ANGUS
Health & Social Care
Partnership

Risk Management
Annual Report 21-22

Issued To: [G Smith, Chief Officer]
                [S Berry, Chief Finance Officer]
                [Angus IJB Audit Committee]
                [NHS Tayside Strategic Risk Management Group]

NHS Tayside Strategic Risk Management Group Date:
Angus IJB Audit Committee Date: 22nd June 2022

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SECTION 1: INTRODUCTION

Within the Angus Health and Social Care Partnership (HSCP), the Integration Joint Board (IJB) Audit Committee has delegated responsibility from the IJB for ensuring a process is in place such that all relevant strategic and operational risks are accurately identified, assessed, evaluated, recorded and monitored. Reliance is also placed on the NHS Tayside and Angus Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

The Chief Officer, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the system within the organisation. In addition, IJB's are subject to the requirements of the Scottish Public Finance Manual and must operate a risk management strategy.

The Blueprint for Good Governance highlights two primary functions; "assessing risk" and "holding to account". As part of those functions the IJB is required to:

- Approve risk management strategies and ensure they are communicated to the organisation's staff
- Identify current and future corporate, clinical, legislative, financial and reputational risks
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated
- Monitor, scrutinise, challenge and then if satisfied, support the Executive Management Team's management of the organisations activities in order to ensure that the organisation's aims, objectives, performance standards and targets are met
- Agree the organisations risk appetite

The management of risk is a key organisational responsibility and a strategy has been agreed that aims to control risk to an acceptable level by creating a culture of risk management that focuses on assessment and prevention rather than reaction and remedy. Angus HSCP ensures that arrangements for managing risk are fully embedded within the day-to-day management processes. However, risk extends much further than solely harm to patients, staff and the public and also concerns itself with managing the threats to the achievement of the organisational objectives and the opportunities risk analysis offers.

Angus HSCP continues to develop detailed strategic and locality operational risk management plans. This process is influenced by the Tayside Integration Joint Boards Risk Management Strategy

Angus HSCP is required to ensure that arrangements for managing risks are fully embedded within the day to day management processes. To support this, there is a need to ensure that a progressive, honest and open environment exists, where mistakes and untoward adverse events are identified quickly and acted upon in a positive and constructive way, without fear of blame.

Corporate Strategic Risk Profile - As well as review at operational management level, the Angus CCPG. Forum receives an update report in the form of an assurance framework on the corporate clinical, care and professional strategic risks at each of its risk focused meetings (bi monthly). The forum provided its Annual Assurance Report to the Angus IJB Audit Committee in 2021/22. Further updates are provided through an annual mid-year update. Finance risk updates are also provided within finance reports to each IJB meeting.

SECTION 2: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE FORUM AND BOARD ASSURANCE FRAMEWORK STRATEGIC RISK PROFILE

The Business considered by the Angus Clinical, Care & Professional Governance Group during 2021/22 has addressed the remit and function of the group; profiling national policy and local application of policy and guidance that affects practice.

The group met on twelve occasions during the period from 01 April 2021 to 31 March 2022 on the undernoted dates:-

CCPG Assurance Meetings
- 19 April 2021
- 14 June 2021
- 16 August 2021
- 01 November 2021 (rearranged from 18 October 2021)
- 13 December 2021
- 28 February 2022

CCPG Risk Meetings
- 24 May 2021
- 12 July 2021
- 20 September 2021
- 15 November 2021
- 24 January 2022
- 21 March 2022

The table below demonstrates the level of assurance provided to Angus HSCP and NHS Tayside Acute Division over 2021/22

Assurance Report	22/4/21	03/06/21	05/08/21	07/10/21	02/12/21	03/02/22
Angus HSCP	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate

Five risks were archived during 2021/22:-
- European Union Withdrawal
- Incorrect Patient Contact Details on Adastra (although archived as a strategic risk, this risk continues as a service level risk)
- Insufficient Corporate Support
- Storage of Paper Records
- Project Performance Reporting

One new risk has been identified during 2021/22:-
- Withdrawal of Roche Glucose Nano Meter

As a standing agenda item, each Risk Owner must provide an update reports on the risk status for each risk within their responsibility.

The strategic risks are reviewed throughout the year at each bimonthly meeting of CCPG. Service risks are discussed at the time of the annual assurance provided to

CCPG. The recording of service risks both within the health and council services requires to be updated. Services are being supported to ensure that the recording is in place.

A Risk management report is submitted at every NHS Tayside Strategic Risk Management meeting (bimonthly) and also twice yearly to the Angus Integration Joint Board Audit Committee.

FTF INTERNAL AUDIT SERVICE RISK MANAGEMENT

The Internal Audit Report AN05/20 – Risk Management published in June 2020, categorised the risk management systems and processes within the Angus Health and Social Care Partnership and commended the IJB for its progress and the priority given to risk management, and also for the provision of an adequate risk management framework. Actions from this continue to be progressed, with some delay due to COVID-19. Outstanding action regarding internal Audit reviews are separately monitored through the Audit Committee.

RECENT WORK AND IMPROVEMENTS

- The Clinical Care and Professional Governance Forum (CCPG) has recently appointed a full-time coordinator and is reviewing the additional infrastructure to further support CCPG and increase capacity to support continued improvement around risk management.

- Service Level CCPG's – The CCPG Clinical Care and Professional Governance Administrators are working closely with NHST Clinical Governance and Risk Management Team to guide and support operational CCPG groups. The aim is that all service level CCPG groups will have a standardised agenda framework. The operational groups should focus on identifying service risks, any relevant ongoing quality improvements and safety of care as well as complying with clinical governance reporting structures.

- Risk Appetite – Angus Clinical Care and Professional Governance Forum supported the recommendation to take forward developmental work in response to the updated strategy. This remains outstanding, partly due to COVID-19.

- Significant work has progressed to ensure risks are well recorded with identification of planned scores following development sessions with IJB members and CCPG alongside the creation of a linked improvement plan (appendix 1)

- Development of an extensive strategic risk improvement work-plan (appendix 2)

- Recent internal audit of the Sustainability of Primary Care has been completed; following receipt of final report improvement plan will be developed.

ESTABLISHMENT OF GETTING IT RIGHT FOR EVERYONE

The Getting It Right For Everyone (GIRFE) framework has been agreed across Tayside, with the GIRFE group continuing to meet to support implementation. There is a particular focus on supporting service managed in one HSCP on behalf of Tayside (sometimes known as hosted services). Work has progressed in relation to sharing of information for hosted services

RISK MANAGEMENT WORK PLAN

Each year, all Standing Committees and Sub Committees are required to produce an annual work plan. While the work plan for risk management is not a statutory requirement, it is recognised as being an element of good practice in providing assurances to the Audit Committee.

This workplan is recently developed and will be submitted to the CCPG Risk meeting on July 2022. In future years it will be included via this paper for information to the Angus Integration Joint Board Audit Committee. It should be noted that developing risk appetite remains an outstanding action

SECTION 3: CONCLUSION

Angus HSCP has received moderate assurance from the NHS Tayside Care Governance Committee (CGC) for their care, clinical and professional governance which includes the management of risk. Significant progress has been made and via the CCPG group will continue to progress work around risk management in the coming year.

SECTION 4: APPENDICES

Appendix 1: Angus HSCP Strategic Risk Profile as at 23 May 2022
Appendix 2: The Strategic Risk Improvement plan.

ANGUS HSCP STRATEGIC RISK PROFILE AS AT 23 MAY 2022

Datix Risk ID	Title & Description	Risk Manager/Owner	Current Assessment			Status	Date Last Reviewed
			Inherent	Residual	Planned		
353	**SR01. Sustainability of Primary Care Services** To maintain sustainable Primary Care Services both in and out of hours due to national recruitment issues.	**Chief Officer (GS)**	25	25	9	➔	23.05.2022
574	**SR02. Prescribing** The prescribing overspend remains the single most significant cost pressure within the IJB.	**Associate Medical Director (AC)**	25	16	9	➔	23.05.2022
578	**SR03. Financial Management** Noting long term financial forecasts, to maintain good quality financial management and to ensure the best use of all available resources.	**Chief Officer and Chief Finance Officer (GS, SB)**	25	20	16	➔	23.05.2022
1082	**SR08. Workforce Optimisation** Bringing together partnership staffing to improve outcomes, efficiency and reduce duplication.	**Head of Service (EM)**	25	20	16	➔	23.05.2022
1074	**SR11. Commissioned Service Provider Failure** To monitor and provide assurance that mechanisms for identifying early warning signs that providers operating locally are failing or in difficulty	**Head of Service (GB)**	20	20	16	➔	23.05.2022
1077	**SR14. Adult Support & Protection** Ensuring that the quality of adult protection work within the AHSCP is of a good standard so that risk to the public, to individual services and to member organisations are averted.	**Head of Service (GB)**	20	16	12	➔	23.05.2022

1079	**SR16. Non-integration of Adverse Event, Risk Management and Complaints Handling** Risk to effective and integrated adverse event management, risk management, and complaints handling.	**Associate Medical Director (AC)**	12	12	6	➔	23.05.2022
1081	**SR18. Implementation of Strategic Planning Priorities** The implementation of our strategic priorities has been impacted upon adversely by Covid 19	**Associate Medical Director (AC)**	20	16	12	↓	23.05.2022
1148	**SR20 Withdrawal of Roche Glucose Nano Meter** Primary Care staff across all 3 partnerships are not being supplied with new or replacement Performa Nano glucose meters.	**Lead Nurse Angus HSCP**	20	16	12	➔	23.05.2022

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

Risk	Risk Title	Planned Risk Score	Risk Exposure – no controls	Mar 21	May 21	Jul 21	Sept 21	Nov 21	Jan 22	Mar 22
	Angus HSCP Risk Rating Matrix		Inherent Score	Residual Score						
SR01	Sustainability of Primary Care Services	9 (3x3) YELLOW	25 (5x5) RED	25 (5x4) RED	25 (5x4) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED
SR02	Prescribing Management	9 (3X3) YELLOW	25(5x5) RED					16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER
SR03	Effective Financial Management	16 (4x4) AMBER	25 (5x5) RED	20 (5X4) RED	20 (5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) RED
SR08	Workforce Optimisation	16 (4x4) AMBER	25 (5X5) RED	20 (5X4) RED	20 (5x4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED
SR11	Commissioned Service Provider Failure	16 (4x4) AMBER	20 (5X4) RED	9 3x3 YELLOW	9 (3x3) YELLOW	9 3x3 YELLOW	16 (4X4) AMBER	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED
SR14	Adult Support & Protection	12 (4X3) AMBER	20 (5x4) RED	12 (4x3 AMBER	12 (4x3 AMBER)	12 (4x3 AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER
SR16	Non-integration of Adverse Event, Risk Management and Complaints Handling	6 (3X2) YELLOW	12 (4x3) AMBER	12 (4x3) AMBER	12 (4X3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
SR18	Implementation of Strategic Planning Priorities	12 (4x3) AMBER	20 (5X4) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	16 (4X4) AMBER
SR20	Withdrawal of Roche Glucose Nano Meter	12 4x3 AMBER	20 4x5 RED							16 4x4 AMBER

Appendix 2: The Strategic Risk Improvement Workplan.

**ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC RISK IMPROVEMENT PLAN**

Red	Not on track with major issues		Amber	On track with minor issues
Green	On track		Blue	Complete

ACTION		RESPONSIBLE	STATUS	TARGET DATE	IMPROVEMENT TYPE	RAG	UPDATE
SR01 SUSTAINABILITY OF PRIMARY CARE SERVICES - to maintain sustainable Primary Care Services both in and out of hours due to national recruitment issues							
	This risk has been aligned with the Contract Implementation & Advisory Group (CIAG) risk log to address issues with workforce, premises and IT.	Gail Smith, Chief Officer/AMD Primary Care					
1	Work is ongoing regarding recruitment to substantive primary care and medical leadership roles.	Gail Smith, Chief Officer/AMD Primary Care	In Progress	Ongoing	Improve Existing Controls	**Red**	
2	Work is ongoing regarding GP appraisals.	Gail Smith, Chief Officer/Dr Alison Clement, AMD	In Progress	Ongoing	Improve Existing Controls	**Green**	
3	Develop a staff questionnaire to evaluate delivery and achievement.	Gail Smith, Chief Officer/AMD Primary Care	In Progress	Ongoing	Improve Existing Controls	**Amber**	
4	Mental Health Workforce model is being reviewed via a test of change	Gail Smith, Chief Officer/Dr Alison Clement	In Progress	Ongoing	New Control	**Amber**	

5	Sustainability of Primary Care survey to be undertaken in Dundee and Angus to allow identification of highest risk practices across Tayside.	Gail Smith, Chief Officer/Dr Alison Clement	Not started		New Control	**Red**
6	Continuing professional development of advanced practice roles e.g. Paramedics and nursing. Support for practice nursing.	AMD PSC/HSCP AMD/2C Strategic Clinical Lead	In Progress	Ongoing	New Control	**Amber**
7	Creation of a primary/secondary care interface group.	AMD PSC/HSCP AMD/2C Strategic Clinical Lead	In Progress	Ongoing	New Control	**Amber**
8	Development of a system to support monitoring of adverse events and feedback to support quality.	AMD PSC/HSCP AMD/2C Strategic Clinical Lead	In Progress	Ongoing	New Control	**Amber**
9	Develop an assurance framework for 2C practices.	AMD PSC/HSCP AMD/2C Strategic Clinical Lead	In Progress	Ongoing	New Control	**Amber**
8	Development of a system to support monitoring of adverse events and feedback to support quality.	AMD PSC/HSCP AMD/2C Strategic Clinical Lead	In Progress	Ongoing	New Control	**Amber**
THE MITIGATING ACTIONS FOR THE SUSTAINABILTY OF PRIMARY CARE RISK ARE BEING REVIEWED AS PART OF THE REDESIGN OF PRIMARY CARE						
SR03 FINANICAL MANAGEMENT						
1	Ongoing dialogue with NHST, Angus Council and via national forums, Scottish Government regarding funding streams.	Gail Smith, Chief Officer / Sandy Berry, Chief Finance Officer	In Progress	Annual	Improve Existing Controls	**Amber**

2	Ongoing progress with actions outlined in Strategic Financial Plan. Consideration is being given to a review of oversight forums	Gail Smith, Chief Officer / Sandy Berry, Chief Finance Officer	In Progress	Ongoing	Improve Existing Controls	**Amber**
3	Ongoing dialogue regarding Large Hospital Set Aside, Mental Health and Complex Care. Escalated to IJB Board.	Gail Smith, Chief Officer / Sandy Berry, Chief Finance Officer	In Progress	April22/Mar23	Improve Existing Controls	**Red**
4	Improve financial support specifically around Adult Social Care. IJB reviewing finance capacity and addressing staff recruitment issues.	Gail Smith, Chief Officer / Sandy Berry, Chief Finance Officer	In Progress	Ongoing	Improve Existing Controls	**Amber**
SR02 -PRESCRIBING MANAGEMENT						
1	Participate in the regional PMG and implement agreed prescribing strategy by:-					
a	Ensuring links made across whole system linking savings in prescribing to funding for evidence-based alternatives e.g. social prescribing.	Dr Alison Clement, Associate Medical Director/ Michelle Logan	In Progress	Ongoing	Improve Existing Controls	**Amber**
b	Holding operational and stakeholder PMG meetings alternate months to ensure a suite of measures are available for practices to engage in.	Dr Alison Clement, Associate Medical Director/ Michelle Logan	In Progress	Ongoing	Improve Existing Controls	**Amber**

c	Pharmacy teams continuing to maximise technical switch opportunities with several projects in progress including switches for antacid treatments and vaginal oestrogens.	Dr Alison Clement, Associate Medical Director/ Michelle Logan	In Progress	Ongoing	Improve Existing Controls	**Amber**	
2	Implementing quality management systems for prescribing	Dr Alison Clement, Associate Medical Director/ Michelle Logan	In Progress	Ongoing	Improve Existing Controls	**Amber**	
3	Extending work on pharmacotherapy to support the additional elements of prescribing management as set out in the nGMS contract	Dr Alison Clement, Associate Medical Director/ Michelle Logan	In Progress	Ongoing	Improve Existing Controls	**Amber**	
SR08 WORKFORCE OPTIMISATION - as a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas there is a risk that the partnership will be unable to maintain its workforce appropriately leading to unstainable services							
1	Working with employing organisations to create more flexible and responsive recruitment packages.	George Bowie, Head of Service	Complete	Ongoing	New Control	**Green**	
2	Ongoing work in developing an Angus HSCP Workforce Plan	George Bowie, Head of Service	Ongoing	Ongoing	New Control		Draft Workforce Plan has been completed
3	Ongoing engagement with the Staff Partnership Forum.	Eunice McLennan, Head of Service	Complete	Ongoing	New Control	**Green**	

4	Working with employing organisations to improve recruitment e.g. Career First, new Angus Job Portal. Social care adverts more accessible.	Eunice McLennan, Head of Service	In Progress	Ongoing	New Control	**Green**	
5	Working alongside NHS Tayside to manage the challenges faced in Psychiatry and Primary Care	Eunice McLennan, Head of Service	In Progress	Ongoing	Improve Existing Control	**Amber**	
6	Reviewing corporate, care management and strategic planning and improvement via the Angus HSCP Workforce Steering Group.	Eunice McLennan, Head of Service	In Progress	Ongoing	New Control	**Green**	
7	Heads of Service are challenging all vacancies to ensure recruitment plans are realistic. Remobilisation plan includes additional finance to partially mitigate for Covid 19.	Eunice McLennan, Head of Service	In Progress	Ongoing	Improve Existing Controls	**Green**	Remobilisation Plan includes additional finance to partially mitigate for Covid 19.
8	Working alongside HR to resolve Agenda for Change recruitment challenges	Eunice McLennan, Head of Service	In Progress	Ongoing	Improve Existing Controls	**Red**	
SR11 COMMISSIONED SERVICE PROVIDER FAILURE - to monitor and provide assurance that mechanisms for identifying early warning signs that providers operating locally are failing or in difficulty							
1	Weekly monitoring of residential care providers, home care provider and RAMs.	George Bowie, Head of Service	In Progress	Ongoing	Improve Existing Controls	**Green**	

2	Work is progressing with new Fair Cost of Care framework. All funding has been allocated.	George Bowie, Head of Service	In Progress	Ongoing	improve Existing Controls	**Green**	
3	To support providers with recruitment events	George Bowie, Head of Service	In Progress	As Required	New Control	**Green**	Programme of recruitment has commenced.
4	Work Is ongoing with Care Inspectorate Improvement Plans	George Bowie, Head of Service	In Progress	Not Started	New Control	**Green**	Care Inspectorate rep attends CaHOG& CHOG
5	Ongoing joint assurance visits by Service Leaders and Senior District Nurses.	George Bowie, Head of Service	In Progress	Ongoing	New Control	**Green**	Monitored by weekly meetings of the CHOG

SR06 - VIABILITY OF EXTERNAL PROVIDERS: As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.

						Green	
6a	Review our Commissioned Services Board to ensure appropriate links are made with the refreshed Strategic Planning Group so that the Strategic ambitions aligned to changing expectations of the people and communities that we support are taken into account.	Interim Head of Adult Social Care (Commissioning)	Not started	31/12/21	Improve existing control		

SR14 ADULT SUPPORT & PROTECTION

1	Work is ongoing regarding AP audit in care management	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	Likely this will be undertaken in February 2022.

2	Work is ongoing regarding the position statement for Care Inspectorate and ASP Inspection	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
3	Work is ongoing with Adult Protection Large Scale Investigations in care homes.	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
4	To review supervision arrangements in care management team as part of the Care Management Review	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
5	Improvement work is ongoing in a number of partnership services following the Significant Case Review P19	George Bowie, Head of Service	In progress	Ongoing	New Control	**Amber**	

SR16	NON-INTEGRATION OF ADVERSE EVENT, RISK MANAGEMENT AND COMPLAINTS HANDLING						
1	**Raise with NHS Tayside Board as a strategic risk to Angus HSCP.**	**Dr Alison Clement, Associate Nurse Director/Keith Whitefield**	**Complete**	**Complete**	**New Control**	**COMPLETE**	
2	**Develop local specifications for system functionality.**	**NHS Datix Development Team**	**Complete**	**Complete**	**New Control**	**COMPLETE**	
3	**Monitor Greater Glasgow and Clyde Health Board (GGCHB) tendering exercise.**	**Ian Davidson/Tracey Passway**	**Complete**	**Complete**	**New Control**	**COMPLETE**	
4	Participate in national procurement process lead by GGCHB.	NHS Tayside Digital/GGCHB	In progress	22/01/22	New Control	**Amber**	No further updates as at 15.09.21
SR18	**IMPLEMENTATION OF STRATEGIC PLANNING PRIORITIES**						

1	Work is ongoing on the Recovery and Remobilisation Plan	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
2	Review of the I&D Team is ongoing to ensure strategic planning priorities are met	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
3	Work is due to commence on the improvements in conjunction with Angus Alive regarding health care early intervention, prevention and self care.	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	Ongoing e.g. in movement of resources from care homes to care at home.
4	Work is progressing to complete the current Strategic Commissioning Plan (extension has been agreed to 2022)	George Bowie, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	Update being provided to SPG on 02.02.22
5	Re-establish a Performance Committee of the IJB	Jillian Galloway, Head of Service	In progress	Ongoing	Improve Existing Controls	**Green**	
6	Establish a Performance Management Group to review data and identify and monitor progress with actions	Jillian Galloway, Head of Service	In progress	Ongoing	New Control		
SR20 WITHDRAWAL OF ROCHE GLUCOSE NANO METER							
1	Identify HSCP staff to contribute to discussions with POC team for managing current situation	Karen Fletcher, Lead Nurse for Angus HSCP	In progress	Ongoing	New Control	**Amber**	

2	Confirm to the POC team the number of connected Roche Accu-chek Inform II meters	Karen Fletcher, Lead Nurse for Angus HSCP	In progress	Ongoing	New Control	**Amber**
3	Gain understanding of the roll out of the connected meters within other Health Boards and HSCP's nationally	Karen Fletcher, Lead Nurse for Angus HSCP	In progress	Ongoing	New Control	**Amber**
4	POC to undertake a formal assessment on the suitability of Roche Accu-chek Inform II meters to be used in community settings	Karen Fletcher, Lead Nurse for Angus HSCP	In progress	Ongoing	New Control	**Amber**
5	Liaise with Diabetes MCN to ensure procurement of glucometers and to affirm the approved alternatives available	Karen Fletcher, Lead Nurse for Angus HSCP	In progress	Ongoing	New Control	**Amber**