

Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 13 June 2025

A meeting of the Inverciyde Integration Joint Board Audit Committee will be held on Monday 23 June 2025 at 1pm within the Municipal Buildings, Greenock.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 20 June how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation.

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Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

LYNSEY BROWN

Head of Legal, Democratic, Digital & Customer Services

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The reports for this meeting are on the Council's website.

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If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

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Enquiries to – Diane Sweeney – Tel 01475 712147 Lindsay Carrick – Tel 01475 712114

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INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE - 24 MARCH 2025

Inverciyde Integration Joint Board Audit Committee

Monday 24 March 2025 at 1.00pm

Present:

Voting Members:

Councillor Lynne Quinn (Chair) Inverclyde Council
Councillor Sandra Reynolds Inverclyde Council

Dr Rebecca Metcalfe (Vice Chair) Greater Glasgow & Clyde NHS Board Karen Turner Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone Staff Representative, Greater Glasgow &

Clyde NHS Board

Also present:

Kate Rocks Chief Officer, Inverclyde Health & Social Care

Partnership

Craig Given Chief Finance Officer, Inverclyde Health &

Social Care Partnership

Andi Priestman

Chief Internal Auditor, Inverclyde Council

Vicky Pollock

Legal Services Manager, Inverclyde Council

Chief Social Work Officer, Inverclyde Health &

Social Care Partnership

Katrina Phillips Interim Head of Mental Health and Alcohol &

Drug Recovery Services, Inverclyde Health &

Social Care Partnership

Alan Best Interim Head of Health & Community Care,

Inverclyde Health & Social Care Partnership

Margaret McIntyre Head of Children & Families and Justice,

Inverclyde Health & Social Care Partnership

Diane Sweeney Senior Committee Officer, Inverclyde Council Colin MacDonald Senior Committee Officer, Inverclyde Council

Emma Peacock Solicitor, Inverclyde Council

Alison Ramsey Corporate Communications, Inverclyde

Council

Chair: Councillor Quinn presided.

The meeting was held at the Municipal Buildings, Greenock, with Councillor Reynolds and Ms Turner attending remotely.

1 Apologies, Substitutions and Declarations of Interest

No apologies for absence or declarations of interest were intimated.

Prior to the commencement of business, the Chair referred to the retirement of Ms McCrone and thanked her for her service to the IIJB Audit Committee.

2 Minute of Meeting of IIJB Audit Committee of 9 September 2024

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 9 September 2024.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE - 24 MARCH 2025

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

3 Minute of Meeting of IIJB Audit Committee of 18 November 2024

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 18 November 2024

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

4 IIJB Audit Committee Rolling Annual Workplan

There was submitted a list of rolling actions arising from previous meetings of the IIJB Audit Committee. The list was presented by Mr Given.

Decided: that the Rolling Annual Workplan be noted.

5 Internal Audit Progress Report from 1 June 2024 to 28 February 2025

There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the progress made by Internal Audit during the period 1 June 2024 to 28 February 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.

Decided: that the progress made by Internal Audit for the period 1 June 2024 to 28 February 2025 be noted.

6 Status of External Audit Action Plans at 28 February 2025

There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the status of current actions from External Audit Action Plans at 28 February 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.

Decided: that the progress to date in relation to the implementation of external audit actions be noted.

7 IJB Best Value Statement 2024/25

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending for approval the Draft Best Value Statement in relation to how the IIJB has delivered Best Value during the previous financial year. The report was presented by Mr Given.

Decided: that the Draft Best Value Statement 2024/25 be approved.

8 IJB Risk Register

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IIJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in March 2025. The report was presented by Mr Given.

Ms Phillips responded to comments and questions concerning (1) Mental Health staffing, (2) in-patient beds, (3) targets and (4) locums and seconded staff.

Decided: that the content of the report be noted.

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8 Inverclyde Integration Joint Board – Directions Update February 2025

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IIJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period September 2024 to February 2025. The report was presented by Ms Pollock.

Decided: that the contents of the report be noted.

9 External Audit – Audit Fee 2024/25

9

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising that KPMG External Audit Fee for 2024/25 is £34,000. The report was presented by Mr Given.

Mr Given advised of a typographical error in the report, and accordingly paragraph 1.2 should read 'The purpose of this report is to present the KPMG External Audit Fee for 2024/25, for IJB approval.'

Decided: that the Audit Fee be approved.

10 Joint Inspection on Adult Services: Update

10

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Committee of the progress made in relation to the HSCP Improvement Plan following the joint inspection by the Care Inspectorate and Healthcare Improvement Scotland of 'Adult Services: Integration and Outcomes – focus on people living with mental illness'.

Referring to Self Directed Support, the Committee asked what training had been given to staff and if there had been an increase in take-up. Ms Phillips provided an overview of staff training and advised that up-take would be monitored. Ms Rocks emphasised the importance of providing service users with options.

Decided: that the progress made within the Improvement Plan be noted.

IIJB Audit Committee Rolling Annual Workplan – 23 June 2025

(Meeting in March, June and September each year)

Date	Reports	Lead Officer
23 June 2025	Internal Audit Progress Report to June 2025	Chief Internal Auditor
	External Audit Annual Audit Plan	External Audit
	Status of External Audit Action Plans to June 2025	Chief Internal Auditor
	Internal Audit Annual Report and Assurance Statement	Chief Internal Auditor
TBC September 2025	Status of External Audit Action Plans	Chief Internal Auditor
	Directions Update	Legal Services Manager (Min ref – IIJB 21/09/2020 86(3))
	Review of IJB Risk Register	Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
	Internal Audit Annual Strategy and Plan	Chief Internal Auditor
TBC March 2026	Internal Audit Progress Report	Chief Internal Auditor
	Status of External Audit Action Plans	Chief Internal Auditor
	Best Value Annual Statement Report	Chief Finance Officer
	Directions Update	Legal Services Manager (Procurement, Conveyancing & Information Governance) (Min Ref - IIJB 21.09.2020 - 86(3))
	Review of Risk Register	Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))



AGENDA ITEM NO: 4

Date:

Report To: Inverclyde Integration Joint

Board Audit Committee

23 June 2025

Report By: Chief Internal Auditor Report No: IJBA/21/2025/AP

Contact Officer: Andi Priestman Contact No: 01475 712251

Subject: Internal Audit Progress Report from 1 March to 31 May 2025

1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

- 1.2 The purpose of this report is to enable the Inverclyde IJB Audit Committee members to monitor the performance of Internal Audit and gain an overview of the IJB's overall control environment.
- 1.3 The report also presents an update on the Internal Audit work undertaken at Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) from 1 March to 31 May 2025 that may have an impact upon the Inverclyde IJB's control environment.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB Audit Committee members agree to note the progress made by Internal Audit from 1 March to 31 May 2025.

Andi Priestman Chief Internal Auditor Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 The audit plan for 2024/25 was approved at the IJB Audit Committee meeting in September 2024.
- 3.2 Internal Audit reports findings and action plans to relevant Inverclyde IJB Officers and the Audit Committee as part of the annual audit plan. A follow up process is in place to allow follow up of current internal audit actions to be co-ordinated and updated by Internal Audit on a monthly basis with regular reporting to the Audit Committee.
- 3.3 In each audit, one of 4 overall opinions is expressed:

Strong	In our opinion there is a sound system of internal controls designed to ensure that the organisation is able to achieve its objectives.
Satisfactory	In our opinion <i>isolated</i> areas of control weakness were identified which, whilst not systemic, put some organisation objectives at risk.
Requires improvement	In our opinion systemic and/or material control weaknesses were identified such that some organisation objectives are put at significant risk.
Unsatisfactory	In our opinion the control environment was considered inadequate to ensure that the organisation is able to achieve its objectives.

3.4 Individual audit findings are categorised as Red, Amber or Green:

Red	In our opinion the control environment is insufficient to address the risk and could impact the organisation as a whole. Corrective action must be taken and should start immediately.
Amber	In our opinion there are areas of control weakness which we consider to be individually significant but are unlikely to affect the organisation as a whole.
Green	In our opinion our audit highlighted areas for minor control improvement and/or areas of minor control weakness.

- 3.5 The audit of budgetary control is complete and was reported to the March Audit Committee meeting. In relation to the review of the CIPFA Guidance for Audit Committees, a development session will be scheduled in 2025 for members to consider the updated guidance and identify any improvement actions.
- 3.6 In relation to Internal Audit Action plans there was one action due for completion by 31 May which has been reported as completed by management. The status report is attached at Appendix 1.
- 3.7 In addition, since the last Internal Audit Progress report to the Audit Committee meeting in March 2025, Internal Audit Reports reported to Inverclyde Council and NHSGGC which are relevant to the Inverclyde IJB are set out at paragraphs 3.8 and 3.9 of this report.

3.8 Inverclyde Council – Internal Audit Progress Report Summary

Since the last Internal Audit Progress Report considered at the March 2025 meeting of the Audit Committee, there were no Internal Audit Reports reported to Inverciyde Council which were relevant to the Inverciyde IJB.

3.9 NHSGGC - Internal Audit Progress Report Summary

Since the last IA Progress Report considered at the March 2025 meeting of the Audit Committee, there were 2 Internal Audit Reports reported to NHSGGC which are relevant to the IJB and are set out in the undernoted table. There were no Grade 4 recommendations raised (very high exposure) and no control objectives assessed as red.

Audit Title		Number and Priority of Issues			
	Rating	4	3	2	1
Waiting List Management (1)	Minor	0	1	4	0
	Improvement				
	Required				
eHealth Project and	Minor	0	0	5	0
Programme Management	Improvement				
-	Required				
Q4 internal audit follow Up	N/A	N/A	N/A	N/A	N/A
Total		0	1	9	0

- (1) The Grade 3 recommendation related to improvements to the waiting list action tracking process.
- 3.10 Internal Audit within Inverclyde Council and NHSGGC undertake follow up of actions in accordance with agreed processes and report on progress to the respective Audit Committees.

4.0 PROPOSALS

4.1 The Inverciyde IJB Audit Committee is asked to note the progress made by Internal Audit for the period 1 March to 31 May 2025.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		Χ
Legal/Risk	Χ	
Human Resources		Χ
Strategic Plan Priorities		Χ
Equalities, Fairer Scotland Duty & Children and Young People		Χ
Clinical or Care Governance		Χ
National Wellbeing Outcomes		Χ
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

Where delays arise in delivering the Internal Audit Plan, there is a risk that this may result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance. The main basis for providing assurance is coverage of the planned risk-based audits. Every endeavour is therefore made to ensure that no material slippage occurs in risk-based audits by concentrating resources on these audits.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

5.6 Equalities

(a) Equalities

Χ

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

YES – Assessed as relevant and an EqIA is required.

NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as	N/A
belonging to protected groups and have a better understanding of the	
challenges they face.	
Children and Young People who are at risk due to local inequalities, are	N/A
identified early and supported to achieve positive health outcomes.	
Inverclyde's most vulnerable and often excluded people are supported to be	N/A
active and respected members of their community.	
People that are New to Scotland, through resettlement or asylum, who make	N/A
Inverclyde their home, feel welcomed, are safe, and able to access the HSCP	
services they may need.	

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
Х	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
Х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

This report relates to strong corporate governance.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and	N/A
live in good health for longer.	
People, including those with disabilities or long term conditions or who are frail	N/A
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	N/A
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	N/A
the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health	N/A
and wellbeing, including reducing any negative impact of their caring role on	
their own health and wellbeing.	
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work	N/A
they do and are supported to continuously improve the information, support,	
care and treatment they provide.	
Resources are used effectively in the provision of health and social care	N/A
services.	

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
Х	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
Х	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1		Direction to:	
		No Direction Required	Χ
	to Council, Health	Inverclyde Council	
	Board or Both	3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The Chief Officer and the Chief Financial Officer have been consulted on this report.

8.0 BACKGROUND PAPERS

8.1 Internal Audit Reports. Copies available from Chief Internal Auditor.

Summary: Section 1 Summary of Management Actions due for completion by 31/5/25

There was one action due for completion by 31 May 2025 which has been reported as complete by management.

Section 2 Summary of Current Management Actions Plans at 31/5/25

At 31 May 2025 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/5/25

At 31 May 2025 there were 2 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 May 2025 there were 2 audit action points where the original deadline has been missed.

Section 5 Summary of Audit Action Points By Audit Year

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.05.2025

No. of	No. of	Deadline missed	Deadline missed	No action proposed
Actions	Actions	Revised date	Revised date	
Due	Completed	set*	to be set*	
1	1			

^{*} These actions are included in the Analysis of Missed Deadlines – Section 4

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

Current Actions	
Due for completion September 2025	1
Due for completion September 2026	1
Total current actions:	2

CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

Recommendation/Agreed Action	Owner	Expected Date	Status
IJB Integration Scheme Update – Rea			Otatus
Recommendation:	IJB Chief Officer	30.09.2025*	Ongoing
Specifying governance			
arrangements within the Integration			
Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.			
The Inverciyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme. Agreed Action: Recommendation accepted.			

^{*} These actions are included in the Analysis of Missed Deadlines – Section 4

CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

Recommendation/Agreed Action	Owner	Expected Date	Status
IJB Workforce Planning Arrangemen	its (February 2023)		
Recommendation:	IJB Chief Financial	30.09.2026*	Ongoing
Managing Timescales within the			
Workforce Plan action plan (Amber)			
The IJB Chief Financial Officer will also			
explore the use of the Pentana system			
to record milestones for actions and			
priorities for each action.			
Agreed Action: Recommendation accepted.			
Budgetary Control Arrangements (Fe	hruary 2025)		
Recommendation:	IJB Chief Financial	31.03.2025	Complete
Reporting on IJB Reserves (Green)	Officer	31.03.2023	Complete
The IJB's Chief Financial Officer			
should use an IJB development			
session to discuss how CIPFA's			
guidance on reserves relates to the			
IJB. IJB finance reports should be			
updated to show the percentage in			
which the IJB operates its unallocated			
reserve at and when compared to the			
guidance.			
Agreed Action: Recommendation			
accepted.			

^{*} These actions are included in the Analysis of Missed Deadlines – Section 4

INVERCLYDE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS ANALYSIS OF MISSED DEADLINES

Report	Action	Original Date	Revised Date	Management Comments
IJB Integration Scheme Update – Readiness Review (December 2019)	Specifying governance arrangements within the Integration Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed. The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.	31.07.22 31.05.23 30.09.24	30.09.25	This action is ongoing. Work continues on a collective agreement across all IJB's with regular meetings taking place. The new timescale for this is August/ September 2025.
IJB Workforce Planning Arrangements (February 2023)	Managing Timescales within the Workforce Plan action plan (Amber) The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action.	31.12.23 31.07.24	30.09.26	The current HSCP Workforce Plan is due to expire in 2025 and will be superseded by a new Workforce plan. When complete, all identified actions will be added to the Ideagen system for improved collation of updates and progress reporting.

SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR

SECTION 5

The following table sets out the total number of agreed actions raised by audit year together with their completion status at 31 May 2025.

	Total	Total	Total Current Actions Not Yet Due*		
Audit Year	Agreed Actions	Actions Completed	Red	Amber	Green
2019/2020	6	5	0	1	0
2020/2021	2	2	0	0	0
2021/2022	6	6	0	0	0
2022/2023	6	5	0	1	0
2023/2024	1	1	0	0	0
2024/2025	1	0	0	0	1
Total	22	19	0	2	1

^{*} This part of the table sets out the total number of current actions not yet due at the date of the follow up report.



AGENDA ITEM NO: 5

23 June 2025

Date:

Report To: Inverclyde Integration Joint

Board Audit Committee

Report By: Chief Internal Auditor Report No: IJBAC/22/2025/AP

Contact Officer: Andi Priestman Contact No: 01475 712251

Subject: Status of External Audit Action Plans at 31 May 2025

1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

1.2 The purpose of this report is to advise Inverclyde IJB Audit Committee members of the status of current actions from External Audit Action Plans at 31 May 2025.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB members note the progress to date in relation to the implementation of external audit actions.

Andi Priestman Chief Internal Auditor Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 The Chief Internal Auditor co-ordinates follow up reporting on current actions arising from External Audit Action Plans on a monthly basis with regular reporting to the Audit Committee.
- 3.2 There were no actions due for completion by 31 May 2025.
- 3.3 There are 3 external audit action being progressed and completed by officers. There were no new actions arising from the 2023/24 Annual Audit which was reported to the Audit Committee on 18 November 2024. The current status report is attached at Appendix 1.

4.0 PROPOSALS

4.1 The Inverciyde IJB Audit Committee is asked to note the progress to date in relation to the implementation of external audit actions.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	Х	
Human Resources		X
Strategic Plan Priorities		Х
Equalities, Fairer Scotland Duty & Children and Young People		Х
Clinical or Care Governance		Х
National Wellbeing Outcomes		Х
Environmental & Sustainability		Х
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

There is a risk that failure to implement agreed audit actions in a timely manner could result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance.

5.4 Human Resources

There are no human resources implications arising from this report.

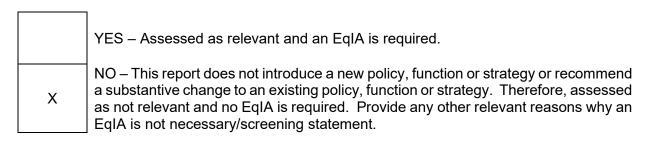
5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:



(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups,	N/A
can access HSCP services.	
Discrimination faced by people covered by the protected characteristics	N/A
across HSCP services is reduced if not eliminated.	
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and	N/A
developing of services.	
HSCP staff understand the needs of people with different protected	N/A
characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing	N/A
gender-based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are	N/A
promoted.	

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
Х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

This report relates to strong corporate governance.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and	N/A
live in good health for longer.	
People, including those with disabilities or long-term conditions or who are frail	N/A
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	N/A
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	N/A
the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health	N/A
and wellbeing, including reducing any negative impact of their caring role on	
their own health and wellbeing.	
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work	N/A
they do and are supported to continuously improve the information, support,	
care and treatment they provide.	
Resources are used effectively in the provision of health and social care	N/A
services.	

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
Х	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
Х	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1		Direction to:	
	Direction Required	No Direction Required	Χ
	to Council, Health	Inverclyde Council	
	Board or Both	3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 Relevant Officers were asked to provide updates to the report as appropriate.

8.0 BACKGROUND PAPERS

8.1 External Audit Reports. Copies available from Chief Internal Auditor.

Summary: Section 1 Summary of Management Actions due for completion by 31/05/2025

There were no actions due for completion by 31 May 2025.

Section 2 Summary of Current Management Actions Plans at 31/05/2025

At 31 May 2025 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/05/2025

At 31 May 2025 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 May 2025 there were 3 audit action points where the original deadline has been missed.

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.05.2025

No. of Actions	No. of Actions	Deadline missed	Deadline missed
Due	Completed	Revised date set*	Revised date to be set*
0			

^{*} These actions are included in the Analysis of Missed Deadlines – Section 4

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion June 2025	
Due for completion September 2025	1
Completion date to be advised	1
Total Actions	3

CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

Action	Owner	Expected Date
2021/22 Annual Audit Report (November 2022)	<u> </u>	
b/f Integration Scheme Review Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as	Chief Officer	30.09.2025*
practicable.		
Management Response: The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts.		
2022/23 Annual Audit Report (November 2023)		
Longer term financial planning (Grade 2) Recommendation We recommend that the IJB work with partners to develop longer term forecasts/plans and saving plans to bridge the identified long-term funding gap.	Chief Finance Officer	30.03.2026
Management Response: 2024/25 Update: We are working with our partners in the Council and Health board to develop savings proposals as suggested. The IJB set the 25/26 budget in line with our partners in Inverclyde Council and Greater Glasgow and Clyde Health Board. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed.		
We will continue to work with our partners to develop longer term financial plans. This will also tie into our timescales for our workforce and Strategic plans.		

CURRENT MANAGEMENT ACTIONS AS AT 31.05.2025

Action	Owner	Expected Date
Risk Management Strategy (Grade 3) Recommendation:	Chief Finance Officer	30.06.25*
We recommend timely review and update of the IJB's	Officer	
Risk Management Strategy.		
Management Response:		
2024/25 Update:		
The IJB agreed to work in partnership with Inverclyde		
Council on updating the Risk Strategy process. The IJB		
and the Council have jointly funded a new post to take		
this forward. We still remain comfortable with the existing		
risk strategy and we provide regular updates to the IJB on		
all our main risks. Updated risk management Strategy and		
Policy will be presented at the June 25 Audit Committee.		
Further work will take place in 2025/26 with the IJB to		
enhance this policy looking at risk appetite.		

INVERCLYDE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS ANALYSIS OF MISSED DEADLINES

Report	Action	Original Date	Revised Date	Management Comments
2021/22 Annual Audit Report (November 2022)	b/f Integration Scheme Review Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.	31.05.23 01.04.24 31.03.25	30.09.25	Work is ongoing across the 6 Integration Joint Boards to finalise this.
	Agreed Action: The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts.			
2022/23 Annual Audit Report (November 2023)	Longer term financial planning (Grade 2) Recommendation We recommend that the IJB work with partners to develop longer term forecasts/plans and saving plans to bridge the identified long-term funding gap. Agreed Action: 2024/25 Update: We are working with our partners in the Council and Health board to develop savings proposals as suggested. The IJB set the 25/26 budget in line with our partners in Inverclyde Council and Greater Glasgow and Clyde Health Board. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed. We will continue to work with our partners to develop longer term financial plans. This will also tie into our timescales for our workforce and Strategic plans.	30.06.24	30.03.202	

INVERCLYDE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS ANALYSIS OF MISSED DEADLINES

		Original	Revised	
Report	Action	Date	Date	Management Comments
2022/23 Annual	Risk Management Strategy (Grade 3)			We have recently updated
Audit Report	Recommendation:			our risk management
(November 2023)	We recommend timely review and update of the IJB's			strategy and will take this to
	Risk Management Strategy.			the June 2025 IJB Audit
				Committee.
	Management Response:			
	2024/25 Update:			
	The IJB agreed to work in partnership with Inverclyde			
	Council on updating the Risk Strategy process. The IJB			
	and the Council have jointly funded a new post to take			
	this forward. We still remain comfortable with the existing			
	risk strategy and we provide regular updates to the IJB			
	on all our main risks. Updated risk management Strategy			
	and Policy will be presented at the June 25 Audit			
	Committee. Further work will take place in 2025/26 with			
	the IJB to enhance this policy looking at risk appetite.			



AGENDA ITEM NO: 7

23 June 2025

Date:

Report To: Inverclyde Integration Joint

Board Audit Committee

Report By: Kate Rocks Report No: IJBAC/24/2025/CG

Chief Officer

Inverclyde Health & Social Care

Partnership

Contact Officer: Craig Given Contact No: 01475 715365

Chief Finance Officer

Inverclyde Health & Social Care

Partnership

Subject: HSCP Updated Risk Management Policy and Strategy

1.0 PURPOSE AND SUMMARY

1.1 ⊠For Decision ⊠For Information/Noting

- 1.2 The purpose of this report is to provide the Integration Joint Board Audit Committee with an updated HSCP Risk Management Policy and Strategy.
- 1.3 Officers plan work with the IJB in 2025/26 to further develop this strategy taking into account the risk management policies of all our partners and make further developments including risk appetite statements.

2.0 RECOMMENDATIONS

- 2.1 The Integration Joint Board Audit Committee are asked to:
 - Approve the updated HSCP Risk Management Policy and Strategy.
 - Note the requirement for Officers to work with the IJB in 205/26 to develop this strategy further.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 As part of our ongoing review of governance procedures it has been recognised that the HSCP's current Risk Management Policy and Strategy needs to be refreshed. This was last approved by the IJB in 2016. A refreshed Risk Management Policy and Strategy can be seen in Appendix 1.
- 3.2 As part of a recent external audit, it was recommended that the HSCP update this policy. This policy has been reviewed by senior management and the general principles for risk management remain the same in terms of tolerance, scoring and reporting. A number of minor changes have been made to the policy mainly in relation to the Risk Management Process highlighted in section 2 and an updated process flowchart. Regular updates on the IJB risk register will continue to be reported to the IJB Audit Committee at least every 6 months.
- 3.3 In addition to this updated Policy and Strategy, Inverclyde HSCP now has access to a jointly funded post with Inverclyde Council to develop this strategy further. In the coming months senior management will work closely with this resource on several areas. This will include developing Risk Appetite Statements and further aligning our policy to meet the needs of the IJB and our partners. A development session will be held with the IJB in due course which will explore our risk appetite further.

4.0 PROPOSALS

4.1 The Integration Joint Board Audit Committee are asked to approve the updated Risk Management Policy and Strategy and to note that further work will commence to strengthen the Policy further by a development session with the IJB.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		Х
Legal/Risk		Х
Human Resources		Х
Strategic Plan Priorities	Х	
Equalities, Fairer Scotland Duty & Children and Young People		Х
Clinical or Care Governance		Х
National Wellbeing Outcomes		Х
Environmental & Sustainability		Х
Data Protection		Х

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

None

5.4 Human Resources

As outlined within the Plan, recruitment and retention across health and social care sector is problematic and the plan aims to augment how we address this.

5.5 Strategic Plan Priorities

All of our 4 strategic outcomes are affected by risk and will need to be taken into account when we consider our overall Policy and Strategy.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES - Assessed as relevant and an EqIA is required. The Equality Impact
	Assessment for the refreshed Strategic Plan can be accessed here:
	Equality Impact Assessments(EIA) 2023 - Inverclyde Council
х	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	N/A
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	N/A
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	N/A
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	N/A

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
х	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

As per the Action Plan, ongoing monitoring of vacancies, demand, capacity and skills by the SMT will ensure risks to clinical or care governance are highlighted and addressed.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	N/A
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
х	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
Х	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1		Direction to:	
		No Direction Required	Χ
	to Council, Health	Inverclyde Council	
	Board or Both	3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared following liaison with the Heads of Service.

8.0 BACKGROUND PAPERS

8.1 N/A



Health and Social Care Partnership
Integration Joint Board (IJB)
Risk Management Policy and Strategy

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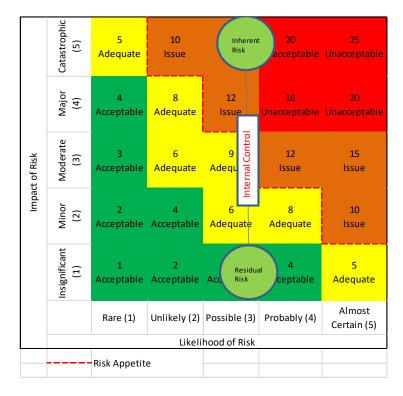
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Date Effective:	24/03/2025	Review Date:	24/03/2028

Policy – the risk management approach

- 1.1 The **Inverciyde** Integration Joint Board (IJB) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.2 In doing so the IJB aims to provide safe and effective care and treatment for service users and a safe environment for everyone working within the IJB and others who interact with the services delivered under its direction.
- 1.3 The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets

Key benefits of effective risk management:

- high achievement of objectives and targets;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience / satisfaction with a consequent reduction in adverse incidents, claims and / or litigation; and
- a positive reputation established for the IJB.
- and fewer unexpected challenges. 1.4 The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk
- management information at the heart of key decisions. This means that they can take an effective approach to managing risk in a way that both address significant challenges and enables positive
- 1.5 In normal circumstances the amount of risk the IJB is willing to take in pursuit of its objectives i.e. risk appetite, is as follows:



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An explanation of the risk scores and how the risk should be managed is as follows:				
Level of Risk (Inherent Risk Score)	Indicated By	How risk should be managed		
Very High Risk (16 - 25)	Red	Requires active management. High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.		
High Risk (10 - 15)	Amber	Contingency plans. A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.		
Medium Risk (5 - 9)	Yellow	Good Housekeeping. May require some risk mitigation to reduce likelihood if this can be done cost effectively but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.		
Low Risk (1 - 4)	Green	Review periodically. Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.		

- 1.6 The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for services users and the IJB.
- 1.7 The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to its wider governance arrangements.
- 1.8 The IJB, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Strategy - Implementing the policy

1 Introduction

- 1.1 The primary objectives of this strategy will be to:
 - promote awareness of risk and define responsibility for managing risk within the IJB;
 - establish communication and sharing of risk information through all areas of the IJB;
 - initiate measures to reduce the IJB's exposure to risk and potential loss; and
 - establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, financial risk, business risk, opportunities or threats.

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- 1.3 **Strategic risks** represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.
- 1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activites of an individual service area or team operating within the scope of the IJB's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.
- 1.5 All risks will be analysed consistently with an evaluation of risk based Risk Impact (scored 1 to 5) multiplied by Likelihood (scored 1 to 5) as follows:

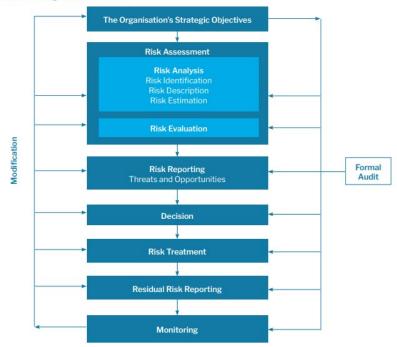
Risk Impact	Likelihood	
1 – Insignificant	1 – Rare	
2 – Minor	2 – Unlikely	
3 – Moderate	3 – Possible	
4 – Major	4 – Probable	
5 – Catastrophic	5 – Almost Certain	

- 1.6 All risks assessed as scoring 10 or above on the following matrix will be monitored and extreme risk scoring 16 or above will be viewed as significant and therefore subject to closer scruitiny by the IJB Audit Committee.
- 1.7 This document represents the risk management framework to be implemented across the IJB and will contribute to its wider governance arrangements.

2 Risk management process

- 2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.
- 2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

The Risk Management Process



¹ Association of Local Authority Risk Managers (ALARM) A Risk Management Guide 2022

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3 Application of good risk management across the IJB activities

- 3.1 Standard procedures will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management, as follows:
- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Categorisation of risk under the headings below:
 - Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
 - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Wellbeing, Business Continuity / Supply Chain, Information Security and Asset Management.
- 3.1.4 Appropriate ownership of risk. Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 3.1.5 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.6 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (i.e. to another partner or third party); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite for risk. In the case of opportunities, the IJB may take an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) where the IJB is confident in its ability to achieve the benefits and manage / contain the associated risk.
- 3.1.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.8 Reporting of strategic risks and key operational risks to the IJB Audit Committee on a six monthly basis.
- 3.1.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

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Risk leadership and accountability

4 Governance, roles and responsibilities

4.1 Integration Joint Board

Members of the IJB are responsible for:

- oversight of its risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to their attention; and
- ensuring they are aware of any risks linked to formal reports and recommendations from the Chief Officer and other senior officers of the Health and Social Care Partnership concerning new priorities or policies.

Strategic risk registers will be presented to the IJB Audit Committee for scruitiny and the IJB for approval on an annual basis.

4.2 Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or its the reputation.

4.3 Chief Financial Officer (CFO)

The CFO will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

4.4 Partnership Senior Management Team (SMT)

Members of the SMT are responsible for:

- supporting the Chief Officer and CFO in fulfilling their risk management responsibilities;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and
- ensuring that the standard procedures set out in this strategy are actively promoted across their teams and within their areas of responsibility.

4.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk; and
- controls that are in place to manage the risk are proportionate to the context and level of risk.

4.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to understand:

- the risks that relate to their roles and activities;
- how their actions relate to their own, their patient's, their services user's and public safety;
- their accountability for particular risks and how they can manage them;

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- the importance of flagging up incidents and / or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and
- that good risk management is a key part of the IJB's culture.

These operational risks are controlled and monitored by the Council and Health Board rather than the IJB.

4.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

4.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the Council and the Health Board.

Resourcing risk management

5 Resourcing the risk management framework

- 5.1 The Health Board's Director of Finance and Council's Section 95 Officer will ensure that the IJB and its Audit Committee is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.
- 5.2 Much of the work on developing and leading the ongoing implementation of the risk management framework will be undertaken as part of routine actitity within the IJB.
- 5.3 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses / training being delivered through resources already available to the IJB (the partner body risk managers / risk management specialists).

6 Resourcing those responsible for managing specific risks

- 6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 6.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the CFO.

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Classification: Official

Training, learning and development

7 Risk management training and development opportunities

- 7.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying necessary enhancements to processes.
- 7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The SMT will regularly review risk management training and development needs and source the relevant training and development opportunities required.

Monitoring activity and performance

8 Monitoring risk management activity

- 8.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 8.2 Monitoring will include review of the IJB's risk profile at SMT level every six months.
- 8.3 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

9 Monitoring risk management performance

- 9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 9.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or budget monitoring Performance Indicators (PIs) can provide assurance that key financial risks are under control.
- 9.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

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Communicating risk management

10 Communicating, consulting on and reviewing the risk management framework

- 10.1 Effective communication of risk management information is essential to developing a consistent and effective approach to risk management.
- 10.2 Copies of this policy and strategy will be widely circulated via the SMT and will form the basis of any risk management training arranged by the IJB.
- 10.3 The Policy and Strategy (version 1.0) was approved by the IJB at its meeting in 2016.
- 10.4 This policy and strategy will be reviewed every three years to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

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Appendix 1 Risk Matrix

	Catastrophic	5	10	15	20	25
	(5)	Adequate	Issue	Issue	Unacceptable	Unacceptable
	Major	4	8	12	16	20
	(4)	Acceptable	Adequate	Issue	Unacceptable	Unacceptable
Impact of Risk	Moderate	3	6	9	12	15
	(3)	Acceptable	Adequate	Adequate	Issue	Issue
Impac	Minor	2	4	6	8	10
	(2)	Acceptable	Acceptable	Adequate	Adequate	Issue
	Insignificant	1	2	3	4	5
	(1)	Acceptable	Acceptable	Acceptable	Acceptable	Adequate
		Rare (1)	Unlikely (2)	Possible (3)	Probably (4)	Almost Certain (5)
	Likelihood of Risk					
		Risk Appetit	e			

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Risk Impact					
	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
Opertional/ Continuity	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups
Likelihood					
	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
Definition	Not likely to happen in the next 3 years	, , , , ,	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months

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