

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 26 September 2018

Time: 14:00

Venue: Council Chambers,
Clydebank Town Hall, Clydebank

Contact: Nuala Quinn-Ross, Committee Officer
Tel: 01389 737210 Email: nuala.quinn-ross@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

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Marie McNair (Chair)

Allan Macleod (Vice-Chair)

Denis Agnew

John Mooney

Rona Sweeney

Audrey Thompson

Senior Management Team – Health & Social Care Partnership

Mr C. McDougall

Ms Z. Mahmood

Date of issue: 13 September 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE

WEDNESDAY, 26 SEPTEMBER 2018

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 - 14

Submit for approval as a correct record, the Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 20 June 2018.

4 COMMITTEE ACTION LIST 15 - 20

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

5 AUDITED ANNUAL ACCOUNTS 2017/18 To Follow

Submit report by the Chief Financial Officer presenting the audited Annual Accounts for the year ended 31 March 2018 as delegated by the HSCP Board on 8 August 2018.

6 AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD - DRAFT ANNUAL AUDIT REPORT 2017/18 To Follow

Submit report by the Chief Financial Officer presenting the Annual Report and Auditor's letter, for the audit of the financial year 2017/18, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

7 AUDIT PLAN PROGRESS REPORT 21 - 48

Submit report by the Chief Internal Auditor providing an update on:

- (a) the planned programme of audit work for the year 2018/19, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;
- (b) the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements; and
- (c) the agreed actions arising from the Annual Report to the IJB and the Controller of Audit for the financial year ended 31 March 2017 from the External Auditors.

8 STRATEGIC RISK REGISTER 49 - 61

Submit report by Interim Head of Strategy, Planning & Health Improvement seeking approval of the updated Strategic Risk Register, as detailed within Appendix 1 to the report.

9 CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP 63 - 69

Submit report by the Head of Health and Community Care providing information regarding the most recent inspection reports for two of the Council's Older People's Residential Care Home Services and one Day Care Service.

10 CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 71 - 75

Submit report by the Interim Head of Strategy, Planning & Health Improvement providing an up-date on the most recent Care Inspectorate inspection report for three independent sector residential older peoples' Care Homes located within West Dunbartonshire.

11 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 77 - 81

Submit report by the Interim Head of Strategy, Planning & Health Improvement providing an up-date on the most recent Care Inspectorate inspection reports for five independent sector support services operating within the West Dunbartonshire area.

12 MENTAL HEALTH IMPLEMENTATION PLAN 2018-19 83 - 93

Submit report by the Head of Mental Health, Addictions and Learning Disability seeking approval of the West Dunbartonshire HSCP Mental Health Implementation plan in line with the requirements of Action 15 of the Scottish Government Mental Health Strategy 2017- 2027 for the period 2018-2019.

13 UPDATE ON INSPECTION OF SENSE SCOTLAND 95 - 97

Submit report by the Interim Head of Strategy, Planning & Health Improvement providing an update of work undertaken to address the requirement detailed in the Care Inspectorate report for Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

14 RECORDS MANAGEMENT PLAN UPDATE 99 - 101

Submit report by the Interim Head of Strategy, Planning & Health Improvement presenting an update on the Partnership Board's requirement to prepare a Records Management Plan.

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in the Civic Space, Council Offices, 16 Church Street, Dumbarton, on Wednesday 20 June 2018 at 2.03 p.m.

Present: Allan MacLeod (Chair), Councillor Marie McNair (Vice Chair), Baillie Denis Agnew and Rona Sweeney.

Attending: Beth Culshaw, Chief Officer of the Health & Social Care Partnership; Julie Slavin, Chief Financial Officer; Serena Barnatt, Head of People and Change; Jackie Irvine*, Head of Children's Health, Care and Criminal Justice Services; Wendy Jack, Interim Head of Strategy, Planning and Health Improvement; Julie Lusk, Head of Mental Health, Addictions and Learning Disability; Colin McDougall, Chief Internal Auditor; Lynne McKnight, Integrated Operations Manager – Care at Home and Nuala Quinn-Ross, Committee Officer.

*Note:- Arrived later in the meeting.

Also Attending: Zahrah Mahmood, Senior Auditor and Marie McFadden, Trainee Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney and Audrey Thompson.

Allan MacLeod in the Chair

DECLARATIONS OF INTEREST

Councillor McNair declared an interest in Item 13 - Care Inspectorate Reports for Support Services Operated by the Independent Sector in West Dunbartonshire, being an employee of Key Housing.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 14 March 2018 were submitted and approved as a correct record.

COMMITTEE ACTION LIST

Having heard the Chief Financial Officer in further explanation of the Audit Committee's Action List, the Committee agreed to note the contents of the Action List.

VARIATION IN ORDER OF BUSINESS

After hearing the Chair, Mr MacLeod, the Committee agreed that the business be varied as hereinafter minuted.

LOCAL CODE OF GOOD GOVERNANCE REVIEW

A report was submitted by the Chief Financial Officer advising on the outcome of the annual self-evaluation exercise on the Board's compliance with its Code of Good Governance.

Having heard the Chief Financial Officer in further explanation of the report and in answer to a Members' question, the Committee agreed:-

- (1) to note the outcomes of the recent self-evaluation process undertaken and the updated Improvement Action Plan; and
- (2) to approve the new improvement actions identified to strengthen compliance with the adopted Governance Framework principles.

Note:- Jackie Irvine arrived during discussion on the above item of business.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2018

A report was submitted by the Chief Internal Auditor Annual providing an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Governance Statement.

Having heard 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.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2017/18

A report was submitted by the Chief Financial Officer providing an overview of the unaudited annual report and accounts for the HSCP Board for the period 1 April 2017 to 31 March 2018 and outlining the legislative requirements.

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 approve the 2017/18 unaudited annual report and accounts, subject to audit review;
- (2) that Councillors Gail Casey and Jonathan McColl be added to the table of Voting Board Members 2017/18, detailed within the unaudited annual report; and
- (3) to note that a recommendation would be submitted to the West Dunbartonshire Health and Social Care Partnership Board at its meeting of 8 August 2018 seeking delegated authority for the West Dunbartonshire Health and Social Care Partnership Board Audit Committee to formally approve the audited accounts at its meeting on 26 September 2018, prior to submission to the Accounts Commission, in line with the approved Terms of Reference.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor advising on progress made in relation to the Audit Plan for 2017/18 and other action plans.

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Audit Plan for 2017/18 and other action plans.

CARE INSPECTORATE REPORT FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Chief Officer highlighting the recent excellent inspection results which the Throughcare and Aftercare Housing Support Service, had achieved.

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

- (1) to note that there were no requirements or recommendations from this inspection with the service managing to improve its previously 'very good' grades to 'excellent' grades;

- (2) that the Committees' appreciation be conveyed to all staff and young people involved in the inspection; and
- (3) to note that at the time of the previous validation inspection (March 2016), the inspection process at that time only allowed the service to retain its previous grades of "very good" (fives) but did not allow the opportunity for those grades to be improved on.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Integrated Operations Manager providing information on the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

The Integrated Operations Manager – Care at Home was heard in further explanation of the report and in answer to a Members' question. Thereafter the Committee agreed:-

- (1) to note the contents of the report; and
- (2) to note the work undertaken to ensure grades awarded reflect the quality levels expected.

CARE INSPECTORATE REPORTS FOR HOME CARE AND SHELTERED HOUSING SERVICES PROVIDED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Head of Health and Community Care providing information on recent inspection reports for Home Care and Sheltered Housing Services.

The Integrated Operations Manager – Care at Home was heard in further explanation of the report. Thereafter the Committee agreed:-

- (1) to note the contents of the report; and
- (2) to note the work undertaken to ensure the grades awarded reflect the levels of quality expected.

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

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

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

- (1) that officers would monitor the operations of Sunningdale Care Home; and
- (2) otherwise to note the contents of the report.

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

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing a routine up-date on the most recent Care Inspectorate inspection reports for ten independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Interim Head of Strategy, Planning and Health Improvement and the Integrated Operations Manager – Care at Home in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

UPDATE REPORT ON INDEPENDENT SECTOR PROVIDER SENSE

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on the Care Inspectorate report for Independent sector provider "Sense Scotland" Graded "Adequate", and outlining the current status and any actions or activities in place to address this grading.

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

- (1) to note the work being undertaken to support Sense Scotland Supported Living Glasgow 1 & Surrounding Area to make improvements with meeting the assessed needs of the service user and the support and development of their staff; and
- (2) that a report be submitted to the next meeting of the Committee providing an update on the progress being made by Sense Scotland.

THE NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an overview of the new National Health and Social Care Standards implemented by the Scottish Government from 1st April 2018 and to highlight the preparatory work within the HSCP to prepare for the implementation of the new National Health and Social Care Standards.

Having heard the Head of Children's Health, Care and Criminal Justice Services and the Interim Head of Strategy, Planning and Health Improvement Head of Strategy, in further explanation of the report, the Committee agreed:-

- (1) to note the preparations made towards the implementation of the new National Health and Social Care Standards; and
- (2) that a further report be submitted to the Committee when the final quality framework is published by the Scottish Government.

SELF DIRECTED SERVICES

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on progress to refresh Self Directed Services Guidance in terms of preparation for inspection and assurance of care and financial governance.

After discussion and having heard the Chief Officer and the Interim 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 contents of the report; and
- (2) that regular updates be provided as to progress on the refreshed Guidance and the assurance that care and financial governance will be in place; and
- (3) that once the refresh of the Self Directed Services Guidance was completed, it would be submitted to the next available meeting of either the Board of Committee.

RECORD MANAGEMENT PLAN UPDATE

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on the Partnership Board's requirement to prepare a Records Management Plan.

After discussion and having heard the Chief Financial Officer and the Interim 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 contents of the report; and
- (2) that a report presenting a further update would be submitted to a future meeting of the Committee, once an invitation had been received from the Keeper of Records requesting the submission of a Records Management Plan.

DUNN STREET UPDATE

A report was submitted by the Head of Mental Health, Addictions and Learning Disability providing a further update of the work being undertaken to support the improvement of Care Inspectorate Grades at Dunn Street Respite Care Unit, Clydebank.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disability in further explanation of the report and in answer to Members' questions, the Committee agreed to note the work being undertaken to support Quarriers make improvements with their clinical and care governance processes and standards of care delivery.

COMMUNITY CONNECTIONS

A report was submitted by the Head of Mental Health, Addictions and Learning Disability advising on the outcomes of the Care Inspectorate unannounced inspection to the Learning Disability Community Connections housing support service on 9 March 2018.

Having heard the Head of Mental Health, Addictions and Learning Disability in further explanation of the report, the Committee agreed to note the outcome of the inspection report, the one outcome recommendation and the improvement in grade in relation of quality of staffing from grade 4 to grade 5.

ORAL HEALTH UPDATE

A report was submitted by the Health Improvement and Inequalities Manager providing an update following previous March Audit Committee on local oral health improvement activities contributing to the ongoing collaborative work between the HSCP, WDC and NHSGGC Oral Health Directorate (OHD).

Having heard the Head of Children's Health, Care & Criminal Justice Services in further explanation of the report and in answer to a Members' question, the Committee agreed:-

- (1) to note the work undertaken locally to improve oral health specifically for children; and

- (2) to note the continued work with the NHSGGC OHD to make best use of the totality of resources to improve oral health outcomes.

VALEDICTORY

The Chair, Allan Macleod, informed the Committee that this would be the last meeting that Jackie Irvine, Head of Children's Health, Care & Criminal Justice Services would be attending as she would be taking up a new post within Edinburgh City Council. He then invited the Chief Officer to say a few words.

The Chief Officer acknowledged Jackie's contribution to West Dunbartonshire Council, the West Dunbartonshire Health & Social Care Partnership Board - Audit Committee and the Integrated Joint Board. The Chief Officer advised that in addition to her new post, Jackie had just been appointed the President of Social Work Scotland, thereafter she thanked Jackie and wished her well for the future.

The meeting closed at 3.33 p.m.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 30 August 2018**

Meeting Date – 7 December 2016					
No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
1.	<p>Audit Scotland Reports on Local Government in Scotland 2016</p> <p>It was agreed that the Senior Audit Manager, Audit Scotland and the Head of Strategy, Planning and Health Improvement should collaborate to develop a checklist specific to Members of the integration authorities, to enable Members to reflect upon the questions posed in respect of the totality of the Partnership Board's resources and arrangements for health and social care.</p>	June 2018	Head of Strategy, Planning and Health Improvement / Audit Scotland	<p>Update August 2018 HSCP Board Audit Committee agreed to note the outcomes of recent self-evaluation process undertaken and an updated Improvement Action Plan presented on 20 June 2018.</p> <p>Update May 2018 Report being presented to HSCP Board Audit Committee on 20 June 2018, on the review of the Local Code of Good Governance.</p> <p>Update June 2017 Officers prioritised development of the local Code of Good Governance to HSCP Board, as that would usefully provide logical parameters for this work with external auditors. Also, felt prudent not to initiate this development prior to changes to the Audit Scotland team assigned to the HSCP Board. Now that HSCP Board local Code of Good Governance approved and new external audit team in place, developmental discussions will now be taken forward with respect to a potential IJB governance checklist.</p> <p>Update September 2017 Developing a checklist for members of IJB - to be discussed with Audit Scotland after completion of annual audit.</p> <p>Update March 2017 Initial meeting with Head of Strategy took place in December and Audit Scotland. Audit Scotland updated that they have not been asked by any other IJB to develop a checklist. Members could consider developing one at a forthcoming board information/development session?</p>	

Meeting Date – 22 June 2017

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
2.	RECORDS MANAGEMENT PLAN – UPDATE	2018	Head of Strategy, Planning and Health Improvement	<p>Update August 2018 Update provided on the requirements to prepare a records management plan and the committee agreed that a further report would be submitted to future meeting, once an invitation had been received from the Keeper of Records requesting the submission of a Records Management Plan.</p> <p>Update May 2018 Report on the Records Management Plan being presented to the HSCP Board Audit Committee on 20 June 2018.</p> <p>Update 14 March 2018 The Keeper of Records for Scotland had advised that they would be requesting the submission of the records Management Plan, to be submitted in January 2019.</p> <p>Updated March 2018. An invitation has yet to be received from the Keeper of the Records of Scotland requesting the submission of a Records Management Plan. East Dunbartonshire IJB are working with KRS on a template that should be applicable to all partnerships.</p>	

3.	<p>LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2015/16</p> <p>AUDIT SCOTLAND – SELF DIRECTED SUPPORT 2017 PROGRESS REPORT (20 SEPTEMBER 2017)</p>	14 November 2018	Head of Strategy, Planning and Health Improvement	<p>Update August 2018 Committee agreed that regular updates be provided as to the progress on the refreshed Guidance and the assurance that care and financial governance will be in place and once the self directed guidance was complete, it would be submitted for the Partnership Board’s consideration.</p> <p>Update: March 2018 The new Carers’ Act provides the local authority with the power to provide support to carers. After assessment of the carers needs the authority should consider the carer has needs in relation to their caring role and have the power to decide if they intend to meet these through funded support. If they decide the carer is eligible the carer should be offered access to the 4 SDS options and the duties apply.</p> <p>We have taken this an opportunity to strengthen the key components of our local arrangements for the delivery of self directed support within the context of the Audit Scotland Report; Self-directed Support 2017: Progress Report on National implementation of SDS as well as within the proposed inspection programme focusing on, amongst other topics, self directed support.</p> <p>Working with the Audit Scotland Report, we will refresh our approach and consider the key messages from the report within our planned response and create revised SDS Guidance for front line staff across services.</p>	
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Meeting Date – 20 September 2017

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
4.	LOCAL CODE OF GOOD GOVERNANCE REVIEW	20 June 2018	Chief Financial Officer	<p>Update August 2018 HSCP Board Audit Committee agreed to note the outcomes of recent self-evaluation process undertaken and an updated Improvement Action Plan presented on 20 June 2018.</p> <p>Update May 2018 Report being presented to HSCP Board Audit Committee on 20 June 2018. That an additional column be added to the Annual Review of Code of Good Governance – Summary, to include the total number of criteria per subsection for future reporting.</p>	20 June 2018
5.	KEY SOURCES OF ASSURANCE FOR INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2017	14 March 2018	Chief Financial Officer	<p>The Committee agreed to propose to NHS GGC that a clause relating to information sharing be written into future procurement agreements with providers of audit services.</p> <p>Update February 2018 – Chief Financial Officer has written to James Hobson, copy included within Item 6 of 14 March 2018 agenda.</p>	

6.	CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE	14 March 2018	Head of Community Health & Care Services/Head of Mental Health, Addictions and Learning Disability	<p>Update August 2018 The Committee agreed to note the work being undertaken to support Quarriers make improvements with their clinical and care governance processes and standards of care. It was agreed that a report would be submitted to the next meeting, following engagement with the newly appointed Link Care Inspector, to provide re-assurance to Members on work being undertaken to improve grades at the independent sector support services, Dunn Street Respite Service and Sense Scotland.</p> <p>Update March 2018 It was agreed at the HSCP Board Audit Committee on 14 March 2018 that a further report would be presented to the next Committee. Report on the agenda for 20 March HSCP Board Audit Committee meeting.</p> <p>Update February 2018 – Report for Dunn Street is Item 16 14 March 2018 agenda.</p>	20 June 2018
7.	CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WD HSCP	14 March 2018	Head of Community Health & Care Services	<p>Update August 2018 Report being presented to the Committee on 26 September 2018.</p> <p>Update May 2018 It was agreed that a report with an action plan to improve Care Inspectorate grades at Mount Pleasant House would be presented to the next meeting of the Committee.</p> <p>Update February 2018 - Report is Item 15 of 14 March 2018 agenda. <i>(didn't appear on this agenda)</i></p>	

Meeting Date – 20 June 2018

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
8.	UPDATE REPORT ON INDEPENDENT SECTOR PROVIDER SENSE	26 September 2018	Interim Head of Strategy, Planning and Health	Update August 2018 That a report be submitted to next meeting of the committee providing an update on the progress being made by Sense Scotland.	
9.	THE NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS		Interim Head of Strategy, Planning and Health	Update August 2018 A report be submitted to committee when the final quality framework is published by the Scottish Government.	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 26 SEPTEMBER 2018

Subject: Audit Plan Progress Report

1. Purpose

- 1.1 The purpose of this report is to provide an update to members on:
- The planned programme of audit work for the year 2018/19, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;
 - The agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements; and
 - The agreed actions arising from the Annual Report to the IJB and the Controller of Audit for the financial year ended 31 March 2017 from the External Auditors.

2. Recommendations

- 2.1 It is recommended that the Audit Committee note the progress made in relation to the Audit Plan for 2018/19 and in progressing other action plans.

3. Background

- 3.1 This report provides a summary to the Partnership Board of recent Internal Audit activity, within the 2018/19 Audit Plan at the Council and the Health Board which may have an impact upon the delivery of the strategic plan.
- 3.2 This report details progress in addressing actions arising from a recent audit of the Partnership Board's Governance, Performance and Financial Management Arrangements and also the External Auditors Annual Report for 2016/17.

4. Main Issues

Progress on Audit Plan 2018/19 (and previous years)

West Dunbartonshire Council

- 4.1 Since 1st April 2018, the following Internal Audit reports have been issued to the Council, which are relevant to the Partnership Board:

Audit Title	Number and Priority of Recommendations		
	High	Medium	Low
Social Care Services reports:			
Employment Support (Social Work initiative for vulnerable people) (from 2017/18 Audit Plan)	1	5	3
Scottish Social Services Council Registration (from 2016/17 Audit Plan)	0	1	1
Use of Care First Functionality for Financial Management (from 2017/18 Audit Plan)	0	7	0
Corporate Reports (all from 2017/18 Audit Plan):			
Payroll – Overtime	0	2	0
ICT Procurement Controls	0	0	1
ICT Remote Access Controls	0	1	1
ICT Service Desk Controls	0	0	1
Data and Information Security – Governance and Practice	0	5	4
Total	1	21	11

4.2 Recommendations have timescales for completion in line with the following categories:

Category	Expected implementation timescale
<u>High Risk:</u> Material observations requiring immediate action. These require to be added to the department's risk register	Generally, implementation of recommendations should start immediately and be fully completed within three months of action plan being agreed
<u>Medium risk:</u> Significant observations requiring reasonably urgent action.	Generally, complete implementation of recommendations within six months of action plan being

	agreed
<u>Low risk:</u> Minor observations which require action to improve the efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of senior management.	Generally, complete implementation of recommendations within twelve months of action plan being agreed

4.3 For Social Care audit assignments outstanding actions from one previously issued audit report is included at Appendix 1

4.4 In addition, Appendix 1 also contains information on outstanding actions arising from audits carried out within the WDC audit plan which have a potential impact on the HSCP as follows:

Previously completed audits (outstanding actions):

- ICT Disaster Recovery/Business Continuity Controls;
- Purchasing Card Audit;
- Payroll – Overtime;
- ICT Procurement Controls;
- ICT Remote Access Controls; and
- Data and Information Security – Governance and Practice.

4.5 Internal Audit will undertake follow up work to confirm the implementation of the recommendations.

NHS Greater Glasgow and Clyde

4.6 The following Internal Audit reports have recently been issued to the NHS Greater Glasgow & Clyde, which are relevant to the Partnership Board:

Review	Report classification	Number of individual findings		
		High	Medium	Low
Key financial controls: payroll	Low	-	-	-
Clinical and care governance	Low	-	-	2
Public Health: screening programmes	Low	-	-	2
Information Governance	Low	-	1	2
Gifts and hospitality compliance	Medium	-	3	1
Programme management	Low	-	-	1
Health and safety compliance	Medium	-	3	-
Corporate risk management	Low	-	1	2
Achieving Financial Balance	Medium	1	-	-
Financial Planning 2018/19	Medium	-	2	1
Total findings		1	10	11

- 4.7 Further information on these audit assignment is provided at Appendix 2.
- 4.8 These reports are all from the 2017/18 audit plan and are the most recently available.

Follow up work

- 4.9 Internal Audit undertakes follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the HSCP Audit Committee with any matters of concern being drawn to the attention of this Committee.

WD Health & Social Care Partnership Board

- 4.10 In addition to the reviews referred to above, an audit has been carried out in March 2017 on the West Dunbartonshire Governance, Performance and Financial Management arrangements of the Health & Social Care Partnership Board. The report and agreed actions were presented to the HSCP Board at its special meeting on 22 March 2017. Progress on the agreed actions from this report is provided in Appendix 3.

External Auditors Annual Report 2016/17

- 4.11 Progress on actions arising External Auditors Annual Report for 2016/17 is also included within Appendix 3.

5. People Implications

- 5.1 There are no personnel issues with this report.

6. Financial Implications

- 6.1 There are no financial implications with this report.

7. Risk Analysis

- 7.1 The Plan has been constructed taking cognisance of the risks associated with major systems. Consultation with Senior Managers was carried out to ensure that risks associated with delivering strategic objectives have been considered.

8. Equalities Impact Assessment (EIA)

- 8.1 There are no issues.

9. Environmental Impact Assessment

- 9.1 There are no issues.

10. Consultation

10.1 This report has been prepared in consultation between the Partnership Board's Chief Internal Auditor, James Hobson, Assistant Director of Finance (NHS Greater Glasgow and Clyde), Julie Slavin (Chief Financial Officer, West Dunbartonshire Health and Social Care Partnership) and Stephen West (Strategic Lead – Resources, West Dunbartonshire Council).

11. Strategic Assessment

11.1 The establishment of a robust audit plan will assist in assessing whether the Partnership Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the HSCP Strategic Plan.

Author: **Colin McDougall**
Chief Internal Auditor – Health & Social Care Partnership Board

Date: **13 September 2018**

Person to Contact: Colin McDougall, Audit and Risk Manager
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E-mail – colin.mcdougall@west-dunbarton.gov.uk

Appendices: Appendix 1: Internal Audit Reports – WDC Internal Audit Team

Appendix 2: Further information on NHSGGC Internal Audit Reports






Appendix 3: WDHSCP - Internal Audit Reports / External Audit Reports

Background Papers: None

Appendix 1


Internal Audit Reports WDC Internal Audit Team



Generated on: 13 September 2018

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

Social Care Services Reports


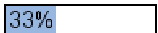
Project 134. Use of Care First Functionality for Financial Management (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/624	<p><u>1. System Functionality</u> A review should be undertaken to determine if the personal budgeting screen could be utilised by other client teams and if it can't whether from a cost benefit analysis it is worth maintaining the functionality.</p> <p>In addition an analysis should be done by the teams on what information they currently use and need and whether the use of business</p>	The Self Directed Support (SDS) policy is currently under review, in preparation for potential inspection. Terms of review maybe extended to consider the appropriateness of using CareFirst to assess client packages.		<div style="border: 1px solid black; padding: 2px;">10%</div>	31-Mar-2019	31-Mar-2019	Wendy Jack	Personal Budgeting screen in CareFirst Dev and functionality being looked at by the Information Team.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	objects could assist with this. (Medium Risk)							
T&PSR/IAAP/627	<p><u>4. Upgrade to Civica</u> Thought should be given to upgrading Civica to enable edits to be made to documents in the system. Alternatively thought should be given to how to improve the calculations produced by Care First to completely avoid the duplication of files.</p> <p>(Medium Risk)</p>	<p>Consideration will be given to upgrade, in the climate of competing budget priorities. Civica is used throughout the council. Consideration will be given again to check if other services out-with the HSCP are now in a position where they would find the package useful. An assessment will be carried out to assess use of staff time, to determine if this would be cost effective to purchase.</p>			31-Dec-2018	31-Dec-2018	Jacqueline Pender	Consideration has been given to use within the HSCP however it is unlikely to be a cost effective option. Use outwith the HSCP has yet to be looked at.

Corporate Reports

Project 120. ICT Disaster Recovery/Business Continuity Controls (Report Issued August 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/520	<p><u>2. DR Plans for the main telephony delivery systems have yet to be implemented/tested</u> Management must set in place plans and timescales to effectively test DR arrangements for the main telephony systems.</p> <p>(Medium Risk)</p>	<p>ICT will develop the implementation plan for this test by the end of October</p>			31-Oct-2017	30-Mar-2018	Brian Miller	Sept 18 - 1 Milestone of 3 complete. Work is scheduled to take place as priority on 24th September. Fibre works to take place at Livingstone Street, Argyll Road and Cart Street all to take place on this date. Work still to be scheduled for Aurora Avenue but no

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
								date for this yet. Date extended into October due to works mentioned above

Project 121. Purchasing Card Audit (Report Issued August 2017)



Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/528	<p><u>2b. Terminating Purchase Cards when employees leave</u> As part of the employee leaving process a procedure should be added to ensure that any purchase cards an employee holds are terminated.</p> <p>(Low risk)</p>	Further development required with Workforce Management System to identify staff with CPC to have automated notifications where staff move location, section or terminate employment to ensure robust management of CPC distribution and manager notifications.			30-May-2018	30-Nov-2018	Stella Kinloch	WMS upgrade due mid October 2018 system development scheduled for Nov 2018.

Project 128. Payroll - Overtime (Report Issued May 2018)



Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/608	<p><u>1. Overtime - Building Services/Repairs & Maintenance</u> In relation to Building Services / Repairs & Maintenance, in order to continue to manage the level of overtime, it is recommended that consideration be given to:</p> <ul style="list-style-type: none"> - Adopting a more flexible approach to working; and - Employing more personnel, paid at plain time, to cover the anticipated demand for 	Negotiations with TU's to introduce more flexibility into working patterns within service provision commenced in 2017 and it is hoped a positive outcome will be achieved in 2018/2019. This may introduce seasonal working, extended hours Mondays to Thursdays and Saturday mornings would be considered part of the standard				31-Mar-2019	Martin Feeney	<p>This action has 7 milestones 2 of which have been completed.</p> <p>Good progress has been made with much of the analysis completed, negotiations with TU's have commenced, flexible work patterns developed and outline workforce planning is well advanced.</p> <p>A draft proposal is being prepared and the plan is</p>

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	<p>services rather than paying some existing staff at enhanced rates.</p> <p>(Medium Risk)</p>	<p>week with all paid as standard time. If agreed it could mean a reduction in overtime costs for emergency repairs and overtime to complete projects and void house repairs. It would also allow better utilisation of resources for external project works with extended hours in Spring / Summer / Autumn and reduced hours in the Winter months (seasonal working). In addition, we will analyse if there are any benefits in employing additional staff to reduce expenditure on overtime as part of our regular workforce planning meetings where Building Services review resource requirements.</p>						<p>to issue this to TU's and workforce by end of October for consultation.</p> <p>It is anticipated significant progress will be made in coming months and although benefits of all proposed changes may not be fully realised until 2019/2020, good progress will be evident in 2018/2019.</p>

Project 130. ICT Procurement Controls (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/612	<p><u>1. Review authorisation hierarchy of ICT staff in WeBuy</u> Management should review the setup of users within the WeBuy system to take into account any moves and changes and new structures.</p> <p>(Low Risk)</p>	An updated list of ICT requisitioners, approvers and locations is required to allow the We Buy system to be updated.			28-Dec-2018	28-Dec-2018	Patricia Kerr; Derek McLean	Werbuy authorisation levels amended to ensure they do not exceed those advised by ICT. A new milestone has been created in the action to allow the procurement team to create a bespoke ICT authorisation plan to account for the advised levels.


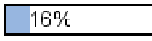

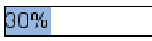
Project 131. ICT Remote Access Controls (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/613	<p><u>1. Data handling Terms and Conditions required for 3rd party access to WDC information</u> Management should develop a standard 3rd party suite of data handling terms and conditions to protect WDC information whilst 3rd party vendors carry out support activities.</p> <p>(Medium Risk)</p>	ICT will assist Legal Services in the development data handling terms and conditions.			30-Sep-2018	30-Sep-2018	Alan Douglas; James Gallacher; Iain Kerr; Patricia Kerr	Scottish Government have engaged a 3rd party supplier (NQC) who are in the process of developing a procurement tool to for use by LA's to cover ICT procurements particularly in the context of the Public Sector Action Plan on Cyber Security including data handling, this will be demo'd on 30th August with a view to release afterwards

Project 133. Data and Information Security – Governance and Practice (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/617	<p><u>2. Automation of vulnerability detection / resolution / reporting</u> In order to enhance both the PSN and Cyber Essentials accreditation processes, an automated tool identifying, resolving and reporting on vulnerabilities should be acquired for implementation during the current financial year.</p> <p>(Low Risk)</p>	<p>Funding has been approved to acquire an enterprise level vulnerability scanning/discovery tool for a period of one year initially. A draft specification paper will be drawn up for review by the ICT board and subsequently published on PCS for quick quotes, and for implementation thereafter.</p>			31-Jul-2018	12-Oct-2018	Iain Kerr	The dates for implementation have now slid, an additional milestone has been included to reflect this
T&PSR/IAAP/618	<p><u>3. Attainment of Payment Card Industry (PCI) Data Security Standard</u></p> <p>The remaining specific actions, as detailed below, require to be completed so that WDC can achieve PCI compliance:</p> <ol style="list-style-type: none"> 1. Provision and deployment of tablet devices for the receiving and processing of card payments; 2. Completion of Self-Assessment Questionnaire and submission thereafter to PCI DSS authorising body; and 3. Establishment of quarterly scans by an external provider. <p>(Medium Risk)</p>	<p>Pilot devices are currently at testing stage and full deployment will take place when user sign off is received. Items 2 and 3 will be carried out once item 1 has been completed.</p>			30-Sep-2018	30-Sep-2018	Iain Kerr; John Martin; Brian Miller	Aug 18 - 1 of 3 milestones complete. Receipt printing remains an issue, new solution for localised printing identified and printer ordered. Estimated time of completion for testing now end September.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/619	<p><u>4. Cyber Essentials</u> In preparation for the Council achieving Cyber Essentials plus by October 2019, steps should continue within the project work to deliver the Cyber Essentials process in accordance with the plan with a view to achieving Cyber Essentials Plus by October 2019.</p> <p>(Medium Risk)</p>	An exercise to self-assess for Cyber Essentials will be carried out in keeping with timescales outlined in the Scottish Government Public Sector Action Plan on Cyber Security.			30-Sep-2018	30-Sep-2018	Iain Kerr	Engagement with 3rd party delayed until Vulnerability management tool is deployed
T&PSR/IAAP/620	<p><u>5. Combined procurement approach for PSN / PCI / Cyber Essentials</u> A coordinated procurement approach covering the compliance requirements for PSN, PCI and Cyber Essentials should be progressed.</p> <p>(Low Risk)</p>	Although an exercise to carry out the PSN IT Health Check will progress this year, a regulated procurement exercise will follow for subsequent years to combine tests for each of the compliance regimes, initially over a three year period.			31-Mar-2019	31-Mar-2019	Iain Kerr	There are 7 milestones to this action with initial launch expected to meet target dates
T&PSR/IAAP/621	<p><u>6. Supply Chain Cyber Security Policy</u> Once the final Supply Chain Cyber Security Policy is issued by the Scottish Government, a process needs to be established to implement the laid down requirements.</p> <p>(Medium Risk)</p>	Meetings will take place between Annabel Travers, Iain Kerr and Patricia Kerr to determine how the <i>Supply Chain Cyber Security Policy</i> will be processed and implemented. The process will be captured in a guidance document and published on the intranet with an email sent out to the CPU and ICT staff.			31-Dec-2018	31-Dec-2018	Iain Kerr; Patricia Kerr; Annabel Travers	Aug 18. Investigation undertaken into SG initiatives and time scales to assist public bodies when going to market for ICT services/goods.

T&PSR/IAAP/622	<p><u>7. Update required to Acceptable Use Policy</u> The Council's Acceptable Use Policy (AUP) should be reviewed and updated. (Low Risk)</p>	<p>The AUP will be reviewed as an Information Security policy, taking into account changes in working practices and legislation since the last review, input will be required from ICT, Legal and possibly procurement.</p>			31-Mar-2019	31-Mar-2019	Iain Kerr	There are 6 milestones for this action the first of which is underway and on target
T&PSR/IAAP/623	<p><u>9. Information Governance Scheme</u> An Information Governance Scheme should be developed, approved and introduced. (Low Risk)</p>	<p>Whilst the relevant information exists on the Records Management page of the Staff Intranet, it is believed that such an Information Governance Scheme will assist employees to understand the inter-relationships between various governance documents and internal and external requirements. The scheme will form a useful first port of call for Employees seeking to understand how information should be dealt with across the Council. It will require significant input from colleagues across the Council.</p>			31-Mar-2019	31-Mar-2019	Alan Douglas	On track.

Appendix 2

NHS Greater Glasgow and Clyde

Internal Audit Activity Report for Integration Joint Boards – June 2018

1. Background

Integration Joint Boards direct both NHS Greater Glasgow and Clyde and the local authority to deliver services that enable the Integration Joint Board to deliver on its strategic plan.

Both NHS Greater Glasgow and Clyde and the local authority have internal audit functions that conduct audits across each organisation and report the findings of these to the respective audit committees.

Members of the Integration Joint Board have an interest in the outcomes of audits at both NHS Greater Glasgow and Clyde and the local authority that have an impact upon the Integration Joint Board's ability to deliver the strategic plan.

This report provides a summary for the Integration Joint Board of the internal audit activity within NHSGGC which has an impact upon the delivery of the strategic plan.

2. Summary of internal audit reviews

The Board's internal auditors, PwC, have completed their work programme for the year, and have reported to the NHSGGC Audit and Risk Committee on the following reviews:

Review	Report classification	Number of individual findings		
		High	Medium	Low
Key financial controls: payroll	Low	-	-	-
Clinical and care governance	Low	-	-	2
Public Health: screening programmes	Low	-	-	2
Information Governance	Low	-	1	2
Gifts and hospitality compliance	Medium	-	3	1
Programme management	Low	-	-	1
Health and safety compliance	Medium	-	3	-
Corporate risk management	Low	-	1	2
Achieving Financial Balance	Medium	1	-	-
Financial Planning 2018/19	Medium	-	2	1
Total findings		1	10	11

High risk indicates findings that could have a significant:

impact on operational performance; or
monetary or financial statement impact or
breach in laws and regulations resulting in significant fines and consequences; or
impact on the reputation or brand of the organisation.

Medium risk indicates findings that could have a moderate:

impact on operational performance; or
monetary or financial statement impact; or
breach in laws and regulations resulting in fines and consequences; or
impact on the reputation or brand of the organisation.

Low risk indicates findings that could have a minor:

impact on the organisation's operational performance; or
monetary or financial statement impact; or
breach in laws and regulations with limited consequences; or
impact on the reputation of the organisation.

3. Medium and high risk internal audit findings

Information Governance – low risk, 1 medium finding

The primary objective of this audit review was to examine the progress made to design and implement a Board-wide Information Asset Register, populate the Register with the right data for it to be an effective information source against which other data protection requirements can be fulfilled, and to establish the operational processes to ensure the Information Asset Register remains effective.

The medium risk finding was in relation to populating the IAR; over 350 information assets have been registered at the time of writing. The Information Governance Team continues to work with the wider Directors to ensure the work progresses, but as asset questionnaires are submitted there will be an ongoing need to review submissions and ensure the controls in place to protect personal and sensitive personal data assets are appropriate under GDPR requirements. It is important to be able demonstrate to the regulator that risk assessment of the controls around each asset has been undertaken, and remedial action has been taken. This 'paper shield' will be important in the event of a regulator audit or data breach. Management should ensure an assessment of the controls for each asset is documented against the health Board's information security standards and requirements for the protection of personal and sensitive personal data.

Gifts and hospitality compliance – medium risk, 3 medium findings

The Directorate for Health Finance of the Scottish Government instructed all Scottish Health Boards to consider a number of actions to provide assurance as to the extent and adequacy of controls that are in place for the notification and recording of gifts and hospitality. These were to commission an internal audit review of the processes for notification and recording of gifts and hospitality; to confirm that hospitality registers are up to date and conform to Standing Financial Instructions; to provide a reminder to staff that they must comply with these SFIs and ensure they are read and understood; and to invite Counter Fraud Services to present to key staff on provisions of the Bribery Act.

PwC's review covered the following areas: the guidance available in the Code of Conduct, additional guidance available to some staff groups (eHealth, Pharmacy, the Area Drugs and Therapeutic Committee and Procurement were considered), reporting and approval, maintenance of the register and governance arrangements.

They noted that there are areas where the current policies and procedures in relation to gifts and hospitality could be improved. The medium risk findings were:

- There were aspects of both the staff and Board Members' Codes of Conduct which could be strengthened - no timescale is specified in either Code of Conduct for how quickly declarations should be made following receipt of gifts/hospitality and for Board Members, nor is there a requirement to declare declined gifts/hospitality, which is inconsistent with the staff code of conduct.
- Some board members who had joined the Board had not yet completed a declaration of interests; Board Members' interests should be disclosed per the code of conduct.
- There was no procedure in place to ensure that items of gifts or hospitality are given approval timeously.

Health and safety compliance – medium risk, 3 medium findings

This review considered the steps taken by management to progress a sample of actions to address points raised by the Health & Safety Executive (HSE) and also considered the processes across Acute, Partnerships and Property Procurement and Facilities Management (PPFM) for identifying and undertaking investigations into any incidents which must be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The three medium risk findings were:

- Only the Partnerships H&S team had a formally documented process for the identification, reporting and investigation of RIDDOR incidents and there is an inconsistent approach taken across the Board's three H&S teams for conducting investigations into RIDDOR incidents. As a result of the inconsistencies noted, the processes in place within Acute and PPFM are considered less robust than the process in place within Partnerships.
- From a sample of twenty-five incidents reported to RIDDOR, it was found that seven of these were not reported to HSE within the required timescales.

- There is no consistent process in place to monitor progress against identified recommendations resulting from RIDDOR investigations, to provide oversight that required lessons learned are being taken and on a timely basis.

Corporate risk management – low risk, 1 medium finding

The purpose of this review was to consider the effectiveness of the Board's corporate risk management arrangements, including the work that was undertaken to revise the Corporate Risk Register.

The review identified one medium risk finding: PwC found that Datix could be used more effectively in the organisation. Inconsistencies were noted between updates that are being made 'offline' on a hard copy of the CRR and the information held on Datix, as updates are not being made to Datix on a timely basis. At a Directorate level, they also noted that risks were not being reviewed on Datix on a regular basis.

Achieving financial balance – medium risk, 1 high finding

Whilst the overall rating of this report was medium, there was a high risk finding. In successfully achieving financial balance in the year, the Board relied heavily on the use of non-recurring support. The percentage of total savings achieved which were on a non-recurring basis was approximately 70% in 2017-18, compared with around 40% in 2015-16. While non-recurring savings will always form part of a Board's savings, the lack of enduring savings increases future financial challenges and poses a risk to the NHS Board's financial sustainability. PwC noted that it was critical that the NHS Board puts in place a transformation plan that will deliver recurring savings and provide financial sustainability for the future. Measures recently put in place, such as the Financial Improvement Programme, should clearly and regularly communicate to the Finance and Planning Committee and the Board on the progress made to reduce the Board's recurring deficit.

Financial planning – medium risk, 2 medium findings

The scope of this review focussed on the planning process and key assumptions that underpin the Board's 2018/19 financial position. The process was to establish the Board's net cash efficiency challenge for 2018/19, and no service redesign or transformation assumptions were applied efficiency challenge.

The review concluded that overall, the planning process has been undertaken with an objective of transparency and there is clarity over the key assumptions underpinning the 2018/19 cash efficiency challenge. Addressing the two medium risk findings identified would also further strengthen the transparency of the financial planning process. The findings were:

- In the Board's key financial plan assumptions, the level of certainty that can exist for each assumption varies. This is a normal feature of the planning process, however given the extent of the financial challenge it is important that these areas of risk in the plan are clearly understood by the Board and are subject to regular monitoring.
- The Board's planning arrangements are intended to set out the total saving challenge to be addressed. In most cases the presentation of information is shown on a gross basis before any saving plans are applied. However, PwC noted that for primary care prescribing cost pressure is presented net of planned saving schemes.

4. Internal audit annual report 2017/18

The Annual Internal Audit Report outlined the internal audit work PwC carried out for the year ended 31 March 2018, and stated that the Head of Internal Audit was required to provide a written report to the Accountable Officer to inform the NHS Board's Governance Statement. The internal audit work carried out during the year was based on the internal audit annual plan for the year which had been approved by the Audit Committee.






The Head of Internal Audit Opinion was the same opinion as had been given in the previous year:

"Generally satisfactory with some improvements required. Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance risk management and control."





It was considered that the three audit findings identified during 2017-18 rated as high risk should be reported in the Governance Statement. These were in respect of Waiting Times Management, Achieving Financial Balance and Mental Health: Crisis management.

Appendix 3 WDHSCP - Audit Reports

Generated on: 12 September 2018



Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed





Project 1. WDHSCP Governance, Performance & Financial Management (Report Issued March 2017)





Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
It is recommended that when a model plan is completed and published a Records Management Plan prepared for local approval by the Partnership Board in order to comply with the statutory requirement. (Low Risk)	This will be completed at the earliest opportunity, with WDHSCP officers having already engaged with Scottish Government officials on the drafting of the model Records Management Plan.			31-Oct-2017	31-Jan-2019	Wendy Jack	We received an email on the 3rd September 2018 from the Keeper to invite WDHSCP to submit their plan. The plan's completion date is 5th January 2019.
<u>2. Partnership governance arrangements</u> It is recommended that management within WDC and WDHSCP should, as part of their regular management meetings, identify any issues in relation to	Preliminary discussions have already taken place, and initial scoping begun with respect to partnership governance arrangements as relates to the WDHSCP Board.			31-Aug-2017	31-Aug-2017	Wendy Jack; Julie Slavin	Chief Financial Officer and Head of Strategy, Planning & Health Improvement have prepared a local Code of Good Governance (as per CIPFA Guidance), which has been approved by the HSCP Board. A compliance self-assessment




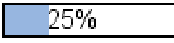
Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<p>partnership governance arrangements and agree any resultant improvement actions in order comply with the best practice.</p> <p>(Low Risk)</p>							<p>has been completed in accordance with CIPFA recommendations, with ongoing engagement of Chief Internal Auditor and external auditor. This self-assessment has identified a number of improvement actions and has been used to develop an improvement action plan. This will be presented to the September 2017 meeting of the HSCP Audit Committee for approval.</p>



Project 2. WDHSCP External Audit Annual Report 2016/17

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<p><u>1. Hospital Acute Services (Set Aside)</u></p> <p>Arrangements for the sum set aside for hospital acute services under the control of WDIJB are not yet operating as required by legislation and statutory guidance. A notional figure was included in the accounts under a transitional arrangement agreed by the Scottish Government.</p> <p>Risk: In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p> <p>Recommendation: NHSGGC and WDIJB should establish processes for planning and</p>	<p>A working group has been formed with NHSGGC finance colleagues, CFOs and the Scottish Government to establish processes for planning, quantifying and performance management of delegated hospital functions and associated resources in 2017/18.</p>			30-Jun-2018	31-Mar-2019	Wendy Jack; Julie Slavin	<p>Meeting of working group is scheduled for 4th October to review the calculation for the 2018/19 notional level and agree how set aside budgets will feature in 2019/20 budget setting discussions. It is unlikely that this process will be fully concluded until 31st March 2019.</p>









Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
performance management of delegated hospital functions and associated resources in 2017/18.							
<p><u>2. Budget Monitoring</u> There were differences in the figures reported to the Board in May and the surplus in the draft accounts reported to the Audit Committee in June.</p> <p>Risk: Budget reports may not provide sufficient information to enable members to review performance and make the necessary decisions.</p> <p>Recommendation: A report which reconciles any movements from the final outturn report to the accounts should be provided to the Board and Audit Committee.</p>	Going forward, a year end summary report will be provided for the Board and Audit Committee.		 100%	30-Jun-2018	30-Jun-2018	Wendy Jack; Julie Slavin	The 2017/18 Draft Unaudited Accounts Report contains the relevant data.
<p><u>3. 2017/18 Budget</u> The budget for 2017/18 was not approved till 23 August 2017, which means that the Board was operating without a fully approved budget for almost six months of the financial year.</p> <p>Risk: Operating without a fully approved budget makes financial management and decision making more difficult and may negatively affect the quality of service delivery.</p>	2017/18 Budget has been approved at the August 2017 Board Meeting. We will continue to ensure future budgets are agreed as a matter of priority.		 100%	30-Jun-2018	30-Jun-2018	Wendy Jack; Julie Slavin	A new notional 2018/19 budget for set-aside has been received and was presented to the HSCP Board.










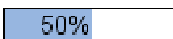




Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
Recommendation: The Board should continue to ensure that budgets for future years are approved as a matter of urgency.							
<p><u>4. Medium to Long term Financial Plans</u> There are no medium to long term financial plans in place. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary.</p> <p>Risk: WDIJB is not planning adequately over the medium to long term to manage or respond to significant financial risks. Services may be affected if their sustainability is not planned.</p> <p>Recommendation: A long term financial strategy (5 years +) supported by clear and detailed financial plans (3 years +) should be prepared. Plans should set out scenario plans (best, worst, most likely).</p>	This has been committed through further actions in our Annual Governance Statement and is now also included in our Improvement Action Plan as part of our review of the Local Code of Governance.			28-Feb-2018	30-Nov-2018	Wendy Jack; Julie Slavin	Work has commenced on the 2019/20 to 2021/22 social care budget in partnership with WDC Budget Working Groups and there has been confirmation of significant funding streams from the Scottish Government for the next 3-4 years. These will form the basis of the Medium Term Strategy.
<p><u>5. Local Code Good Governance Arrangements</u> The requirement in 2016/17 for the IJB to publicly report on their compliance with their Local Governance Code was not met.</p>	This has been included as part of the agenda for the September Audit Committee for approval from the Board. Going forward the annual review will form part of			30-Jun-2018	30-Jun-2018	Wendy Jack; Julie Slavin	The new local code of good governance was approved at the Sept 2017 Audit Committee and can therefore apply to 2017/18 Governance Statement for Annual





Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<p>Risk: WDIJB did not adopt the requirements of the Delivering Good Governance Framework in 2016/17.</p> <p>Recommendation: WDIJB should review compliance against their Local Code and publicly report on this for 2017/18.</p>	our draft annual accounts timetable						Accounts. This was reviewed for 2017/18 and the improvement actions approved at the June 2018 Audit Committee.
<p><u>6. Internal Audit</u> The internal auditors of NHSGGC do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee.</p> <p>Risk: Officers and Board members may be unable properly discharge their scrutiny and governance responsibilities.</p> <p>Recommendation: The WDIJB should develop a protocol with the auditors to facilitate for all internal audit reports that affect the IJB are made available to its Audit Committee.</p>	Discussions have commenced with the NSGGC Assistant Director of Finance. We will work to develop an agreement, if possible within the existing terms of contract between HNSGGC and PwC.			30-Jun-2018	30-Jun-2018	Wendy Jack; Colin McDougall; Julie Slavin	This has yet to be tested through the issuing of audit reports from the newly appointed auditors.
<p><u>7. Value for Money</u> While there is evidence of elements of Best Value being demonstrated by the joint board, there is no mechanism for formal review.</p> <p>Risk: Opportunities for</p>	Work on developing links with Annual Performance Reporting to demonstrate that in a climate of financial austerity targets are on track.			31-Jul-2018	31-Mar-2019	Wendy Jack; Julie Slavin	The existing HSCP governance structures, including the review of the Local Code will feature in this review. The due date has been moved forward in line with the financial year.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<p>continuous improvement are missed.</p> <p>Recommendation: The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework</p>							
<p><u>8. Annual Performance Report</u> The 2014 Regulations require that an Annual Performance Report be approved and submitted within four months of the financial year end this was not achieved for 2016/17 with the report being submitted on 23 August.</p> <p>Risk: Non compliance with statutory regulations which is required to be reported by auditors. In addition, late submission delays the ability of Board members to review performance and progress improvement actions</p> <p>Recommendation: The WDIJB should ensure the Annual Performance Report is approved and submitted within the deadline</p>	<p>To seek approval from the Board to publish a draft of the Annual Performance Report by 31 July subject to Board approval at the next available meeting.</p>			31-Jul-2018	31-Jul-2018	Wendy Jack	<p>The HSCP's Public Performance Report 2017/18 was published on the HSCP's website on 31st July 2018.</p>


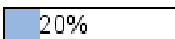


Project 3. Annual Code of Good Governance (September 2017)


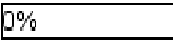
Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<u>1. Annual check of code of conduct sign off</u> Introduce annual compliance check of code of conduct sign off by individual members as part of annual accounts process.			30-Apr-2018	30-Apr-2018	Julie Slavin	Complete.
<u>2. Development Programme</u> Implement approved Partnership Board and Board Member Development Programme.			28-Feb-2018	28-Feb-2018	Serena Barnatt	HSCP Partnership Board has agreed a programme of informal briefing sessions before every meeting; these have been agreed for the coming year to include prescribing and addictions. Additionally an elected members programme has been agreed with a focus on the role of the HSCP Partnership Board; the Alcohol and Drug Partnership; Development of the new Clydebank Care Home and Strategic Plan and Strategic Needs Assessment based on burden of disease within West Dunbartonshire.
<u>3. Workforce and Organisational Development Strategy and Support Plan</u> Work with WDC and NHSGGC to continue to implement approved Workforce and Organisational Development Strategy and Support Plan.			28-Feb-2018	28-Feb-2018	Serena Barnatt	Complete. Revised Support Plan approved by HSCP Board Feb 2018.
<u>4. Register of interest and hospitality</u> Introduce annual compliance check of register of interests and hospitality by individual members as part of annual accounts process.			30-Apr-2018	30-Apr-2018	Julie Slavin	Complete May 2018.

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<u>5. FOI Policy</u> Develop and approve a FOI policy specific to the Partnership Board.			30-Nov-2017	30-Nov-2017	Julie Slavin	Complete. Approved by HSCP Board in November 2017
<u>6. Records management plan</u> Complete Records Management Plan.			30-Jun-2018	30-Jun-2018	Wendy Jack	We received an email on the 3rd September 2018 from the Keeper to invite WDHSCP to submit their plan. The plan's completion date is 5th January 2019.
<u>7. Strategic planning process</u> Strengthening strategic planning process in light of Audit Scotland recommendations and local learning.			31-Jul-2018	31-Jul-2018	Wendy Jack; Julie Slavin	New Strategic Planning Group (sub-committee of HSCP Board) Feb 2018
<u>8. Self directed support arrangements</u> Refresh and update local Self Directed Support arrangements.			31-Mar-2018	31-Mar-2018	Wendy Jack	Update Report to June 2018 HSCP Board
<u>9. Medium term financial plan</u> Develop medium term financial plan.			28-Feb-2018	28-Feb-2018	Julie Slavin	Work has commenced on the 2019/20 to 2021/22 social care budget in partnership with WDC Budget Working Groups and there has been confirmation of significant funding streams from the Scottish Government for the next 3-4 years. These will form the basis of the Medium Term Strategy.
<u>10. Performance reports</u> Strengthening performance reports against the Scottish Government's Best Value framework.			31-Mar-2018	31-Mar-2018	Wendy Jack; Julie Slavin	New performance report format adopted for July 2018. Will work with WDC and consider the outcomes of the recent Best Value Review by Audit Scotland.
<u>11. Set Aside</u> In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect			30-Jun-2018	30-Jun-2018	Julie Slavin	Meeting of working group is scheduled for 4th October to review the calculation for the 2018/19 notional level and agree how set aside budgets will feature in 2019/20 budget setting discussions. It is unlikely that this process will be fully concluded until 31st March 2019.

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
actual activity to comply with legislation on the use of this resource in shifting the balance of care.						
<u>12. Sharing protocol for internal audit reports</u> Develop a protocol with NHSGGC auditors to share internal audit report findings with Chief Financial Officer and Chief Internal Auditor.			31-Dec-2017	31-Dec-2017	Colin McDougall	Chief Financial Officer formally wrote to NHSGGC and clause on information sharing included in tender to appoint new auditors from April 2018. This has yet to be tested through the issuing of audit reports from the newly appointed auditors.
<u>13. Annual update on compliance with Local Code</u> Present annual update on compliance of Local Code to Audit Committee alongside draft unaudited annual accounts.			30-Jun-2018	30-Jun-2018	Julie Slavin	Presented to HSCP Audit Committee June 2018/

Project 4. Annual Code of Good Governance (June 2018)

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<u>1. Review of Audit Committee</u> Review the effectiveness of the Audit Committee and the Terms of Reference			31-Dec-2018	31-Dec-2018	Colin McDougall	Meeting to be arranged between the Chair and the Chief Internal Auditor.
<u>2. Review of Strategic Planning Group</u> Review the effectiveness of the new Strategic Planning Group			31-Mar-2019	31-Mar-2019	Beth Culshaw; Wendy Jack	First Strategic Planning Group focused on Strategic Needs Assessment which was informed by the burden of disease national programme of work. Next meeting is planned which will begin to draft the Strategic Plan for 2019-2022.

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
<u>3. Long term financial planning</u> Consider long term financial planning in the context of projections and assumptions made by HSCP Board's funding partners.			30-Jun-2019	30-Jun-2019	Julie Slavin	Will follow on from the Medium Term Financial Strategy.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 26 SEPTEMBER 2018

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

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

2. Recommendation

- 2.1 The Partnership Board is recommended to approve the updated Strategic Risk Register as attached.

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.
- 3.4 Following the planned and formal review of strategic risks by the Senior Management Team, this annual update of the Strategic Risk Register is presented in draft for discussion at this meeting of the Audit Committee.

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. The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health & Social Care Partnership. The Chief Financial Officer is responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

- 4.3** The attached Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy & Strategy. Similarly, in accordance with that Policy & Strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.
- 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 those are 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. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register. 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 (as is the case for two areas of risk identified with the strategic risk register).
- 4.6** The strategic risks included here are all included in the previous iteration of the strategic risk register. There are new strategic risks that have been added following review by Heads of Service for the specific service areas.

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.
- 5.2** The local Risk Management Policy and Strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

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.
- 6.2** The local Risk Management Policy and Strategy affirms that financial decisions in respect of these risk management arrangements will rest with the Chief Financial Officer.

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 Audit Committee to approve the Strategic Risk Register which is then presented to the Partnership Board for final approval as 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 Strategic Risk Register has been confirmed by the Health & Social Care Partnership Senior Management Team.

12. Strategic Assessment

- 12.1 The preparation, approval and maintenance of the attached 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: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement West Dunbartonshire Health & Social Care Partnership.

Date: 29th August 2018

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

Background Papers:

Audit Scotland (2015) An overview of local government in Scotland 2018

HSCP Board (November 2015): Strategic Risk Register

HSCP Audit Committee (September 2016): Draft Strategic Risk Register

HSCP Audit Committee: Audit Scotland's 2015/16 Annual Audit Report for West Dunbartonshire Health & Social Care Partnership

Wards Affected: All

West Dunbartonshire Health & Social Care Partnership:

Draft STRATEGIC RISK REGISTER

Owner: Chief Officer

Status: Draft

Approval Date: August 2018

Review Date: August 2019

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:

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 asterisk*).

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
1. Failure to operate within approved budget levels including maximisation of new funding streams and the delivery of efficiency savings targets as approved by HSCP Board, reflective of the impact of savings proposals implemented by other sections/divisions of WDC or NHSGGC.	5	4	Extreme	<p>Risk scoring remains the same</p> <p>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 expected to be challenging – horizon scanning being undertaken with respect to delivery of Strategic Plan within context of both wider WDC and NHSGGC processes.</p> <p>Continue to work with corporate colleagues within WDC and NHSGGC and engage with forums/groups to identify proposals for financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets. Continue to work with NHSGGC and GGC-wide IJBs on bringing forward notification and approval of budget allocation, before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings. Ensure that new funding allocations from Scottish Government across Health and Social Care are maximised in year and meet expected targets.</p>	4	4	Extreme	Chief Officer; and Chief Financial Officer

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
2. Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined four week waiting time target.*	5	3	Extreme	Risk scoring remains the same Text reminders for new and return appointments. All back pain patients are assessed using a risk stratification tool. New referral guidance circulated for GPs. Promote use of self management resources.	4	3	High	MSK Physiotherapy Manager
3. Failure to plan and adopt a balanced approach to manage the year-round unscheduled care pressures; and related business continuity challenges that are faced in winter.	4	4	Extreme	Risk scoring remains the same Develop and implement a WD HSCP unscheduled care plan for community services that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance. Through locality arrangements, emphasise importance of general practices reviewing their business continuity plans.	2	4	High	Head of Health & Community Care

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
4. Failure to meet legislative compliance in relation to child protection.	3	5	High	<p>Risk scoring remains the same Child Protection procedures are in place and overseen by the local Child Protection Committee. All child protection procedures are audited regularly. Local arrangements reflected upon as part of internal audit exercise and (external) joint inspection of children and young people's services – learning taken on-board. Improvement Action Plan developed addressing identified areas for improvement. On-going work being undertaken to consider analysis and impact in demands increases over previous two years.</p>	2	5	High	Head of Children's Health, Care & Criminal Justice Services
5. Failure to meet legislative compliance in relation to adult support and protection.	3	5	High	<p>Risk scoring remains the same Adult Protection procedures are in place and overseen by the local ASP Committee. This includes approach to supporting vulnerable adults. Local adult support arrangements are subject to a bi-annual review process.</p>	2	5	High	Head of Mental Health, Learning Disabilities & Addictions; and Head of Health & Community Care.

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
6. Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	4	4	Extreme	<p>Risk Scoring remains the same</p> <p>The HSCP has had agreement for an Outline Business Case for a replacement Health and Care Centre, this was prepared in compliance with Scottish Capital Investment Manual. The Full Business case has been submitted for consideration by NHSGGC and Scottish Government Sept / Oct 18.</p>	2	4	High	Head of Health & Community Care
7. 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	<p>Risk Scoring remains the same</p> <p>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.</p>	2	4	High	Head of Health & Community Care.

Risk	Pre-Mitigation Assessme			Mitigating Action	Post-Mitigation Assessme			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
8. Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities	3	4	High	<p>Risk Scoring remains the same Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously.</p> <p>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.</p>	2	4	High	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement
9. Failure to maintain a secure information management network so that confidentiality of information is protected from unauthorised disclosures or losses.	3	4	High	<p>Risk Scoring remains the same On-going data protection and GDPR 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. Additional training has been available to ensure compliance with new regulations.</p>	2	4	High	Head of Strategy, Planning & Health Improvement

Risk	Pre-Mitigation Assesseme			Mitigating Action	Post-Mitigation Assesseme			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
10. Failure to ensure that systems are in place to ensure that services are delivered by appropriately qualified and/or professionally registered staff.	3	4	High	<p>Risk Scoring remains the same</p> <p>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.</p>	2	4	High	All Heads of Service
11. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review. Have implemented a system which equally distributes cases across all social workers, monitored and managed by the Senior HO. MHO arrangements will be subject to an internal audit review this year, with the findings used to strengthen arrangements.	3	3	Moderate	<p>Risk Scoring remains the same</p> <p>Senior MHO receives all Guardianship applications and adds to Care first. Bi-monthly meetings held between Senior MHO and Senior Social Workers from across the HSCP to review and assign cases based on individual and team caseload requirements.</p>	3	3	Moderate	Head of Mental Health, Learning Disabilities & Addictions

Risk	Mitigating Action			Risk Lead
	Likelihood	Consequence	Risk Grade	
12. Failure to manage workforce pressures, recruitment demands and staff absence levels at HSCP.	3	3	High	Head of People and Change

Risk	Mitigating Action			Risk Lead	
	Likelihood	Consequence	Risk Grade		
13. Failure to deliver all Criminal Justice activity as directed by the Sheriff Court; Allocation of CPO's and Unpaid Work orders and completion of Reports.	3	3	High	New Risk Management action plan in place to address timescales. Service re-design ensures that workload is applied consistently. Performance managed on a monthly basis by Service Manager.	3 3 High Head of Children's Health, Care and Criminal Justice service
14. Failure to resolve delays in reporting by NHSGGC-wide Diabetic Screening Service following migration to new national software.*	3	3	High	New Risk Support to implement new software being provided by local and national IT specialists.	2 3 Moderate Head of Community Health & Care

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 26 SEPTEMBER 2018

Subject: Care Inspectorate Reports for Older People's Residential Care Services Operated by West Dunbartonshire Health and Social Care Partnership

1. Purpose

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

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 services covered in this Audit Committee report are :
- Crosslet House Care Home
 - Crosslet Day Services
 - Mount Pleasant 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 Crosslet House Care Home was inspected on 17th May 2018. This was the first inspection for the service.

The inspector commented that residents were very complimentary about staff and their new care home. One relative told the inspectors 'the present manager has been a very successful leader at a time of transition and at the present period, she continues to provide appropriate skills to build a fine management team and excellent care workers'. The inspector observed the activity coordinators during the visit and noted they exuded enthusiasm and strong commitment to providing residents with a range of stimulating activities and opportunities for outings. They also stated staff were very skilled at promoting caring conversations with residents and had a very good

knowledge of the care needs and preferences of each resident. Interaction between staff and residents was courteous and respectful.

4.2 The inspection awarded the following grades:

- Quality of Care and Support - **5 – Very Good**
- Quality of Environment - **5 – Very Good**
- Quality of Staffing - **5 – Very Good**
- Quality of Management & Leadership - **5 – Very Good**

4.3 There were no requirements from the May inspection.

4.4 The table below sets out the grades for this service. This is the first inspection for this service therefore there are not previous grades to be shown.

Crosslet House Care Home : Current Grades 17th May 2018	
Care & Support	5
Environment	5
Staffing	5
Management & Leadership	5

4.5 The table below summarises the movement in grades for the service over their last two inspections.

4.6 Crosslet Day Services was inspected on 31st May 2018.

The inspector commented that people had access to a well-designed safe environment. The Day Care Coordinator had led their team successfully through a period of transition and they found staff very enthusiastic and committed to working effectively as a team. They worked hard to provide high quality person centred care and were able to evidence good outcomes for people... a strong bond existed between the people who attended and the staff who supported them. People using the service were highly complementary about the Day Care Co-ordinator and the staff team.

4.7 The inspection awarded the following grades:

- Quality of Care and Support - **5 – Very Good**
- Quality of Environment - **5 – Very Good**
- Quality of Staffing - **5 – Very Good**
- Quality of Management & Leadership - **5 – Very Good**

4.8 There were no requirements from the May inspection.

4.9 The table below sets out the grades for this service. This is the first inspection for this service therefore there are not previous grades to be shown.

Crosslet Day Services: Current Grades 17th May 2018	
Care & Support	5
Environment	5
Staffing	5
Management & Leadership	5

4.11 Mount Pleasant House was inspected on 11th July 2018.

The inspector commented that the residents they spoke to were very complimentary about staff and said they received help when they needed it. Staff had detailed knowledge about each resident and interaction between staff and residents was warm and respectful. The service offered staff an array of training opportunities which improved staffs knowledge and skills in caring for people with dementia.

They also noted there were examples where staff did not always follow best practice guidelines or work consistently together and that quality assurance systems were in place but not properly utilised.

4.12 The inspection awarded the following grades:

- Quality of Care and Support - **3 - Adequate**
- Quality of Environment - **Not Assessed**
- Quality of Staffing - **Not Assessed**
- Quality of Management & Leadership - **3 – Adequate**

4.13 There was one requirement from the 11th July 2018 inspection.

The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident.

The need to repeat this requirement has resulted in reduced grading for this inspection.

4.14 An Action Plan relating to the requirement is attached to this report.

The Quality and Service Development Manager will work alongside the Care Home Manager to progress and monitor the action plan. Regular updates will be sent to the Head of Service.

4.15 The tables below sets out the grades for this care home over the last two full inspections.

Mount Pleasant House : Previous Grades 21st December 2017	
Care & Support	4
Environment	4
Staffing	4
Management & Leadership	4

Mount Pleasant House: Current Grades 11th July 2018	
Care & Support	3
Environment	Not Assessed
Staffing	Not Assessed
Management & Leadership	3

4.16 The table below summarises the movement in grades for the service over their last two inspections.

	21st December 2017						11th July 2018					
Mount Pleasant House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
<ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership 				✓					✓			

5. People Implications

5.1 Failure to make the necessary changes in Mount Pleasant House may impact on the service delivered and achieving positive outcomes for residents.

6. Financial and Procurement Implications

6.1 There are no financial implications associated with this report.

7. Risk Analysis

7.1 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.

7.2 Mount Pleasant House grading has been reduced due to failure to meet previous requirements and recommendations relating to Care and Support Planning. The Care Inspectorate risk assessment process determines the appropriate level of inspection activity needed to regulate a service. Mount Pleasant currently sits as a high risk service with increased inspection activity.

7.3 This service has been unable to sustain the necessary changes and maintain improved grades. To ensure ongoing progress for this service a longer term action plan and full review of the care team skills and knowledge is required.

8. Equalities Impact Assessment (EIA)

8.1 none required

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 N/A

12. Strategic Assessment

12.1 At its meeting on 25th October 2017, the Council agreed that it's five main Strategic priorities for 2017-2022 are as follows:

- A strong local economy and improved employment opportunities.
- Supported individuals, families and carers living independently and with dignity.
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Open, accountable and accessible local government.
- Efficient and effective frontline services that improve the everyday lives of residents.

12.2 The strategic priorities above emphasise the importance of delivering services that are of high standard . The HSCP is committed to ongoing service development across council care home and day care services and this is supported by the Quality and Service Development Manager. Service Managers are working closely with the service Care Inspector to improve grades.

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Date: 12 September 2018

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Appendices: Care Inspectorate Reports for Residential Care Services Operated by WD HSCP Action Plan Update September 2018

Background Papers: None.

Wards Affected: All

Mount Pleasant House: Audit Committee Action Plan Update September 2018

Requirement (1)	The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident.	Timescale
Action	<p>A full audit of Care & Support Plans will be undertaken by external manager who will work on 1 – 1 basis with Care Team Leaders and Depute Manager. All will be made aware of the audit process and expectations for future audits</p> <p>This will be followed up with Manager bi monthly audits and ‘Resident of the Day’ – which will include audit of 5 care and support plans each week.</p> <p>Stress and Distress training has be organised to support the development of practice and recording. Four sessions will be delivered throughout September.</p> <p>Care and Support Plan Staff Guidance will be issued to all staff and discussed in supervision</p> <p>Briefing sessions will be delivered to all care team members to refresh their knowledge of the Malnutrition Universal Screening Tool, referral process, resources and care and support planning recording to support people with dietary support needs.</p> <p>Formal Supervision Framework has been reviewed and all care team members will be supervised on 6 weekly bases to monitor practice, roles, remits and expectations. Manager now supervises all members of the management team.</p> <p>Manager audits have been introduced to identify any concerns and ensure outputs and outcomes are evidenced for individual residents. These will be reviewed to ensure they are meeting needs.</p> <p>Quality and Service Development Manager will work alongside the Care Home Manager to progress and monitor the action plan. Regular updates will be sent to Head of Service.</p> <p>Knowledge and skills of Mount Pleasant staff group will continue to be reviewed and developed in line with development plan related to modernising residential and day services</p>	<p>End of August 2018</p> <p>Start August 2018</p> <p>September 2018</p> <p>Start October 2018</p> <p>In place (Review November 2018)</p> <p>In Place</p> <p>Ongoing</p>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 26 SEPTEMBER 2018

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 an up-date on the most recent Care Inspectorate inspection report for three independent sector residential older peoples' Care Homes 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: care & support; environment; staffing; and management & leadership.

3.2 If a residential care home is awarded Grade 2 - weak or less and/ or has requirements placed upon them following a full inspection then their next inspection may be a follow up inspection. The follow up inspection only looks at progress made in addressing issues highlighted in the previous report allowing the Care Inspectorate to track improvement and gain assurance services are making the right changes. The Care Inspectorate do not make further requirements or revise grades on follow up visits, though Inspectors have discretion to do so if they consider that sufficient evidence is evident.

3.3 The HSCP Quality Assurance Team monitor the independent sector care homes operating in West Dunbartonshire in line with the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. Also, the HSCP Quality Assurance Team work with the independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning.

3.4 The independent sector Care Homes reported within this report is:

- Strathleven Care Home
- Clyde Court Care Home
- Balquhiddar House

4. Main Issues

Strathleven Care Home

- 4.1 Strathleven Care Home is owned and managed by Pelan Ltd., who operates this single care home. The home is registered with the Care Inspectorate for a maximum of 21 Residential residents. As of 27 April 2018 there were 21 West Dunbartonshire residents supported within the care home.
- 4.2 The care home was inspected on 27 April 2018 and the report was published on the 22 May 2018. The table below summarises the movement in grades for each of the four themes awarded to Sunningdale over their last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
27.04.18	5 – Very Good	Not assessed	5 – Very Good	Not assessed
13.09.17	5 – Very Good	Not assessed	Not assessed	4 – Good
08.12.16	5 – Very Good	Not assessed	Not assessed	4 – Good

- 4.3 The grades awarded in this inspection have been consistent with the grades awarded to Strathleven Care Home since their inspection in 2015. There were no requirements detailed in the inspection report for remedial action by the care home.

Clyde Court Care Home

- 4.4 Clyde Court Care Home is owned and managed by Four Seasons Health Care Limited. The home is registered with the Care Inspectorate for a maximum of 65 nursing or residential residents. As of 26 June 2018 there were 48 West Dunbartonshire residents supported within the care home.
- 4.5 The care home was inspected on 26 June 2018 and the report was published on the 18 July 2018. The table below summarises the movement in grades for each of the four themes awarded to Clyde Court Care Home over their last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
26.06.18	3 – Adequate	Not assessed	4 – Good	Not assessed
25.07.17	4 – Good	4 – Good	4 – Good	4 – Good
14.07.16	4 – Good	3 – Adequate	4 – Good	4 – Good

- 4.6 The grades awarded in this inspection have been consistent with the grades awarded to Clyde Court Care Home since their inspection in 2016. There was one requirement detailed in the inspection report for remedial action by the care home:

- To ensure that the service delivers responsive and effective support to manage resident' nutritional needs and risk assessments with eating and drinking.

Clyde Court Care Home was given to 30 November 2018 for the completion of this requirement. The provider has begun to actively implement the changes required to address this requirement within the timescale.

Balquhiddier House

- 4.7** Balquhiddier House is owned and managed by Balquhiddier Care Ltd., who operates this single care home. The home is registered with the Care Inspectorate for a maximum of 65 residents. As of 18 July 2018 there were 50 West Dunbartonshire residents supported within the care home.
- 4.8** The care home was inspected on 18 July 2018 and the report was published on the 10 August 2018. The table below summarises the movement in grades for each of the four themes awarded to Balquhiddier House over their last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
18.07.18	6 – Excellent	Not assessed	Not assessed	6 – Excellent
20.07.17	5 – Very Good	5 – Very Good	5 – Very Good	5 – Very Good
14.07.16	5 – Very Good	5 – Very Good	5 – Very Good	5 – Very Good

- 4.9** The grades awarded in this inspection were the highest possible and are an improvement on the high grades awarded to Balquhiddier House since their first inspection in January 2016. There were no requirements detailed in the inspection report for remedial action by the care home.

5. People Implications

- 5.1** There are no personnel issues associated with this report.

6. Financial and Procurement Implications

- 6.1** The National Care Home Contract provides an additional quality payment, by the HSCP, to care homes if they are awarded a grade of 5 - Very Good or 6 - Excellent for the theme of Quality of Care and Support. There is a second additional quality payment if the high grade in Quality of Care and Support is coupled with a grading of 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 their Care Inspectorate 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** Both the Strathleven Care Home and Balquhiddel House's Inspection Reports have financial implications for the HSCP. As detailed at point 6.1 above, Strathleven Care Home and Balquhiddel House will continue to receive the enhanced weekly rate. Strathleven Care Home will receive £2.50 per resident per week for Residential Homes from the date of their inspection and Balquhiddel House will receive £3.00 per resident per week for Nursing Homes from the date of their inspection. The enhanced weekly rate increase does not apply to residents who only receive a Free Personal and/or Nursing Care payment from the HSCP.
- 6.4** These enhanced weekly rate additional payments will remain in place until either the National Care Home Contract terms are renegotiated or the Care Inspectorate reduces the grades awarded to Strathleven Care Home and Balquhiddel House following inspection.

6.5 There are no procurement implications.

7. Risk Analysis

7.1 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 Care Home would be of concern to the Audit Committee, particularly in relation to the continued placement of older people in such establishments.

8. Equalities Impact Assessments (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities' are:

- To improve the health and wellbeing of West Dunbartonshire.
- Plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

10.2 The strategic priorities above 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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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 BOARD

AUDIT COMMITTEE: 26 SEPTEMBER 2018

**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 an up-date on the most recent Care Inspectorate inspection reports for five 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 If a service is awarded a Grade 2 - weak or less and/ or has requirements placed upon them following a full inspection then their next inspection may be a follow up inspection. The follow looks only at progress made in addressing issues highlighted in the previous report allowing the Care Inspectorate to track improvement and gain assurance the service is making the right changes. The Care Inspectorate do not make further requirements or revise grades in follow up visits, though Inspectors have discretion to do so if they consider that sufficient evidence is evident.
- 3.3 The independent sector support service reported here are within the areas of Care at Home and Learning Disability services. The services are:
- Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) – the service is provided across West Dunbartonshire Council area.
 - Dunn Street – Respite Service - this service is located in Duntocher.
 - Cornerstone – West Dunbartonshire Services 1 – the service is provided is provided across West Dunbartonshire Council area.
 - Fair Deal – the service is provided across West Dunbartonshire Council area.
 - Quarries' Homelife Glasgow – the service is provided is provided across West Dunbartonshire Council area.
- 3.4 Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute), operate in this manner.

4. Main Issues

Care at Home Services

Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute)

- 4.1 Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) is a combined Housing Support and Care at Home service. The service is offered to adults and older people living in their own homes. The service was inspected on 28 March 2018 and the report published on 25 May 2018. The table below summarises the movement in grades for each of the four themes awarded to Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
28.03.18	3 – Adequate	Not assessed	3 – Adequate	3 – Adequate
22.03.17	4 – Good	Not assessed	3 – Adequate	4 – Good
26.08.16	3 – Adequate	Not assessed	3 – Adequate	3 – Adequate

- 4.2 The grades awarded to Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) in this inspection have seen a slight reduction but are similar to those awarded for all their inspections since 2015. Their inspection report detailed the following requirement to be addressed:

- To ensure systems are fully implemented to assess, monitor and manage risks to people. The staff require training to ensure risk assessments are fully utilised, inform care planning and are kept up-to-date.

Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) were given to 31 July 2018 for the completion of this requirement. The provider has been actively implementing the changes required within the timescale set.

Learning Disability Services

Dunn Street – Respite Service

- 4.3 Dunn Street – Respite Service provides a residential respite service to adults between 16 and 70, who have a learning disability and are resident in West Dunbartonshire. The service was inspected on 27 April 2018 and the report was published on 30 May 2018. The table below summarises the movement in grades for each of the four themes awarded to Dunn Street – Respite Service over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
27.04.18	4 – Good	4 – Good	4 – Good	4 – Good
31.01.17	3 – Adequate	Not assessed	3 – Adequate	Not assessed
23.03.16	4 – Good	4 – Good	Not assessed	Not assessed

- 4.4** This inspection shows an improvement in grades awarded to Dunn Street – Respite Service and takes them back up to that of their inspection in 2016. There were no requirements detailed in this inspection report for remedial action by the service.

Cornerstone – West Dunbartonshire Services 1

- 4.5** Cornerstone – West Dunbartonshire Services 1 provides a Combined Housing Support and Care at Home Service, day opportunities and short breaks. The service is offered to adults with learning and/or physical disabilities who live in a variety of settings. The service was inspected on 14 June 2018 and the report published on 05 July 2018. The table below summarises the movement in grades for each of the four themes awarded to Cornerstone – West Dunbartonshire Services 1 over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
14.06.18	5 – Very Good	Not assessed	5 – Very Good	Not assessed
08.06.17	5 – Very Good	Not assessed	Not assessed	5 – Very Good
20.05.16	5 – Very Good	Not assessed	Not assessed	5 – Very Good

- 4.6** The inspection grades awarded to Cornerstone – West Dunbartonshire Services 1 show that the service continues to maintain the high grades they have received since 2010. There were no requirements detailed in this inspection report for remedial action by the service.

Fair Deal

- 4.7** Fair Deal provides a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities who live in a variety of settings. The service was inspected on 25 May 2018 and the report published on 17 July 2018. The table below summarises the movement in grades for each of the four themes awarded to Fair Deal over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
25.05.18	6 – Excellent	Not assessed	Not assessed	6 – Excellent
25.05.17	6 – Excellent	Not assessed	5 – Very Good	Not assessed
17.06.16	5 – Very Good	Not assessed	5 – Very Good	Not assessed

- 4.8** The inspection grades awarded Fair Deal the highest possible grades. The grades show that they have been able to maintain the very high grades awarded to them in their last inspection which was an improvement on their previous inspection by the Care Inspectorate. There were no requirements detailed in the inspection report for remedial action by the service.

Quarriers' Homelife Glasgow

- 4.9** Quarriers' Homelife Glasgow provides a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities who live in their own homes. The service was inspected on 08 June 2018 and the report published on 27 July 2018. The table below summarises the movement in grades for each of the four themes awarded to Quarriers' Homelife Glasgow over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
08.06.18	4 – Good	Not assessed	4 – Good	Not assessed
26.06.17	5 – Very Good	Not assessed	5 – Very Good	5 – Very Good
23.06.16	4 – Good	Not assessed	Not assessed	3 – Adequate

- 4.10** The inspection grades awarded to Quarriers' Homelife Glasgow in this inspection have seen a slight reduction but are similar to those awarded for their inspection in 2016. There were no requirements detailed in the inspection report for remedial action by the service.

5. People Implications

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

6. Financial and Procurement Implications

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

7. Risk Analysis

- 7.1** 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.

8. Equalities Impact Assessments (EIA)

- 8.1** None required

9. Consultation

- 9.1** None required.

10. Strategic Assessment

- 10.1** The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities' are:

- To improve the health and wellbeing of West Dunbartonshire.
- Plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

10.2 The strategic priorities above 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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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 BOARD**AUDIT COMMITTEE: 26 SEPTEMBER 2018**

Subject: Mental Health Implementation Plan 2018-19

1. Purpose

- 1.1** To present the Audit Committee with the West Dunbartonshire HSCP Mental Health Implementation plan in line with the requirements of Action 15 of the Scottish Government Mental Health Strategy 2017- 2027 for the period 2018-2019.

2. Recommendations

- 2.1** The Audit Committee is asked to approve the draft Mental Health Implementation plan for the period 2018 – 2019 and in particular the details of how the HSCP intend to deliver on our commitment to Action 15 through increasing the mental health workforce across services and in conjunction with partner agencies.

3. Background

- 3.1** As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers across key settings such as GP practices, police station custody suites, prisons and accident and emergency departments. This detail is set out under Action 15 of the mental health Strategy. The funding to support Action 15 commences this year (£12 million for 2018-2019) and will rise incrementally to £35 million in 2021-2022.

4. Main Issues

- 4.1** West Dunbartonshire HSCP will continue to work in collaboration with NHSGG&C and partner HSCPs to develop a five year mental health strategy across mental health community and inpatient services.
- 4.2** The summary of actions as detailed in the Mental Health Strategy 2017 – 2027 will underpin the development of our services. These actions are:
- Prevention and Early Intervention
 - Access to treatment and joined up services
 - The physical wellbeing of people with mental health problems
 - Rights, information use and planning
 - Data and measurement
- 4.3** This approach will enable the HSCP to provide services to the residents of West Dunbartonshire that are easily accessible providing the right help at the

right time. Recovery Orientated services will ensure people have equal access to physical healthcare and the promotion of a human rights based approach, underpinned by PANEL principles, will support the HSCP reduce inequalities such as social isolation, stigma and discrimination, all of which have a detrimental impact on mental health.

5. People Implications

- 5.1** The application of additional funding from Action 15 should result in increased resources commensurate with the increased workforce. The increase in workforce will include a variety of posts including roles such as peer support and support workers. There will also be opportunities for those staff not currently employed in the area of mental health to move into posts as part of their development. Trade union partners continue to be fully involved in the process.

6. Financial Implications

- 6.1** The finance aligned to Action 15 of the Mental Health Strategy has been allocated by the Scottish Government using the NRAC (National Resource Allocation Committee) formula. The allocation for West Dunbartonshire is as follows:

- 2018-2019 £201,000
- 2019-2020 £311,000
- 2020-2021 £439,000
- 2021- 2022 £585,000

To date the HSCP have received 70% of the funding allocation for 2018-2019 with the requirement from the Scottish Government that a high level report on how spending is profiled against allocated funds is produced by September. The remaining 30% of funds will be released to the HSCP during November 2018 once confirmation is received from Integrated Authorities via their reports that a full 100% spend can be achieved.

7. Professional Implications

- 7.1** West Dunbartonshire HSCP will continue to work collaboratively as a partner HSCP with NHSGGC to ensure the implementation of the Mental Health Strategy in conjunction with Scottish Government requirements and monitoring processes.

8. Locality Implications

8.1 The implementation of Action 15 funding will see an increased workforce delivering mental health services across the area in a variety of settings. The development of a stepped model of care will further enable local mental health services to work in broader partnership across the HSCP and with Council partners and the third sector to develop services and care provision to support the shift in balance of care from hospital to community.

9. Risk Analysis

9.1 The Scottish Government will continue to monitor the use of Action 15 funding to ensure appropriate spend in line with the strategy requirements. Key performance indicators will also be implemented locally to assess new models of care for effectiveness and best value.

10. Impact Assessments

10.1 The Scottish Government have specifically stated the actions underpinning the Mental Health Strategy are all aimed at reducing inequalities for people with mental ill health across Scotland. The strategy is further underpinned by Human Rights Legislation and the particular requirement of ensuring that the PANEL principles are at the fore of any service and patient care. (Participation, Accountability, Non-discrimination, Empowerment and Legality)

11. Consultation

11.1 Full consultation has been undertaken in respect of the delivery of the Mental Health Strategy.

12. Strategic Assessment

12.1 The implementation of the Mental Health Strategy and the funding arising from Action 15 sets out the National context and vision for the delivery of mental health services across Scotland from 2017-2027. At a local level the implementation of the National strategy will enable West Dunbartonshire HSCP to deliver a whole system approach to mental health care. This supports the work of the West Dunbartonshire Strategic Plan where the mission is to “improve the health and wellbeing of the residents of West Dunbartonshire” and supports the HSCP core values of Protection, Improvement, Efficiency, Transparency, Fairness, Collaboration, Respect and Compassion.

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Date: 24 August 2018

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Appendices West Dunbartonshire HSCP Mental Health Implementation
Plan 2018-2019

Background Papers: None

Wards Affected: ALL

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire HSCP

Mental Health Implementation Plan 2018-2019



Our Vision

West Dunbartonshire Health and Social Care Partnership's Strategic Plan for 2016 to 2019¹ sets out our vision for the future of health and social care services:

Our mission is to improve the health and wellbeing of residents of West Dunbartonshire and our purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.

The HSCP core values that underpin our work are: Protection, Improvement, Efficiency, Transparency, Fairness, Collaboration, Respect and Compassion.

Our Approach to Mental Health Services

West Dunbartonshire Health and Social Care Partnership are one of six HSCP's currently working collaboratively with NHS Greater Glasgow and Clyde to develop a 5 year Mental Health Strategy across both community and inpatient services. This piece of work was commissioned by the Chief Officers of the 6 HSCP areas and the aim of this work is to adopt a whole system approach to the Strategic Planning of Adult Mental Health services, given the interdependent relationship across the six Health and Social Care Partnership areas.

Our Commitment to Scottish Government's Mental Health Strategy 2017 – 2027²

As part of this development West Dunbartonshire HSCP will further work to the Summary of Actions as detailed in the Scottish Government Mental Health Strategy 2017-2017. These actions are:

- Prevention and Early Intervention
- Access to treatment and joined up services
- The physical wellbeing of people with mental health problems
- Rights, information use and planning
- Data and measurement

In adopting this approach we expect to provide services that will enable residents of West Dunbartonshire to be able to access the right help at the right time, expect recovery orientated care and have equal access to physical healthcare all underpinned by a human rights based approach using the PANEL principles (Participation, Accountability, Non-Discrimination, Empowerment and Legality) to reduce inequalities such as social isolation, stigma and discrimination all of which have a detrimental impact on mental health.

We will achieve this through working with local partners, carers groups and board wide colleagues to form a whole system approach to mental illness across all care groups across West Dunbartonshire HSCP. Services will be delivered based on recovery focussed principles and we will build on existing pieces of work that includes Adverse Childhood Experiences (ACES), harm reduction and work with housing partners to support equality around housing allocations and homelessness. The development of a stepped model of care will enable us to shift the balance of care from hospital to community and will enable us to provide a relevant level of care using a broad range of services and supports at varying levels on a needs assessed basis.

¹ [West Dunbartonshire HSCP Strategic Plan 2016 - 2019](#)

² <http://www.gov.scot/Publications/2017/03/1750>

Our Commitment to Action 15

Action 15 “Increases the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, and every police station custody suite and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings”

As part of West Dunbartonshire’s commitment to delivering on Action 15 we have undertaken an overview of our services to establish not only what services we require to further build upon to deliver our plan but also what services we need to create to achieve the shift of the balance of care. Consideration will also be given to what initiatives we need to contribute to at a Board wide level from our financial allocation. We remain in a consultation process with NHSGG&C to obtain clarity around some of the board wide proposals that have been put forward. Therefore the plan for West Dunbartonshire in terms of Board wide proposals is anticipatory at this stage and may be subject to change at the point of our final financial submission in September.

Link to the with Primary Care Improvement Fund

West Dunbartonshire HSCP has engaged effectively with multi-disciplinary colleagues including local GP’s to develop current primary care practice and redesign processes to incorporate a more structured approach for people with mental health needs to ensure quicker access to a variety of services. The development of this work is reflected through the West Dunbartonshire HSCP Primary Care Improvement Plan and will also be included as part of the proposals within this report in respect of our allocation of Action 15 funds. We fully acknowledge the importance of robust physical health screening for people with mental health needs to ensure equality of access to wider health pathways particularly due to the risk of diagnostic overshadowing, in the way that physical health problems can be regarded simply as a link to specific mental health diagnosis or to the effects of psychiatric medication. We plan to use some of our allocated funds to support this area of health in conjunction with the context of the Primary Care Improvement Plan.

Interface with Alcohol and Drugs Partnership

West Dunbartonshire Mental Health Services already have close working links with the Alcohol and Drug Partnership. West Dunbartonshire ADP has strong representation from partners such as Police, Housing, Homeless, Working for U (Welfare Rights Team) and Employability and Prison services. We will continue to support recovery focussed principles as directed by the Scottish Government policy “The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services” and await the refresh of the current “Road to recovery” drugs strategy. The anticipated financial investment allocated to the new strategy will further support the work proposed for our Action 15 funds and will further demonstrate our commitment to supporting those with mental health issues resulting from the use of drugs and alcohol to suppress many issues including trauma arising from adverse childhood experiences ACES.

Interface with Children’s Services

West Dunbartonshire HSCP fully supports the need for early intervention and prevention. Recognition is given to the increasing mental health needs of children and young people and the impact of trauma in adulthood is linked with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs). We propose to use some of our Action 15 allocation to support children and young people experiencing childhood trauma and other

mental health disorders to access support locally. We have already established close working links across our HSCP teams to implement initiatives that support CAPSM (Children Affected by Parental Substance Abuse) and our mental health teams are members of our local Child Protection Committee and Special Needs in Pregnancy programmes working in collaboration with multi-agency professionals across West Dunbartonshire.

Our interface with Children's services will be further strengthened in particular with our CAMHS service once we have clarification of Scottish Government of their plans for specific funding to improve mental health services for children.

Interface with Criminal Justice Services

West Dunbartonshire HSCP recognises the need for support to be provided to people known to justice services. We fully acknowledge the prevalence of mental health problems within the justice population and the impact this has on individuals who have co-morbidity issues and who face high risk of social exclusion as they transfer from the prison service to the community. Through action 15 we intend to support the actions that will be contained in the refreshed Scottish Government Justice Strategy and work with partners to ensure that mental health outcomes for those involved in the justice system are supported locally in line with human rights principles.

Proposals for Action 15 spend.

Proposal	Service Descriptor	Outcome	Strategic Links
ACES relationship development in childhood	Proposal in conjunction with West Dunbartonshire HSCP Health Improvement Team and Children's Health Team to contribute to part fund a Band 6 Early Intervention ACES Practitioner. This new post would form a platform upon which to develop an ACES support team considering the gap in existing local services from Primary/Secondary School Counselling to that of entry to higher level more specialist services.	To support the ACES agenda and development work across primary care, mental health/health improvement and also education.	Prevention and Early Intervention
Physical Wellbeing of people with Mental Health Problems	Proposal to employ a nurse to provide physical health and wellbeing care to people with severe and enduring mental illness.	Ensuring equitable access to the provision of screening programmes to ensure the take up of physical health screening amongst people with a mental health diagnosis is as good as the take up by people without a diagnosis.	Prevention and Early Intervention
Unscheduled Care	This service will be purchased at board wide level from our Action 15 financial allocation and will enhance the existing work of the West Dunbartonshire HSCP Crisis team. Included in this will be the need for access to psychiatric liaison services (in and out of hours) for the Vale of Leven Hospital and also for Argyll and Bute as per their SLA with West Dunbartonshire HSCP.	Delivering an efficient out of hour's service to support the need for planned and unplanned Mental Health support and assessment.	Access to treatment and joined-up, accessible services.

Development of a Recovery Oriented System of Care.	Working with Third Sector and people with a lived experience to develop a recovery focussed pathway including the development of Peer Support Workers.	Support discharge of people from the CMHTS; this service provides a self-referral route for the public, by-passing primary care services that would offer a compassionate, non-medical model of community capacity building, self-management and resilience.	Prevention and Early Intervention
Psychological Interventions in Prison	It is anticipated that this service will be purchased at board wide level and will assist us support the use of psychological therapies within the prison population on a GG&C scale.	To provide support to those individuals in contact with the justice system who may have multiple health issues including addictions, learning disability and homelessness issues.	Prevention and Early Intervention.
Improve Pathways between Primary Care GP's and the Mental Health Network of Services	To develop a mental health practitioner team linked to health centres for the purpose of triaging all routine referrals including self-referrals to Mental Health and Addictions (Single Point of Access). To undertake assessments and brief interventions as required and to signpost to partner agencies using the step up and step down process to ensure the right level of care at the right time and no more.	Providing support to GP's and ensuring a streamline easy access pathway of care. To appropriately assess and make more appropriate use of partner services thus supporting the GP work by protecting the GP resource.	Access to treatment and joined-up, accessible services.
Project Management Support	To contribute to the support from a board wide project management team to ensure the Mental Health Strategy is embedded across all service areas of the HCP with evidence links to partner strategic requirements.	To support the implementation of the Adult Mental Health Strategy including the generation and analysis of data to improve service user outcomes while reducing spending	Rights, information use and planning. Data and Measurement

Financial Planning

A detailed financial plan for this programme of work will be developed by September 2018. The plan will make links to other sources of Scottish Government funding as this becomes available.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**AUDIT COMMITTEE: 26 SEPTEMBER 2018**

Subject: Update on Inspection of Sense Scotland**1. Purpose**

- 1.1** To present the Audit Committee with an update of work undertaken to address the requirement detailed in the Care Inspectorate report for Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

2. Recommendations

- 2.1** The Audit Committee is asked to note the work undertaken to support Sense Scotland Supported Living Glasgow 1 & Surrounding Area to make improvements with meeting the assessed needs of the service user and the support and development of their staff.

3. Background

- 3.1** The Sense Scotland Supported Living Glasgow 1 & Surrounding Area provides an integrated housing support and care at home service to adults with sensory impairment and other disabilities. The service is provided to people living in their own homes.

4. Main Issues

- 4.1** At their inspection of 20 February 2018 the Care Inspectorate awarded Sense Scotland Supported Living Glasgow 1 & Surrounding Area the grades of 3 – Adequate for the quality themes of care & support, staffing and management & leadership. These are the same themes award to the service over the last three inspections going back to June 2016.

- 4.2** The inspection report stated that they had to ensure staff received the support required to do their job safely, give staff the opportunity to reflect individually on their work practice, regular staff supervision to be in place and staff training to meet needs of the individuals they support.

Sense Scotland Supported Living Glasgow 1 & Surrounding Area was given to 30 April 2018 for the completion of this requirement. The provider has implemented the changes required within the timescale.

- 4.2** Sense Scotland Supported Living Glasgow 1 & Surrounding Area supports one individual from West Dunbartonshire who resides in Glasgow and is being supported with a 24 hour package of care. As the support service is located in Glasgow they have the main responsibility for monitoring the service.

4.3 As reported to Committee in July 2018, representatives from West Dunbartonshire HSCP have been in contact with the service. There has been frequent contact with the service user by their Social Worker. Regular reviews to monitor the support being delivered to the service user have taken place. The reviews have included the service user's family and representatives of the service. There are no issues relating to our service user as the service user and family are happy with the care and support being provided by Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

4.4 A member of staff from the Quality Assurance team has been in contact with the Manager of the service about addressing the issues of low staff morale, regular staff supervision, spot checking of performance, increased support to staff from the provider, updating care plans on a regular basis and regular review of care plans by staff.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

7.1 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. As such, 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.

7.2 The issues identified in the inspection report were managed by the service.

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 Staff from the Quality Assurance team has been in consultation with the Manager of the service to confirm appropriate remedial actions have been taken to address the requirement highlighted.

10. Strategic Assessment

10.1 West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities are:

- To improve the health and wellbeing of West Dunbartonshire.
- Plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

10.2 The strategic priorities above 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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Designation: Interim Head of Strategy, Planning and Health Improvement

Date: 29 August 2018

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Appendices: None

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**AUDIT COMMITTEE: 26 SEPTEMBER 2018**

Subject: Record Management Plan Update**1. Purpose**

- 1.1 To present the Audit Committee with an update on the Partnership Board's requirement to prepare a Records Management Plan.

2. Recommendation

- 2.1 The Audit Committee is asked to note the report; and ask the Chief Officer to update the Committee at a future meeting on the development and submission of a Records Management Plan.

3. Background

- 3.1 The Public Records (Scotland) Act 2011 (the PRSA) came into force on 1st January 2013. The primary aim of the Act is to improve the quality of record keeping by scheduled Scottish public authorities. Its intent is to help to develop a culture within authorities that prioritises public records and views record keeping as critical to guaranteeing the rights and privileges of all Scotland's citizens.
- 3.2 The Act requires named public authorities to prepare, implement and keep under review a records management plan (RMP) which clearly sets out the arrangements for the management of their records, either created or held by the authority. The RMP must be submitted to the Keeper of the Records of Scotland (the Keeper) for assessment within an agreed time frame.
- 3.3 Integration Joint Boards (IJB) will create new information and records as a consequence of strategic planning and the decision making process around the delivery of services. As designated Bodies Corporate, IJBs have been added to the Schedule of the PRSA; and so are obliged to comply fully with PRSA.

4. Main Issues

- 4.1 All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a Records Management Plan for their agreement. A letter requesting submission of our authority's Records Management Plan has been sent to the Chief Officer, with a submission date of 5th January 2019. Although September 2018 is the month the invitation has been issued, the

plan will not require to be submitted until 5th January 2019.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 The Keeper requires to be satisfied that Partnership Board's records are being routinely managed in line with agreed operational records management policies and procedures before agreeing a plan. The Chief Officer's signature to the eventual Record Management Plan will provide the Keeper with an assurance that they are content for Partnership Board's records to be managed by another authority; and that its policies and procedures adequately safeguard the Partnership Board's records.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 None.

12. Strategic Assessment

12.1 The development of a Record Management Plan supports the commitment of the Partnership Board to good governance.

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Date: 12th September 2018

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Wards Affected: All