

East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Tuesday 5th January 2021, 12 noon
Meeting will be held virtually via MS Teams

AGENDA

No.	Item	Lead	Document
1.	Welcome and Introductions	J Forbes	
2.	Minutes of Last Meeting – 28 th September 2020	J Forbes	
3.	Internal Audit Progress Update to November 2020	G McConnachie	
4.	HSCP Transformation Plan 2020 21 Update	J Campbell	
5.	HSCP Corporate Risk Register	J Campbell	
6.	Future Agenda Items	All	
7.	A.O.C.B	J Forbes	
8.	Date of next meeting – 30 th March 2021	J Forbes	

Agenda Item Number: 9a.

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Monday 28 September 2020
Location: Via MS Teams**

Present:	Jacqueline Forbes (Chair) (JF)	Fiona Mitchell-Knight (FM)
	Susan Murray (SM)	Jean Campbell (JC)
	Caroline Sinclair (CS)	Peter Lindsay (PL)
	Derrick Pearce (DP)	Ketki Miles (KM)
	Gillian McConnachie (GM)	Kenneth McFall (KMcf)
	Vandrew McLean (VM)	Claire Carthy (CC)

In attendance: Siobhan McGinley (Minutes)(SMc)

No.	Topic	Action by
1.	Welcome and Apologies Chair welcomed all, apologies from Alan Moir, Ian Ritchie	JF
2.	Minutes of previous meeting – 18 June 2020 and Matters Arising JF asked about the extra column in the Business Plan discussed at the last meeting. JC advised that adapting this is being considered and that the reporting of transformation will be progressed in line with the Council performance reporting structures through Pentana – this work is in progress.	JC/JF
3.	Audit Scotland Proposed Annual Audit Report 2019_20 FM noted and referred to all 3 items attached, a package concluding reports in 2019/20. FM advised that the Audit appointment has been extended for one year due to the COVID - 19 pandemic, now making it a 6 year appointment and thanked the finance and audit team for all of the work they have input allowing the accounts to be approved and signed off. KMcf commented on the report itself, page 16 highlighting conclusions on Financial Statements, Financial Management and sustainability of the HSCP. Accounts are showing a clear and accurate review. Some changes have been made to accounts in agreement and discussion with JC. IJB current deficit sits at £1.1m meaning all allocated reserves have been used. Current projected overspend is around £6.3M, £5.3m of which is due to COVID overspend which will hopefully be covered by additional Government funding. There is a requirement to complete a medium to long term financial plan to demonstrate financial sustainability. An action plan has been developed based on best value self-assessment and is demonstrating good progress so far. Exhibit 3 highlights significant findings from the financial statements audit and the deficit reported has increased from £182,000 to £1.1m, due to an adjustment to correct reserves accounting within the draft accounts, but has had no impact on year end reserves position. Appendix 1 is the action plan for 2019/20 and follow up of prior year recommendations. Two of the actions relate to developing a long-term financial plan and the requirement to meet savings target in 2020/21. SM asked how the Audit Report and issues highlighted therein compares to that in other IJBs. FM advised that the issues faced within this IJB are similar to those experienced by other IJBs particularly with the challenges brought on by the pandemic. JF had 3 questions within the governance statement relating to pages 30, 33 and 38 of the papers. One question was regarding page 30 of the report where there is reference made to follow up reports for Care First Testing, Home Care Review and Social Work contact monitoring, is there a time scale for those? GM provided feedback on the first question.	FM/KMcf

	<p>Care First Testing and Home Care Reviews have not yet been completed due to the impact of COVID but that these outstanding audits will be revisited within the next 6 months. The original plan around Social Work monitoring was that it would have been completed by end of December 2020 however due to the continued impact of the pandemic the timescale has fallen behind but hopes a further update will be brought to the next Committee meeting.</p> <p>Second question was regarding a comment on Financial Information not being added, (para 68), was this due to COVID or is there another reason? JC advised this has still to be reviewed and concluded.</p> <p>Third question was regarding when the first draft of the 5 year plan would be available? JC spoke about the 5 year medium term financial strategy which would go before the Board in March 2021 and hoped it would be brought before the Committee in Jan 2021 which is when the next meeting will be held. Some engagement with partner agencies would need to take place to ensure we are in line with the assumptions that are being made and that work with the Transformation Planning is something which will require to be resumed in conjunction with Council and Health colleagues prior to the first draft.</p>	
4.	East Dunbartonshire IJB Annual Audited Accounts 2019 20	JC
	<p>JC provide an update on these papers presented to the Board for approval and to authorise the Chair, Chief Officer and Finance & Resource Officer to sign off. Some points to note were that a £1.1m deficit had been incurred, details of this are within the annual accounts. There had been an over spend on Social Work services of £1.9m which was mitigated in underspend on Community Health budget (£0.9M) and had all been reported through the Board. The biggest financial pressure has been in Older People's Services. Lessons learned from last year - transformation programme being over ambitious, this year has been more realistic and will continue to be tracked throughout the course of the year. Contributions relied heavily on re-designation of earmarked reserves. The set aside budget is a much more realistic reflection of actual expenditure in acute and activity levels now reflect more accurate figures. The sum of £0.8m of reserves is available within earmarked provision to support work around Primary Care improvement and ADP. Sustainability will be key in financial plan going forward.</p> <p>JF commended everyone who was involved in the production of a very comprehensive paper.</p>	
5.	HSCP Annual Internal Audit Report 2019 20	GM
	<p>GM provided an overview on this report which specifically provides assurance over the HSCP's Governance Risk Management and Control framework, the first time the assurance has been presented in this format. It represents a positive step in the Governance arrangements for the HSCP. GM emphasised item 1.10 of the cover report where reference is made to significant issues raised by internal audit that require to be addressed. 1.11 makes reference to the impact which the COVID 19 pandemic has had on the Governance arrangements in place. In Appendix A of the main report, the opinion is provided which includes the details of sources of assurance to support the opinion.</p> <p>JF asked whether mechanisms in terms of controlling year end out turns had been implemented to prevent a repeat in future.</p> <p>JC advised that information on activity levels along-side financial information, regular budget meetings looking at bad debt provision throughout the year and routine reporting are being implemented to minimise what had arisen during the previous year end last year from occurring again. Many of the recommendations made last year have been reflected upon and are now being incorporated in the way in which monitoring and reporting to Board is carried out.</p>	
6.	Internal Audit Progress Update to August 2020	GM
	<p>GM provided an update on the HSCP, EDC and NHSGGC internal audit activity. With reference to paragraph 2.1 referring to the Council's Audit Committee, no date has been confirmed as yet however it is hoped that this can be diarised sometime in the next 2-3 months where a more detailed update can be provided. Appendix 1 details timescales for</p>	

	those audits which are underway and those planned in the near future.	
7.	Internal audit annual report for 2019 20 on NHSGGC	GM
	<p>Report provided slightly later than usual due to pandemic. Conclusion is reasonable assurance except in those areas detailed below:</p> <ul style="list-style-type: none"> • Service Redesign – Acute Stroke Services; • Operational Planning; • Medicines Reconciliation in Hospital; • Sickness Absence Follow Up; and • IT Security. <p>The opinion provides assurance both for HCSP Annual Internal Audit Report and the Governance Statement included in the Annual accounts, these documents refer to specific issues as outlined as areas of improvement.</p> <p>JF was pleased to report that having been present at another PAR committee Board meeting recently it appears this Board are taking a more thorough and in depth look at what is being monitored internally within the Board and the Council and at the NHS papers.</p>	
8.	HSCP Transformation Plan 2020 21 Update	JC
	<p>JC advised that this update is a more detailed report on transformation activity to date than had been presented to the Board previously. Significant transformation activity identified this year has been impacted by COVID resulting in unavoidable delays in delivering a number of projects. Some elements have resumed, some are in green, the majority are amber and some are red resulting in some areas which will not be achieved as anticipated by March 2021. Focus will remain on areas where there is a greater chance of progressing the projects as intended. A £2.8m gap was identified initially in the transformation plan which has been mitigated to £2.1m and work will continue in conjunction with council and NHS colleagues to identify what is realistic in terms of transformation to close this gap. It is unlikely that the full extent of the financial gap will be achieved this year so the expectation is that through revenue monitoring and development of a recovery plan, the Board will be brought up to date in the next cycle or the following cycle, to try to deliver a balanced budget.</p> <p>SM commented on the question raised at the development session last week which was what had allowed the progression of change to take place so quickly? In response - the answer was that there was permission to act and assurances that the finance would follow. SM questioned whether the key factors have been identified for the change in pace and are we able to apply these to this transformation plan if finance is not an issue and are there other key factors?</p> <p>CS commented that during the pandemic across all HSCPs and NHSGGC were given a very clear direction for the roll out of priorities such as Attend Anywhere which moved at pace. This is quite different in our own local transformation plan which is focussed around local needs. COVID specific responses had been prioritised which took time away from delivering transformation projects however most of these projects had a dependency on other organisations and people-activity out with our direct control. These other organisations on whom we depend for delivering the transformation projects were simultaneously pulled to fulfil their own COVID response so very little on the list is directly within the HSCPs control. SM advised that finding areas of collaboration could be key to all 6 Boards moving forward more effectively. Could this be developed? CS advised that throughout the COVID response this collaborative approach has been undertaken and regular meetings have taken place to discuss the response, this is evident in the shared approach to the Flu immunisation programme. JF referred to page 155, item 133 there are 32 priorities to be delivered but there are no numbers on the RAG status, will this be established? JC advised that there had been an outstanding piece of work on this however</p>	

	<p>to update, 7 are at red, 22 at amber and 3 at green. Those identified at red will be moved for future consideration and efforts will be focussed on those at amber. JF commented on the 'House project' where funding has been approved but it is still at amber. Is there another issue preventing it being progressed to green? CC updated that there has been a slight delay due to COVID and work around job evaluation and recruitment being carried out however a co-ordinator for the project has now been appointed. Approval has recently been given to recruit facilitators for the project also.</p> <p>Another question from JF was to what extent have some of the initiatives been captured from the COVID exercises that can be translated into the plan to help speed up the pace and simplify processes going forward? DP advised of a number of work streams are up and running across the 6 Partnerships related to response or identified around recovery but moved back to response status given the changes, particularly around the delivery of Care at Home services and Day Time Support. EDHSCP runs Board-wide groups for both of these and have pulled together lessons learned from other areas and models of practice in place in other areas and how we can move forward instead with each other. Consistency in moving forward as well as changes in the way in which services are delivered are vital and will benefit from best practice identified within the other areas. In some aspects, East Dunbartonshire has best practice and to share and support other areas to emulate some of our practices will help with consistency going forward. KM echoed earlier questions raised by JF and SM around what can be realistically achieved in the financial and transformation plan initiatives, a statement to the Board would be helpful to be clear on where dependency on both the NHS and Council lies as this is not clear in the papers. Also are the resources available for both the COVID challenges and delivery on the financial plan? CS agreed with the need for the SMT to step back and reframe the transformation programme and look at what can reasonably be expected to be achieved.</p>	
9.	Audit Scotland Guide for Audit & Risk Committee	JC/PL
	JC spoke about these published documents by Audit Scotland which were developed in response to COVID. These are being brought before the Board to provide a level of assessment in where this Board is placed in terms of our response and what, if anything should be factored into scrutiny during this time. PL added a thanks for completing the self-assessment. JF raised a concern about funding being held back from the Government and hopes it will filter through eventually.	
10.	Covid-19 Support to Care Homes	JF
	DP presented the current position on the Care Homes in East Dunbartonshire. SM had a question on the increased demands being placed on Care Homes. DP commented that the level of requirement and compliance has been far greater due to COVID, infection prevention control and social distancing measures have been very different from any routine measures previously used and it has been very challenging to implement these measures. JF commended the care home staff on their efforts to look after this group of vulnerable individuals.	
11.	Future Agenda Items	SM
	SM wanted to reinforce the request for additional information within the papers.	
12.	A.O.C.B	
	No discussion	
13.	Date of next meeting – 5 January 2021	

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

Date of Meeting	5 January 2021
Subject Title	Internal Audit Progress Update to November 2020
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Gillian McConnachie, HSCP Chief Internal Auditor, EDC Audit & Risk Manager 0141 574 5642

Purpose of Report	<p>The purpose of this Report is to advise Committee of the internal audit work completed in the period, as work on the 2020/21 plans continued.</p> <p>This report presents a consolidated summary of the internal audit work completed by both East Dunbartonshire Council's in-house internal audit team on the HSCP and the Council and also the work performed by Azets (formally Scott-Moncrieff), the NHSGGC's internal audit providers.</p> <p>This is the second monitoring report of 2020/21. The report also summarises the risk classifications where appropriate and provides detail on key internal audit findings.</p> <p>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 as appropriate, where it receives scrutiny. Once noted by the 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.</p>
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Recommendations	<p>The Performance, Audit & Risk Committee is asked to:</p> <p>a) Note the Update on Internal Audit Progress.</p>
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Relevance to HSCP Board Strategic Plan	<p>See recommendation at <i>Appendix 1</i> relating to the strengthening of the links between strategic and financial planning.</p>
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Implications for Health & Social Care Partnership

Human Resources:	Nil
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Equalities:	Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.	
Financial:	Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.	
Legal:	Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.	
Economic Impact:	Nil	
Sustainability:	Nil	
Risk Implications:	Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.	
Implications for 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.	
Implications for 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.	
Direction Required to Council, Health Board or Both	Direction To:	
	1.1 No Direction Required	X
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

MAIN REPORT	
1.0 HSCP INTERNAL AUDIT PROGRESS	
1.1	<p>Since the last Performance, Audit and Risk Committee meeting, the following HSCP and Social Work reports have been finalised:</p> <p><i>HSCP Financial Planning</i> - Auditors concluded that the HSCP's financial planning arrangements are generally reasonable. However, four improvement actions have been identified under the following headings with an action plan having been agreed with management to address the issues identified.</p>

Medium Term Financial Strategy (High Risk)

Further work is required to develop Medium Term Financial planning in order to articulate how the expected budget gaps will be bridged and to further increase the integration of financial, commissioning and strategic planning at a more detailed level. This area for improvement has been assessed as High risk and the full detail of the associated action is therefore included at *Appendix 1*.

Reserves Policy (Medium Risk)

The level of reserves being held by the Partnership is a cause for concern. The 2019/20 accounts show that the Partnership is operating with nil usable reserves, down from the prior year's figure of £41,000. This creates a risk that the Partnership may have to rely on Partner Organisation support or have to make difficult decisions in the event of any unplanned events or an increase in demand pressures. Management will review the Reserves Policy in the context of the development of a Medium Term Financial Strategy with a requirement to include within the strategy provision to re-build a level of general reserves to ensure financial sustainability.

Financial Recovery Plan (Medium Risk)

A recovery plan is required in the event of an in year financial pressure. As a presentational point and to aid scrutiny, it has been agreed that in the event of recovery plans being presented to the Board throughout the year that changes from one reporting period to another are highlighted to Members.

Finance Risk Management (Low Risk)

It has been agreed that a Finance Risk Register will be developed that will address any of the key financial risks facing the Partnership. Such information will support of the Corporate Risk Register by providing further detail on the Corporate Risk of 'Inability to achieve financial balance'. This will provide further assurance to the Board that these risks are being actively tracked and managed.

- 1.2 *HSCP Payment Claims Review Phase 2* - as advised at the last PAR on 28 September 2020, audit work was completed on local care providers reconciliation spreadsheets, detailing additional COVID-19 related costs, costs saved and additional funding received, supported by appropriate evidence to allow a funding claim. Further to this, the Internal Audit Team completed additional testing of HSCP provider reconciliation spreadsheets ahead of a second governance panel on 6th October. Cumulatively, including amounts already considered at the first governance panel, £937,877 was claimed on the reconciliation spreadsheets submitted. Of this, £443,571 was agreed by the panel as being supported by adequate back-up and so deemed reasonable for payment. £8,695 was assessed as requiring repayment. From Internal Audit's review of the sum of £937,877 claimed by providers, £265,363 may have been overclaimed by the inclusion of costs that are not allowable under this exercise, for example, when management accounting information shows an overall decrease in costs that have not been factored into the claim. However, a further £228,943 is deemed 'pending' and may be payable at a later date, following the receipt of further evidence.

- 1.3 Following the governance panel on 6th October, a consolidated list of outstanding information was prepared by Internal Audit, in order to identify what is required to allow payment to be made. This is being sent to providers by the P&D team and the P&D team are following up with providers where this has not yet been provided. Furthermore, internal audit have prepared process notes to allow for the handover of this process.
- 1.4 Planning update – *Appendix 2* details the current expected phasing of HSCP and Social Work audits for the remainder of the year and into 2021/2022. Since the drafting of the original plan for 2020/21, the impact of the pandemic has changed the risk profile of the services provided by the HSCP and Council and provided new areas of focus for Internal Audit.
- 1.5 There have been some changes to the expected start date of some audits, since the last PAR Committee, with the team remaining flexible as services respond to the second wave of the pandemic. Financial Assessments, HSCP Corporate Governance and the follow up of previously identified risks have been delayed until the final quarter of 2020/21, whilst Social Work Charging has been brought forward for commencement in 2020/21, albeit this work is still expected to be completed in 2021/22.
- 1.6 The Chief Internal Auditor is required to plan internal audit's work to enable the provision of her year end opinion. Due to circumstances and emerging risks the work carried out to date has been different to that planned at the start of the year. However, the approach outlined above has been specified to enable the provision of the Chief Internal Auditor's year end opinion. With the work completed to date, the work ongoing and planned, the Chief Internal Auditor anticipates being able to provide a year end opinion and does not anticipate any qualification in the scope of the work performed.

2.0 EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

- 2.1 Similarly to the HSCP and Social Work above, since the drafting of the original plan for 2020/21, the impact of the pandemic has changed the risk profile of the services provided by the Council and provided new areas of focus for Internal Audit. The team have provided assurance over new processes such as business and early years grants in response to requests from services. As referred to earlier, a vacancy within Internal Audit, coupled with an unexpected temporary absence in the team, has reduced the expected audit days available from the original plan of 805 days to a revised plan of 595 days for 2020/21.
- 2.2 17 outputs were completed in April to October, representing 47% completion of the 36 outputs planned for the year, at 58% through the year. In delivering these outputs, 51% of the resources in the Plan for the year have been allocated. Furthermore, six reports were in progress. Of particular relevance to the HSCP are the following:
- 2.3 *HSCP Contract Awarding* – This work has been completed at the request of the Council and the audit report presented to Council on 17 December 2020. The implications of the findings will be considered as part of a wider contractual and commissioning review and a detailed report brought to a future

Council meeting, with the PAR Committee being provided with a summary of this work as appropriate.

- 2.4 *GDPR* – In 2019/20, the internal audit team further reviewed the corporate GDPR arrangements. The finalisation of this report and associated action plan has also been delayed as a result of Covid-19. However, Auditors can report their recognition of the large amount of work undertaken by the Council towards achieving GDPR compliance, with an update of policies, Information Asset Registers, data privacy notices and a review of contracts having been undertaken. Auditors provided initial suggestions to management for further demonstrating compliance with GDPR, albeit these recommendations were subject to management agreement and finalisation of the report. Going forward, Auditors will highlight the data protection implications of any findings in audits across the Council, with the aim of supporting continuous improvement in this regard.

3.0 NHSGGC INTERNAL AUDIT PROGRESS

- 3.1 NHSGGC's internal auditors recognise that the management team remain under significant pressure to coordinate NHSGGC's response to the Covid-19 pandemic and therefore appreciate the need to be flexible in their audit planning. Consideration is given below to the internal audit work completed by Azets for NHSGGC since the previous update to this committee, with detail provided where reports may be of relevance to the HSCP. The Duty of Candour audit has been delayed until Q4 2020/21 pending revised national guidance. The following audits have been completed since the last update to the PAR committee:
- 3.2 *Nursing and Midwifery Council (NMC) Referrals – Minor improvement required* - The NMC is the regulatory body for UK nurses, midwives and specialist community public health nurses. The NMC exists to safeguard the health and wellbeing of people using the services of nurses and midwives. Referrals to the NMC are made when it is alleged that a registrant's suitability to be on the register without restrictions is compromised. It is the responsibility of the NMC to determine if a registrant's fitness to practise is compromised and, as a result, has breached the Code of Professional standards of practice and behaviour for nurses and midwives. In order to ensure that patients are protected, and staff are treated consistently and fairly, it is essential that NHS Greater Glasgow and Clyde (NHSGGC) has robust processes in place for managing referrals to the NMC. Azets (formally Scott Moncrieff), as the NHSGGC internal auditors, have assessed whether the processes for referring nurses to the NMC are consistent and effective. They also examined the extent to which clear decision-making criteria have been considered and applied and have concluded that minor improvement is required with regards to the procedures in the event that a referral to the NMC is required.
- 3.3 *Digital Strategy - Minor improvement required* – This review sought assurance that the Board has effective processes for the implementation of the digital health and social care strategy as well as for its ongoing update. An action

plan has been agreed with NHSGGC Management to address the minor issues raised.

- 3.4 *Records Management – Substantial improvement required* – It has been confirmed by the NHSGGC that the issues raised are not directly relevant to the HSCP.
- 3.5 In addition to the above, *Waiting Times* was reported on with no issues identified as this was a consultancy style report.

Appendix 1

Ref	Issue	Risk and Recommendation	Management Response & Allocated Officer	Target Date
1	<p>Medium Term Financial Strategy</p> <p>The Strategic Plan makes reference to the development of a Medium Term Financial Strategy (MTFS). Whilst quantified financial gaps have been forecast by the HSCP in the medium term, Auditors are pleased to note that more detailed medium term financial planning, whilst challenging given current circumstances, is an aspiration of the HSCP. Once completed, this should further strengthen the links between financial and strategic planning.</p> <p>In support of the development of the MTFS, the Commissioning Strategy, approved by the Board in November 2019, requires further development to include aspects such as clear linkages with the market facilitation plan, detail surrounding anticipated/planned commissioning activities and financial data.</p>	<p>High</p> <p><i>There may be scope for improving the linkages between the HSCP's Strategic, Financial and Commissioning Plans. The lack of reserves adds to the importance of demonstrating medium term financial sustainability through the development of a MTFS.</i></p> <p>Recommendations</p> <p>The MTFS should be completed to demonstrate how the HSCP expects to achieve financial balance in the medium term. Integral to the development of the MTFS will be the development of the joint action plan to support the delivery of the Commissioning Strategy and Market Facilitation Plan that was approved by the Board in November 2019. This action plan should clearly outline what the HSCP's commissioning work is expected to entail over years one to three and where these have financial implications that will require to be considered in the MTFS.</p> <p>When developing the next iteration of the Strategic Plan, the links between strategic and financial planning should be further strengthened by, where applicable and possible, detailing the financial resources required to achieve specific identified actions. One possible method for achieving medium term financial planning would be the detailing of best, worst and most likely case scenario planning. This could be based on possible pandemic recovery scenarios, settlements from the Partner Organisations and demand pressures.</p>	<p>Accepted – development of a 5 year Medium Term Financial Strategy is underway in line with Audit Scotland requirements. This will need to be considered in the context of the impact of Covid-19.</p> <p>Responsible Officer: Chief Finance & Resources Officer and HSCP SMT</p>	<p>April 2021</p>

Appendix 2 – Summary of HSCP and Social Care Internal Audit Progress in 2020/21

Audit Area	Reason for work	Status	Comment
HSCP Payment Claims Review Phase 1	Request of Senior Management (Covid response)	Complete	Update provided at previous PAR on 28 September 2020.
HSCP Payment Claims Review Phase 2	Request of Senior Management (Covid response)	Complete	Further information provided above in body of report.
HSCP Annual Assurance	Internal Audit Plan	Complete	Update provided at previous PAR on 28 September 2020.
HSCP Financial Planning	Internal Audit Plan	Complete	Update provided above in body of report.
HSCP Contract Awarding	Request of East Dunbartonshire Council	Complete	The implications of the findings will be considered as part of a wider contractual and commissioning review and a detailed report brought to a future HSCP Board meeting.
HSCP Corporate Governance	Internal Audit Plan	In progress	Further deferral due to reprioritisation of other work. Still expected to be completed 2020/21. Work scheduled to recommence Q4 2020/21.
HSCP Key Controls - Financial Assessments	Internal Audit Plan	In progress	Delayed due to reprioritisation of other work. Expected to be completed Q4 2020/21.
Carefirst data controls	Internal Audit Plan	In progress	In progress, expected to be completed Q4 2020/21.
Follow Up of Previous Audit Risks	Internal Audit Plan	Not commenced	Expected to commence Q4 2020/21 (previously expected to commence Q3).
HSCP Directions	Internal Audit Plan	Not commenced	Expected to commence Q4 2020/21.
Social Work Charging	Internal Audit Plan	Not commenced	Audit work expected to commence Q4 2020/21, with completion expected early 2021/22.
Children's Services Ring Fenced Funds	Internal Audit Plan	Not commenced	To be carried forward to 2021/22.
Home Care	Internal Audit Plan	Not commenced	To be carried forward to 2021/22.

Agenda Item Number: 4

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

Date of Meeting	5th January 2021
Subject Title	HSCP Transformation Plan 2020 21 Update
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (Tel: 601 3221)

Purpose of Report	To update the Committee on the delivery of the Transformation Plan for the HSCP for 2020/21.
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Recommendations	The Performance, Audit & Risk Committee is asked to: a) Note the update to the HSCP Transformation Plan for 2020/21
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Relevance to HSCP Board Strategic Plan	The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The transformation or annual business plan sets out the priorities which will be delivered during 2020/21 in furtherance of the strategic priorities set out in the Strategic Plan.
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Implications for Health & Social Care Partnership

Human Resources	None
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Equalities:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None.
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Sustainability:	None.
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Risk Implications:	None
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Implications for East Dunbartonshire Council:	None.
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Implications for NHS Greater Glasgow & Clyde:	None.
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Direction Required to Council, Health Board or Both	Direction To:	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input checked="" type="checkbox"/>

1.0 MAIN REPORT

Background

- 1.1 The HSCP Board agreed a transformation plan as part of the budget setting process for 2020/21 on the 26th March 2020. This comprised management actions identified through a budget challenge process (£0.9m), increased turnover targets for social work services (£0.4m), the carry forward of savings priorities identified for 2019/20 (£1.2m) and new transformation activity for 2020/21 (£0.7m). The latter 2 categories form the Transformation Programme for 2020/21.
- 1.2 The transformation activity identified and approved for 2020/21 did not address the full extent of the anticipated pressures for the partnership related to payroll uplifts, contractual and general price increases and demographic pressures and a budget gap of £2.8m remained. Further work, in collaboration with partners, was to be progressed to identify further transformation activity which would seek to mitigate this gap for 2020/21 and in the medium to longer term.
- 1.3 There have been a number of adjustments to the budget since the HSCP Board in March 2020, these adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 have reduced the financial gap to £2.1m.

Transformation Plan 2020/21

- 1.4 The onset of the pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had a significant impact on the delivery of the

transformation programme for 2020/21.

- 1.5 This has seen a re-direction of management and leadership capacity across the HSCP, Council and the NHS, toward managing the Covid-19 pandemic which has inevitably had an impact on our collective ability to deliver of the priorities set out in the Transformation Plan with slippage across the entirety of the programme.
- 1.6 There is still considerable resources directed to managing the response to the pandemic including new delivery models associated with PPE distribution, flu / Covid vaccination programmes, testing regimes as well as planning for the recovery of services which changed or stopped and delivering these in the context of a 'new normal'.
- 1.7 The priorities set out within the Transformation Plan were considered to fall into the three categories:-
 - transformative in nature,
 - aligned to delivery of financial efficiencies, or
 - Arising from the introduction of new national policy or legislation.
- 1.8 There has been a review of the Transformation Programme and a number of projects, which were originally classed as transformative, are now considered as being operational in nature and have therefore been re-categorised as such and will be delivered through operational service plans. There are 7 projects which have been re-categorised in this way.
- 1.9 There are a number of projects which have been closed off as being completed during this period, there are 6 projects which have been re-categorised in this way.
- 1.10 There are a number of projects which have been put on pause as they will not be delivered in year, given the re-focus of capacity on managing the impact of Covid, and will be re-visited as part of consideration of the 2021/22 transformation programme – there are 9 projects which have been categorised in this way.
- 1.11 The dashboard setting out progress on delivery of the remaining projects to be delivered during 2020/21 and the status of projects to be re-considered in 2021/22 is attached as **Appendix 1**.
- 1.12 The delivery of the transformation plan for 20/21 is indicating a shortfall of £1.0m at this point in the year. This means that the HSCP expects to achieve £0.9m of transformation savings during 2020/21. A copy of the status of projects approved as part of the transformation programme 2020/21 and the financial implications are included as **Appendix 2**.
- 1.13 There were a total of 29 (32) projects to be delivered within the transformation plan for 2020/21 (4 of the original projects have been consolidated under the umbrella of one over –arching area):-
 - 2 (3) are considered at Green status – on track
 - 3 (22) are considered Amber status (at risk) – work is underway with some risk or delay to delivery.
 - 11(7) are considered Red status – more significant risks / delays to delivery. There are nine of these projects which are now on pause pending review for progress within 2021/22.
 - 6 projects have been closed off / completed this period























- 7 projects have been re-categorised as operational and will be delivered through service plans











1.14 This shortfall along with the revised budget gap of £2.1m are included within Local Mobilisation Plan returns through GG&C to the Scottish Government as part of tracking the financial impact from the Covid pandemic. The SG have advised that all reasonable costs related to responding to the pandemic will be supported by funding from SG and there is expected to be clarification on the extent to which un-achieved savings will be funded in January 2021.

HSCP Transformation Programme 2020/21

Programme Dashboard – Arranged by Priority Score

HSCP TRANSFORMATION PROGRAMME 2020/2021

Programme overview				Summary of RAG Status			
Number of Projects 16				On Track 2		At Risk 3	In Exception 11
Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date
84	Review of Voluntary Sector Commissioning Spend			<div style="width: 80%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 80%	Engagement with 3rd sector delayed during Covid response	01-Jun-2019	31-Mar-2021
82	CM2000: Call Monitoring System: Private Providers Roll Out (On behalf of HSCP)			<div style="width: 35%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 35%	Linked to the award of the Care at Home framework through SXL National contract - potential delay until 21/22.	01-Jun-2019	31-Aug-2021
80	Development of Digital Access to service option			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Project progressing as expected	31-Mar-2021	31-Mar-2021
71	Review and Implementation of Community Care Policies			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Amber due to delays in establishing review team and the impact this has had on the delivery of the saving in year	01-Sep-2019	31-Mar-2021
65	Review staffing levels in registered services across HSCP			<div style="width: 75%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 75%	Final report still to be completed	31-Mar-2021	31-Mar-2021
65	Review of MH / Addictions Commissioning following outcome of needs assessment			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Outcome of needs assessment not conclusive.	31-Mar-2021	31-Mar-2021
64	Alternative Accommodation Options Through Care			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Project progressing as expected	31-Mar-2021	31-Mar-2021
20	Review approach to Prescribing			<div style="width: 5%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 5%	Currently on hold. Review 21/22 Programme	31-Mar-2022	31-Mar-2021
20	Online Asset Map			<div style="width: 5%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 5%	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	Deliver locality based access points and community led support			<div style="width: 5%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 5%	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	Redesign HSCP Staffing and management structure to support new ways of working			<div style="width: 5%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 5%	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021

Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date
20	Pilot family group decision making model			<input data-bbox="913 177 1111 218" type="text" value="5%"/>	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	Scope potential for residential care beds in East Dun / new residential care home			<input data-bbox="913 252 1111 293" type="text" value="5%"/>	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	Evaluation of Care at Home revised service model			<input data-bbox="913 359 1111 400" type="text" value="5%"/>	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	LD Supported Accommodation Review (Inhouse Service)			<input data-bbox="913 434 1111 475" type="text" value="5%"/>	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021
20	LD Supported Accommodation Review (Commissioned Services)			<input data-bbox="913 509 1111 550" type="text" value="5%"/>	Currently on hold. Review 21/22 Programme	31-Mar-2021	31-Mar-2021

East Dumfriesshire HSCP
Financial Planning 2020/21
Transformation 2020/21

Ref	Workstream	Action	Description	HCS Lead / Approver	Project Lead / Author	Financial Impact 2021 (£000) per 18 26th March 20	Financial Impact 2021 (£000) 16th July 2020	Financial Impact 2021 (£000) 1st Sept 2021	Financial Impact 2021 (£000) Dec 2021	RAG Status	Dependencies	Comments
19/20/01	Digital	CM2000 External Providers	Implementation of a scheduling system for external healthcare providers to support payment for services on actual service delivery as opposed to planned.	Derrick	Gillian Healy	300	0	0	0	Red	SX Contract Awarded - Potential W4 Actual reconciliation	Linked to the award of the Care at Home Framework through SX National contract - potential delay until 21/22. Project meetings to be re-started (DP) to plan for go live date of 1st April 2021
19/20/03	Policy	Fair Access to CC	Implementation of Fair Access to Community Care Policy which ensure an open, transparent and equitable access to community care services.	David	Stephen McDonald	200	100	50	50	Amber		Review team now established, prioritisation of work underway including the re-start of services, (where these have ceased / reduced) and development of a schedule of rates. PAH narrative to be developed.
19/20/04	Service Change	Transport Policy	Implementation of Assistance with Transport policy across adult and children's services.	David / Claire	Stephen McDonald (Adults/Old or People)	50	25	12.5	12.5	Amber		As above
19/20/05	Changing	Fully Implement Existing Charging Policies	Implementation and application of non residential charging policy to all individuals determined to fall within the criteria for receiving a charge for the services they receive.	Jean	Jean Campbell	25	0	6.5	6.5	Amber	Linked to the prioritisation of work through the review team.	As above
19/20/06	New Model	Sleepovers	Review of sleepover arrangements with a view to maximising opportunities for technical solutions.	David	Stephen McDonald	50	25	25	25	Amber		As above
19/20/07	Efficiency	3rd Sector Grants	Review of 3rd sector commissioned spend to maximise efficiencies across the sector.	Gillian H	Gillian Healy	185	92.5	46.25	46.25	Amber	Part of provider reconciliation exercise, planned re-actual, review of needs assessment for alcohol & drugs support services.	Engagement with 3rd sector delayed during Covid response - discussion to resume with lessons learned during Covid response to inform new ways of working across the sector. Meetings to be established to link into through Alcohol needs assessment (EN) Reconciliation process to be progressed at year end to recover any surplus monies arising from Covid impact during the year.
19/20/12	Service Change	Review staffing levels in registered services across HSCP	Review of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.	Claire	Claire Farthy	52.5	26.25	26.25	0	Red		Review of staffing levels in Ferndale, Pineview and John Street completed - final report to be completed (CC) - no scope for savings as reduced staffing levels caused higher levels of overtime to maintain care (respective staffing levels) and rates.
19/20/15	Service Change	Review of MH / Addictions Commissioning following outcome of needs assessment	Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health through recovery.	David	Gillian Healy	0	0	0	0	Amber	Review of 3rd sector and related dependencies within project 19/20/07.	Outcome of needs assessment not conclusive. Initial thinking around an over arching service with some services supporting this - develop and conclude new model early.
Sub Total 19/20 Savings C/wed						863.5	268.75	166.5	166.25			
Service Resilience 20/21												
20/21/01	Assets	Scope possible alternative accommodation options to meet the needs of those at home / care leavers	Development of "house project" and access to funding through Life Changes Trust to implement within East Dumfriesshire.	Claire	Raymond Walsh	400.0	200.0	200.0	200.0	Green	Accommodation through housing.	In progress - funding approved, contract with legal services, Co-ordinator appointed and recruitment of 2 facilitators underway, work with housing to identify tenancies underway.
20/21/05	Access	Develop Digital Access to service option	Development and implementation of a digital strategy to support service delivery models going forward	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Green		Scope further opportunities in light of new working during Covid - to be anchored through Digital Strategy Group (DP)
Sub Total Service Resilience / Transformation 20/21						400.0	200.0	200.0	200.0			
TOTAL Deliverable Programme 2021						1,263.50	468.75	366.50	340.25			

Projects Paused for 2021 - to be reviewed for 21/22

19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across CO.	Derrick	Carolyn Fitzpatrick	200	0	0	200	Red	Board wide savings programme, staff re-directed to Covid response.	Number of risks for prescribing for 2021 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 2021 as volumes for April / May show a compensating reduction - monitor closely, in addition pharmacy staff redeployed to Covid effort impacting delivery of local services.
19/20/14	Access	Re Investigate On Line Asset Map	Re establish work to scope and capture community resources across East Dumfriesshire to support self management and signposting for individuals seeking to access support.	Derrick	David Radford	0	0	0	0	Red	Digital Strategy	Work paused - priority directed to covid response. To be delivered through Digital & Care Asset.
20/21/07	Service Change	Deliver locally based access points and community led support	Deliver locally based access points and community led support	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Red		As above
20/21/08	Service Change	Redesign HSCP Staffing and mgmt structure to support new ways of working	Redesign HSCP Staffing and mgmt structure to support new ways of working	Caroline	Caroline Sinclair	25.0	12.5	0.0	0.0	Red		Linked to HSCP delivery model going forward
20/21/09	New Models / Practice	Pilot family group decision making model	Pilot family group decision making model	David	David Ashton	0.0	0.0	0.0	0.0	Red		Not progressed during Covid period
20/21/11	New Models / Practice	Scope potential for residential care beds in East Dun / new residential care home	Scope potential for residential care beds in East Dun / new residential care home	Derrick	David Dickson	Nil	Nil	Nil	Nil	Red		Business case on hold during Covid response
20/21/12	Service Change	Evaluation of Care at Home revised service model	Evaluation of Care at Home revised service model	Derrick	Richard Murphy	0.0	0.0	0.0	0.0	Red		Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation
20/21/13	Service Change	LD Supported Accommodation Review (In House Services)	Review of in house service delivery models to support individuals with a learning disability requiring residential accommodation	David	David Ashton	0.0	0.0	0.0	0.0	Red		LD Review on hold during Covid response
20/21/14	Service Change	LD Supported Accommodation Review (Commissioned Services)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a supported accommodation model.	David	Gillian Healy	0.0	0.0	0.0	0.0	Red		LD Review on hold during Covid response
Sub Total Projects Paused 20/21						225.0	125.0	0.0	200.0			

Projects Reviewed and Considered Management Action and Moved to Operational Service Plans

19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick	Stephen McDonald	30	15	15	15	Red	Impact of social distancing requirements on fleet use.	Anticipate increased mileage for homework during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.
19/20/02	Charities	Day Care / Transport Charities	Increases in charging for daycare services to £20.80 per day and for transport to £4.20 per day.	Jean	Jean Campbell	50	0	6.25	0	Red	Re-start of daycare services in line with SS route map.	Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 26th Sept 2020, need of saving achieved dependent on timing and levels of daycare services to resume post covid response period.
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health and social team teams with a view to streamlining provision.	Derrick	Fiona Munro	33	33	33	33	Green		In progress.
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Milly Cleary	0.0	0.0	0.0	0.0	Amber		Endowment application completed to progress training - no savings anticipated.
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based approach to assessment.	Claire	Suzanne Girdle	0.0	0.0	0.0	0.0	Amber		As above
20/21/06	Workforce / Practice	Develop and deliver locally based working with two teams	Develop and deliver locally based working with two teams.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		Review use of Milegate Clinic in light of social distancing requirements, access use of Enterprise House to locate west locality teams (DP)
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Amber		In progress (DP)
Sub Total Projects moved to Operational Service Plans 20/21						119.0	48.0	54.3	48.0			

Project Closed - Completed

19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to blue badge.	Derrick	Fiona Munro	18	9	9	9	Green		Review completed - balance of saving into the equipment line.
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality.	Derrick	Kelly Givney	25	25	25	25	Green	Linked to planning for the recovery of day centre provision.	Daycare services ceased during Covid response, consideration of guidance on safe restart to congruence services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review. Final element of review to be re-assessed for 2021/22.
20/21/02	Service Change	Withdraw from Canal Project	Re provisioning of housing support delivered through the Canal Project from Social Work to Housing service.	Claire	Claire Farthy	276.0	276.0	276.0	276.0	Green		Complete - Costs are now being met through Housing department.
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Green		1st Phase complete - Re-vital open and develop Power for ASG process and submit through SMT for approval and implementation (KG / SMD / DA / DP)
20/21/15	Digital	Digital alternative to homecare med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in receipt of support from homecare services.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	Green		Review complete - Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med-call only.
20/21/17	New Model	Implementation of East Dumfriesshire Strategic Cancer Partnership	Implementation of East Dumfriesshire Strategic Cancer Partnership	Derrick	David Radford	0.0	0.0	0.0	0.0	Green		Approved through HSCP Board and implementation in progress
Sub Total Projects Completed 20/21						1,020.50	839.25	716.75	888.25			
Overall 20/21						1,263.50	468.75	366.50	340.25			

Agenda Item Number: 5

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

Date of Meeting	5 th January 2021
Subject Title	East Dunbartonshire HSCP Corporate Risk Register
Report By	Jean Campbell Chief Finance and Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (Tel: 601 3221) Jean.campbell@ggc.scot.nhs.uk

Purpose of Report	To provide the Committee with an update on the Corporate Risks and how they are managed.
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Recommendations	The Committee is requested to review the Corporate Risk Register and approve the content.
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Relevance to HSCP Board Strategic Plan	High level risks may impact on certain areas within the Board Strategic Plan.
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Implications for Health & Social Care Partnership

Human Resources	The Senior Management Team are required to review the Corporate Risk Register twice per year.
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Equalities:	Nil
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Financial:	Nil
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Legal:	The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.
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Economic Impact:	Nil
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Sustainability:	Nil
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Risk Implications:	This risk register is an aggregate of all service specific risk registers and control measures must be reviewed and updated regularly to reduce risk.
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Implications for East Dunbartonshire Council:	The H&SCP 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.
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Implications for NHS Greater Glasgow & Clyde:	The H&SCP 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.
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Direction Required to Council, Health Board or Both	Direction To:	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

1.0 MAIN REPORT
1.1 The HSCP Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
1.2 Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.
1.3 The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated. This review has been delayed as a result of the impact of managing the Covid response, albeit a specific risk register was developed to capture the risks associated with the Covid pandemic. The keys risks in relation to Covid were reflected in the Annual Accounts reported to the Performance, Audit & Risk Committee in June and September 2020.
1.4 The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the HSCP Corporate risk register as they will remain relevant for the duration of 2020/21 and into 2021/22.
1.5 There are a total of 26 risks included within the HSCP Corporate Risk register, 14 relate specifically to the Covid pandemic. Of the 12 risks that relate to the normal business of the HSCP, 9 are considered to be high risk albeit following the risk management actions implemented this reduces to 2 high risk areas.

- 1.6** The biggest areas of risk relate to the continuing financial position for the HSCP related to achieving financial balance and delivery of the transformation programme. The risk management actions will mitigate the likelihood of these risk events occurring and the development of a medium term financial plan and continued collaborative working with partner agencies in the development of transformation activity, which commenced pre covid, will be key in managing these risk events.
- 1.7** There is a specific risk in relation to the impending EU exit with the key areas impacting the HSCP detailed within the risk register. Work continues with partner agencies to put in place measures to mitigate these risks albeit this will largely be dependent on measures to be put in place across Scotland and the UK to ensure the ongoing supply of key goods and services.
- 1.8** There are 14 risks identified in relation to the potential impact from the Covid pandemic, of which 10 are considered high risk with this reducing to 3 following the risk management actions identified.
- 1.9** The biggest Covid risks relate to the ongoing ability to deliver services to vulnerable individuals within the community whether in a care home or care at home setting as the service manages the impact of Covid on the availability of staff, carers and the closure of services where alternatives may have to be considered.
- 1.10** The risk management actions identified will mitigate the likelihood of these risk events occurring with the recruitment and redeployment of staff to high risk areas, support to the external provider market and the identification of alternative models of care to support individuals safely and provide the necessary breaks and respite for carers to support them during this challenging time.
- 1.11** A copy of the HSCP Risk Register is included as **Appendix 1**.

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP1	Inability to achieve financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, as-of-yet unknown post covid service demand impacts arising from changed profiles of health and care usage/access during covid 'lockdown' provision and behaviours, increasing public expectations re service provision, and of risk share agreement re Prescribing, public service financial challenges resulting in requirements to make financial efficiencies	Reduced ability to maintain service levels leading to service reductions and potential risk of poor service / harm to individuals Cuts to staff in post Reputational risk to the HSCP	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year.	5	4	20	1	Treat	Liaison with other Chief Finance Officers network Monitoring of delivery of efficiency plans for the coming year through the HSCP transformation board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan.	4	4	16	2	Chief Officer
HSCP2	Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties	Insufficient capacity to deliver sufficient levels of training in-house and insufficient funding available to buy in training to meet capacity shortages. Lack of clarity around roles and responsibilities Inadequate training. Inconsistent assessment and application of protection procedures.	Death or harm to Service User. Failure to meet statutory adult support and protection duties. Reputational risk to the HSCP.	Health and Safety	Chief Officers' Group and Adult Protection Committee structure in place and overseeing training delivery. Progressive multi-agency ASP learning and development programme in place. Mandatory Levels 1-3 training delivered by partner agencies, including Level 3 for SW Council Officers and managers responsible for leading statutory investigations and protective interventions. Elective Level 2 multi-agency training. Relevant HSCP and partner agency staff, including commissioned services, participate in annual case file audit and improvement task groups.	3	4	12	2	Treat	Business case developed to in-source ASP training through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.	2	4	8	3	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldecott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldecott Guardian.	3	4	12	2	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (MLO) role. Digital GDPR training now mandatory for staff with network access.	2	4	8	3	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Errors in patient information Errors in drug information Poor or inadequate communication Inadequate medication storage, stock, standardization, and distribution Drug device acquisition, use, and monitoring Environmental factors Staff education and competency Patient education	Breach of Information management legislation. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed. This is implemented as/when staff capacity allows. IMLO reports to SMT on status of work.	5	2	10	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out.	2	2	4	4	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning, Lack of suitably trained resource, Disjointed partnership working.	Reputational damage Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and/or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak.	2	5	10	3	Tolerate	Business Continuity plans. Mutely agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed	2	5	10	3	Chief Officer
HSCP 6	Failure to secure effective and sufficient support from NHS GG&C and ED Council to plan, monitor, commission, oversee and review services as required. Functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities HSCP reliance on NHS GG&C and ED Council IT infrastructure and systems Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements and changing legal/policy etc underpinning requirements.	Failure to effectively and securely store and retrieve records - case management systems become outdated Inability to effectively and timeously share information Inability to be effective in electronic management and communication (e.g. arranging meetings) Inability to progress service redesign in delivery of the strategic priorities for the partnership. Inability to meet statutory requirements/duties	Service Delivery	Engaged in Board wide process to ensure proportionate allocation. Chief Officer attend constituent body CMT / SMT meetings.	3	3	9	3	Tolerate	Ongoing collaborative work with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered	3	3	9	3	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Community Nursing and Mental Health Officer	The reduction in numbers of registered staff in post. Aging workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing workforce.	4	3	12	2	Treat	Develop workforce plan for 2018-21 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues.	2	3	6	3	Chief Officer
HSCP 8	Failure of external care provider to maintain delivery of services.	Collapse of Care Provider; care homes and practice failures. Capacity of market, staff recruitment issues, impact of living wage changes, failure of business continuity procedures, contractual negotiations through procurement. Potential for negative impact of Brexit on workforce.	Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment through lack of services or lack of timely intervention Reputational risk to the HSCP	Service Delivery	Contract Management Framework Regulation/Inspection framework SXL Framework	3	4	12	2	Treat	Support to providers. Provider Forums. Care home liaison. Contract Management Framework liaison post. Oversight through HSCP Clinical & Care Governance Group.	2	4	8	3	Chief Officer
HSCP 9	Failure to effectively manage health and safety needs of staff when lone working	Not all services have an established 'checking in' or tracking process in place for staff undertaking lone visits outside office hours	Staff stress levels increasing Physical and Emotional Harm to staff	Health and Safety	Lone Working policy in place. Enhanced use of technology within EDC (CCTV, Buzzers, Panic alarms, Mobile phones) Warning Management system in place in Carefirst Reporting of all incidents and near misses in accordance with procedures and undertaking of appropriate follow up action.	3	4	12	2	Treat	Training and induction on De escalation training. Monitoring through Datix.	2	4	8	3	Chief Officer
HSCP 10	Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme.	Significantly negative impact on ability to delivery medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance.	Service Delivery	Transformation Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year.	3	4	12	2	Chief Officer
HSCP 11	Brexit - may negatively impact service delivery as a result of staff, equipment, medication or food shortages	No deal Brexit resulting in lack of agreements with the EU on the trade arrangements for goods and services, free movement of individuals, cost escalation and delays in obtaining supplies to support service delivery. Potential for hardship of service users and patients requiring more input from statutory services.	Equipment not being available for services users for their own home. Lack of provision for food and medical supplies to deliver in house care services. Insufficient staffing levels to deliver services or care. Impact on availability of medicines and or short supply issues leading to increased costs. Capacity to manage multiple events in addition to Covid.	Service Delivery	Ongoing assessment of menu which may result in changes to the menu to reduce impact if supplies restricted, engagement with local care providers on scale of issues and ensure effective BCP arrangements are in place. Flexibility within in house services to respond to high risk need. Links via Equipu Steering group and wider mitigation issues across the system. Engagement with local providers on the scale of the issues.	3	4	12	2	Treat	Ongoing engagement with Brexit risk assessment and planning groups across ED Council and NHS GG&C	2	4	8	3	Chief Officer

IJB Risk Register @ 21st December 2020

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP 12 - new	Failure to deliver the health visiting pathway in line with SG requirements	Insufficient Health Visitor workforce required to safely facilitate the delivery of the Universal Health Visitor Pathway in East Dunbartonshire due to caseload weighting model tool used by NHSGG&C being heavily weighted towards SIMD which does not favour East Dunbartonshire. Re grading of health visitors to band 7 creates further pressures on the allocated budget resulting in further staffing capacity challenges.	Failure to accurately assess and respond to risk. Inability to meet service requirements/duties Unable to provide care in line with Scottish Government Universal Health Visitor Pathway Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Poorer patient outcomes	Service Delivery	Issue escalated corporately to NHSGG&C Board CMT and East Dunbartonshire IJB. Caseload numbers closely observed and monitored to allow staffing to be allocated dependent on areas of greatest need. Resources prioritised to the highest SIMD areas. Local workforce plan in place. Vacancy management process in place. Temporary reduction in delivery of contacts from Universal Health Visitor Pathway risk assessed and agreed with East Dunbartonshire HSCP SMT.	4	3	12	2	Treat	GG&C board wide review to look at different models for delivery including skill mix and weighting toll for application of funding.	4	2	8	3	Head of Children & Criminal Justice Services

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COVID1	Failure to deliver in house care at home services to all those vulnerable and complex individuals to allow them to remain safely at home	Rising levels of absence among employees within the care at home service due to sickness /testing outcomes/ self isolation as a result of the virus, lack of proper equipment to support employees to deliver services safely during this period, rising demands to support greater need and complexity within the community as a result of increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, unsafe practice in service delivery due to lack of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of absence levels and adherence to health protection Scotland advice, additional overtime on offer for staff at work, ongoing recruitment, staff re-direction to frontline care at home service, purchase of appropriate PPE to support staff to deliver safely, management of demand through reliance on carers / family members.	4	4	16	2	Treat	Additional recruitment drives, review options for further staff re-direction / training, liaison with other HSCPs for resilience, work locally with external care providers.	3	4	12	2	Chief Officer
COVID2	Failure of external care providers to deliver ongoing care to vulnerable individuals within the community including care home and care at home.	Rising levels of absence among provider employees across full range of commissioned services due to sickness / testing outcomes / self isolation as a result of the virus, lack of proper equipment to support provider employees to deliver services safely during this period, rising demands to support greater need and complexity within the community as a result of daycare closures, increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, lack of residential placements for those that need them, revert to in house services who are also struggling to deliver, unsafe practice in service additional due to lack of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of provider business continuity arrangements including absence levels and adherence to health protection Scotland advice. Assurances to providers on continued funding and any additional costs incurred at this time through additional overtime, recruitment, staff re-direction to frontline services, access to and purchase of appropriate PPE to support staff to deliver safely, re-direction of daycare staff to support individuals within supported accommodation or at home, reliance on carers / family members.	4	4	16	2	Treat	Additional contract monitoring and commissioning support and liaison to support business continuity. Access to HSCP PPE ordering.	3	4	12	2	Chief Officer
COVID3	Increased demand for services to support individuals within the community in the context of reduced capacity.	Reduced acute hospital capacity, as a result of Covid 19 emergency admissions, reduced informal carer capacity, as a result of carers becoming ill with Covid and/or of being unable to provide support due to self-isolation or lock-down; reduced day and respite services due to service closures;reduced wellbeing of vulnerable people, post-infection; mental health impact of self-isolation and community lock-down; potential for increase in domestic violence due to self-isolation and lockdown.	Individuals at risk of harm within the community.	Service Delivery	Measures in place to manage effective discharge during Covid period, additional capacity created through purchase of additional placements in care homes and in house care at home provision, mobilisation plans developed and in progress including approval for additional spend from SG. Staff directed to critical areas of service delivery, supports in place to enable business continuity.	4	4	16	2	Treat	Additional support provided to individuals / carers to support those at risk and shielding to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas.	3	4	12	2	Chief Officer
COVID4	Lack of funding available through the Scottish Government (SG) to support the significant additional costs arising from managing the Coronavirus locally.	Exact nature and level of costs not known with certainty, financial impact on care providers to be met, limited funding available across the public sector agencies, costs are more significant than predicted.	Significant impact on HSCP financial performance for the year putting additional pressure on transformation activity required and reliance on partner agencies for additional support at year end.	Financial	Development and contribution to GG&C Mobilisation plan, financial templates completed and submitted for East Dunbartonshire, weekly updates on anticipated expenditure and actual expenditure as planning progresses, ledger codes set up and guidance issued to staff to monitor expenditure related to Covid.	3	4	12	2	Treat	Political and Chief Officer representation on GG&C and national groups to make representation for adequate funding, representation through COSLA.	2	4	8	2	Chief Officer
COVID5	Inability to support early, effective discharge from hospital	Increasing absence within hospital assessment team to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, requirements for negative covid tests on discharge, capacity and ability of care homes to take individuals during Covid arrangements, pressure on care at homes services to support individuals to remain safely at home.	Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions due to coronavirus, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future.	Service Delivery	Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and eng-hancing capacity within care at home services to support discharge home.	3	4	12	2	Treat	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff.	2	4	8	3	Chief Officer
COVID6	Increase in incidence of child and adult protection concerns.	Children may be absent from school and at home for periods of self isolation which places additional pressures at home and schools act as a key oversight for indication of child protection concerns, escalating and heightened stress factors managing children at home, adults observing social distancing measures and self isolating causing stress factors within the home, support and services not available during current period which would identify / mitigate escalation of child / adult protection concerns and potential for abuse or exploitation.	Children and adults placed at risk of harm, mechanisms to identify risks are no longer in place therefore detection may go un noticed for longer periods.	Service Delivery	Child and Adult protection staff working at home and ensuring regular contact maintained in line with procedures, children at risk continuing within education and receiving support with food supplies.	3	4	12	2	Treat	Local Covid-19 Adult Protection and Child Protection guidance established and and child and adult protection based work maintained as a priority, Covid Public Protection Group established to ensure appropriate oversight and early identification of any issues in relation to our delivery of child, adult and public protection services.	2	4	8	3	Chief Officer
COVID7	Inability to secure adequate levels of Personal, Protective Equipment (PPE) compliant with relevant guidance for frontline staff.	Changing guidance widens the net and circumstances which require the use of PPE, demand across the country for PPE in the context of limited supply locally and nationally.	Frontline staff may contract the virus while supporting vulnerable individuals at home. Similarly, there is a risk that frontline workers pass on the virus while supporting our most vulnerable. Care providers, voluntary sector and personal assistants do not have access to PPE to support service delivery. Ultimately frontline staff may refuse to deliver services if the proper PPE is not available to protect them and others Diminishes the availability of staff to deliver critical services.	Business Continuity	Ensure central stock of PPE within East Dunbartonshire through established PPE Hub; Ensure co-ordination of local supply through Woodland health clinic to inhouse / care provider market, carers, PAs; Links to national supply through NSS under an MOU.; work closely with local procurement to source additional supplies as required.	3	4	12	2	Treat	Raise any concerns with supply/stock levels with Gold Command via Chief Officer; Links across GG&C through Tactical meetings for added resilience.	2	4	8	3	Chief Officer
COVID8	Failure of the voluntary sector to provide resilience and support to individuals at risk within the community.	Rising levels of absence among volunteers due to sickness / testing outcomes/ self isolation as a result of the virus, lack of proper equipment to support volunteers to support individuals safely during this period, rising demands to support greater need and complexity within the community as a result of increased self isolation under government guidelines, lack of family contact and other support infrastructures.	Increased social isolation for vulnerable individuals within the community, risks that individuals are left without food / supplies to support them during this period, reliance on statutory services to intervene at a time when struggling with capacity to support those at highest risk.	Service Delivery	East Dunbartonshire Shielding Team established, including voluntary sector representation, to connect with those most vulnerable within the community to offer advice, direction and support; HSCP Local Resilience Management Team in place including voluntary sector representation to dovetail approach; increasing levels of volunteers locally;support designed in ways to limit contact with those suffering from the virus - phone calls, parcels delivered to the door etc	3	3	9	3	Treat	Continued call for volunteers, links to national groups through Chief Officer to escalate any local issues.	2	3	6	3	Chief Officer
COVID9	Closure of health & social care centre	Individual / staff member with the virus attends the centre, outcome of test & protect process for Covid positive cases.	Area becomes infected, transmission to numbers of individuals, lack of confidence from public in attending the centre, services unable to be delivered safely. Staff isolating at home impacting ability to safely deliver services.	Business Continuity	Consistent message in all health and care establishments advising staff and members of the public not to attend with symptoms; All services have plans in place to inform staff and members of the public not to attend any scheduled appointments with symptoms; only emergency appointments being scheduled; Business Continuity Plans in place across health and care establishments and Teams. Deep cleaning arrangements in place across all facilities / GP Practices. Members of public have limited access to specific areas of building. Social distancing risk assessment and action taken to mitigate risk of transmission of disease.	2	4	8	3	Treat	Invoke business continuity and deliver services from another building or re-locate services to another part of the health and social care centre given the building is not operating at full capacity during this period. Support all staff to work from home during period of self isolation.	2	3	6	3	3rd Sector Interface representative
COVID10	Failure of Assessment Centre to deliver community respiratory pathway over the winter period.	Local assessment centre now closed, reliance on Barr Street, Glasgow to support residents from East Dunbartonshire. Demand levels escalate beyond planning assumptions, shortage of suitably trained nursing or medical staff; staff become unwell or develop symptoms requiring self isolation, no availability of suitable PPE or equipment such as oxygen, oxygen masks & tubing, medication etc in order to safely support service delivery.	Individuals at risk of not being properly assessed within centre, increased numbers referred to hospital which could become quickly over-whelmed in the event that the Community Pathway is overwhelmed entirely then patient care will revert back to individual practices – with risk to the integrity of the General Practice services.	Service Delivery	Board wide planning group to ensure continuity of CAC arrangements and to review options for additional staffing across GG&C.	3	4	12	2	Treat	Links established across GG&C to provide additional resilience through the Tactical Group and Chief Officer representation.	2	4	8	3	Chief Officer
COVID11	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	East Dunbartonshire COVID-19 Assessment Centre offers alternative route for suspected COVID-19 patients offering protection to GP staff population, aiming to reduce GP staff absence. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care within East Dunbartonshire.	2	4	8	3	Treat	In addition the HSCP is taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements.	2	3	6	3	Clinical Director
COVID12	Lack of effective communication to staff and wider population on managing the coronavirus during this period	Lack of/confusing/changing communication distributed from central government impacts on local communication strategies resulting in local failure to communicate effectively and efficiently.	Mis-information and inappropriate responses to managing services, loss of confidence within staff group / public on what they should be doing; service inefficiency and potential risk of error/governance concerns and increased staff sickness	Reputational	National guidance informs communications and links to government / Health Protection Scotland information included on website, regular core / team briefs and employee news issued to keep staff up to date. Proactive contact with the most vulnerable individuals as part of the Shielding initiative. Links established through the Chief Officer to national group, Council / NHS management response teams and local response management teams.	2	3	6	3	Tolerate		2	3	6	3	Chief Officer
COVID13	Additional pressures upon East Dunbartonshire Alcohol and Drug Recovery Service	Possible constriction of supply and resourcing of drugs/illicit substances. Alternative prescribing arrangements established during Covid-19 pandemic. Early release from custody where alcohol / drug issues may be present.	Potential increased community demand on integrated health and social work services, and demand for replacement therapies. Supply and resourcing issues may lead to additional polysubstance use and of use of substances which may not be routinely consumed and implications for both physical and mental health, and potential risk of increased drug related deaths by overdose.	Service Delivery	Robust and proactive measures established by EDADRS to ensure weekly contact with patients and service users at risk of additional harm. Engagement and monitoring with partners in the third and independent sector to ensure early identification of any local and national issues in terms of supply and resourcing. Review within Covid-19 Public Protection Group in terms of risks related to drug related deaths, suicide and links to justice services. Enhanced management arrangements established within EDADRS service.	3	4	12	2	Treat	Enhanced arrangements to ensure weekly contact with patients and service users assessed at risk of additional harm. Joined up work across Alcohol and Drug Partnership as required. Continued prioritisation within Covid-19 Public Protection Group. Enhanced on site staffing / management arrangements established within EDADRS service	2	4	8	3	Chief Officer
COVID14	Heightened risk of community mental ill-health and deterioration in wider wellbeing and mental health.	Impact of global pandemic, lockdown arrangements and increased social isolation and disruption to normal social connections and social contact. Reduced service provision within Primary and Secondary Mental Health services.	Increased demand on Community Mental Health Team services and potential heightened risk of self-harm and suicide.	Service Delivery	Continued provision of community and emergency mental health assessment and services. Voluntary and third sector services continue to provide support increasing use of mobile and digital functionality. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community.	3	4	12	2	Treat	Service provision continued in accordance with business continuity plans. GGC boardwide initiatives to ensure continued provision of emergency and out of hours services established. Development of third sector and independent sector and provision of their services continues. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community and enhance community resilience. Continued oversteer and review within Covid-19 Public Protection Group.	2	4	8	3	Chief Officer