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		outturn report, annual accounts and the medium term financial outlook.	on the financial expenditure for the IJB during the year.
7. External Financial Reporting			
P	The chief finance officer has personal responsibility for ensuring that the statutory accounts provided to the local IJB comply with the Code of Practice on Local IJB Accounting in the United Kingdom.	<ul style="list-style-type: none"> • The IJBs CFRO is responsible for the preparation of the IJBs annual accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and by the deadlines set in legislation. These responsibilities are set out in the Statement of Responsibilities included in the annual accounts, which is signed by the CFRO. • The CFRO oversees the production of the accounts and ensures those completing them gave access to the Code of Practice and are trained and offered professional guidance as required. • These responsibilities are also included in the CFRO's job description. 	<ul style="list-style-type: none"> • The IJB has not met all of its statutory reporting deadlines for submission of draft accounts to the external auditors for 2024/25 due to unforeseen circumstances with issues in the implementation of a new council ledger system. This has now been rectified with the draft accounts for 2024/25 available and expectation that statutory reporting deadlines will be met from 2025/26 onwards.
Q	The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions.	<ul style="list-style-type: none"> • The IJBs financial outturn for year is presented to the IJB along with a comprehensive analysis of variations to budget and the drivers of any such variation. • Information from the final outturn is used strategically to inform future budget-setting exercises. 	

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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING:	6th NOVEMBER 2025
REPORT REFERENCE:	PERF/061125/06
CONTACT OFFICER:	JAMIE ROBERTSON, CHIEF FINANCE OFFICER, EAST DUNBARTONSHIRE COUNCIL
SUBJECT TITLE:	INTERNAL AUDIT UPDATE TO SEPTEMBER 2025

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Committee on internal audit work completed in the period since the last Committee.
- 1.2** Updates are provided on audits carried out on the H&SCP and in addition, for further context and assurance, updates are provided on audits carried out in the partner organisations of East Dunbartonshire Council and the NHSGGC.
- 1.3** The information contained in this report relating to East Dunbartonshire Council or NHSGGC audits has been presented to the Council's Audit & Risk Management Committee (A&RMC) and the NHSGGC Audit & Risk Committee (ARC) as appropriate, where it has received scrutiny. Once noted by these committees, this report provides details on the ongoing audit work, for information, to the H&SCP Performance, Audit & Risk Committee and to allow consideration from the perspective of the H&SCP.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit and Risk Committee:

- 2.1** Note the contents of the report and request the Chief Finance & Resources Officer submits performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND / MAIN ISSUES

Internal Audit Outputs August to September 2025

- 3.1** Work continues on the audit plan. However, due to reduced resources no outputs were completed during this period, resulting in the cumulative year to date total being unchanged since the last committee at three outputs. This represents 33% completion of the nine outputs planned for 2025/26, at 50% through the year and reflects the reduced resources available compared to the assumptions underpinning the audit plan. Whilst the completion of the Audit Plan is behind schedule, work is ongoing with several reviews are currently in progress or at the draft stage. The Annual Governance Statement for 2024/25 is currently with management for sign-off, and work is underway regarding Performance Management and the Provider Uplift audits.

Regularity

Global Internal Audit Standards - Update

- 3.3** The Global Internal Audit Standards (GIAS) in the UK Public Sector came into effect from 1st April 2025, replacing the Public Sector Internal Audit Standards (PSIAS) that had been in operation since 2013, which the internal audit activity previously followed.
- 3.4** The first statement of compliance with the GIAS in the UK Public Sector (GIAS-UKPS) will be included in the 2025/26 Annual Audit Report. To ensure that the internal audit team aligns with the GIAS-UKPS, an action plan has been drafted following the completion of a gap analysis. Following reporting to the Council's Audit and Risk Management Committee, this action plan will be brought to the next PAR committee.

EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

- 3.5** Work on the Council's internal audit plan for 2025/26 has continued with the Team seeking to close out any outstanding audits from 2024/25. Since the last PAR in September 2025 no high risks of relevance to the HSCP have been reported to the Council. Any additional high risks of relevance to the HSCP, from the audits being closed off, will be brought to the next meeting of the PAR Committee.
- 3.6** At the previous PAR Committee it was noted that the Council's annual audit opinion would be presented to the Council's Audit and Risk Management Committee on 18th September. The annual audit opinion provided reasonable assurance regarding the adequacy and effectiveness of the Council's system of internal control for the year ending 31 March 2025.

NHSGGC INTERNAL AUDIT PROGRESS

- 3.7** Since the last meeting of the PAR Committee, three reports have been presented to the NHSGGC Audit and Risk Committee:
- Environmental Sustainability – Substantial Improvement Required
 - Freedom of Information Reporting – Minor Improvement Required, and;
 - Property Transaction Monitoring – Effective.

3.8 There were no HSCP relevant risks noted across the three reports.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan;- None.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.

4.5 Financial Implications – Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.

4.6 Procurement – Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 Where cross over risks to the HSCP have been identified through audit work in partner organisations these are highlighted in the body of the report above and if material are reflected in the HSCP's risk register, with appropriate control measures applied.

5.2 There is a risk that a failure to comply with the Global Internal Audit Standards may result in a breach of the Local Authority Accounts (Scotland) Regulations 2014 which requires the maintenance of an effective internal audit service.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.

6.3 NHS GREATER GLASGOW & CLYDE – The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 None

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 6th NOVEMBER 2025

REPORT REFERENCE: PERF/061125/07

CONTACT OFFICER: ALISON WILLACY, PLANNING
PERFORMANCE & QUALITY MANAGER

SUBJECT TITLE: HSCP ANNUAL DELIVERY PLAN 2025/26
QUARTER 2 UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the performance of the HSCP Delivery Plan for 2025/26 as at the end of the second quarter.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit & Risk Committee:

- 2.1 Note the update to the HSCP Delivery Plan for 2025/26.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Board agreed the HSCP Delivery Plan 2025/26 at the IJB meeting on the 20th March 2025. The HSCP Delivery Plan draws together our strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements.
- 3.2** The Delivery Plan was monitored throughout the year through the HSCP Annual Delivery Plan Board comprising the Chief Officer, Chief Finance & Resources Officer, HSCP Heads of Services and organisational development and HR support from both the Council and NHS.
- 3.3** The dashboard setting out progress on delivery of the projects to be delivered during 2025/26 is attached as **Appendix 1** with a more detailed update on the position for each project attached as **Appendix 2**.
- 3.4** There are a total of 27 projects to be delivered within the Delivery Plan for 2025/26:-
- 22 are considered at Green status and on track for delivery.
 - 5 are considered to be at risk.
- 3.5** The five projects which are considered to be at risk are:
- Conclude the planning and operationalisation of the West of Scotland Adolescent Intensive Psychiatric Care Unit (IPCU)
 - Bishopbriggs Premises - progress approved property redesigns in 2025/26
 - West Locality Premise Feasibility (Milngavie) - progress approved property redesigns in 2025/26
 - Review summary business cases for Woodlands and Milngavie Clinic
 - Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan

4.0 IMPLICATIONS

The implications for the Committee are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2025-2030 Priorities;-
1. Empowering People
 2. Empowering and Connecting Communities
 3. Prevention and Early Intervention
 4. Public Protection
 5. Supporting Carers and Families
 6. Improving Mental Health and Recovery
- 4.1** Frontline Service to Customers – None
- 4.2** Workforce (including any significant resource implications) – None

- 4.3 Legal Implications – None
- 4.4 Financial Implications – The HSCP Delivery Plan includes the transformation and service redesign priorities for the year including the areas requiring investment and disinvestment.
- 4.5 Procurement – None
- 4.6 ICT - None
- 4.7 Economic Impact – None
- 4.8 Sustainability – None
- 4.9 Equalities Implications – None
- 4.10 Other – None

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1 The risks to the delivery of each priority are set out in the highlight report specific to each area.

6.0 IMPACT

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** - None
- 6.3 **NHS GREATER GLASGOW & CLYDE** - None
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 POLICY CHECKLIST

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

- 8.1 Appendix 1 – HSCP Delivery Plan Dashboard 2025/26 Q2
- 8.2 Appendix 2 – HSCP Delivery Plan Highlight Report 2025/26 Q2























HSCP TRANSFORMATION 25

































HSCP TRANSFORMATION PROGRAMME 2025/26



Programme overview

Summary of RAG Status



Projects 27	On Track 22	At Risk 5	In Exception 0
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Project Name	Previous Status	Current status	Progress	Original Project End Date	Forecast Project End Date
Improve quality and relevance of information on HSCP website and maximise the potential of HSCP website to enable people to manage their own health and care needs			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
Implement year one of the East Dunbartonshire Public Health Framework			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
Review Care at Home services to focus on reablement expansion to mitigate demand growth			<div><div>20%</div></div>	31-Mar-2026	31-Mar-2026
Service Review Social Work Community Occupational Therapy Service			<div><div>35%</div></div>	31-Mar-2026	31-Mar-2026
Complete review of Respite (Commissioned)			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
Commence the Review of the Supported accommodation estate			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
(Commissioned) Review and implement recommendations to reduce high-cost care packages (LD)			<div><div>30%</div></div>	31-Mar-2026	31-Mar-2026
Explore potential of developing an all-age learning disability function			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
Strategic Review of Mental Health and Alcohol and Drugs Services			<div><div>75%</div></div>	31-Mar-2026	31-Mar-2026
Service Review Community Mental Health Team (CMHT) and Older Peoples Community Mental Health Team (OPCMHT)			<div><div>35%</div></div>	31-Mar-2026	31-Mar-2026
Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026





Project Name	Previous Status	Current status	Progress	Original Project End Date	Forecast Project End Date
Conclude the planning and operationalisation of the West of Scotland Adolescent Intensive Psychiatric Care Unit (IPCU)			<div><div>40%</div></div>	31-Mar-2026	31-Mar-2026
Conclude the planning and operationalisation of a West of Scotland (WoS) Regional Planning Regional Forensic and Secure Care CAMH services			<div><div>30%</div></div>	31-Mar-2026	31-Mar-2026
Bishopbriggs Premises – progress approved property redesigns in 2025/26			<div><div>75%</div></div>	31-Mar-2026	31-Mar-2026
West Locality Premise Feasibility (Milngavie) – progress approved property redesigns in 2025/26			<div><div>60%</div></div>	31-Mar-2026	31-Mar-2026
Review summary business cases for Woodlands and Milngavie Clinic			<div><div>60%</div></div>	31-Mar-2026	31-Mar-2026
Refresh Digital Strategy in line with the new Strategic Plan 2025–30			<div><div>85%</div></div>	31-Mar-2026	31-Mar-2026
Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan			<div><div>0%</div></div>	31-Mar-2026	31-Mar-2026
Complete the Review of the Care Home Support Team			<div><div>75%</div></div>	31-Mar-2026	31-Mar-2026
Undertake a test of change in relation to enhanced multi-disciplinary working in health and community care			<div><div>60%</div></div>	31-Mar-2026	31-Mar-2026
Review and refresh the HSCP Medium–Term Financial Strategy (MTFS)			<div><div>10%</div></div>	31-Mar-2026	31-Mar-2026
Implement focussed programme of de-prescribing and realistic medicine			<div><div>45%</div></div>	31-Mar-2026	31-Mar-2026
Review of Business Support Function			<div><div>60%</div></div>	31-Mar-2026	31-Mar-2026
Review of HSCP Management Structure			<div><div>50%</div></div>	31-Mar-2026	31-Mar-2026
Service Review of Adult Social Work Services			<div><div>35%</div></div>	31-Mar-2026	31-Mar-2026
Develop the 2025–2030 HSCP Workforce Plan			<div><div>90%</div></div>	31-Mar-2026	31-Mar-2026
Review supervision policies and practises, and develop standards aligned with values such as empowering people, self-management, shared decision-making, and co-production within Specialist Children’s Services			<div><div>70%</div></div>	31-Mar-2026	31-Mar-2026




PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-01 Improve quality and relevance of information on HSCP website and maximise the potential of HSCP website to enable people to manage their own health and care needs				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026		21-Jul-2025		
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Andy Craig; Jane Jeffrey		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Review of HSCP website content commenced. 			<ul style="list-style-type: none"> Ongoing review of website content through short life working group. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					



Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
✓	✓	✗	✓	✗	✓

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-02 Implement year one of the East Dunbartonshire Public Health Framework				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Sarah McChristie; Connie Williamson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Recruitment to EDVA vaping prevention post successful and post holder has started work with a project plan for young people who are vaping – health needs assessment underway.Substance Use Prevention Group development session has been completed, with mapping and alignment to National/Local Public Health Frameworks and ADP.ABI delivery and training are on track, and the promotion of improved data collection is progressing wellThe re-establishment of strategic groups regarding sexual health is progressing.Alignment to the recently launched National Population Health Framework prevention priority is ongoing.			<ul style="list-style-type: none">Scope opportunities to strengthen cross-partnership working on prevention and early intervention, aligning to the new National Population Health Framework.Commence delivery of priority actions across identified themes and integrate public health objectives into locality plans and service redesigned work streams.Strengthen data sharing mechanisms.		
Reason for RAG Status					
There are no significant risks or issues at this time.					









Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
	✓		✓		









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-03 Review Care at Home services to focus on reablement expansion to mitigate demand growth				<div><div></div>20%</div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> The Project Initiation Document for the Care at Home review has been prepared. 			<ul style="list-style-type: none"> The Care at Home review is expected to commence in October. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-04 Service Review Social Work Community Occupational Therapy Service				<div>35%</div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Review now captured with Adult Social Work Service Review. 			<ul style="list-style-type: none"> Communication and Engagement Plan to be finalised and delivered during in this period. Staff engagement sessions now in place for first week in October. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					






PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-06 Complete review of Respite (Commissioned)				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Karen Lamb			Gillian Healey; Richard Murphy; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • PID Complete • TOR Complete • Stage 4-7 of EDC 10 stage review process completed. • Stage 2 of Planning with People consultation and engagement process initiated • EQIA complete and published. • SWOT/PEST analysis complete. • Prior year cost analysis complete • Childrens benchmarking on allocation complete • Option Appraisal taken through to SMT 			<ul style="list-style-type: none"> • Agree a CAP to be applied and agree maximum occupancy requirement. • Implement new booking system. • Further benchmarking on costs • Workshop arranged to finalise Model / Spec for building based respite • Conclude stage 2 consultation 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			






Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
✓	✓	✓	✓	✗	✗







PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-07 Commence the Review of the Supported accommodation estate				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Karen Lamb			Gillian Healey; Richard Murphy; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • PID complete and through transformational change group • Void protocol approved through transformational change group • New planning structure implemented • 4 Voids filled • Uncommissioned spend identified • Overnight monitoring templates issued • Transition analysis complete • Provider Forum scheduled 			<ul style="list-style-type: none"> • Develop a mid to long term plan in relation to ongoing projected need. • Report to IJB on resource demand • SBAR re TRFS to IJB • Pen Profiles for hard to place individuals • Overnight template return analysis • Uncommissioned spend action planning 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-08 (Commissioned) Review and implement recommendations to reduce high-cost care packages (LD)				30% <input type="text"/>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Karen Lamb			Gillian Healey; Richard Murphy; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Recruitment of 2 new social workers at interview stage. 			<ul style="list-style-type: none"> Programme of individual community care reviews. Develop a mid to long term plan in relation to ongoing projected need and alternative care models. Start date for 2 new social workers to undertake the care assessments. Revise assessment templates Priority review scheduling 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					



PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-09 Explore potential of developing an all-age learning disability function				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
David Aitken; Claire Carthy			Karen Lamb		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Workshop 2 complete • TOR Complete • PID Complete • Review Group established and meetings scheduled 			<ul style="list-style-type: none"> • Finalise SWOT/Pest • Stage 4-7 of 10 step review process • Complete an EQIA • Consultation planning 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-10 Strategic Review of Mental Health and Alcohol and Drugs Services				<div><div>75%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
David Aitken			Gillian Healey; Simon Reilly		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Pending IJB/Council approval re change to implementation approach. Implementation process to commence shortly thereafter 			<ul style="list-style-type: none"> Next and final stage of the review includes development and implementation of contractual arrangements. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-11 Service Review Community Mental Health Team (CMHT) and Older Peoples Community Mental Health Team (OPCMHT)				35% <input type="text"/>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
David Aitken			Lorraine Currie		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Strategic Review Group meeting fortnightly. Last meeting SWOT/PEST analysis completed by group. Future meetings will next focus upon the establishment and delivery of Communication and Engagement plan. 			<ul style="list-style-type: none"> Communication and engagement plans to be established within next group meeting and engagement sessions delivered to the staff teams. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-12 Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)				<div><div>50%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
David Aitken			Lorraine Currie		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Written confirmation requested from NHS Lanarkshire re current status of proposed transfer of CMHT/OPCMHT services which have been indicated as to remain with NHS GGC. 			<ul style="list-style-type: none"> Confirmation re whether proposed transfer of patients NHS GGC to Lanarkshire will progress Written confirmation from NHS Lanarkshire required which has been requested by NHS GGC. 		
Reason for RAG Status					
Complexity of process and agreements required but these are known issues. Nothing additional which requires escalation at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					



PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-13 Conclude the planning and operationalisation of the West of Scotland Adolescent Intensive Psychiatric Care Unit (IPCU)				40% <input type="text"/>	Amber – Project at risk
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Andrea Blair			Jackie Hardie		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Capital planning is progressing, with architects developing plans and assessing feasibility. A business case will be reviewed by the regional team to further understand and confirm the service need to inform next steps. 			<ul style="list-style-type: none"> Quarter 3 will focus on completing feasibility and needs analysis, securing regional review of the business case, and agreeing next steps to inform decision-making. 		
Reason for RAG Status					
Progress is currently delayed.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP–25–14 Conclude the planning and operationalisation of a West of Scotland (WoS) Regional Planning Regional Forensic and Secure Care CAMH services				<div>30%</div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31–Mar–2026		31–Mar–2026			
Project Description					
Project Sponsor			Project Manager		
Andrea Blair			Jackie Hardie		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Recruitment has been secured for key posts within the FCAMHS Regional Hub, including a Consultant Psychologist (0.4 WTE), an Assistant Psychologist (1.0 WTE), and a Band 4 Admin post (0.5 WTE, awaiting start date).All current appointments are fixed term for six months due to the non–recurring nature of the funding.Work is underway on the training strategy, with leadership of agile working groups and visits to Board areas to support spoke development. Opportunities have also been created for colleagues from other Boards to shadow the team and gain experience in working with young people currently in Secure Care.			<ul style="list-style-type: none">Quarter 3 will focus on advancing the training strategy, spoke development, and expanding shadowing opportunities across the region.Discussions with Scottish Government will continue to secure recurring funding, which is critical for recruiting to the outstanding posts and for initiating consultation work, now anticipated to commence from January 2026 pending funding confirmation.		
Reason for RAG Status					
There are no significant risks or issues at this time.					





Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
	✔		✔		





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-18 Bishopbriggs Premises – progress approved property redesigns in 2025/26				<div><div>75%</div></div>	Amber – Project at risk
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026		10-Jul-2025	
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Installation, Snagging and Certification to 17.10.25 • Site Setup from 17.10.25 onwards • 01.12.25 Operational Service Date 			<ul style="list-style-type: none"> • Practical completion, snagging, certification and commissioning • Handover to HSCP expected 17.10.25 • Service Operational date from 01.12.25 		
Reason for RAG Status					
<ul style="list-style-type: none"> • Delay to the project • Local Contingency Plan in place • Impact on provision of the service from GP Practices • Report to IJB on 17.10.25 					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-19 West Locality Premise Feasibility (Milngavie) – progress approved property redesigns in 2025/26				<div><div>60%</div></div>	Amber – Project at risk
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Property and Capital have made a formal interest note for the site – 20.08.25 Await outcome of trawl 			<ul style="list-style-type: none"> Update from Capital Planning Leads on outcome of trawl and note of interest 		
Reason for RAG Status					
<ul style="list-style-type: none"> Requirement for update on feasibility of project 					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					






PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-20 Review summary business cases for Woodlands and Milngavie Clinic				<div><div>60%</div></div>	Amber – Project at risk
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026		26-Jun-2025	
Project Description					
Progress approved Property Redesigns in 2025/2026					
Project Sponsor			Project Manager		
Alison McCready			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Held pending progress of Milngavie site expression of interest, as 1st property priority for HSCP • Update provided to IJB on 17.09.25 			<ul style="list-style-type: none"> • Await outcome of expression of interest Milngavie premise • Ongoing work on staff accommodation at KHCC/Southbank/Council premises 		
Reason for RAG Status					
Progress interdependent on outcome of potential Milngavie site feasibility study and Woodlands progress paused due to interdependency with accommodation reviews within the East Locality. Project will progress depending on the outcome of the above interdependent projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP–25–21 Refresh Digital Strategy in line with the new Strategic Plan 2025–30				<div><div>85%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31–Mar–2026	31–Mar–2026		21–Jul–2025		
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Andy Craig; Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
• First draft of refreshed Digital Strategy distributed to Digital Health and Care Strategy Board for review.			• Submit refreshed Digital Strategy to SMT and IJB for approval.		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					






PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-22 Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan				<input type="text" value="0%"/>	Amber – Project at risk
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Kathleen Halpin			Fiona Munro; Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> GGC Unscheduled Care delivery plan has not been ratified due to the emerging transformation agenda. Actions that had been included within the Unscheduled Care delivery plan aligned with the HSCP frailty workstream and has continued to align. HSCP are working closely with GGC on the local contribution to urgent and unscheduled care planning. 					
Reason for RAG Status					
Unscheduled Care delivery plan may be superseded by NHSGGC transformation agenda.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					






PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-23 Complete the Review of the Care Home Support Team				<div><div>75%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
David Aitken			Kathleen Halpin		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Preferred options been established • SWOT and PEST analysis completed and activity data submitted and reviewed • Stage 7/8 of 10 step process 			<ul style="list-style-type: none"> • Options scoring and preferred option agreed • Report prepared and submitted to SMT for initial approval 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					






PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-24 Undertake a test of change in relation to enhanced multi-disciplinary working in health and community care				<div><div>60%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Kathleen Halpin			Fiona Munro		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Pathways with QEUH geriatricians agreed using RAG rating approach for urgent unscheduled care and weekly MDT meetings for complex frailty • East Dun teams using agreed pathways • Data collection in progress to measure demand and outcomes 			<ul style="list-style-type: none"> • Analysis of data to be undertaken with QEUH geriatricians to measure outcomes in relation to prevention of hospital admission 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-25 Review and refresh the HSCP Medium-Term Financial Strategy (MTFS)				<div><div></div>10%</div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Anne Getty; Fiona Shields		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • Work to review and refresh the HSCP Medium-Term Financial Strategy will commence in Q3. • Existing and emerging pressures continue to be tracked with particular focus on financial sustainability and transformation but mainly in year only at this stage. This will be extended to develop a broader 5-year revised view which will incorporate all known and potential internal and external risks and pressures. 			<ul style="list-style-type: none"> • Work to review the MTFS will commence in Q2. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					





PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-26 Implement focussed programme of de-prescribing and realistic medicine				<div>45%</div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Calum Patrick			Carolyn Fitzpatrick		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Delays in deprescribing training completion due to workload priorities / pressures. Approximately 20% still to complete. Ongoing support continues with practices to implement Local Enhanced Service (LES) 			<ul style="list-style-type: none"> Final training completion within remaining clusters. Continue to support to practices to identify patients for review. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-27 Review of Business Support Function				<div><div>60%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026		09-Jul-2025	
Project Description					
Project Sponsor			Project Manager		
Alison McCready			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Working Groups 1–7 underway Focus Groups/Surveys for staff and services complete EQIA complete 			<ul style="list-style-type: none"> Working Groups 1–7 completion Benchmarking completion Impact Assessment Options Appraisal 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-28 Review of HSCP Management Structure				<div><div>50%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Derrick Pearce			David Aitken; Claire Carthy; Karen Lamb		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Portfolio mapping and benchmarking undertaken. 1:1s held with all SMT members by Chief Officer to discuss current portfolios and issues with capacity and ideas for change. 			<ul style="list-style-type: none"> Engagement with Union and Staff Side colleagues to develop options. Engagement with EDC and NHGGC Leadership Teams and with HSCP Strategic leadership Group. Costing analysis and role profile/ job description development. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-29 Service Review of Adult Social Work Services				35% <input type="text"/>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
David Aitken			Stephen McDonald		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> SWOT/PEST analysis completed Benchmarking completed and to be reported within next Strategic Review Group meeting Communication & Engagement plan now established to be finalised at next Review Group meeting. 			<ul style="list-style-type: none"> Communications and Engagement Plan to be finalised. Delivery of Communication /Engagement sessions to all relevant staff teams. Data & financial information to be reviewed within group 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-30 Develop the 2025-2030 HSCP Workforce Plan				<div><div>90%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2026		31-Mar-2026			
Project Description					
Project Sponsor			Project Manager		
Tom Quinn			Margaret Hopkirk		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • PEST analysis undertaken • Conversations with Heads of Service • Review of staffing during 2024-25 to gauge turnover 			<ul style="list-style-type: none"> • Gain approval at SMT • Take to staff forum and the IJB • Review progress on the 2025-26 actions in the plan 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-25-31 Review supervision policies and practises, and develop standards aligned with values such as empowering people, self-management, shared decision-making, and co-production within Specialist Children's Services				<div><div>70%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2026	31-Mar-2026				
Project Description					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Supervision standards of the various professions have been collated, staff survey completed and written up. Taking to CGEC to consider next steps. 			<ul style="list-style-type: none"> Take to CGEC for discussion and consider next steps. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK
COMMITTEE**

DATE OF MEETING: 6TH NOVEMBER 2025

REPORT REFERENCE: PERF/061125/08

CONTACT OFFICER: KAREN LAMB, INTERIM HEAD OF LEARNING
DISABILITY SERVICES

SUBJECT TITLE: PINEVIEW SUPPORT HOUSING SERVICE
INSPECTION

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update on the recent inspection of the Pineview Supported Housing Service, Canniesburn, which was completed on 23rd June 2025. This was an unannounced inspection.

2.0 RECOMMENDATIONS

The Performance, Audit & Risk Committee is asked to:

- 2.1** Note the very positive inspection which was carried out on the service and also note there were no requirements or areas of improvement which were required as a result of this inspection.
- 2.2** Note that the inspection identified the service as being 'sector leading'.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The inspection was carried out on 18th and 19th June and focused on two thematic areas: **How well do we support people's wellbeing**; and **How Good is our staff team**. The inspector spoke to a service user, three family members/welfare guardians, Pineview staff and management; two external health professionals, observed practice and sought supporting evidence from the service's quality assurance processes, support planning and recordings.
- 3.2** The service has received a grade of **6 (Excellent)** in regard to How well do we support people's wellbeing; and a Grade of **5 (Very Good)** in relation to how good is our staff team.
- 3.3** In relation to how the service supported the wellbeing of residents, the inspector stated that: *'We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people'* and also noted that: *'The service had a very enabling approach to support people's wishes and aspirations. Supported people living at Pineview had their needs met to a very high standard'*.
- 3.4** Positive comments were also included in the final report from family members/welfare guardians. The report states that *'Family members we spoke with told us communication from the service was "excellent" or "superb." They also told us that the quality of life their relatives had was "amazing" and "staff went above and beyond"'*.
- 3.5** Positive comments from health professionals were also included in the report in relation to the effectiveness of the Pineview staff team: *"The staff in the service demonstrated strong knowledge of the individual's needs, which was evident in their responsive and person-centred approach. The service collaborated effectively with our service, showing very good communication and teamwork."*
- 3.6** This inspection indicates a continuance of good practice in the service. The previous inspection had graded Supporting people's Wellbeing as being **Grade 5 (very good)** and 'How Good is our leadership also at **Grade 5 (Very Good)**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2025-2030 Priorities - None.
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – None.
- 4.4** Legal Implications – None
- 4.5** Financial Implications – None
- 4.6** Procurement – None
- 4.7** ICT – None.

- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None
- 4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1 The service will continue to be externally inspected to ensure the high standards remain

6.0 IMPACT

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None
- 6.1 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 POLICY CHECKLIST

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

- 8.1 **Appendix 1** – Inspection Report-Pineview 230625
[InspectionReport-324142.pdf](#)

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK
COMMITTEE**

DATE OF MEETING: 6TH NOVEMBER 2025

REPORT REFERENCE: PERF/061125/09

CONTACT OFFICER: KAREN LAMB, INTERIM HEAD OF LEARNING
DISABILITY SERVICES

SUBJECT TITLE: JOHN ST INSPECTION JULY 2025

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update on the recent inspection of the John St Service in Kirkintilloch, which was completed on 14th July 2025. This was a full inspection, which was unannounced.

2.0 RECOMMENDATIONS

The Performance, Audit & Risk Committee is asked to:

- 2.1** Note the very positive inspection which was carried out on the service and also note there were no requirements or areas of improvement as a result of this inspection. This report evidences a continual improvement of the service, especially with regard to the environment; management of the service; and quality assurance processes.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

- 3.1 The inspection was carried out on the 9th, 10th, 11th and 14th July 2025. This was a full inspection which covered four thematic areas: **How well do we support people's wellbeing, How good is our leadership, How good is our staff team and How good is our setting.** The inspector spoke with five residents using the service and one relative; they spoke with seven staff members and management; observed practice and daily life and sought supporting evidence from the service's quality assurance processes, support planning and recordings.
- 3.2 The service has received a grade of **4 (Good)** in all 4 areas inspected, with positive comments throughout the report on the changes which have been observed and evidenced. There were no areas of improvement or requirements placed on the service and there was acknowledgement that all previous areas of improvement have been met.
- 3.3 Positive comments on management in the service include observations that: *"People had experienced changes to the senior and management team with positive outcomes"* and that *"The leadership had been strong since the previous inspection to drive change and improvements needed for the service"*. The inspector also noted that: *"Quality assurance processes were much improved and effective, and the home was well led"*.
- 3.4 Positive comments were also included in the report from family members/welfare guardians. The report states that a relative stated *"I can visit and get around the home much easier because of the new flooring; the manager and the staff are great, my son has come on so well."*
- 3.5 Positive partnership working was evidenced with perceived benefits to Residents and partnership working with council services in relation to the environment was observed to be very effective.
- 3.6 This inspection indicates a continuance of improvements in support, planning and leadership in the service and significant improvements to the environment. The previous inspection grades and improvements in the four thematic areas are: **People's Wellbeing** Grade 3 – 4, **Staffing** Grade 3 – 4 and **Leadership** Grade 3 -4, **Setting** remains at 4, (as there had been improvements taking place since March 2025, evidenced in the May inspection).

4.0 **IMPLICATIONS**

The implications for the Board are as undernoted.

- 4.1 Relevance to HSCP Board Strategic Plan Priorities 2025 – 2030 - None.
- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – None
- 4.5 Financial Implications – None

- 4.6 Procurement – None
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None
- 4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1 The service have implemented robust recording and monitoring processes to mitigate any risk of a deterioration in the quality of the environment or care

6.0 IMPACT

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 POLICY CHECKLIST

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

- 8.1 **Appendix 1-** Final Inspection Report John St July 2025.
[InspectionReport-324554.pdf](#)

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE**DATE OF MEETING:** 6th NOVEMBER 2025**REPORT REFERENCE:** PERF/061125/10**CONTACT OFFICER:** ALISON MCCREADY, CHIEF FINANCE AND RESOURCES OFFICER**SUBJECT TITLE:** HSCP CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update on the Corporate Risks and how risks are mitigated and managed within the HSCP.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

- 2.1** Consider and approve the Corporate Risk Register attached as **Appendix 1**.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.2** The Risk Register provides full details of all current risks, in particular very high and high level risks, and the control measures that are in place to manage these.
- 3.3** The Corporate Risk Register is reviewed at least monthly by the Senior Management Team to ensure scrutiny, review and updating. It captures the high level risks across the HSCP and the hosted services.

Risk Appetite Category	Number of Risks	Number of Risks Reviewed	% Reviewed
Clinical	0	0	0.00%
Financial	2	2	9.52%
Financial and Service Delivery	1	1	4.76%
Data Protection	2	2	9.52%
Service Delivery	15	15	71.43%
Business Continuity	1	1	4.76%
People / Workforce	0	0	0.00%
TOTAL	21	21	100.00%

- 3.4** There are a total of 22 risks (21 live risks) included within the HSCP Corporate Risk register. This represents an increase of 3 new risks for the HSCP from that previously reported to the Performance Audit and Risk Committee in June 2025 and the Integration Joint Board in September 2025.
- 3.5** There are no new additional risks reported in this period.
- 3.6** Of the 21 live risks identified within the Corporate Risk register, 3 are considered to be very high risk (priority 1), 12 are considered to be high risk (priority 2) and 6 are considered to be a medium risk (priority 3).
- 3.7** There has been a review of the previously reported risk scores and management actions identified to seek to mitigate risks and while these remain key actions they are having a minimal impact on the risk scores to date which have remained largely the same as those previously reported to Performance Audit and Risk Committee and Integration Joint Board.

Very High Risk – Priority 1, Risk Score 20-25

- 3.8** There are 3 Very High Risk, Priority 1 risks.
- 3.9** HSCP01 and HSCP09 relate to the ability to deliver a balanced budget and the failure to achieve transformational change and completion of transformational service redesign plans within necessary timescales and at the pace required. Both risks have been reviewed and remain at a score of 25, Priority 1 which is the

highest possible risk score and further risk management actions have been detailed. Transformational change and service reviews have commenced and will run through 2025/2026 which should bring both risk scores to a target score of 16 and Priority 2. The HSCP has continued engagement with Chief Finance Officers, Scottish Government, NHSGG&C and East Dunbartonshire Council.

- 3.10** HSCP01 – There has been development of a “pipeline” to generate further savings with the involvement of HSCP staff through the Wider Leadership Team and with updates and monitoring through the Senior Management, Financial Sustainability Partnership Group as a risk management action.
- 3.11** HSC09 – has an additional control measure of continual monitoring of emerging macro financial pressures.
- 3.12** HSCP20 relates to Skye House where the risk event, cause and effect has been reviewed and updated to describe high workload demand, quality assurance workload, actions arising from reviews of the service and that the level of safe staffing required cannot support the number of beds in the unit which has had to be reduced. Risk management actions including an enhance level of monitoring and support are in place with a review of all feedback to determine future action plans. Staffing models are being revisited, these actions should bring the risk score to a target risk score of 4 and Priority 4.

High Risk - Priority 2, Risk Score 12-16

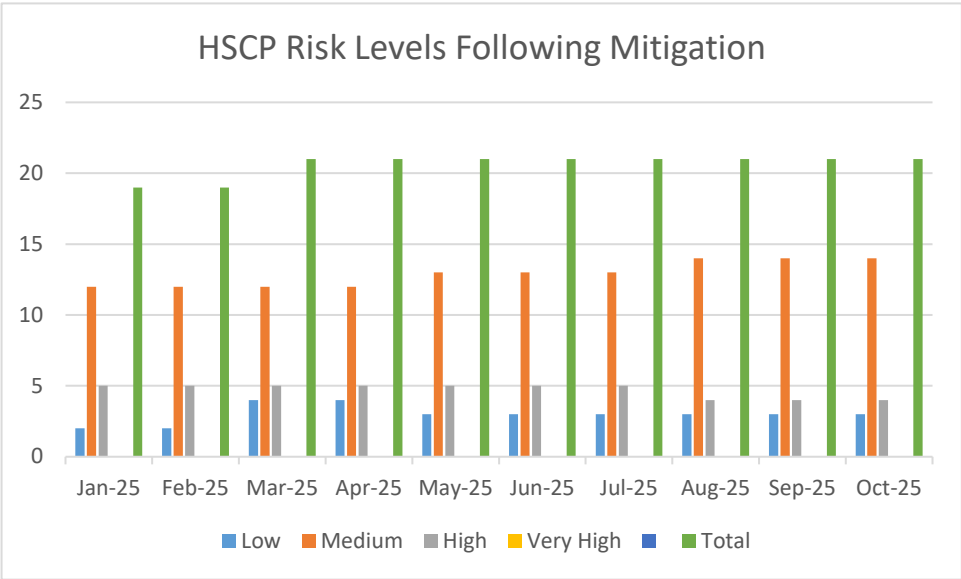
- 3.13** There continues to be 12 high risks. Following ongoing review of the reported risk scores and actions to mitigate the risks there has been minimal impact for HSCP02, HSCP07, HSCP08, HSCP10, HSCP12, and HSCP14.
 - 3.13.1** HSCP13 – practical completion of a site in Bishopbriggs is expected end October 2025, with an operational open of 1st December 2025. There are ongoing discussions with Property and Capital Planning regarding options for securing accommodation in the west locality. This remains a challenge in the context of available capital investment. The HSCP await an outcome of the refresh of the NHSGG&C Primary Care Property Strategy exercise, which will help inform a HSCP Property Strategy refresh.
 - 3.13.2** HSCP16 – risk relates to failure to deliver prison based social work in line with the Memorandum of Understanding (MOU) due to current funding and insufficient team capacity. Regular meetings with prison based social work staff, the Prison Governor and submission of a business case to Scottish Prison Service to request increased funding are detailed as the control measures for this risk.
 - 3.13.3** HSCP21 – Is the ability to deliver on the neurodevelopmental (ND) service specification for Specialist Children Services who have a large existing waiting list for diagnosis. An additional control measure has been detailed requiring the application of an access policy to ND pathways is now required.
 - 3.13.4** HSCP22 – has been updated to reflect Regional Specialist Children Services (SCS) developments for Forensic Children and Adolescent Mental Health Services

(FCAMHS)/Secure and IPCU, with a potential ward identified for IPCU being unavailable. A needs assessment requires to be undertaken by the region in relation to Intensive Psychiatric Care Unit (IPCU).

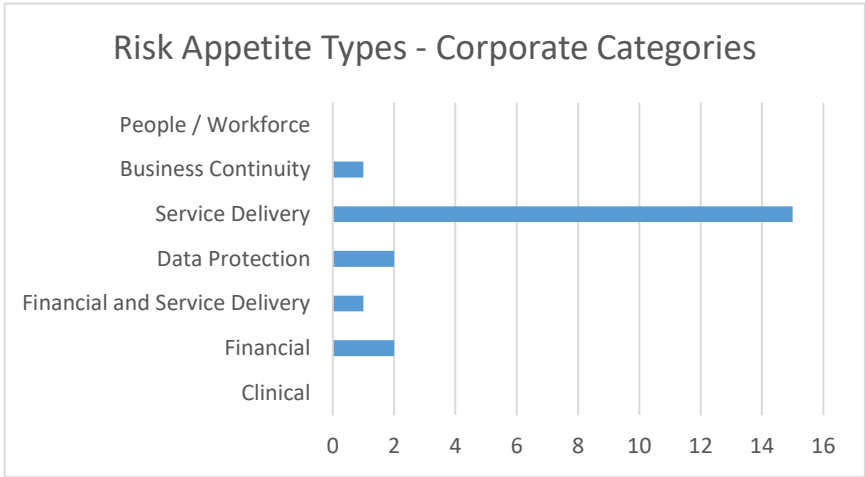
3.13.5 HSCP17 - risk management action updated that there is scope for local frameworks to be explored in order to manage risk of price increases.

3.13.6 HSCP18 – Senior Management Team Vacancies and capacity with interim management cover arrangements in place, with support from NHSGG&C and EDC. Continue to develop and regularly review cover arrangements until management structure is reviewed. A date has been scheduled to consult the HSCP Strategic Leadership group and agree the next steps.

3.14 Following the risk management actions set out, this reduces to target risk score of to 0 Very High Risk, 4 as High risk, the remaining 17 risks reducing to 14 medium and 3 low risks.



3.15 The majority of risks on the corporate risk register can be categorised as risk to Service Delivery, followed by Finance and Data Protection.



- 3.16** A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.
- 3.17** The HSCP also has a number of service risk registers in place which provides a systematic and structured method to support the risk management process. Information informing the risk register will be captured using Datix system and Social Work recording. The risks included are of a more operational nature, service specific and tend to be more fluid in how they appear on the register the risk score attached and the management actions to mitigate the risks.
- 3.18** Service Risk Registers are reviewed and updated on a monthly basis, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. This aligns to the policy requirements which states that all high and very high service levels risks should be reviewed monthly to ensure the risk in being managed with lower level risks reviewed quarterly.
- 3.19** There are a total of 21 service risk registers with 136 live/active risks associated with these registers, which is a reduction overall of 1 risk.
- 3.20** Of the 136 risks, 4 are Very High risks, 28 are High level risks, 65 are Medium level risks and 39 are Low level risks. There has been an increase of 1 High Risk, which was a movement from Very High Risk relating to the NDD Pathway. Medium risks have remained static at 65 and there has been a decrease from 43 to 39 Low Level Risks last reported to September Integration Joint Board meeting.

Service Risk Level	Total Number	Variance in Period
Very High	4	+1
High Level	28	+2
Medium	65	No Change
Low Level	39	-4
Total	136	-1

- 3.21** The 4 Very High level risks on the service level risk registers all relate to Specialist Children Services.

Specialist Children's Services

- PECOS – child health ordering financial risk as growth continues annually at 18%, comprehensive work plan and oversight in place and efficiencies being realised where clinically possible.

- Skye House/CAMHS Skye House has two individual entries on the service risk register – and is as per Corporate Risk HSCP20 - See section 3.12.
- Ability to provide CCN and Disability Nursing Service within Inverclyde HSCP with control measures in place for vacancy request maternity leave cover, weekly oversight reporting, weekly referral management meeting and consideration of interim solution via bank and additional hours. Current service will require review to prioritised core service, risk is acceptable short term.

3.22 The process for escalation to the corporate risk register will depend on a number of factors such as risk score, ability to continue to manage risk at a service level or where risks have an impact across the HSCP and are not solely within one service area.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

4.5 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** - HSCP Corporate Risk Register October 2025

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

**Ali McCready (CFO)updated by
Vandrew McLean**

Date created/
updated

Updated 30.10.25

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients.
It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		Consequence (C)		Risk (LxC)	= Priority
Almost certain	5	Extreme	5	20 - 25	= Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	= Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	= Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	= Priority 4: LOW
Rare	1	Negligible	1		

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

Risk Reference	Risk Event
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[illegible]

HSCP16 - Update August 2025. Review and Update 27.10.25	Inability to secure sufficient accommodation in the West Locality to deliver effective integrated health and social work services in that area.	Lack of suitable options and capital funding available to progress development of an integrated solution, competition / prioritisation of need across NHSGAC and other HSCP priorities taking precedence, inability to effectively evidence need in context of NHSGAC priority status is a deprivation. Options for refurbishment / extension across HSCP and GP premises in the area very limited due to nature and location of current estate. Development of two retail units in Balmudge (expected practical completion and October 2025 and operational open on 1st December 2025) will provide some capacity to deliver clinical treatments. There remains some pressure in the West Locality with options being explored and investigated with NHSGAC and other partners with further discussions ongoing re one site in the West Locality (October 2025)	Inability to offer integrated working and limited service delivery offering due to lack of available space to accommodate all service demand, lack of delivery on key strategic priorities as PCOP, CPH, remain in dated premises with little / no options for expansion to accommodate increasing demand related to housing / care home developments in the area, risk of GP Practice closure due to nature of service within the area with no ability of HSCP to respond. Development in Balmudge will reduce pressures in this locality area. Pressures in West Locality remain.	Service Delivery	NHSGAC Primary Care Property Strategy has been developed which sets out broad priorities for primary care accommodation. ED HSCP Property Strategy in place 2023-2025 and regular engagement with colleagues within the Council / NHS board to review options for progressing strategic priorities. GACG HSCP Capital Planning Group established to review board wide HSCP priorities. A Primary Care Property Strategy Refresh exercise took place summer 2025 with outcomes expected Winter 2025, which will help inform a refresh of the ED HSCP Property Strategy which will reduce financial services. Chief Health and Specialist Children Services working with NHSGAC board colleagues (October 2025)	4	4	10	2	Trust	Progression of actions within ED HSCP Property Strategy have progressed and agreed priorities in Balmudge. There is a need to revisit the business case for an Integrated Health & Care Centre in the West Locality, continue to apply pressure locally and with the NHS Board for re-prioritisation of the option, explore opportunities for allocation of capital funding within NHSGAC and use of HSCP accommodation funding in collaboration with partners. Balmudge project expected practical completion October 2025 and operational open 1st December 2025. Continue to explore alternative solutions to address remaining capacity within HSCP accommodation. Continue to explore additional accommodation options within the West Locality (October 2025). Alignment with EDC Property Strategy through Autumn 2025.	3	4	14	2	Chief Finance & Resources Officer	Chief Officer
HSCP14 - Update 04.09.25. Reviewed 30.10.25	Failure to secure an alternative system to Carelink for Social Work case management and provider financial payments.	Reliance on Council prioritisation of project in context of competing priorities across other Council services, lack of resources within the HSCP and Council support functions to progress implementation	Current system not fit for purpose to meet the needs of system users. New cloud based systems in development and industry moving on leaving HSCP with out of date system and no opportunity for any further development beyond legislative requirements only. Lack of support in the event system replacement as system becomes obsolete. Limits opportunity for service redesign and efficiencies in working practices. Significant financial risks related to payment on planned service requiring manual processes to support variations. Lack of ability to interface to other key systems.	Service Delivery	Business case developed to support new system solution for SW casebased management and financial payments to care providers. Carelink confirmed through HSCP Digital Board in place to support collaborative working across HSCP and Council services and promote experience and requirement for new system. Continued engagement with current system provider to ensure continued support available. Technical upgrades to meet up to date version of system to ensure applicability for any system upgrades - legislative and reporting requirements being met only. This remains part of EDC digital strategy with project initiation projected for 2027 as a result of resource issues within EDC IT team. Status continues to be monitored as part of Digital Board.	4	3	12	2	Trust	Evaluation of business case to ensure prioritised for progression, identification and planning of resource requirements through case first steering group. Project Lead to be identified (June 2025)	3	3	9	3	Chief Finance & Resources Officer	Chief Officer
HSCP16 - New 17/10/24. Update 23/09/25	Failure to deliver Prison Based SW in line with the Memorandum of Understanding (MOU) at HMP Low Moss.	The current funding received from EPS is insufficient to provide PSBW services to the prison population in Low Moss. Demand has increased as the prison population has grown, risk and complexity have increased, prison demographics have changed. Additional pressure added from the fact that TUPE is on	The current team capacity is in insufficient to deliver on the statutory requirements and terms of the MOU. The needs of the prison population may not be met and Public Protection compromised. Staff are under extreme pressures and have approach TUPE for support. Failure to deliver on contractual arrangements.	Service Delivery	Regular meetings with PSBW. Submission of Business Case to EPS to request increased funding. Regular meetings with the Governor.	4	4	10	2	Trust	Evaluation of business case to ensure prioritised for progression, identification and planning of resource requirements through EPS and SO. In the short term a further £40,000 has been agreed by EPS to employ an additional SW. To be reviewed March 2026.	3	3	9	3	Head Of Children's Services and Criminal Justice	Chief Social Work Officer
HSCP17 - New 09/10/25. Update on 28.10.25.	Current future service levels reduce in cases following increase in employers national insurance contributions (nICs) effective 6th April 25	No central additional funding available to support or offset. Employers N-are Providers currently absorbing but unable to maintain longer term - concerns escalated via Scot Care/COP. HSCP unable to support due to lack of funding a wider budget pressures - resulting in limited direct approaches via providers to date	Current future service levels reduce and/or unable to offset the increase to nICs	Financial	Pending clarification from the Scot Gov re funding, working with providers to support any related sustainability issues, aligning approach with other HSCPs via CDO and Commissioners groups. This will continue to be closely monitored.	3	4	12	2	Trust	Ongoing liaison between the Council and HSCP Commissioners from other HSCPs, Chief Finance Officers network engagement with CDO and Provider Regs. Limited action pending determination from the Scot Gov. HSCP position is maintained in confirming a lack of funding to support supplier increase requests especially as negotiated/managed via Scotland Excess. Scope for local frameworks will be explored in order to mitigate risk of price increases.	3	3	9	3	Chief Finance & Resources Officer	Chief Officer
HSCP18 - New 09/10/25. Update 29.10.25	Senior Management Team Vacancies/Capacity	Due to promotions and planned absence key HSCP posts including CPO and Heads of Service are vacant.	Failure to meet all roles and responsibilities for key posts, within the HSCP	Service Delivery	CDO, CDO and Chief Nurse recruitment has now concluded with all new in post. Some interim support plans remain in place allocating workload across BMT and use of management resources/consultants. Discussions have progressed with detailed discussions now being taken place to review options developed including supporting rationale with the support of union colleagues. Date scheduled to consult HSCP B.S.T group and agree next steps.	4	3	12	2	Trust	Senior Management cover arrangements in place, with support from NHSGAC and EDC. Continue to develop and regularly review cover arrangements until recruitment progresses and management structure is reviewed. Consider other mechanisms for delivery of services.	3	3	9	3	Heads Of Services	Chief Officer
HSCP19 - New 09/10/25. Update 20.02.25. Update 29.08.25	Impact of further reductions to 30hrs working week for NHSGAC "Agenda for Change" staff on 1 April 2026	Reduction from 37 hours per week to 28 hours per week for 15 staff and pro rata reduction for part staff to be in place from April 2026 following Scot Gov Directive.	Reduced ability to maintain service levels leading to service reductions / cessation / potential risk of poor service / harm to individuals. Increased complaints, service user detriment	Service Delivery	Local workforce plan in place for all services regarding to review impact on reduction across HSCP. Review of priorities within Services and impact of reduction in capacity/operating hours which may also impact on other services (internal or external). Services require to work on plans to implement the reduction by August 2025.	3	3	9	3	Trust	Review service workforce plans and capacity for both reductions, investigate risk into opportunities for redeploying across to services (single points of access) and other mechanisms for delivery of services August 25. Identify approximate costs of the reduction	3	3	9	3	Heads Of Services	Chief Officer
HSCP20 SCS - approved BMT 19.03.25. Reviewed 05.09.25. Reviewed 05.10.25. Reviewed and Updated 27.10.25	The high demand Stone House team are experiencing including review workload, quality assurance workload, varying workload derived from various business falling out of actions plans in addition to the business as usual demand in relation to patient care to having a detrimental impact on function within the unit. The unit, since February, has had a number of reviews and in addition the level of staffing current support 24 hours in terms of safe staffing levels.	The complexity of presentation impacts on requirement for additional staffing and support to all involved in care and treatment where the level of acuity and pressure is demanding work. The staffing levels impact on staff / patient care and treatment and quality of care. The additional demand now experienced as a result of internal and external review processes is adding additional pressure and affecting workload and function.	Staff wellbeing is currently affected significantly because of this. The chronicity of staffing shortfall, use of bank with high level of bank staff is having an impact on the function of the unit. The unit cannot continue to support 24 hours and requirement to reduce bed base for safety.	Service Delivery	External cost external review commissioned to assess current and ongoing. Continued review process of all emerging complaints. Staffing shortfall and safe staffing escalation occurring with temporary metrics being available to support some additional staff. Issues highlighted and evidenced as CDO to wider system. All raises of escalation being used.	5	4	20	3	Trust	External level of monitoring and support as present. Review of all feedback within system and review feedback to determine future action plans. Staffing model being revised.	2	2	4	4	Heads Of Services	Chief Officer
HSCP21 SCS - new approved BMT 19.03.25. Updated 01.08.25. Reviewed and Updated 27.10.25	Policy to reduce on the neurodevelopmental service specification due to clinical and service reputational risk associated with a large waiting waiting list for diagnosis across all HD profiles and increase in new referrals with low capacity within the workforce.	Normal for HD assessments in is excess of limited resource available for HD assessments, this is a pattern nationally with limited additional funding	Consequential review plan and transfer of all children to the site so that scale of issue now known. Every area has local teams. Efficient models have been developed and quality across professional groups so that system can be as efficient as possible. Application of access policy to HD pathway is now required.	Service Delivery	HD pathway for school age children and transfer of all children to the site so that scale of issue now known. Every area has local teams. Efficient models have been developed and quality across professional groups so that system can be as efficient as possible. Application of access policy to HD pathway is now required.	4	4	16	2	Trust	Describe demand / capacity, identify reduced criteria for access to service and consult. This has been discussed at CMT as an agreement to apply Access policy to referrals - this work is progressing and will be in place by end of Dec 25	2	2	4	4	Heads Of Services	Chief Officer
HSCP22 SCS - new approved BMT 19.03.25. Updated 01.08.25. Reviewed and Updated 27.10.25	Regional SCS developments - FCAMHS Secure and PCU a potential ward identified for PCU is now unavailable.	NHSGAC has been asked to develop a regional PCU and a FCAMHS Secure model	This plan placed demand on service to support developments and risk to board where recurring funding is not established and decision making challenging to progress. Risk to destabilising current workforce.	Financial and Service Delivery	Monthly meetings with all partners, used to CMT for agreement with agreement in principle, phased approach to developments to manage demand. Responsive for regional agreement for PCU. Needs assessment to be undertaken by the region in relation to PCU.	4	4	16	2	Trust	External level of monitoring and support as present. For FCAMHS Secure as funding is not recurring, recruitment on fixed term basis. Engaged with capital planning for PCU to understand feasibility.	3	3	9	3	Heads Of Services	Chief Officer

IJB Corporate Risk Register @ 12th May 2025 for SMT Review and Approval 14.05.25

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Current Risk Score (Equals	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Target Risk Score (Equals N°)	Priority	Risk Lead	Risk Owner	Comment/Date of Update
HSCP15 - resubmitted to register	Ongoing negative impact to a range of Oral Health services by lack of Infection Control Doctor (ICD) input e.g current and upcoming ventilation/air handling upgrades across various Primary Care sites; any and all projects which require HAI scribe or Infection Control Unit advice or support.	ICD postholder stood down from role in April 2022 and not replaced. Service has not been allocated to another ICD. In addition, service advised that Infection Prevention Control Nurse (IPCN) was unable to provide advice.	Delay to ventilation upgrades projects and switch-on of recently upgraded ventilation services. Heating/cooling issues impacting on suitability of some clinics in colder weather.	Service Delivery	Issue escalated within NHSGGC but no resolution to date.	4	4	16	2	Treat	CO to raise within board wide forums to secure a solution (March 2025)	2	2	4	4	General Manager - Oral Health	Chief Officer	Appointment made to Infection Control Doctor role - mitigated to lower level risk on 02.04.25

**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda
Planner
Meetings
January 2025 – October 2026**

Updated 29/10/2025

Standing items (every meeting)
Minutes of last meeting (CFO)
Internal Audit Update (GMcC/PB)
HSCP Annual Delivery Plan Update (CFO)
HSCP Corporate Risk Register (CFO)
HSCP Performance Management Reports (AW / AC)
Committee Agenda Planner (CFO/CO/SMT)
Care Inspectorate Reports as available
Relevant Audit Scotland reports as available
HSCP PAR Committee Agenda Items – January 2025
Internal Audit Update (GMcC)
Internal Audit Follow Up Report (GMcC)
Performance Management Update Qtr2/3 24/25 (AC / AW)
Accounts Commission – Integration Joint Boards Finance and Performance 2024
Unaudited Accounts 2023/2024
Corporate Risk Register Update
HSCP PAR Committee Agenda Items – 13th March 2025 (tentative)
Internal Audit Plan 2025/26 and Audit Update (GMcC)
Final Audited Accounts 2023/2024 (CFO) - tbc

Performance Management Update Qtr3 22/23 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
HSCP PAR Committee Agenda Items – 19th June 2025
Internal Audit Plan 2025/26 and Audit Update (PB)
Annual Audit Progress Report – External Audit (Mazars)
Criminal Justice Validation Report (CC)
Community Wellbeing Funding (CC)
Performance Management Update Qtr4 24/25 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
Audit Scotland Report into GP practices and the Primary Care Strategy (FMcJ)
HSCP PAR Committee Agenda Items – 15th September 2025 (to be confirmed)
Mazars Annual Audit Report (TR)
PAR Terms of Reference
Performance Management Update Qtr 1 (AW)
HSCP PAR Committee Agenda Items – 6th November 2025
2023/24 audit progress report and verbal update on 2024/25 (TR/AMcC)
Pineview Inspection
John Street Inspection
Unaudited Accounts 2024/2025 (CFO)
Mazars Progress Report (TR)
Performance Management Update Qtr 2 25/26 (AC / AW)
HSCP PAR Committee Agenda Items – 15th January 2026 (tentative)
Specialist Children Services Update (AB)

Whistleblowing Policy (tbc)
Mazars 2024/25 Annual Audit Plan (TR)
Final Audited Accounts 2023/2024 (CFO) - tbc
HSCP PAR Committee Agenda Items – 12th March 2026 (tentative)
Internal Audit Plan 2026/27 (GMcC)
Annual Audit Plan 2025/26 – External Audit (Mazars)
Whistleblowing Policy Update
Performance Management Update Qtr3 25/26 (AC / AW)
2024/25 audit progress report (TR) tbc
HSCP PAR Committee Agenda Items – June 2026 (tentative)
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)
Final Audited Accounts 2024/2025
Unaudited Annual Accounts 2025/26 (CFO)
Final Audit Report 2024/2025 (TR)
Mazars Annual Audit Report 2024/2025 (TR)
Performance Management Update Qtr4 25/26 (AC / AW)
HSCP Directions Log Progress Update
HSCP Board Agenda Items – October 2026 (tentative)
Internal Audit Report
HSCP Delivery Plan 2026-2027 Qtr 2
HSCP Corporate Risk Register Update
2025/26 final audit report (TR) tbc
Final Audited Accounts 2025/26 (legislative deadline for signing 30 th Sept, publishing 31 st October)