



## **AGENDA ITEM NO 10**

**REPORT NO IJB 18/24**

### **ANGUS INTEGRATION JOINT BOARD**

**24 APRIL 2024**

#### **CARE, CLINICAL AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

**REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER**

#### **1. ABSTRACT**

This report is being brought to the Angus Integration Joint Board (IJB) to provide assurance on the clinical and care governance activities and arrangements across Angus Health and Social Care Partnership (AHSCP) as outlined in the Getting It Right For Everyone (GIRFE) Framework and in accordance with the AHSCP integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

#### **2. ALIGNMENT TO THE STRATEGIC PLAN**

The Angus HSCP Clinical, Care and Professional Governance Group (CCPG) oversees the quality and safety of care provided by services. This includes those contracted by Angus HSCP which enables assurance to be provided to Angus IJB, NHS Tayside and Angus Council. In April 2020 CCPG adopted a new quality framework to support a continuous improvement approach. This was developed in line with the Scottish Government's Health and Social Care Standards which set out what people should expect when using health, social care or social work services in Scotland. AHSCP seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights are upheld. This framework ensures that the focus remains on what matters most to people. AHSCP CCPG continue to evidence how a consistent approach to integrated working improves the quality of care provided across Angus. This will continue to be monitored to ensure the standards of integrated care delivery are high across the spectrum of services across Angus.

#### **3. RECOMMENDATIONS**

It is recommended that the Integration Joint Board: -

- (i) Scrutinise and discuss the content of the report;
- (ii) Endorse a reasonable level of assurance regards clinical and care governance within AHSCP; and
- (iii) Acknowledge further reports will be presented as per the workplan.

#### **4. BACKGROUND**

The role of the Angus HSCP Governance forum is to provide assurance to the Angus Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Angus Council, that there are effective and embedded systems for Clinical, Care and Professional Governance (CCPG) in all services within Angus HSCP.

The GIRFE Framework is an agreed tool used by all three HSCPs in Tayside to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set

for each of the governance domains as detailed below. A GIRFE Steering Group continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures.

The six domains continue to evolve over time and are adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality-of-Care Approach, HIS and Care Inspectorate, September 2018.

**The GIRFE domains are:**

Information Governance
Professional Regulation and Workforce Development
Patient/Service user/Carer and Staff Safety
Patient/Service user/Carer and Staff Experience
Quality and effectiveness of care
Promotion of Equality and Social Justice

**The Health and Social Care Standards are:**

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

The AHSCP Quality Assurance Framework is based on the GIRFE domains with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Angus HSCP is a Lead Partner for a number of services, these services report to Angus CCPG. As per the IJB Integration Schemes Lead Partner Governance and Assurance arrangements are required to ensure Lead Partner Chief Officers seek approval from all IJBs on proposed strategy and to ensure reports on these services are provided to other IJBs in every 3-year planning period.

A Lead Partner Forum meets every 6 weeks. This is attended by the Head of Community Health and Cares Services and the Chief Financial Officers from all three HSCP's. A process for performance, risk and governance assurance is in place, this includes the sharing of risk assurance reports and quality assurance exception reports for Lead Partner services.

## 5. CURRENT POSITION

As Chief Officer for Angus HSCP, I would suggest that the level of assurance provided is: **Reasonable** due to the following factors,

- AHSCP has a sound system of governance. Risk management and controls exist, with internal controls operating effectively (AHSCP Quality Assurance Reporting, based on the GIRFE Framework and [Health and Social Care Standards](#) and the REFLECT Framework) and being consistently applied to support the achievement of objectives.
- The Clinical, Care and Professional Governance (CCPG) activity across AHSP continues to evolve and develop to provide clear structures of assurance.
- The AHSCP leadership team are committed to the ongoing development and improvement of systems and processes through a culture of learning, quality, and safety, using a Quality Management System (QMS) approach.
- AHSCP view Clinical, Care and Professional Governance as a critical function and have invested in a team (CCPG Coordinator, CCPG Facilitator, CCPG Assistant Facilitator and

CCPG Administrative Assistant) to assist the Chief Officer and Associate Medical Director in the delivery of its Clinical, Care and Professional Governance agenda.

The assurance report (appendix 1) describes the information considered to inform Angus CCPG on proposed level of assurance

## **6. PROPOSALS**

Angus IJB receive regular assurance reports regarding the care, clinical and professional governance across Angus HSCP.

Angus IJB should consider if this report format provides the relevant information for providing assurance.

## **7. FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from this report

## **8. RISK MANAGEMENT**

There are no direct risks arising from the recommendations of this report

## **9. PUBLIC HEALTH IMPLICATIONS**

There are no direct public health implications arising from the recommendations of this however public health implications are considered through the work and discussion of CCPG

## **10. CLIMATE SUSTAINABILITY IMPLICATIONS**

There are no direct environmental implications arising from the recommendations of this report.

## **11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY**

A screening assessment has been undertaken and a full combined Equality Impact Assessment, is not required for the following reasons: -

- This report is for assurance only

## **12. COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)**

Angus HSCP has carries out its duties to involve and engage external stakeholders where appropriate. The [Communication and engagement Strategic Framework 2023-2026](#) was approved at Angus IJB on 25 October 2023.

This Framework provides a plan for how Angus IJB will communicate and engage with all stakeholders to achieve the vision of the of the Strategic Commissioning Plan (SCP). It sets out how Angus IJB will work with stakeholders to:

- Deliver effective communications and engagement to support the delivery of the SCP 2023-2026.
- Help build public confidence in and manage the reputation of AHSCP by developing high quality communication channels.
- Provide meaningful opportunities to engage and influence decision making to improve health and wellbeing outcomes.

## **13. DIRECTIONS**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices

- Appendix 1 - Assurance Report
- Appendix 2 – Assurance Key
- Appendix 3 – IJB Strategic Risk Profile

## Care, Clinical and Professional Governance Assurance Report

### Care, Clinical and Professional Governance Arrangements

Angus HSCP CCPG Group meets monthly and has met on the following occasions since the last assurance report.

Assurance Meeting	Risk & Resilience Meeting
11 December 2023	22 January 2024
19 February 2024	18 March 2024

The focus alternates between service quality assurance; and strategic risk, adverse event management and resilience planning.

### Clinical and Care Risk Management

The current risk management process within AHSCP ensures that effective risk management is integrated in the way AHSCP leads, directs, manages, and operates.

Ongoing and continuous monitoring of risks via operational groups ensures a better understanding of whether the risk profile is changing and if the current/planned controls are effectively reducing the risk. This provides a greater level of assurance and ensures that the management of the risk is embedded into day-to-day management activities rather than a separate standalone process.

Strategic Risks are reported to AHSCP CCPG twice a year using a Risk Assurance Report template and are subject to scrutiny by the group. Where possible this coincides with reporting to IJB, IJB Audit Committee and NHS Tayside to ensure consistency and avoid duplication.

The AHSCP leadership team are committed to the ongoing improvement of systems and processes through a culture of learning, quality, and safety. This is demonstrated through improved outcomes and effective strategic risk improvements.

At CCPG – Risk & Resilience on 22 January 2024 Risk Assurance Reports for the following risks were presented and the group agreed that the risks were archived.

- SR14 Adult Support and Protection
- SR21 Equalities

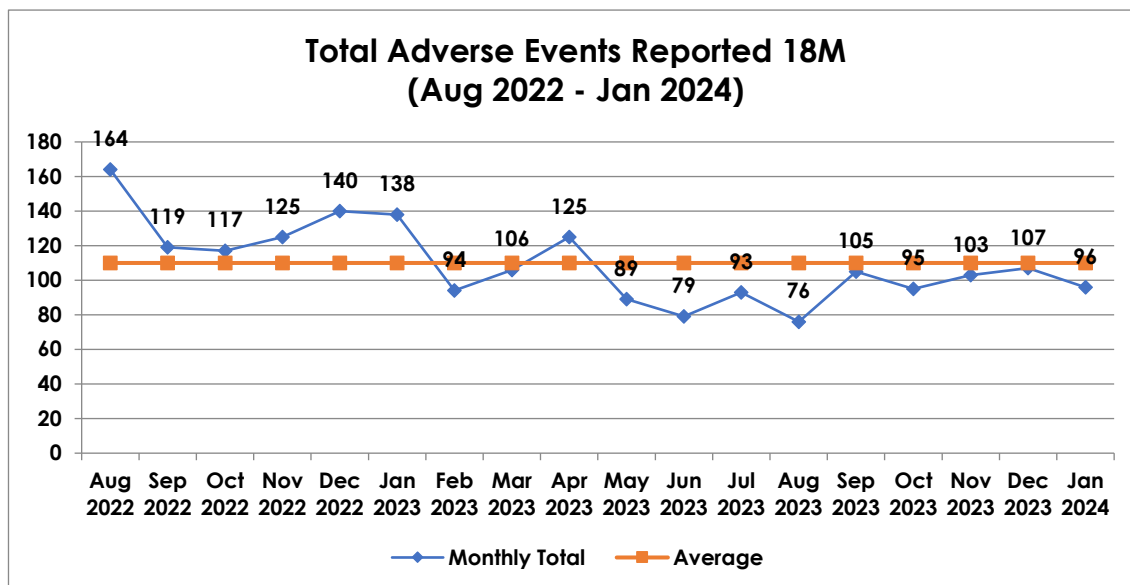
Angus IJB Strategic Risk Profile is detailed in Appendix 3

### **Emerging Risks**

The following emerging risk are being discussed at CCPG and an update is provided at each Risk and Resilience meeting:

- **National Care Service** - AHSCP CCPG continues to monitor the developments in relation to the National Care Service, to identify potential emerging risks.

## Adverse Event Management



Angus CCPG regularly discusses the themes from adverse events reporting with a view to learning from Adverse Event and supporting quality improvement.

**Slip, trip or fall** – Falls Prevention is a prioritised programme within the prevention and proactive care work stream of the Angus strategic plan. The first AHSCP Safer Mobility & Falls Prevention Multi-Agency Group meeting for 2024 was held on 7 February 2024. Currently, work on safer mobility and falls reduction continues to be consolidated. The Falls lead is currently testing out a new referral pathway with the aim of reducing waiting times and ensuring that people are triaged to get the right support as quickly as possible. Work has been undertaken to contact all those on the current falls waiting list and additional support has been mobilised to address this by the end of March. Better Balance classes have commenced in two locations in Angus, these involve an exercise component and an educational component.

**Clinically Challenging Behaviour** -There is still an increasing concern despite the proactive leadership to address the issue within the psychiatry of old age service. AHSCP is contributing to national discussions with Healthcare Improvement Scotland (HIS) regarding a standardised approach to the recording violence and aggression incidents and the use of planned restraint, this is via the HIS Data Standardisation Steering Group.

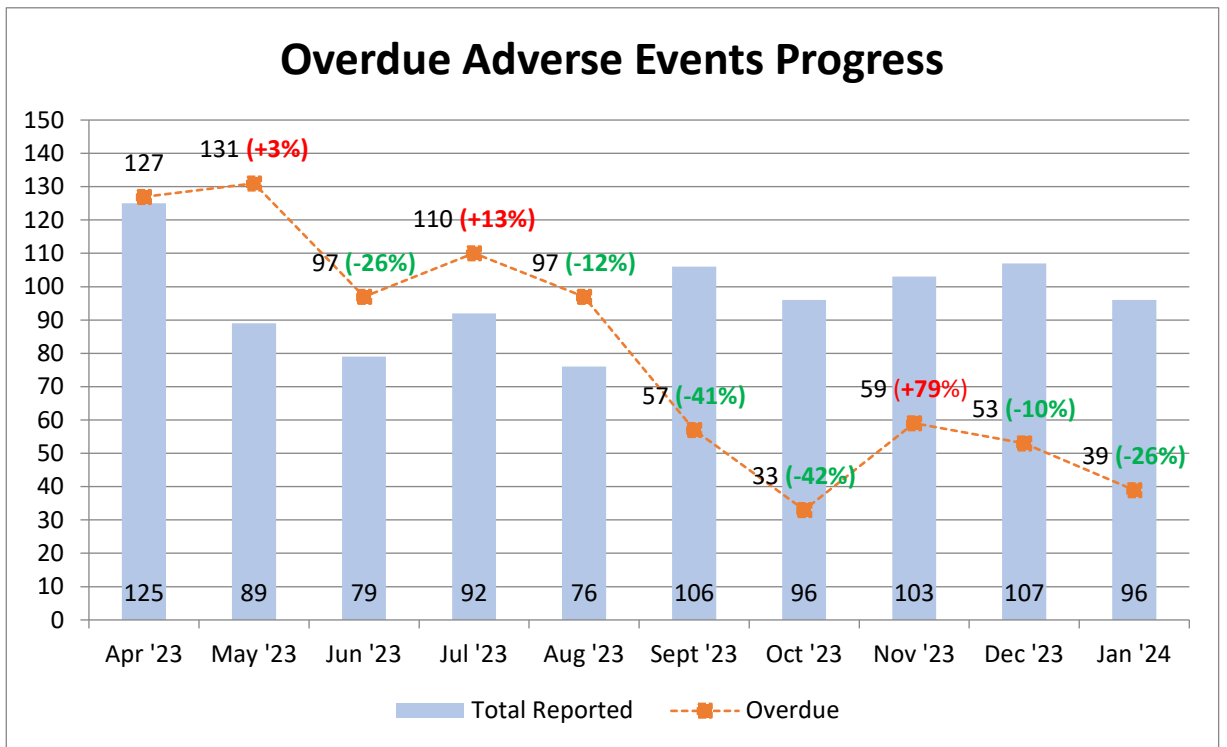
**Medication Adverse Events** – The Angus HSCP Medicines Incident Review Group was reinvigorated post Covid-19 pandemic. The group has expanded to include most services within the AHSCP and is supported by Clinical, Care and Professional Governance (CCPG) forum. A post medication incident pathway has been established to oversee and identify themes and learnings across all medication adverse events reported within AHSCP.

**Pressure Ulcers** - There is considerable work ongoing within the district nursing service regarding pressure ulcer improvements. An in-depth analysis of pressure ulcer events was completed by the Senior Nurse for Primary Care and was presented at CCPG on 13 December 2023. Several learning opportunities and improvements have been identified, this includes training regarding the completion of Preliminary Pressure Ulcer Risk Assessment (PPURA) to be conducted by Clinical Nurse Educators and ensuring all staff have completed the core mandatory NHS Education for Scotland (NES) Learn Pro Module on Prevention & Management of Pressure Ulcers.

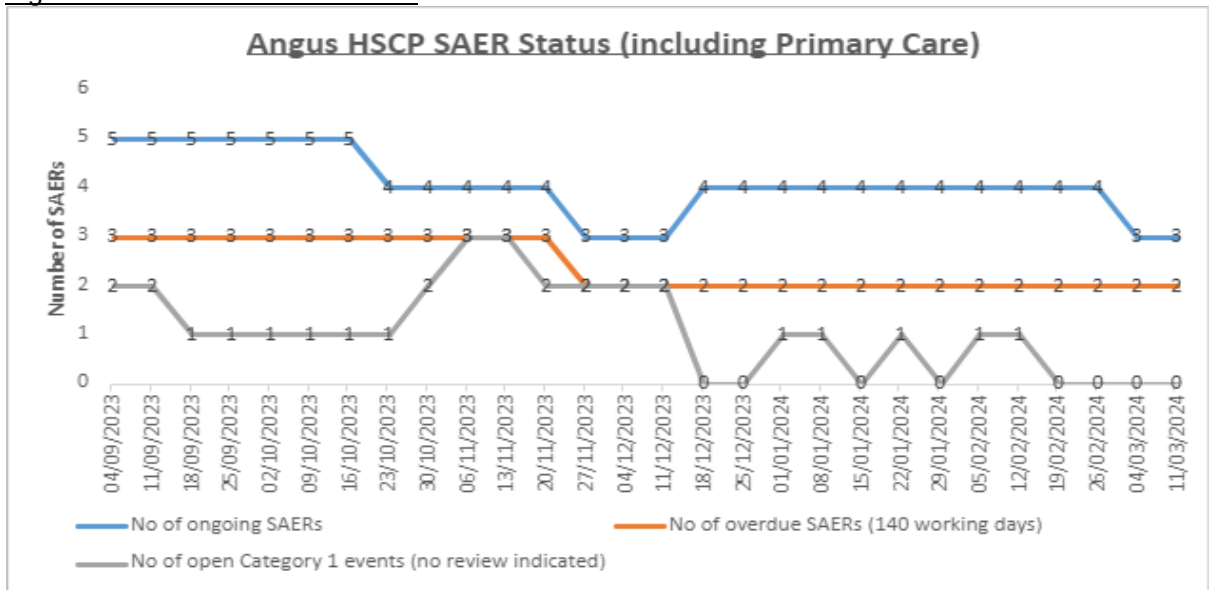
### **Overdue Adverse Events Progress**

As of January 2024, the number of overdue adverse events has reduced by 69% (from 127 to 39). Work continues to support services to report, verify, review and

complete adverse events within the agreed timescales.



**Significant Adverse Event Reviews**



**AHSCP currently has 5 SAERs in progress.**

SAER 1	SAER complete – Duty of Candour requirements in progress
SAER 2	At Level 2 Sign off
SAER 3	Under review
SAER 4	Under review
SAER 5	Under review

## Feedback

Current Complaints as of 11 April 2024 -

	0-5 Days	6-10 Days	11-15 Days	>20 Days	Total
AHSCP	2	2	2	4	10

There has been a restructuring of complaints management within Angus HSCP to bring this within the remit of the Clinical, Care and Professional Governance team. This allows consistent approaches to learning and triangulation of data for improvement.

To ensure AHSCP are learning from complaints a learning summary is completed following every Stage 2 complaint, any identified actions are recorded on an action plan, and these are monitored via local CCPG meetings. Learning Summaries are shared across the partnership via local CCPG groups and uploaded to a shared platform.

### Scottish Public Services Ombudsman Reports

**Case 1** – SPSO investigation in progress – response to recommendations submitted. Progression of adverse event to SAER recommended by SPSO, AHSCP have commissioned this SAER and will work with Out of Hours Service, Scottish Ambulance Service and Medicine division to progress.

**Case 2** – SPSO have requested further information to allow them to consider the case. Information being collated.

### External Reports & Inspections

The CCPG Team is responsible for monitoring actions from external reports and inspections to ensure that the 'loop is closed' and sharing learning. External findings will be triangulated with internal control systems (Quality Assurance Reports, REFLECT Framework and action plans) to ensure these are working effectively, this assurance will be provided via CCPG. Inspections from other areas will also be considered to identify learning for AHSCP.

### Mental Welfare Commission For Scotland Visit

This inspection was unannounced and took place in October 2023. The inspection was carried out by the Mental Welfare Commission For Scotland. This inspection was undertaken at Rowan Ward, Susan Carnegie Centre, Stracathro Hospital.

### **Recommendations for AHSCP from the Inspection:**

1. Managers to review the current MDT documentation and ensure that the record captures the MDT weekly discussion, along with the recorded actions and outcomes.
2. Managers to put a system in place to ensure all treatment certificates, including T2, T3, and s47 certificates are in place, and that all prescribed medications is legally authorised, where appropriate.
3. Managers to ensure that all activities are recorded and linked to individual care plans, with a record of the benefit of the activity to the individual.

An improvement plan has been developed based on the recommendations and this will be reported through AHSCP CCPG assurance meetings.



### Angus HSCP Shared Learning Event from Mental Health Services

On 31 January 2024, the first Shared Learning Event of 2024 for Angus HSCP was held. This event was focused on diverse learning from Mental Health Service including Angus Integrated Drug and Alcohol Recovery Services (AIDARS), and Psychiatry of Old Age inpatient services. In addition, the event has been contributed to share supportive information by the following services:

- NHS Tayside Patient Safety, Clinical Governance and Risk Management
- Prevention and Proactive Care
- Care Opinion
- NHS Tayside Staff Wellbeing
- Angus Council Health and Wellbeing
- Adult Support and Protection
- Suicide Awareness
- Complaints Management

The event was received positively (84%), and the 76% of the attendees expressed that the event is helpful in creating a more positive learning culture at their respective workplace.

### Mental Health

#### **Mental Health Key Performance Indicators (KPI)**

AHSCP had been working with colleagues for P&K HSCP to ensure there is a robust process in place for data collection for Mental Health KPIs for consistent and meaningful performance tracking and reporting across all HSCPs. On 6 October 2023, Angus HSCP has agreed to adopt the Mental Health KPI's developed by Perth & Kinross HSCP inclusive of total 20 indicators for use across all Tayside.

No	Proposed KPI's	Type	Data Source	Data Availability
1	Number and Rate of Mental Health Admissions (criteria: all & emergency. age cohorts - 18-64 & 65+)	Mental health emergency admissions	Business Unit	Monthly
2	Number and Rate of Mental Health Emergency Bed Days (age cohorts: 18-64 & 65+)		Business Unit	Monthly
3	Average length of stay for Mental Health Admissions (age cohort: 18-64, 65+)		Business Unit	Monthly
4	Number of unscheduled hospital bed days; mental health specialties per 100,000 population (18+)		Public Health Scotland	Quarterly - with data lag and comparisons
5	Readmissions to mental health hospital within 28 days of discharge per 1,000 discharges (18+)		Public Health Scotland	Quarterly - with data lag and comparisons
6	Number of A+E attendances with psychiatry diagnosis (age cohort: 18-64, 65+)		Business Unit	Monthly
7	Emergency detention in hospital (up to 72 hours) (s36)		Business Unit	Monthly
8	Short term detention in hospital (up to 28 days) (s44)		Business Unit	Monthly
9	Rate of delayed discharge from general psychiatry specialty (breakdown: complex, standard & overall) (age cohort: 18-64)	Delayed Discharge for MH	Business Unit	Monthly
10	Number of days people spend in a MH hospital when they are ready to be discharged, per 1,000 population (age cohort: 18-64)		Public Health Scotland	Quarterly - with data lag and comparisons
11	Number of people on waiting lists & average waiting time	MH Activity	Business Unit - TRAKCARE	Monthly
12	Percentage of discharged psychiatric in patients followed up by CMHT services within 7 calendar days		Business Unit	Monthly
13	Number of people discharged without being seen (Crisis Team, Locality CMHTs, & POA)		Business Unit	Monthly
14	Percentage of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)		Business Unit	Monthly
15	Number of community based mental health appointments offered		Business Unit	Monthly
16	Number of new referrals to CMHT and POA (plus % accepted)		Business Unit	Monthly
17	MHO referrals and Assessment		Business Unit	Monthly
18	MHO team caseload at period end		Business Unit	Monthly
19	Number and percentage of vacancies overall (HSCP CMH Teams)	Workforce / Resource	HR	Biannually
20	Percentage unallocated out of all cases (MHO & CMHT SW teams)		Business Unit	Monthly

### Mental Health and Learning Disability Improvement Plan

The Whole System Mental Health and Learning Disabilities Change Programme was approved by the three Tayside Integration Joint Boards and NHS Tayside Board at the end of June 2023. The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy. There would be a Steering Group established to lead the work going forward across the whole system and that a detailed engagement plan would be developed to ensure that the draft model is shaped by as wide a range of stakeholders as possible. The steering group will ensure stakeholder representation and ensure a co-production approach is taken forward to finalising the model of care.

There was a requirement to re-prioritise and condense the current workstreams for Crisis & urgent Care, Specialist Community Mental Health, Personality Disorder and Adult Neurodevelopmental Disorders. The timeframe for finalising the model of care was agreed using the Double Diamond approach with Phase 1 – Discover and Define completing by May 2024, and Phase 2 – Develop and Deliver by September 2024. Phase 2 will result in an agreed model of care, including service specification and clarity around the contribution of community mental health and wellbeing strategies in each of the three HSCPs and third sector provision. The V&A has agreed to support this second phase with a series of design accelerator events. The Programme Board agreed to take forward the 'Care and Share Together' proposal developed at the V&A session to implement an approach which ensure sustainable and meaningful engagement. In addition, Healthcare Improvement Scotland's Community Engagement team have agreed to assist with this work and to help us build a best practice model for engagement.

The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance has been commenced. The three Chief Officers for the IJBs and Director of Finance for NHS Tayside have agreed to work collaboratively on a financial framework which will deliver on the new model of care across the continuum of need.

The strategic risks associated with the delivery of the Mental Health and Learning Disability Whole System Change Programme will be identified and managed within the programme and reported to the Executive Leadership Group and Programme Board.

### Angus Advocacy Strategic Framework

The Mental Welfare Commission advises that each Health and Social Care Partnership (HSCP) has a plan outlining the available advocacy services. The Mental Health (Care and Treatment) (Scotland) Act in 2003, section 259 imposed a specific duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area for "every person with a mental disorder".

Work initially began in 2018 to develop an Angus Advocacy Strategic Framework (for children and adults) however progress was delayed due to operational pressures because of the COVID-19 pandemic. Progression recommenced in August 2022 and the Angus Advocacy Planning Group was reconvened with refreshed membership from:

- Angus Health and Social Care Partnership (AHSCP)
- Children, Families and Justice, Angus Council
- Community Mental Health and Wellbeing Services, AHSCP
- Angus Independent Advocacy
- Angus Carers Centre
- Parent to Parent
- Who Cares? Scotland
- Procurement, Angus Council

Advocacy services are commissioned by both Angus Health and Social Care Partnership (AHSCP) and Angus Council (AC) for adults and children respectively. AHSCP commission services for adults who have mental ill health, dementia and related conditions or learning difficulties. Emerging legislation is clear that advocacy services are to be accessible to carers to ensure their voices are heard as well as those they care for. Angus Carers Centre provides advocacy support for young and adult carers.

The Angus Advocacy Strategic Framework outlines all commissioned services in one document and details the priorities and actions for the next three years. It is recognised that the need for advocacy support is increasing and that there is other third sector organisations who provide advocacy support to different groups of people, although these are not commissioned by AC or AHSCP.

The Framework has been written collaboratively with all members of the Angus Advocacy Planning Group. Engagement with the public has been completed by sharing the draft Framework along with a feedback questionnaire. Following review of the feedback, the Framework was reviewed, amended, and has been incorporated in the final draft.

## Primary Care Prescribing Management

Family Health Service (FHS) Prescribing against the allocated budget has deteriorated over the past 18 months. The drivers behind prescribing spend are multifactorial though of late this has been driven by increase in the costs of medicines. New medicines approved for use in Scotland within primary care are also part of this. With an obligation to support provision but with no uplift to do so, this creates a cost pressure. There are notable workforce pressures within primary care to allow time to invest in prescribing improvement and a diminishing workforce must therefore be balanced against provision of more complex care for an aging population.

The Angus HSCP Prescribing Management Quality Assurance Group (APMQAG) continues to provide a framework in which FHS prescribing spend is monitored. As a subgroup of the Angus Clinical Care and Professional Governance Group it provides an annual assurance report to that group. Regular updates are also provided to Angus HSCP Executive Management Team. The work plan continues to be tracked and reported at each APMQAG meeting. The operational aspect of delivery of the prescribing work plan has been devolved to the GP and practice pharmacy teams at cluster and practice level ensuring that the clinical engagement with prescribing management remains high. It has been identified historically that services in Angus take a more proactive approach to preventative prescribing using cost effective options. This has positively impacted upon the quality of prescribing within the National Therapeutic Indicators.

There are also challenges with the increase in medicines cost, 33% increase in medicines cost over the past 10 years – with a 5.8% increase in last financial year. Angus Health and Social Care Partnership – alongside Angus Council and NHS Tayside – face significant financial challenges. This reflects a combination of cost, volume and service requirement pressures contrasting with the forecast available funding.

Actions have been identified to support prescribing management as part of a quality improvement approach.

- Reducing total volumes of medicines prescribed where possible
- Reducing medicines waste
- Addressing polypharmacy
- Improving the quality of prescribing quality (e.g. as described in National Therapeutic Indicators).
- Diligent review of care home patients
- More serial prescribing to prompt medication reviews
- Making best use of non-drug approaches, for example nature prescribing
- Checking anomalies in high-cost items supported by the pharmacy team
- Good medication review practices for all patients

In future the prescribing management improvements will be overseen by the AHSCP Prevention and Proactive Care Steering Group.





## Internal Audit Report – Adults with Incapacity Progress

Angus Council Internal Audit completed a review of Angus Council's procedures in place to ensure compliance with the Office of the Public Guardian (OPG) and the Mental Welfare Commission for Scotland (MWC) from August – October 2022. The overall level of assurance for the period covered by the audit testing was "No assurance". The report was published in April 2023.

A Rapid Improvement Team was established in March 2023 to address the concerns in the report and to complete a full review of Guardianship processes. An Improvement Action Plan was developed and after an initial series of events a group met monthly to review progress and sign off the recommendations as they were completed. An updated set of Operational Instructions and guidance were approved by the Angus Health and Social Care Partnership Operational Instruction Approval Group on 6 September 2023. A training programme was developed and has run from July – October 2023 for all relevant staff. An evaluation of this is being completed now. A series of improvement actions were identified for ECLIPSE (Our information management system) and all guardianship processes are now live on this. Access to details held per Team will be available for Managers to monitor and mentoring systems are now in place. An Audit has been undertaken to assess our new processes and the findings of this has identified that matters are progressing, and improvements are evident. Key Performance Indicators have been developed and approved.

## Assurance Level Key

Please  the level of assurance you are providing:

Level of Assurance	System Adequacy	Controls	<input type="checkbox"/>
Substantial Assurance	 A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	<input type="checkbox"/>
Reasonable Assurance	 There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	<input type="checkbox"/>
Limited Assurance	 Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	<input type="checkbox"/>
No Assurance	 Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	<input type="checkbox"/>

Risk Heat Map

<b>LIKELIHOOD</b>	<b>Almost Certain</b>	<b>5</b>				SR03		<b>KEY</b> <b>SR01.</b> Sustainability of Primary Care Services <b>SR02.</b> Prescribing <b>SR03.</b> Effective Financial Management <b>SR08.</b> Workforce Optimisation <b>SR11.</b> Commissioned Service Provider Failure <b>SR24.</b> Commissioned Services – Unmet Need <b>SR25.</b> AHSCP Mental Health <b>SR26.</b> Sustainability of AHSCP Primary Care Services
	<b>Likely</b>	<b>4</b>				SR02 SR08 SR11	SR01 SR26	
	<b>Possible</b>	<b>3</b>			SR24		SR25	
	<b>Unlikely</b>	<b>2</b>						
	<b>Rare</b>	<b>1</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
			<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>	
			<b>CONSEQUENCES</b>					

RISK	RISK TITLE	PLANNED RISK LEVEL	RISK LEVEL NO CONTROLS	MAY 22	JULY 22	SEPT 22	NOV 22	JAN 23	MAR 23	MAY 23	JULY 23	SEPT 23	NOV 23	Jan 24
SR01	Sustainability of Primary Care Services	12 (4X3) AMBER	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	20 (4X5) RED	20 (4X5) RED	20 (4X5) RED
SR02	Prescribing Management	9 (3X3) YELLOW	25 (5X5) RED	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	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	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	20 (5X4) RED	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER
SR11	Commissioned Service Provider Failure	9 (3X3) YELLOW	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER
SR14	Adult Support & Protection <i>Archived</i>	12 (4X3) AMBER	20 (5X4) RED	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	16 (4X4) AMBER	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW	8 (2X4) YELLOW
SR21	Equalities <i>Archived</i>	9 (3X3) YELLOW	25 (5X5) RED			20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	16 (4X4) AMBER	16 (4X4) AMBER	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW
SR24	Commissioned Services Unmet Need	9 (3X3) YELLOW	25 (5X5) RED							15 (3X5) AMBER	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW

