

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 14 September 2016

Time: 10:00

Venue: Committee Room 3,
Council Offices, Garshake Road, Dumbarton

Contact: Nuala Borthwick, Committee Officer
Tel: 01389 737594 Email: nuala.borthwick@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Health & Social Care Partnership Board Audit Committee** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

JEANNE MIDDLETON

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Allan Macleod (Chair)
Gail Casey (Vice Chair)
Heather Cameron
Jonathan McColl
Martin Rooney
Rona Sweeney

Senior Management Team – Health & Social Care Partnership
Mr C. McDougall
Mr P. Lindsay
Ms K. Cotterell

Date of issue: 5 September 2016

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD
AUDIT COMMITTEE**

WEDNESDAY, 14 SEPTEMBER 2016

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

3 MINUTES OF PREVIOUS MEETING 7 - 11

Submit for approval as a correct record, the Minutes of Meeting of the Health & Social Care Partnership Audit Committee held on 15 June 2016.

4 COMMITTEE ACTION LIST 13 - 17

Submit a note of the Audit Committee's Action List for information.

5 AUDIT SCOTLAND - 2015/16 DRAFT ANNUAL AUDIT REPORT Copy to follow

Submit report by Audit Scotland on the above.

6 FINAL AUDITED ACCOUNTS Copy to follow

Submit draft report by the Chief Financial Officer on the above.

7 DRAFT STRATEGIC RISK REGISTER 19 – 26

Submit report by the Head of Strategy, Planning & Health Improvement presenting the updated Strategic Risk Register in draft for the Health & Social Care Partnership.

8/

8 CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP 27 – 39

Submit report by the Head of Children's Health, Care and Criminal Justice providing the most recent inspection reports for the Council's Throughcare, Fostering and Adoption Services for Children and Young People.

9 CARE INSPECTORATE REPORT FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 41 – 44

Submit report by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessment for one independent sector residential older peoples' Care Home located in West Dunbartonshire.

10 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 45 – 54

Submit draft report by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessment for ten independent sector support services operating within the West Dunbartonshire area.

11 CARE INSPECTORATE REPORT FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL 55 – 57

Submit draft report by the Head of Community Health & Care providing information on the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

12 INTERNAL AUDIT UPDATE

The Chief Internal Auditor will provide an update on internal audit.

13 LOCAL GOVERNMENT AUDITS - INTRODUCTION TO AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATION JOINT BOARD 59 - 66

Submit report by Audit Scotland providing information on the senior audit team appointed to West Dunbartonshire Health & Social Care Partnership.

14 EXCLUSION OF PRESS AND PUBLIC

The Committee is asked to approve the undernoted Resolution:-

“In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following item of business involves the likely disclosure of exempt information as defined in Paragraph 11 of Part 1 of Schedule 7A to the Act.”

15 2016/17 HEALTH CARE SAVINGS OPTIONS

Copy to follow

Submit report by the Chief Financial Officer on the above.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD AUDIT COMMITTEE

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in the Manager's Meeting Room, 3rd Floor, Council Offices, Garshake Road, Dumbarton, on Wednesday, 15 June 2016 at 2.00 p.m.

Present: Heather Cameron; Allan Macleod, Jonathan McColl and Martin Rooney.

Attending: Keith Redpath, Chief Officer; Jeanne Middleton, Chief Financial Officer; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; John Russell, Head of Mental Health, Learning Disability & Addictions; Colin McDougall, Chief Internal Auditor; Karen Cotterell, Senior Auditor (Audit Scotland) and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

Also Attending: Non-Voting Member of the Partnership Board – Anne McDougall.

Apology: An apology for absence was intimated on behalf of Gail Casey.

APPOINTMENT OF CHAIR

In the absence of a Chair of the Audit Committee (currently a vacancy) and the Vice Chair, the Committee Officer invited the Committee to appoint a Chair for this meeting of the Committee.

Following discussion, it was agreed that Mr Allan Macleod be appointed Chair. Accordingly, Mr Macleod assumed the Chair.

VARIATION IN THE ORDER OF BUSINESS

Having heard the Chair, Mr Macleod, it was agreed that the order of business be varied as hereinafter minuted.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 23 March 2016 were submitted and approved as a correct record.

A copy of the Action List was distributed to Members (tabled). Following discussion, the Committee agreed:-

- (1) that the Action List would be included as a substantive item on future agendas for the Committee;
- (2) that a report on the Review of Terms of Reference had not been included on the agenda due to an administrative error however the Chief Financial Officer reported that there were no additional costs for the Audit Committee at this time other than the Annual Accounts therefore there was nothing to report at this time; and
- (3) that following approval of the Equality Act 2010 Mainstreaming Report by the Health & Social Care Partnership Board, officers would prepare a report specifically concerning health inequalities amongst different socio-economic groups for a future Audit Committee meeting.

INTEGRATED BUSINESS CONTINUITY PLANNING FOR THE HEALTH & SOCIAL CARE PARTNERSHIP

A presentation was provided by the Head of Strategy, Planning and Health Improvement on integrated business continuity planning for the Health & Social Care Partnership.

After discussion and having heard the Chief Officer and the Head of Strategy, Planning and Health Improvement in further explanation of business contingency planning for the Health & Social Care Partnership and in answer to questions from Members, the Committee agreed:-

- (1) to note that Business Continuity Management is an essential activity in establishing the Partnership's resilience by enabling it to anticipate, prepare for, respond to and recover from disruptions and to have a clear understanding of dependencies with other organisations;
- (2) to note that any outcomes or recommendations relevant to Integration Joint Boards from the recent national pandemic flu exercise - Silver Swan - would be reported to a future meeting of the Committee when available and as appropriate. and
- (3) that a copy of the presentation would be issued to Members of the Committee.

CONFIRMATION OF STANDARDS OFFICER FOR THE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

A report was submitted by the Head of Strategy, Planning & Health Improvement confirming arrangements for a Standards Officer for the Health & Social Care Partnership Board as approved by the Standards Commission for Scotland.

Following consideration, the Committee agreed to affirm the Chief Officer's confirmation as the Standards Officer for the Health & Social Care Partnership Board by the Standards Commission for Scotland.

CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Head of Children's Health, Care and Criminal Justice providing information on the most recent inspection report for the Council's own residential services for children and young people.

After discussion and having heard the Chief Officer and the Head of Children's Health, Care and Criminal Justice in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) that the undernoted additional sentence be included in paragraph 3 at Section 5.2 of the report to provide clarity in relation to the Care Inspectorate's requirement from the inspection:-

 'The children still placed at the Children's House were spoken to by the Care Inspectorate';
- (2) to otherwise note the content of this report and the work undertaken and planned to ensure grades awarded reflect the quality levels expected by the Council; and
- (3) to note that all future Care Inspectorate reports would be submitted to the Committee at the earliest possible opportunity.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for an independent sector residential older peoples' Care Home located within West Dunbartonshire.

After discussion and having heard the Head of Strategy, Planning and Health Improvement and in further explanation of the report and in answer to Members questions, the Committee agreed to note the content of the report.

CARE INSPECTORATE REPORT FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for seven independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Chief Officer and other officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to congratulate staff at the West End Project – Dumbarton on maintaining excellent inspection grades for each of the services inspected;
- (2) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and
- (3) otherwise to note the content of the report.

SCOTTISH GOVERNMENT HEALTH AND CARE EXPERIENCE SURVEY 2015/16

A report was submitted by the Head of Strategy, Planning & Health Improvement providing information on the recently published Scottish Government Health and Care Experience Survey 2015/16.

After discussion and having heard the Chief Officer and the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the publication of the national overview report and the findings for West Dunbartonshire; and
- (2) otherwise to note the content of the report.

INTERNAL AUDIT ANNUAL REPORT TO 31 MARCH 2016

A report was submitted by the Chief Financial Officer:-

- (1) advising of the work undertaken by Internal Audit in respect of the Annual Audit Plan 2015/16;
- (2) advising of the contents of the Assurance Statement given to the Chief Financial Officer in support of the Statement of Internal Financial Control/Governance Statement; and
- (3) outlining how audit assurances are obtained.

After discussion and having heard the Chief Officer and the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

DRAFT STATEMENT OF ACCOUNTS 2015/2016

A report was submitted by the Chief Financial Officer providing information on the draft Annual Accounts for 2015/2016 and highlighting matters of interest.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the contents of the report and the draft Final Accounts, subject to the understanding that the draft accounts may change depending upon the audit;
- (2) to note that a full report on the audited accounts would be submitted to the Health & Social Care Partnership Board in November 2016; and
- (3) that authority be delegated to the Audit Committee to formally approve the audited accounts at its meeting on 14 September 2016, prior to submission to the Accounts Commission by 30 September 2016 in line with the approved Terms of Reference.

DRAFT INTERNAL AUDIT PLAN 2016/17

A report was submitted by the Chief Financial Officer advising of the planned programme of audit work for the year 2016/2017.

After discussion and having heard the Audit and Risk Manager in further explanation of the report and in answer to Members' questions, the Committee agreed to approve the Audit Plan for 2016/2017.

FUTURE MEETINGS

Members agreed the undernoted dates for future meetings of the Audit Committee:-

- (1) Wednesday, 14 September 2016 at 10.00 a.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.
- (2) Wednesday, 7 December 2016 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.
- (3) Wednesday, 22 March 2017 at 10.00 a.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

The meeting closed at 3.50 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 01.09.16

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
Meeting Date - 30 September 2015					
1.	A review to be submitted to a meeting of the Audit Committee in 6 months to enable Members to consider any additional cost implications associated with the system of internal financial control to the Audit Committee.	31 March 2016	Chief Financial Officer	To be submitted to the meeting of the Audit Committee on 15 June 2016 given committee deadline dates for March would not allow for 6 month period. Chief Internal auditor to provide verbal update. If position not satisfactory a report will be required.	
2.	Individual risk assessment reports to be submitted to future meetings of the Partnership Board, with particular reference having been made to Risk 3 – Failure to deliver efficiency savings and targets and operate within allocated budgets and Risk 4 – Failure to plan and adopt a balanced approach to manage additional unscheduled care pressures and business continuity challenges that are faced in winter.	Future meetings of Partnership Board when requested by Audit Committee	Chief Financial Officer/ Head of Strategy, Planning and Health Improvement	Work ongoing to review 2016/17 savings options for Health Care and 2016/17 Social Care savings options in place and delivering. Work well underway for 2017/18.	
3.	All action plans submitted to the Care Inspectorate in response to inspection reports will be submitted to the Audit Committee for information following publication of Care Inspectorate reports.	Ongoing	Heads of Service responsible for inspection reporting	Council reports to be submitted as timeously as possible after being received.	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 01.09.16

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
Meeting Date - 13 January 2016					
4.	Financial Governance update – national guidance would be sought from the Scottish Government on expense arrangements for members of the Partnership Board.	When received from Scottish Government	Chief Financial Officer	Any appropriate Board Member expenses are processed through appropriate partner	
5.	Forthcoming Audit Scotland Report – Social Work in Scotland	Once final report on the national audit is published.	Head of Strategy, Planning and Health Improvement	Update will be provided once report is published	
6.	Audit Scotland Report on Health & Social Care Integration Officers give consideration to how best to provide Members with a more detailed overview of the actions being taken to progress key issues noted within the report.	Future meeting	Head of Strategy, Planning and Health Improvement	Given the planned internal audit of integration arrangements that has already been confirmed, this would be best covered once that work has been completed and can be reported by the Chief Internal Auditor. This would enable the Audit Committee to have a more objective and rounded discussion.	
7.	Audit Scotland Report on Health & Social Care Integration That the Chief Internal Auditor use the relevant recommendations made by Audit Scotland within the national report to inform and shape their internal audit of the local implementation of the Public Bodies (Joint Working) Act during 2016/17 following the first year of the HSCP Board's establishment.	Following first year of the H&SCP Board's establishment.	Chief Internal Auditor	Update to be provided at 14 September meeting.	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 01.09.16

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
Meeting Date - 23 March 2016					
8.	<p>Equality Act 2010 Mainstreaming Report</p> <p>A report on the range of vulnerable and socio-economic groups as well as protected characteristics be provided to the next meeting of the Audit Committee to enable members to consider marginalised groups other than those required by the Equality Act 2010.</p>	15 June 2016	Head of Strategy, Planning and Health Improvement	Since this discussion at Audit Committee, the Scottish Government has confirmed that it intends to publish a new national public health strategy, the scope of which is likely to consider such groups within the population. Officers anticipate that this Strategy will be published towards the end of 2016 - as such it would be logical to prepare a report that considers this action within the context of that Strategy when it is available. Officers will bring such a report to the earliest meeting of the Audit Committee possible	
9.	<p>National Care Standards – Overarching Principles</p> <p>That a Partnership response to the proposed consultation on the National Care Standards Review Development Group's work to develop a set of general and specialist standards linked to the principles would be submitted to a future meeting of the Partnership Board and or the Audit Committee depending on the timing of the 12 week consultation.</p>	Future meeting	Head of Strategy, Planning and Health Improvement	The national consultation on the new care standards has not begun yet. As soon as it does, Officers will bring a draft response to the soonest H&SCP Board or Audit Committee meeting (depending on deadline).	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 01.09.16

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
Meeting Date – 15 June 2016					
10.	Health Inequalities amongst different socio-economic groups	Future meeting	Head of Strategy, Planning and Health Improvement	Soumen Sengupta will provide report to 7 December 2016 meeting to coincide with the publication of the new national public health strategy which is anticipated mid-autumn.	
11.	Silver Swan – outcomes and recommendations relevant to IJBs from the recent national pandemic flu exercise	Future meeting	Head of Strategy, Planning and Health Improvement	No additional/specific actions from Silver Swan to report on at this point. Anything pertinent to the H&SCP Board/Audit Committee that emerges will be reported on if and when formally available.	
12.	Audited Accounts	To be submitted to Audit Committee on 14 September 2016 and Partnership Board on 16 November 2016.	Chief Financial Officer		

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 01.09.16

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
Completed Actions					
1.	Financial costs associated with the external audit service provided by Audit Scotland to the Partnership to be confirmed and provided at a future meeting of the Audit Committee.	Future meeting	Chief Financial Officer	Included in Audit Scotland's Annual Audit Plan £17,100 This has been reported as a note in the Annual Accounts.	15 June 2016
2.	A presentation on the structure of business continuity planning would be provided at the next meeting of the Audit Committee on 23 March 2016 to ensure members are satisfied that there was rigorous continuity planning processes in place.	23 March 2016 (to be moved to 15 June 2016 to enable fuller report)	Head of Strategy, Planning and Health Improvement		15 June 2016
3.	Minutes of Previous Meeting That the Action List would be included as a substantive item on future agendas.	14 September 2016 onwards	Committee Officer		14 September 2016

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 14th September 2016**

Subject: Draft Strategic Risk Register**1. Purpose**

- 1.1** To present the updated Strategic Risk Register in draft for the Health & Social Care Partnership.

2. Recommendation

- 2.1** The Audit Committee is recommended to:

- 1) Provide comment on the content of the updated draft Strategic Risk Register; and
- 2) Subject to any changes required, endorse the updated draft Strategic Risk Register for onward recommendation to the West Dunbartonshire Health & Social Care Partnership Board at its November 2016 meeting.

3. Background

- 3.1** Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks.
- 3.2** The Health & Social Care Partnership Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health & Social Care Partnership's Risk Management Strategy & Policy at its August 2015 meeting.
- 3.3** At its September 2015 meeting, the Audit Committee considered and then endorsed the first strategic register for the Health & Social Care Partnership, which was then approved at the November 2015 meeting of the Partnership Board.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. 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.

- 4.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health & Social Care Partnership.
- 4.3** The attached draft Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy & Strategy.
- 4.4** As per the Risk Management Policy & Strategy, *strategic risks* represent the potential for the Partnership Board 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. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities.
- 4.5** The Chief Officer has 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 Partnership Board.

5. People Implications

- 5.1** Key people implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

6. Financial Implications

- 6.1** Key financial implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

7. Professional Implications

- 7.1** Key professional implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.
- 7.2** The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks such as the preparation and maintenance of strategic risk registers.

9.2 It is the responsibility of Partnership Board to approve an appropriate Strategic Risk Register for the Health & Social Care Partnership that is prepared in accordance with the local Risk Management Policy & Strategy,

10. Impact Assessments

10.1 None required

11. Consultation

11.1 The draft Strategic Risk Register has been confirmed for submission to the Audit Committee for consideration by the Health & Social Care Partnership Senior Management Team.

12. Strategic Assessment

12.1 The preparation, approval and maintenance of the attached draft Strategic Risk Register will prevent or mitigate the effects of loss or harm; and will increase success in the delivery of the Strategic Plan.

Author: Soumen Sengupta – Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership.

Date: 14th September 2016

Person to Contact: Soumen Sengupta – Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. G82 3PU.
Telephone: 01389 737321
e-mail: soumen.sengupta@ggc.scot.nhs.uk

Appendices: West Dunbartonshire Health & Social Care Partnership
Strategic Risk Register (draft)

Background Papers:	<p data-bbox="576 188 1409 264">Audit Scotland (2015) An overview of local government in Scotland 2015</p> <p data-bbox="576 264 1409 340">http://www.auditscotland.gov.uk/docs/local/2015/nr_150305_local_government_overview.pdf</p> <p data-bbox="576 376 1409 452">HSCP Board Report (August 2015): Health & Social Care Partnership Board Financial Regulations</p> <p data-bbox="576 488 1409 564">HSCP Board Report (August 2015): Risk Management Policy & Strategy</p> <p data-bbox="576 600 1409 676">HSCP Audit Committee (September 2015): Draft Strategic Risk Register</p> <p data-bbox="576 712 1409 779">HSCP Board Report (November 2015): Strategic Risk Register</p>
Wards Affected:	All

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Owner: Chief Officer

Status: **DRAFT AUGUST 2016**

Approval Date:

Review Date:

The West Dunbartonshire Health & Social Care Partnership (WD HSCP) Board, the Council and the Health Board purposefully seek to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions – and consequently take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes. The preparation and maintenance of this Strategic Risk Register is an important element of this. It has been prepared in accordance with the WD HSCP Risk Management Policy & Strategy, with pre-mitigation risks assessed as follows:

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

Strategic risks represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan: typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from *operational risks*, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities. The Chief Officer is responsible for managing operational risks, as they 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 Partnership Board (identified in the register with an asterix*).

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
1. Failure to deliver efficiency savings targets and operate within allocated budgets	5	4	Extreme	On-going process of managing and reviewing the budget by the Senior Management Team. A recovery plan will be implemented to address areas of significant in-year overspend. Savings options under review in 2016/17 expected to be challenging – horizon scanning being undertaken with respect to delivery of Strategic Plan within context of both wider WDC and NHSGGC processes.	Chief Financial Officer
2. Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined four week waiting time target.*	5	3	Extreme	Text reminders for new appointments targeted for introduction during autumn 2016. A risk stratification process for back pain patients is being introduced during autumn/winter 2016. Work stream being initiated to review referral criteria and improve GP management of MSK conditions.	MSK Physiotherapy Manager
3. Failure to moderate and contingency plan for flood risk for site of Dumbarton Health Centre (SEPA flood map identifies a 1:200 risk for this location).	3	4	High	Alternative accommodation identified to relocate staff and services in the event of a flood. Flood protection measures identified and documented to be employed as required. HSCP civil contingency and business continuity arrangements being developed in tandem with over-arching NHSGGC and WDC procedures.	Head of Community Health & Care

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
4. Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities	3	4	High	Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously. HSCP staff provide pro-active and constructive support to care facilities alongside leadership role of relevant WD HSCP operational managers. Regular reports on residential care facilities standards provided to Audit Committee.	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement
5. Failure to plan and adopt a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter.	3	4	High	Develop and implement a WD HSCP winter plan that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.	Head of Community Health & Care
6. Failure to maintain a secure information management network so that confidentiality of information is protected from unauthorised disclosures or losses.	3	4	High	On-going data protection awareness sessions for staff, supported by continual reminders of the need to safeguard the data and information collected and stored in the course of delivering services and support.	Head of Strategy, Planning & Health Improvement
7. Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	2	5	High	On-going repair and refurbishment expenditure on premises in the immediate to short-term. Capital funding for new Clydebank Health & Care Centre has now been earmarked by Scottish Government, with HSCP having secured approved for Initial Agreement. Development work now underway to secure funding as per prescribed process.	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
8. Failure to meet legislative compliance in relation to child protection.	2	5	High	Child Protection procedures are in place and overseen by the local Child Protection Committee. Improvement Action Plan developed addressing identified areas for improvement. All child protection cases are audited regularly.	Head of Children's Health, Care & Criminal Justice Services
9. Failure to meet legislative compliance in relation to adult support and protection.	2	5	High	Adult Protection procedures are in place and overseen by the local ASP Committee. This includes our approach to supporting vulnerable adults. Local adult support arrangements are subject to a bi-annual review process.	Head of Mental Health, Learning Disabilities & Addictions; and Head of Community Health & Care
10. Failure to mitigate risks to NHSGGC-wide Diabetic Screening Service of heavy dependence on IT systems and migration to newly procured software in 2016.*	3	3	High	Manual systems documented for use in the event of an IT failure, their application augmented by experienced staff. Support to implement new software being provided by local and national IT specialists with pre-migration testing.	Head of Community Health & Care
11. Failure to ensure that systems are in place to ensure that services are delivered by appropriately qualified and/or professionally registered staff.	2	4	High	Systems are in place to discharge this in line with NHSGGC policy & WDC requirements; and compliance with standards set by external scrutiny and registration bodies.	All Heads of Service
12. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	2	3	Moderate	Additional investment has been made to recruit mental health officers (MHO), alongside additional HR activities to retain recruited. Have implemented a system which equally distributes cases across all social workers, monitored and managed by the Senior MHO.	Head of Mental Health, Learning Disabilities & Addictions

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board Audit Committee: September 2016

Subject: Care Inspectorate Report for Children & Young People's Services Operated by West Dunbartonshire HSCP

1 Purpose

- 1.1** To provide Members with information regarding the most recent inspection reports for the Council's Throughcare, Fostering and Adoption Service for Children and Young People.

2 Recommendations

- 2.1** The Committee are asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the HSCP.

3 Background

- 3.1** The inspections focused on a combination of three thematic areas:

- Quality of Care and Support
- Quality of Staffing
- Quality of Management and Leadership.

The HSCP services covered in this Committee report are as follows:

- Fostering Service
- Adoption Service
- Throughcare Housing and Support Service

- 3.2** Copies of all three inspection reports can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues

4.1 Fostering Service:

West Dunbartonshire Council Fostering Service was inspected between the 6th April and 27 April 2016 and the report was published on the 25 May 2016. The level of inspection carried out was of low intensity, which is typically carried out when the care inspectorate are satisfied that services are working hard to provide consistently high standards of service and care.

4.2 The grades awarded for the 2 themes and 4 statements inspected are as follows:

- Quality of Care and Support;
Statement 2 “We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential”
Grade: 5 – Very Good
Statement 3 We ensure that service users’ “health and wellbeing needs are met”
Grade 5 - Very Good
- Quality of Management and Leadership
Statement 2 “We involve our workforce in determining the direction and future objectives of the service”
Grade 5 - Very Good
Statement 4 “We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”
Grade 4 – Good

4.3 There was one requirement and one recommendation from this inspection.

4.4 The requirement was in relation to a failure to notify the Care Inspectorate of an incident in accordance with the Care Inspectorate Regulations. This was linked to a child protection investigation undertaken against registered foster carers. Although all child protection procedures were fully complied with the previous manager had not notified the care inspectorate. Since the inspection, a clear and robust reporting process has been developed, implemented and reviewed to ensure that it meets the requirement outlined in the report. This process has been rolled out across both the fostering and adoption services.

4.5 The recommendation was in relation to the level of participation of foster carers in training. In order to address the recommendation a lead worker within the team has been identified to drive this improvement forward, she is working to develop a mandatory rolling program of training in line with Scottish Government’s drive to standardise training across agencies for all foster carers.

4.6 The inspector noted in her report that there was evidence of forward thinking, very good practice across the service and commented that West Dunbartonshire have a robust strategy and action plan to challenge Child Sexual Exploitation (CSE) effectively across the fostering service.

The Inspector commented that, “*Managers, foster carers and staff members we spoke with demonstrated a clear understanding of this subject, including knowledge about what actions to take in order to protect young people from this type of harm.*”

4.7 The grades awarded for this inspection show significant progress in respect to the previous inspection. The grades have increased from two goods and a very good in December 2014 to three very goods and a good in April 2016. This progression reflects the commitment and high standards within the fostering service in West Dunbartonshire.

4.8 The table below highlights the progression of grades over the past two inspections:

West Dunbartonshire's Fostering Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	December 2014						April 2016					
<ul style="list-style-type: none"> Care & support Statement 2 Statement 3 Staffing Management & Leadership Statement 2 Statement 4 					X						X X	
				X								
				X						X		
										X		

5. The Adoption Service:

5.1 The Adoption Service recruits and supports adoptive parents to provide families for those children who cannot be with their birth parents or extended family members.

5.2 The service was inspected between 6 April 2016 and 21 April 2016 and the report was published on the 25 May 2016. The level of inspection carried out was a low intensity inspection. As with our fostering service this level of inspection reflects the inspector's confidence that the service is working hard to provide consistently high standards of care.

The grades awarded for the 2 themes and 4 statement inspected are as follows:

- Quality of care;
Statement 2 'We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential
Grade: 5 – Very Good
Statement 3 'We ensure that service users "health and wellbeing needs are met"
Grade 5 - Very Good

- Quality of Management and Leadership
Statement 2 'We involve our workforce in determining the direction and future objectives of the service'
Grade 5 - Very Good
Statement 4 'We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide'
Grade 4 – Good

- 5.3** There was one requirement and no recommendations from this inspection.
- 5.4** The requirement was in relation to a failure to notify the Care Inspectorate of an incident in accordance with the Care Inspection regulations. This requirement reflects the same issue highlighted in the Fostering Service Inspection. A clear managed process is now in place to prevent a recurrence of this issue.
- 5.5** The inspector noted in her report that there was evidence of very good practice. She commented on the strong matching process in place to support family finding for children and young people, and noted some very good outcomes as a result.
- 5.6** In a focus group and during home visits, Adopters advised the inspector that they and their children had bonded quickly post adoption, which they attributed to good assessments, careful planning and good matching. The inspectors observed very good attachments between adopters and their children.

An adoptive parent advised:

'I would definitely recommend the service to others, we were put at ease throughout the assessment process and the planning around introductions with our new baby was very sensitive and thorough'

- 5.7** All assessed grades remained consistent with previous inspections, and reflects the high standards within the adoption service. The grade 4 Good for Management and Leadership, statement 4 is directly associated with the requirement as outlined above.
- 5.8** As with the fostering inspection the grades awarded for this inspection show significant progress in respect to the previous inspection. The grades have increased from two goods and a very good in December 2014 to three very goods and a good in April 2016. This progression reflects the commitment and high standards within the Adoption Service in West Dunbartonshire.

- 5.9** The table below highlights the progression of grades over the past two inspections:

West Dunbartonshire's Adoption Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	December 2014						April 2016					
<ul style="list-style-type: none"> Care & support Statement 2 Statement 3 Staffing Management & Leadership Statement 2 Statement 4 					X						X X	
				X							X	
				X						X		

6. Throughcare and Aftercare: Housing Support Service:

- 6.1** The Throughcare Housing Support service had a short notice validation inspection on the 18th of March 2016 and the report was published on the 30th of March 2016.

The grades awarded for each of the three themes inspected are as follows:

- Quality of Care **5 Very Good**
- Quality of Staffing **5 Very Good**
- Quality of Management and Leadership **5 Very Good**

- 6.2** There were no requirements or recommendations from this inspection with the service retaining its previous very good grades

6.3 Quality of Care and Support

In respect to Quality of Care and Support the inspection report highlighted the very high standard of care and support provided to young people using the service, the inspector noted that she was particularly impressed by the inclusive approach adopted by the team to ensuring young people's views were at the centre of service improvements and development.

- 6.4** Inspectors found that staff built trusting and respectful relationships with the young people that helped to increased their confidence and self-esteem.

They also noted that the well-established staff team demonstrate a strong care ethic with an evident commitment and passion for their work.

6.5 The report reflects a drive from all staff to ensure that young people are supported to achieve the very best outcomes possible.

6.6 The inspector made the following comment in the report

"The service invests in building trusting, respectful working relationships with the young people they support. The staff team were dedicated to working with young people to help them achieve good outcomes. Young people we spoke with valued the support they received from this service and they valued their relationships with staff. We found a number of examples of young people achieving successful outcomes."

6.7 In discussing their experience of the service, young people made the following comments to the inspector:

"My support worker helped me when I needed to move, she helped me get a house."

"My worker helped me to complete my pathway plan, it helped me work towards my goals."

"It's the little things like filling in forms, the constant support."

"They make me feel good if I've achieved something."

6.8 The table below shows the consistency in very good grades over the past two inspections:

Throughcare and Aftercare Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Feb 2014						March 2016					
• Care & support					X						X	
• Staffing					X						X	
• Management & Leadership					X						X	

7 People Implications

7.1 There are no people implications.

8 Financial Implications

8.1 There are no financial implications.

9 Risk Analysis

9.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

9 Equalities Impact Assessment (EIA)

9.1 Not required for this report.

10 Consultation

10.1 Not required for this report.

11 Strategic Assessment

11.1 The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

Keith Redpath

Chief Officer

Health & Social Care Partnership

Date: September 2016

Person to Contact:

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Manager – Looked After Children

West Dunbartonshire HSCP

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Appendices:

Action Plan – Adoption 2016

Action Plan – Fostering 2016

Background Papers:

The information provided in Care Inspectorate Inspection Reports Web-site address: -

http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected:

All

General Information

General Information about the Inspection

Inspected by: Moira Blain

Type of Inspection: Announced (Short Notice)

Inspection Completed on (date): 26 April 2016

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Please enter responses for each of the requirements listed below

Quality Theme	Quality Statement	Requirement Number
Management And Leadership	4.4	1
<i>1 record</i>		

Quality Theme Management and leadership

Quality Theme/Statement No 4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Requirement Number 1

The provider is required to improve quality assurance and audit processes to ensure effective reporting.

The service must notify the Care Inspectorate of incidents in accordance with SS1/2011/28 Regulation 4(1)(b).

Action Planned:

Having reviewed our processes and read the guidance given in the care inspectorate web page all managers now have a clear understanding of the notifications criteria.

Timescale:

immediately

Responsible Person:

Kathy Currie

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Please enter responses for each of the recommendations listed below

Quality Theme	Quality Statement	Recommendation Number
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Submission Declaration

Declaration

I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Kathy Currie

I am: (Select an option)

The manager of the service / The owner of the service

General Information

General Information about the Inspection

Inspected by: Moira Blain

Type of Inspection: Announced (Short Notice)

Inspection Completed on (date): 26 April 2016

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Please enter responses for each of the requirements listed below

Quality Theme	Quality Statement	Requirement Number
Management And Leadership	4.4	1
<i>1 record</i>		

Quality Theme	Management and leadership
Quality Theme/Statement No	4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Requirement Number	1
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The provider is required to improve quality assurance and audit processes to ensure effective reporting. The service must notify the Care Inspectorate of incidents in accordance with SS1/2011/28 Regulation 4(1)(b).

Timescale for implementation: with immediate effect.

Action Planned:

Having reviewed our processes and read the guidance given in the care inspectorate web page all managers now have a clear understanding of the notifications criteria.

Timescale:

Immediately

Responsible Person:

Yvonne Lappin

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Please enter responses for each of the recommendations listed below

Quality Theme	Quality Statement	Recommendation Number
Care And Support	1.2	1
<i>1 record</i>		

Quality Theme	Care and support
Quality Statement/Theme No	1.2

Quality Statement 1.2 We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Recommendation Number	1
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The service should ensure that all foster carers are prepared and trained to support the child or young person in placement appropriately, and make sure that foster carers work within the services standards, policies and guidance.

National Care Standards foster carer and family placement services.
Standard 8: practical help.

Action Planned:

After a period of consultation and collaborative work with our carers we intend to move towards mandatory training for foster carers. We understand that the children our carers are looking after often come to them with many complex emotional and behavioural needs and although we provide good quality training it is recognised that not all carers participate fully and we hope that a move

towards mandatory training will encourage fuller participation leading to a more knowledgeable and skilled group of carers who will feel confident in responding to the needs of the children they care for.

In addition we will be working in partnership with our colleagues in health and in particular the Young People In Mind team and our Looked after nurse to provide regular short briefings for our foster carers around topical issues that arise for them and the service for example, bedwetting, lying, stealing etc.

Timescale:

April 2017

Responsible Person:

Yvonne Lappin

Submission Declaration

Declaration

I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Yvonne Lappin

I am: (Select an option)

The manager of the service / The owner of the service

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 14 September 2016

Subject: Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire

1. Purpose

- 1.1** To provide the Audit Committee with a routine up-date on the most recent Care Inspectorate assessment for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

2. Recommendations

- 2.1** The Audit Committee is asked to note the content of this report.

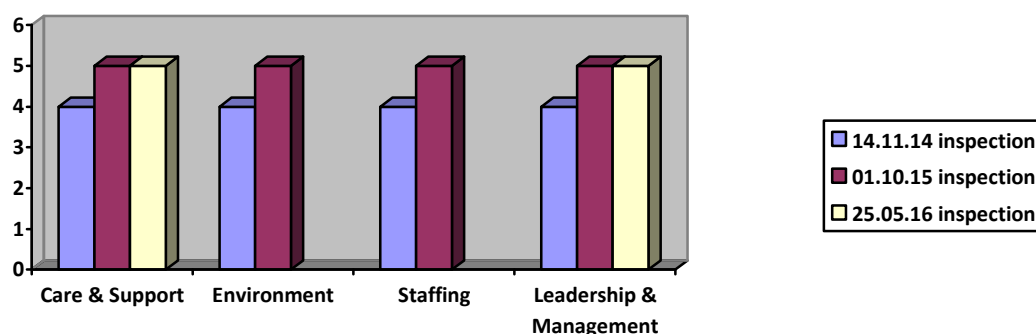
3. Background

- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.
- 3.2** As of April 2015, any residential care home which has been awarded Grade 2 (i.e. weak) or less and/or has requirements placed upon them following a full inspection will usually receive a follow-up visit within twelve weeks. These follow-up visits allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes. The Care Inspectorate do not intend to make further requirements or revise grades on these follow up visits (although Inspectors have some discretion to do so if they consider that sufficient evidence is evident).
- 3.3** The HSCP monitors the independent sector care homes located within West Dunbartonshire in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, the HSCP works with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning.
- 3.4** The independent sector Care Home reported within this report is:
- Edinbarnet Nursing Home
- 3.5** Updates on the outcomes of Care Inspectorate assessments and gradings are and will be brought to the Audit Committee's attention at the earliest opportunity following their publication. Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Edinbarnet Nursing Home

- 4.1** Edinbarnet Nursing Home is owned and managed by Edinbarnet Estates Limited. The home is registered with the Care Inspectorate for a maximum of 50 nursing residents only. As of 16th July 2016 there were 24 West Dunbartonshire residents supported within the care home.
- 4.2** The care home was inspected on 25th May 2016 and the report was published on 1st June 2016, with grades awarded as follows:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For the theme of *Management and Leadership* – Grade 5/Very Good.
- 4.3** There were no requirements detailed in the inspection report.
- 4.4** The chart below summarises the movement in grades awarded to Edinbarnet from inspections over the last 3 years.



5. People Implications

- 5.1** There are no people implications associated with this report.

6. Financial Implications

- 6.1** The National Care Home Contract provides an additional quality payment, by the Council, to Care Homes if the Care Inspectorate Inspection report awards grade of 5/Very Good or 6/Excellent in the Quality of Care and Support thematic area. There is a second additional quality payment if the high grade in Quality of Care and Support thematic area is coupled with a grading of a 5/Very Good or 6/Excellent in any of the other three thematic areas.
- 6.2** The National Care Home Contract also accounts for providers receiving low grades of 1/Unsatisfactory or 2/Weak in the Care Inspectorate Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

6.3 The Inspection Report for Edinbarnet has financial implications for the HSCP. They again received the grade of 5/Very Good for the Quality of Care and Support thematic area and the grading of 5/Very Good in at least another one of the other three thematic areas in their inspection report, thereby continuing to receive the enhanced weekly rate for every resident the HSCP has placed in the home.

6.4 As detailed at point 6.3 above, Edinbarnet will continue to receive the enhanced weekly rate of £3.00 per resident per week from the date of their inspection. This means the HSCP will pay an additional £2,346.00 from 25/05/16 to 09/04/17, if all residents remain in care until the end of this financial year. The increase does not apply to residents who only receive a Free Nursing payment from the HSCP.

6.5 This additional payment will remain in place until either the National Care Home Contract terms are renegotiated or the Care Inspectorate reduces the grades awarded to Edinbarnet following inspection.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

8.1 There are no relevant locality implications associated with this report.

9. Risk Analysis

9.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the Audit Committee, particularly in relation to the continued placement of older people in such establishments.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 The Strategic Plan 2016-19 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment

to work with independent sector providers within an agreed assurance framework.

Author: Soumen Sengupta – Head of Strategy, Planning & Health Improvement

Date: 14th September 2016

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Telephone: 01389 776837

Appendices: None

Background Papers: All the inspection reports can be accessed from
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 14 September 2016

**Subject: Care Inspectorate Reports for Support Services
Operated by the Independent Sector in West Dunbartonshire**

1. Purpose

- 1.1** To provide the Audit Committee with a routine up-date on the most recent Care Inspectorate assessments for ten independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

- 2.1** The Audit Committee is asked to note the content of this report.

3. Background

- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.

- 3.2** As of 1st April 2015, the Care Inspectorate amended their inspection process. Where any building based service has been awarded a Grade 2 (i.e. weak) or less and/or has requirements detailed following a full inspection, their next inspection will be a 'follow up' inspection. The follow up inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes. The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. Follow up inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.

- 3.3** The independent sector support service inspections reported here are for:

- Alternatives West Dunbartonshire Community Drug Services - service is provided throughout West Dunbartonshire Council area.
- Share Scotland – Glasgow - service is provided throughout West Dunbartonshire Council area.
- Carman Care - service is provided in the Vale of Leven area.
- Joan's Carers Ltd. - service is provided throughout West Dunbartonshire Council area.
- Up-2-Us Support Service - service is provided throughout West Dunbartonshire Council area.
- Ben View Community Bathing Service - service is provided in the Dumbarton area.
- Dalmuir Park Housing Association Sheltered Housing & Lynx Care Service - service is provided in the Dalmuir area.
- Cornerstone: West Dunbartonshire Services 1 - service is provided throughout West Dunbartonshire Council area.

- Key Community Supports - Dunbartonshire. Service is provided in Dalmuir, Faifley and Alexandria areas.
- Frances Care Service Ltd. Service is provided across West Dunbartonshire Council area.

- 3.4** Some providers, who operate multiple services across Scotland, register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Up-2-Us Support Service operates in this manner.
- 3.5** Updates on the outcomes of Care Inspectorate assessments and gradings are and will be brought to the Audit Committee's attention at the earliest opportunity following their publication. Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

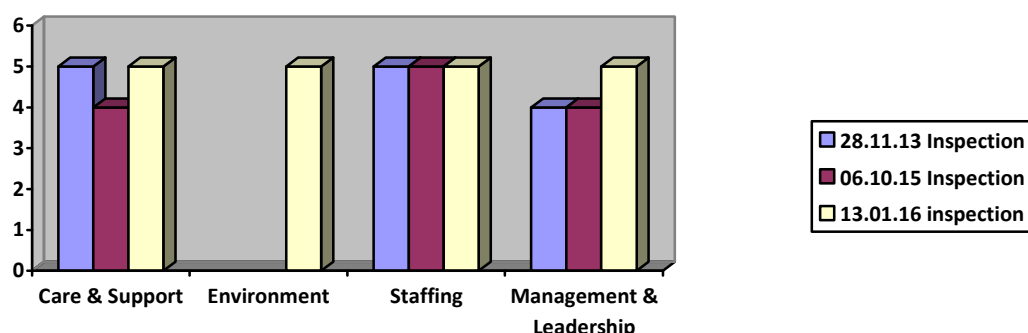
Alternatives West Dunbartonshire Community Drug Services

- 4.1** Alternatives West Dunbartonshire Community Drug Services is a support service that provides community based recovery services for adults and young people wishing to address their substance misuse issues. The adult and young people services operate independently of each other from different locations but have been combined in this inspection report. The service was inspected on 13th January 2016 and the report published on 16th May 2016. The following grades were awarded:

- For the theme of Care and Support – Grade 5/Very Good.
- For the theme of Environment – Grade 5/Very Good.
- For Staffing – Grade 5/Very Good.
- For Management and Leadership - Grade 5/Very Good.

- 4.2** There were no requirements detailed in the inspection report.

- 4.3** The chart below summarises the movement in grades awarded to Alternatives West Dunbartonshire Community Drug Services from inspections over the last 3 inspections.



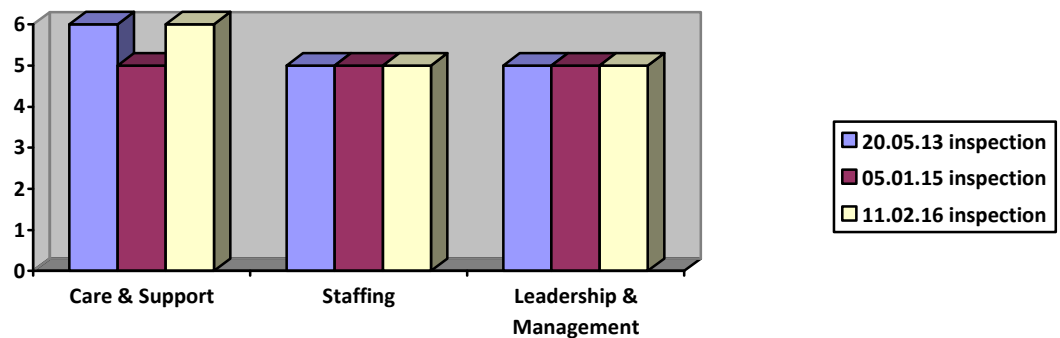
Share Scotland – Glasgow

4.4 Share Scotland – Glasgow is a housing support service. The service provides housing support to adults with complex learning and physical needs in the community, within their own accommodation either alone or within larger units with other service users. The service was inspected on 11th February 2016 and the report published on 1st June 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 6/Excellent.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.5 There were no requirements detailed in this inspection report.

4.6 The chart below summarises the movement in grades awarded to Share Scotland – Glasgow from inspections over the last 3 inspections.



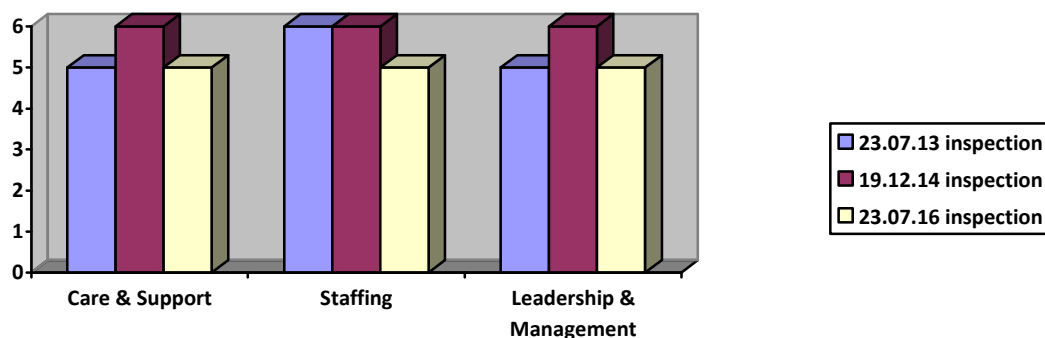
Carman Care

4.7 The Carman Care service is a Housing Support Service. They deliver a service to older people living in their own tenancies and in a sheltered housing complex. It is a flexible support service which includes a shopping service, daily activities and support with housing tasks. The service was inspected on 24th February 2016 and the report published on 27th May 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.8 There were no requirements detailed in this inspection report.

4.9 The chart overleaf summarises the movement in grades awarded to Carman Care from inspections over the last 3 years.



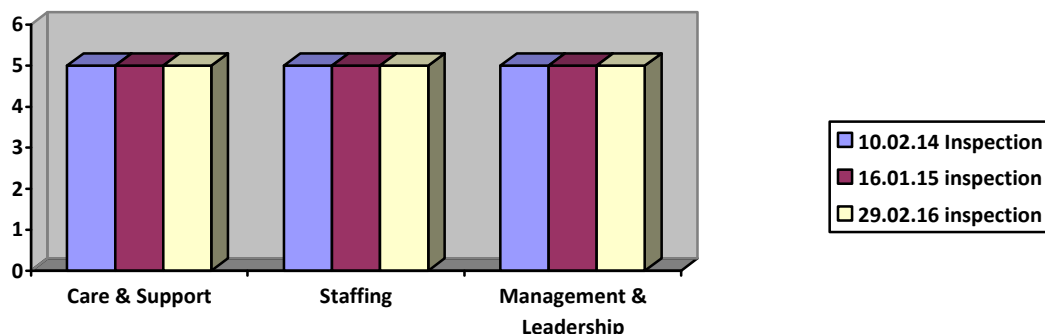
Joan's Carers Ltd.

4.10 Joan's Carers Ltd. provides a Housing Support service. The service is offered to vulnerable adults who live in their own homes. The service was inspected on 29th February 2016 and the report published on 12th May 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.11 There were no requirements detailed in the inspection report.

4.12 The chart below summarises the movement in grades awarded to the Joan's Carers Ltd. from inspections over the last 3 years.



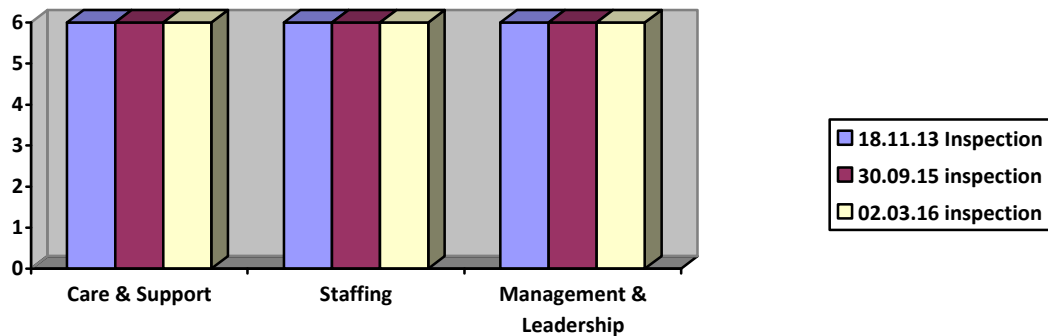
Up-2-Us Support Service

4.13 Up-2-Us Support Service provides a combined Housing Support and Care at Home service. The service is offered to young people, up to the age of 25, and their families across West Scotland. In West Dunbartonshire the service is based in Dumbarton and works with families and children aged 10 to 18 years old. The service was inspected on 2nd March 2016 and the report published on 16th May 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 6/Excellent.
- For *Staffing* – Grade 6/Excellent.
- For *Management and Leadership* - Grade 6/Excellent.

4.14 There were no requirements detailed in the inspection report.

4.15 The chart below summarises the movement in grades awarded to the Up-2-Us Support Service from inspections over the last 3 years.



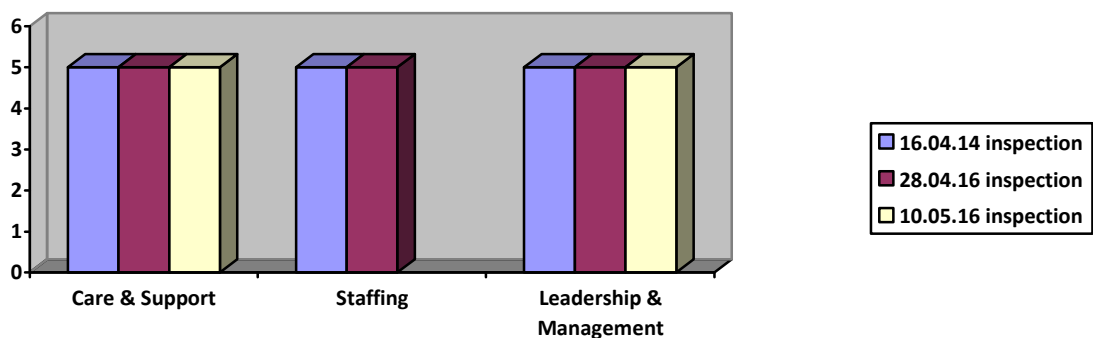
Ben View Community Bathing Service

4.16 Ben View Community Bathing Service is a support service. It offers a bathing/showering service to individuals who require this assistance to people living in their own homes, or are attending day centres in the Dumbarton area. The service was inspected on 10th May 2016 and the report published on 9th June 2016.

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.17 There were no requirements detailed in this inspection report or the previous inspection report for this follow-up visit to review.

4.18 The chart below summarises the movement in grades awarded to Ben View Community Bathing Service from inspections over the last 3 inspections.



Dalmuir Park Housing Association Sheltered Housing & Lynx Care Service

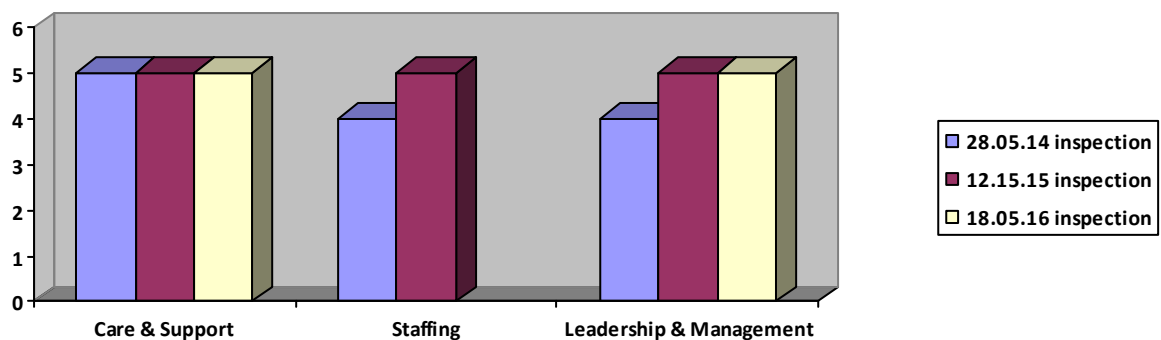
4.19 Dalmuir Park Housing Association Sheltered Housing & Lynx Care Service is a combined Sheltered Housing and Housing Support service. The service is offered to individuals living within their own homes in Dalmuir. Wardens and support staff are employed by the housing association to deliver on site support and an alarm

service. The service was inspected on 18th May 2016 and the report published on 9th June 2016. The following grades were awarded:

- For the theme of Care and Support – Grade 5/Very Good.
- For Management and Leadership - Grade 5/Very Good.

4.20 There were no requirements detailed in this inspection report or the previous inspection report for this follow-up visit to review.

4.21 The chart below summarises the movement in grades awarded to Dalmuir Park Housing Association Sheltered Housing & Lynx Care Service from inspections over the last 3 inspections.



Cornerstone – West Dunbartonshire Services 1

4.22 Cornerstone – West Dunbartonshire Services 1 is a housing support service. The service provides housing support, care at home, day support opportunities and short breaks to individuals with learning disabilities living within their own accommodation or group accommodation and within the community. The service was inspected on 20th May 2016 and the report published on 13th June 2016. The following grades were awarded:

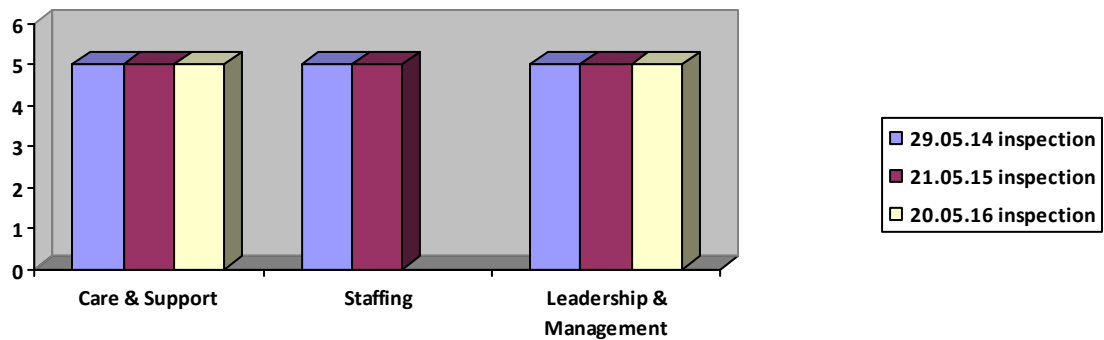
- For the theme of Care and Support – Grade 5/Very Good.
- For Management and Leadership - Grade 5/Very Good.

4.23 The inspection report detailed the following requirement to be addressed:

- The Provider should not provide sleepover cover from service users' living rooms or any other communal rooms in their home. They must carry out consultation with those service users affected by the issue, commissioners and care managers to agree a solution to the lack of sleepover provision.

The timescale of 12 months from the receipt of the report on 13th June 2016 was given for completion of this requirement. The provider is in the processes planning for this consultation and liaising with the HSCP.

4.24 The chart overleaf summarises the movement in grades awarded to Cornerstone – West Dunbartonshire Services 1 from inspections over the last 3 inspections.



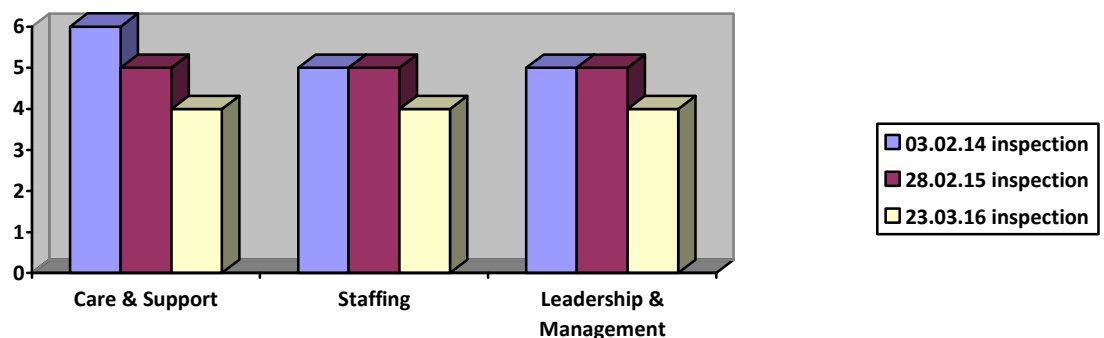
Key Community Supports - Dunbartonshire

4.25 Key Community Supports - Dunbartonshire provides a combined housing support and care at home service to adults who have learning disabilities. The service was inspected on 28th January 2015 with the report being published on 19th March 2015. The following grades were awarded:

- For the theme of *Care and Support* – 4/Good.
- For *Staffing* – Grade 4/Good.
- For *Management and Leadership* - Grade 4/Good.

4.26 There were no requirements detailed in the inspection report.

4.27 The chart below summarises the movement in grades awarded to Key Community Supports - Dunbartonshire from inspections over the last 3 inspections.



Frances Care Service Ltd.

4.28 Frances Care Service Ltd. provides a combined Support and Care at Home Service for adults with physical and/or learning disabilities living in their own homes or in the community. The service was inspected on 1st June 2016 with the report being published on 29th July 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 3/Adequate.
- For *Staffing* – Grade 2/Weak.
- For *Management and Leadership* - Grade 2/Weak.

4.29 The inspection report detailed the following six requirements to be addressed:

- Must demonstrate safer and timely staff recruitment and selection procedures to safeguard people who use the service and to meet legal requirements.
- All staff commencing employment in the service must have appropriate induction training in accordance with the job applied for and their roles and responsibilities. This training should be evaluated by the provider to make sure all staff are competent in their roles.

The provider was to implement these two requirements upon receipt of the report on 29th July 2016 for all new staff.

- Take steps to ensure that only staff who are registered with the Scottish Social Services Council, (SSSC), or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, may carry out work in the care service in a post for which such registration is required.
- Demonstrate that proper provision for the safety and welfare of services users is made.

The provider was to complete these two requirements within six months upon receipt of the report on 29th July 2016.

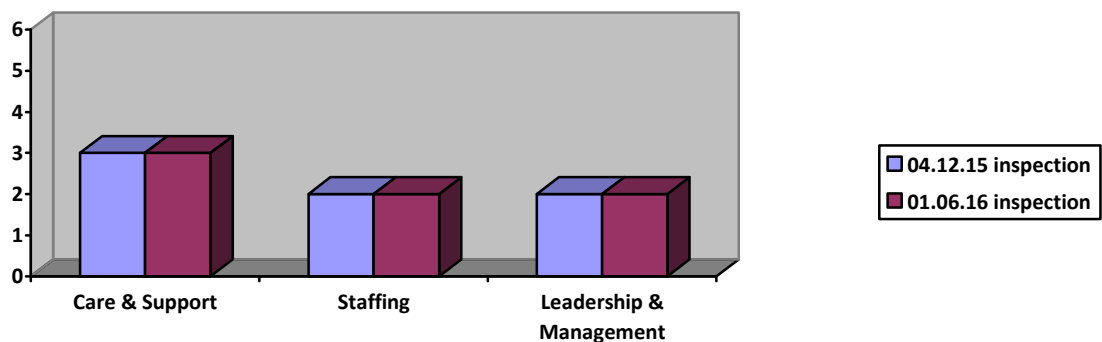
- Ensure that quality assurance for the service is carried out effectively.

The timescale of 12 months from the receipt of the report on 29th July 2016 was given for completion of this requirement.

- Complete and submit a self-assessment document when requested to do so by the Care Inspectorate.

The provider must submit a self-assessment within four weeks of the request being made by the Care Inspectorate.

4.30 The chart below summarises the movement in grades awarded to Frances Care Service Ltd from inspections over the last 2 inspections.



- 4.31 Frances Care Service Ltd has been supporting four individuals resident in West Dunbartonshire. Given the above assessments, staff from the HSCP Quality Assurance Section and the Care Inspectorate have had meetings with the 'Team Leader' of the service as the Owner/ Manager of Frances Care Service Ltd has been absent from the service.
- 4.32 On 12th August 2016 the 'Team Leader' formally notified the HSCP Quality Assurance Section and the Care Inspectorate that the Owner/ Manager of Frances Care Service Ltd intended to voluntarily cancel their registration with the Care Inspectorate and cease operating.
- 4.33 HSCP staff are in the process of re-assessing the four individuals being supported with a view to identifying appropriate alternative providers to deliver the support required.

5. People Implications

- 5.1 There are no people implications associated with this report.

6. Financial Implications

- 6.1 There are no financial implications associated with this report.

7. Professional Implications

- 7.1 There are no professional implications associated with this report

8. Locality Implications

- 8.1 There are no relevant locality implications associated with this report.

9. Risk Analysis

- 9.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector service would be of concern to the Audit Committee, particularly in relation to the continued referral of vulnerable people by the HSCP.

10. Impact Assessments

- 10.1 None required.

11. Consultation

- 11.1 None required.

12. Strategic Assessment

- 12.1** The Strategic Plan 2016-19 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Date: 14th September 2016

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Appendices: None

Background Papers: All the inspection reports can be accessed from
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 14 September 2016

Subject: Care Inspectorate Reports for Older People's Residential Care Services Operated by West Dunbartonshire Council.

1. Purpose

- 1.1** To provide the Audit Committee with information regarding the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

2. Recommendations

- 2.1** The Audit Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected.

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.

- 3.2** The service covered in this Audit Committee report is :

- Boquhanran House

- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate website: www.scswis.com.

4. Main Issues

- 4.1** Boquhanran House was inspected on 13th January 2016 and on 18th May 2016.

- 4.2** The inspection on 13th January was a follow up visit of the full inspection on 28th May 2015.

- 4.3** The inspector commented that they observed resident and staff interactions and could see positive and warm relationships between staff and residents with kind, polite and patient approaches being used by staff whilst supporting residents.

- 4.4** As this was their first inspection under the new Care Inspectorate inspection procedures, no new grades were awarded and those from the previous inspection of 28th May 2015 remained in place.

4.5 The inspection on 18th May 2016 focussed on two thematic areas with the following grades awarded:

- For Care and Support - **Grade 5 Very Good**
- For Environment – **Grade 4 Good**

4.6 The inspector commented that there were positive outcomes for residents including improvements to the health and wellbeing of individuals as a result of the care and support provided.

4.7 There were no requirements arising from this inspection.

4.8 The table below sets out the movement in grades for this care home over the last two years.

Boquhanran House	Quality Statement	Grade	Overall Grade
Previous Grades 28th May 2015			
Care & Support	1	4	4
	3	4	
Environment	2	4	4
	3	4	
Staffing	1	4	4
	3	4	
Management & Leadership	2	5	5
	4	5	

Current Grades 18th May 2016			
Care & Support	3	5	5
	5	5	
Environment	2	4	4
	3	4	
Staffing			Not assessed
Management & Leadership			Not assessed

4.9 The table below summaries the movement in grades for the service over their last two inspections.

Boquhanran House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	28 th May 2015						18 th May 2016					
<ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership 				✓						✓		
				✓						✓		
				✓								
					✓							

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

8.1 There are no locality implications associated with this report.

9. Risk Analysis

9.1 For any services inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

10. Impact Assessments

10.1 Not required for this report.

11. Consultation

11.1 Not required for this report

12. Strategic Assessment

12.1 The Strategic Plan 2015/16 emphasises the Partnership Board's commitment to providing high quality and appropriate care for older people; and providing quality assurance across all services

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Date: 14 September 2016

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Appendices: None

Background Papers: None

Wards Affected: All

Local government audits

Introduction to Audit Scotland

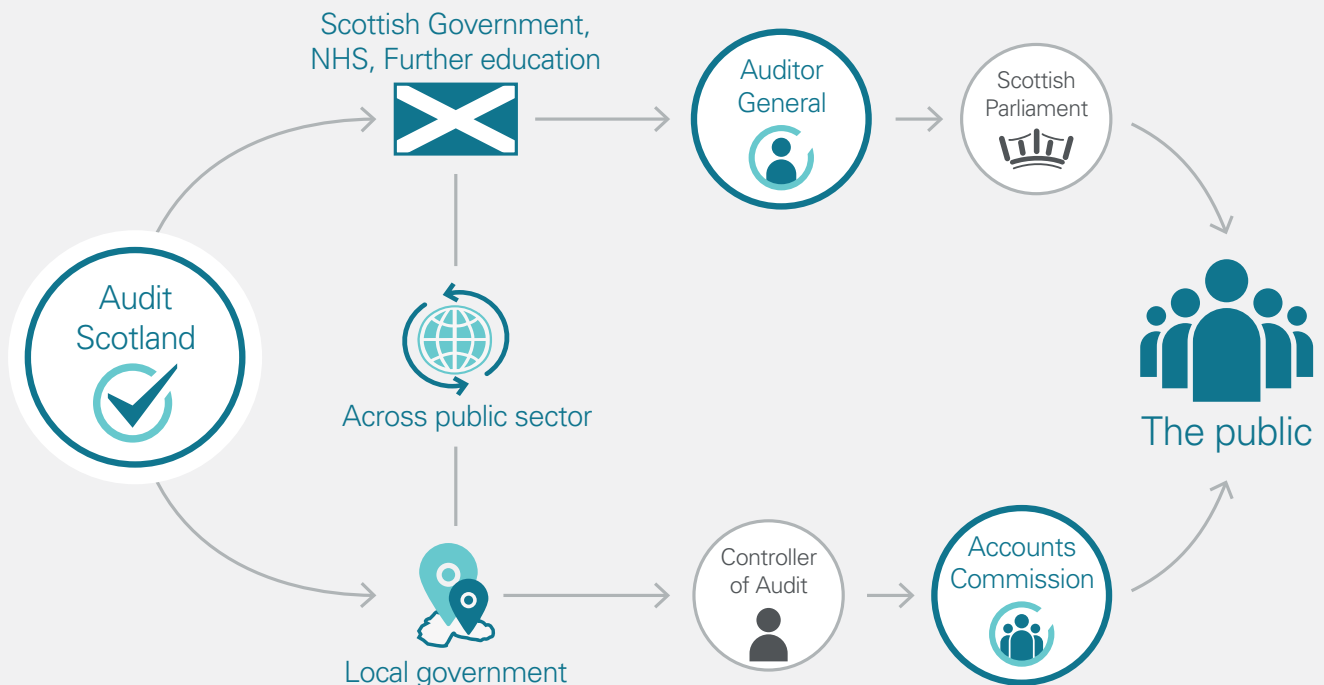


West Dunbartonshire Integration Joint Board

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The **Auditor General** is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The **Accounts Commission** is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- **Audit Scotland** is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:


- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Who's who


Accounts Commission

The Accounts Commission is the public spending watchdog for local government. They hold all councils in Scotland to account and help them improve. They operate impartially and independently of councils and of the Scottish Government, with a duty to help ensure public money is spent properly, efficiently and effectively. They meet and report in public. Members are appointed by Scottish Ministers.

The Commission's work includes audits and reports on local councils, reports on Best Value and Community Planning and performance audit reports, which examine value for money issues across public bodies.

[Find out more about their role and legal responsibilities](#) .

Controller of Audit

Fraser McKinlay is the current Controller of Audit. He has statutory responsibility for reporting to the [Accounts Commission](#)  on matters of public interest in local authorities. This involves oversight of the annual financial audit, reports about specific issues on councils and best value reports of individual councils.



The Controller is appointed by the Accounts Commission following consultation with, and subject to the approval of, Scottish Ministers.

Fraser is also Audit Scotland's Director of Performance Audit and Best Value. In this role he oversees all national performance audits and best value work on behalf of both the Accounts Commission and the Auditor General for Scotland.

Meet your senior audit team

For every audit there is a comprehensive exercise to ensure the appointed audit team has extensive knowledge, skills and experience to maximise the value of external audit. In addition we consider: staff rotation and continuity, ethical standards and conflicts of interest; statutory obligations; diversity; staff development, travel and carbon footprint. Before their work begins, we will introduce the wider audit team, and provide detailed information about our audit approach, meetings and timescales for reporting.

Fiona Mitchell-Knight, Assistant Director, is your appointed auditor. The local audit team will be led by Carol Hislop who will be responsible for the day to day management of the audit and who will be your primary contact.

Fiona Kordiak CPFA

Director, Audit Services

fkordiak@audit-scotland.gov.uk 

Fiona leads the Audit Services Group and is a member of Audit Scotland's management team. She is responsible for ensuring that we comply with the highest ethical standards and international standards of auditing. Fiona has worked in public sector audit for nearly 30 years. She is a member of the CIPFA Scotland branch executive committee and is a past chair of the Local Authority (Scotland) Accounts Advisory Committee.



Fiona Mitchell Knight FCA BA (Hons)

Assistant Director

fmitchell-knight@audit-scotland.gov.uk 

Fiona was appointed as an Assistant Director of Audit in 2007. Fiona trained as a chartered accountant in the private sector in England. She has over 20 years experience of public sector audit with Audit Scotland, covering local government, health and the further education sector. Fiona has led the audits on a range of clients including Glasgow City Council, Aberdeenshire Council, North Ayrshire Council, Ayrshire and Arran Health Board and NHS National Services Scotland.



Carol Hislop CA

Senior Audit Manager

chislop@audit-scotland.gov.uk 

Carol has extensive experience in the private and public sectors, including 13 years audit experience across central government, health and local government sectors. Carol has been responsible for managing Audit Scotland's Business Improvement Unit which includes the Professional Standards and Quality Improvement Group.



About our work

We give independent assurance to the people of Scotland that public money is spent properly, efficiently and effectively.



77



Central government bodies and Scottish Parliament
(including police, fire, Scottish Water)

23



NHS bodies

32



Councils

74



Joint boards and committees
(including 30 health integration boards)

21



Further education colleges

227 Public bodies audited

Principles of public audit

The principles of public audit are shared across the UK and are based on:

Statutory



- Opinions on the financial statements and regularity
- National performance audits and Best Value audits

Best practice



- Opinions on management commentaries, remuneration reports and governance statements

Adds value



- Public reporting of audit findings
- Wider scope reporting

In our [Code of audit practice](#), public audit principles include a combination of specific legal requirements, professional requirements, and requirements that ensure public audit adds value for audited bodies, the public and their elected representatives.

Why we're auditing West Dunbartonshire Integration Joint Board

Staff from Audit Scotland, along with firms of auditors we appoint, check whether public organisations:

- manage their money to the highest standards
- get the best possible value for public money.

How we report what we find

We produce a range of local and national reports about the performance and financial management of Scotland's public bodies. All our reports will be published and accessible to the public.

- **Annual audits**

We publish annual audit reports for all the public bodies we're responsible for auditing. We also publish our audit plans and any significant reports to management.

- **Public reports**


We publish a wide range of reports on matters of public interest. These include overview reports on how different sectors perform during each financial year. These reports are considered by the Scottish Parliament and/or the Accounts Commission.

- **Section 102 reports**

Section 102 reports* empower the Controller of Audit to submit reports to the Accounts Commission on various matters, including any matters arising from the accounts or audit of a local authority and performance against the duties relating to best value.

**Section 102(1) of the Local Government (Scotland) Act 1973*


Our Code of Audit Practice

We published our updated, stronger [Code of Audit Practice](#)  in May 2016, following extensive consultation. This code outlines the responsibilities of our auditors.

With the public audit landscape in Scotland changing, including additional devolved tax raising powers, and public bodies expected to work together more extensively to improve services and increase efficiency, an updated code needs to maximise the value of public audit.

In order to achieve world class public audit and give reassurance that we are all receiving value for money from public spending, the new code aims to assist improvement by audited bodies in the delivery of services. It does this by requiring auditors to use their work to provide explicit conclusions on four key aspects: financial sustainability, financial management, governance and transparency, and value for money.



We achieve the four principles of audit above, as an organisation, by working together: the Auditor General, the Accounts Commission and Audit Scotland. Read our publication [Public audit in Scotland](#) 

Our quality framework is based on our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice. To ensure that we achieve the required standards Audit Scotland conducts peer reviews, as well as internal quality reviews and external reviews by the Institute of Chartered Accountants of Scotland (ICAS).

Auditing Best Value

In 2016 we are introducing a new approach to auditing Best Value in Local Government. The Accounts Commission wrote to council leaders in November 2015 about this and again recently with an overview of the approach. The new arrangements increase our focus on continuous improvement as well as the outcomes for communities and the quality of service experienced by the public. The approach also includes greater integration of our audit processes for each council (local annual audit and Best Value) so that we are able to deliver more regular assurance and a richer, more rounded picture of how effectively all 32 councils are performing.

The new approach will apply to audit planning and the annual audit reports for each council. We will spread our audit work over the five years of the audit appointment, and this wider scope of work will be evident in your Annual Audit Report. At least once during the five year appointment, a Best Value Assurance Report (BVAR) will be submitted to the Accounts Commission and published for your council. Further details on the new approach will be issued to councils during the autumn.

Local government audits

Introduction to Audit Scotland

This report is available in PDF and RTF formats, along with a podcast summary at:

www.audit-scotland.gov.uk 

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500

or info@audit-scotland.gov.uk 

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