

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 13 March 2019

Time: 14:00

Venue: Civic Space, Council Offices,
16 Church Street, Dumbarton

Contact: Scott Kelly, Committee Officer
Tel: 01389 737220 scott.kelly@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: 4 March 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE

WEDNESDAY, 13 MARCH 2019

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 STRATEGIC RISK REGISTER 7 – 15

Submit report by the Chief Officer providing an update on the status of the Integrated Joint Board Strategic Risk Register.

4 HSCP ABSENCE 17 – 25

Submit report by the Head of People and Change providing an update on the current performance of the HSCP in relation to absence with analysis and information relating to overall attendance performance for West Dunbartonshire HSCP.

5 PERFORMANCE AND ASSURANCE REPORTING 27 – 29
FRAMEWORK: ADULT SUPPORT AND PROTECTION,
FEBRUARY 2019

Submit report by the Public Protection Co-ordinator providing an update on the performance and assurance reporting framework of adult support and protection.

6 SPECIALIST LEARNING DISABILITY INPATIENT SERVICES 31 – 41
PERFORMANCE REPORT

Submit report by the Head of Mental Health, Addictions and Learning Disability providing an update on the performance of Specialist Learning Disability Inpatient Services admission and discharge activity for 2018.

- 7 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP 43 – 46**
- Submit report by the Head of Mental Health, Addictions and Learning Disability providing an update on the most recent Care Inspectorate inspection reports for the Housing Support Services operated by West Dunbartonshire HSCP Learning Disability Services.
- 8 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 47 – 50**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the most recent Care Inspectorate inspection reports for three independent sector support services operating within the West Dunbartonshire area.
- 9 CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE’S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 51 – 56**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the most recent Care Inspectorate inspection reports for three independent sector residential older people’s Care Homes located within West Dunbartonshire.
- 10 2018/19 ANNUAL ACCOUNTS AUDIT PROCESS To Follow**
- Submit report by the Chief Financial Officer providing an overview of the preparation of the 2018/19 Annual Accounts for the HSCP Board identifying legislative requirements and key stages.
- 11 AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD ANNUAL AUDIT PLAN 2018/19 To Follow**
- Submit report by the Chief Financial Officer presenting the Annual Audit Plan produced by the HSCP Board’s external auditors, Audit Scotland, for the audit of the financial year ending 31 March 2019.

**12 AUDIT PLAN 2018/19 PROGRESS REPORT AND AUDIT To Follow
 PLAN 2019/20**

Submit report by the Chief Internal Auditor:-

- (a) providing an update on the planned programme of audit work for the year 2018/19 in terms of internal audit work undertaken;
- (b) providing an update on the progress on the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements;
- (c) providing an update on the progress on the agreed actions arising from the Annual Report to the Integrated Joint Board and the Controller of Audit for financial years ended 31 March 2017 and 31 March 2018 from the External Auditors; and
- (d) providing details of the planned programme of work for 2019/20.

13 EXCLUSION OF PRESS AND PUBLIC

The Committee is asked to consider the following resolution:-

“That under Section 50A(4) of the Local Government (Scotland) Act, 1973 the press and public be excluded from the meeting for the following item of business on the grounds that it may involve the likely disclosure of exempt information as defined in Paragraph 6 of Part 1 of Schedule 7A of the Act.”

**14 CARE INSPECTORATE INSPECTION PROCESS FOR 57 – 62
 OLDER PEOPLE'S CARE HOME OPERATED BY
 INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the most recent Care Inspectorate inspection report for one independent sector residential older people's Care Home located within West Dunbartonshire.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit Committee: 13 March 2019**

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

1.1 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.

2. Recommendation

2.1 It is recommended that the Committee:

- review the content of this report and the Risk Register;
- agree that going forward the Audit Committee will review the HSCP Risk Register annually with six monthly updates to the Committee if any categories change;
- agree that a Members' workshop will be scheduled within the next six months to enable greater scrutiny of the strategic risks and the impact of mitigating actions; and
- agree that, following the Members' workshop, a revised Risk Register will be prepared for review by the Partnership Board.

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 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.

3.3 The HSCP Senior Management Team will formally review the Risk Register at least twice a year, following which updates will be provided to the Audit Committee.

4. Main Issues

4.1 The Risk Register was last reviewed by the Audit Committee on 26 September 2018. Since then, the Senior Management Team has reviewed the content of the Register. The Senior Management Team has also

considered the systems and processes in place within both the Council and the Health Board, and proposes utilising the Council Pentana system to record and review the Risk Register and mitigating actions taken. The first iteration in this format is attached. The Risk Register is underpinned by a range of service risk registers, which are reviewed timeously to inform the overarching Risk Register.

- 4.2** 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.
- 4.3** 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.
- 4.4** The attached Strategic Risk Register has been prepared in accordance with the 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.
- 4.5** As per the Risk Management Policy & Strategy, *strategic risks* represent the potential for the Partnership Board to achieve or fail to meet 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 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.
- 4.6** 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.

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: Beth Culshaw, Chief Officer, West Dunbartonshire Health & Social Care Partnership.

Date: 27 February 2019

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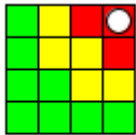
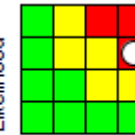
e-mail: wendy.jack@west-dunbarton.gov.uk

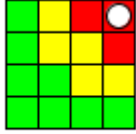

Appendices: West Dunbartonshire Health & Social Care Partnership Strategic Risk Register

Background Papers: West Dunbartonshire Health & Social Care Partnership Risk Management Policy & Strategy

Wards Affected: All


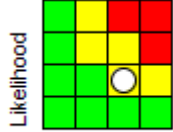
West Dunbartonshire HSCP Strategic Risk Register

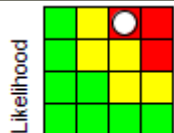

Financial Sustainability/Constraints/Resource Allocation	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
a) Failure to deliver efficiency savings targets as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC and b) agree and operate within allocated budget. Ability to operate in financial parameters due to continuing and new demand: cannot (safely) deliver service, quality of service, reduction of service, adherence to registration requirements, impact on staff resilience.	Beth Culshaw; Julie Slavin	 Likelihood	44 Critical - Certain	 Likelihood	43 Critical - Very Likely
			Alert		Alert
Mitigating Action					
On-going process of managing & reviewing budget by the Senior Mgt Team; including application of earmarked reserves, analysis of monthly monitoring reports, securing non-recurring efficiencies, vacancy management, turnover targets & overtime restrictions.					
A recovery plan will be implemented to address areas of significant in-year overspend.					
Continue to work with corporate colleagues within WDC and NHSGGC and engage with forums/groups to identify proposals for eligibility criteria, financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets					
Continue to work with Scot Govt,WDC,NHSGGC & GGC-wide IJBs on bringing forward notification & 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.					
Due diligence in all roles; communication & consideration within and between services; consultation and communication with public, staff, IJB and elected members					

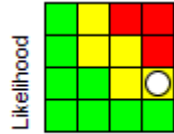
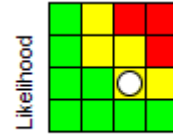
Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risk to service users in relation to inadequate contract monitoring and management of commissioned services. Also risk implications of having commissioned services outwith contract and being unable to demonstrate Best Value.	Wendy Jack	 Likelihood	44 Critical - Certain	 Likelihood	33 Significant - Very Likely
			Alert		Warning
Mitigating Action					
All commissioned services will have risk registers in place as part of our procurement requirements. This will include clear procedures around escalation of concerns or changes to a service users ability to keep themselves safe.					
Head of Service and IOMs will continue to work with procurement partners to progress the Procurement pipeline work in order to bring services currently outwith contract into contract. Explore the need for additional short term resource to support.					


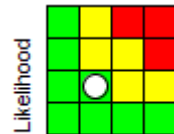
All commissioning managers will ensure robust contract monitoring, service review and management is included in Service Specifications, reporting mechanisms and terms and conditions for any contracts going forward.

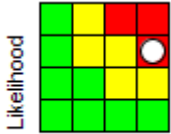
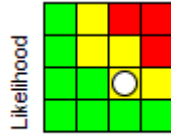
All managers will work with procurement colleagues and with service providers to negotiate finance and contractual arrangements going forward. This will be managed on a priority based process agreed with the HOS and Chief Officer.

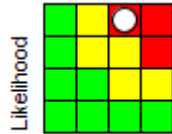
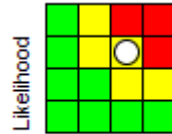
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Performance management information – developing contribution to demand analysis, service planning and budget management	Wendy Jack		33 Significant - Very Likely Warning		32 Significant - Likely Warning
Mitigating Action					
Range of data and performance information currently collated to be reviewed to ensure appropriateness to support governance by SMT, Public Protection Chief Officers Group, HSCP Board and NHS GGC, including Specialist Children's Services.					
Data to be considered in terms of legislative developments, financial reporting/governance and Community Planning Partnership needs to prioritise resource effectively and anticipate demand.					

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to maintain a secure information management network so that confidentiality of information is protected from unauthorised disclosures or losses. GDPR breach; power failure; system failure; lack of shared IT/recording platforms; inability to provide service.	Wendy Jack		34 Significant - Certain Alert		32 Significant - Likely Warning
Mitigating Action					
Contingency planning; adherence to policies & procedures; table top resilience exercises					
Since Data Protection Legislation changed May 2018, there have been ongoing DP awareness sessions for staff, supported by continual reminders of need to safeguard the data & information collected & stored in the course of delivering services & support.					
Online courses are now available and staff must complete these courses via the Council's eLearn or NHS LearnPro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					

Public Protection	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet legislative compliance in relation to child protection. Failure to meet legislative compliance in relation to adult support and protection. Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities. Failure to recognise or report risk; staff perpetrate harm. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	Jonathan Hinds	 Likelihood Impact	42 Critical - Likely	 Likelihood Impact	32 Significant - Likely
			Warning		Warning
Mitigating Action					
Child Protection procedures are in place and overseen by the local Child Protection Committee.					
All child protection plans are audited regularly. Local arrangements reflected upon as part of internal audit exercise and joint inspection of children and young people's services – learning taken on-board.					
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.					
Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously.					
HSCP staff provide pro-active and constructive support to care facilities alongside leadership role of relevant WD HSCP operational managers. Regular reports on residential care facilities standards provided to Audit Committee.					
PVG scheme; appropriate training; audit processes; standard financial instruction					
Senior MHO receives all Guardianship applications and adds to CareFirst. 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.					

Criminal Justice	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver all Criminal Justice activity as directed by the Sheriff Court; Allocation of CPOs and Unpaid Work orders and completion of Reports.	Jonathan Hinds	 Likelihood Impact	32 Significant - Likely	 Likelihood Impact	22 Moderate - Likely
			Warning		OK
Mitigating Action					
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.					

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Ability to support timely discharge and minimise delayed discharge. 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.	Jo Gibson	 <p>Likelihood</p> <p>Impact</p>	43 Critical - Very Likely Alert	 <p>Likelihood</p> <p>Impact</p>	32 Significant - Likely Warning
Mitigating Action					
Early assessment model; use of dashboards; rehab in reach to ward settings; red bags; POA promotion; commissioning (under 65/ AWI); integrated approach with mental health					
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.					

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to manage workforce pressures, recruitment demands and staff absence levels at HSCP. Turnover, retirement and loss of Organisational Memory.	Serena Barnatt	 <p>Likelihood</p> <p>Impact</p>	34 Significant - Certain Alert	 <p>Likelihood</p> <p>Impact</p>	33 Significant - Very Likely Warning
Mitigating Action					
Adherence to attendance management policies; Support from Occupational Health; Workforce Planning; HR policies and support.					
Continued implementation of HSCP Workforce and Organisational Development Strategy and Support Plan, including succession planning.					
Staff absence and appropriate application of relevant organisational policies regularly reported on and routinely reviewed by Senior Management Team and line managers; and also standing item for consideration at Joint Staff Forum.					
Participation in initiatives such as Healthy Working Lives, Staff Health Strategy and Employee Well Being Group to support staff health and wellbeing.					

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets eg MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw	 Likelihood Impact	34 Significant - Certain	 Likelihood Impact	33 Significant - Very Likely
			Alert		Warning
Mitigating Action					
Effective triage processes in place					
Performance data collection and monitoring					
Workforce and attendance management					

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw	 Likelihood Impact	44 Critical - Certain	 Likelihood Impact	
			Alert		
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas.					
Work with independent contractors to ensure effective systems of demand management for medications and support.					

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit Committee: 13 March 2019**

Subject: HSCP Absence**1. Purpose**

- 1.1** To update the committee on the current performance for the HSCP in relation to absence with analysis and information relating to overall attendance performance for West Dunbartonshire HSCP.

2. Recommendations

- 2.1** The committee are asked to note the proactive approach being taken by the HSCP Senior Management Team and the proposal to consolidate this by the appointment of additional Human Resources assistance for a fixed period, with a report to come back to Committee in six months to update on progress.

3. Background

- 3.1** The HSCP is committed to improving attendance levels by supporting attendance at work and improving the health and wellbeing of all employees.
- 3.2** West Dunbartonshire Health and Social Care Partnership (HSCP) have staff employed by both the NHS and the Council. As two separate and distinct employers, the policies, procedures and targets set for absence are different and influenced by the employing organisations. The Council and the NHS report absence in different formats. For the purposes of reporting comparison the Council have converted days lost into percentages at the request of the HSCP Senior Management Team.
- 3.3** The NHS has a national target of 4% and this is reported on monthly for all Directorates and HSCPs. NHS Greater Glasgow and Clyde reports its performance for the entire organisation on a monthly basis. Absence is reported on an annual cycle from April to March each year. Consistently the HSCP has been a strong performer within NHS Greater Glasgow & Clyde.

West Dunbartonshire Council has a target of 3.49% (which has been converted into percentage to allow comparison). The percentage for the Council has been averaged; given each service area has different targets annually through Strategic Leadership Group (SLG). For the purposes of Council Performance monitoring the HSCP is measured against days lost.

Strategic Leads/Heads of Service are provided with monthly reports from both organisations and they regularly discuss absence in management team meetings and in one to ones.

- 3.4** Both organisations are currently reviewing their attendance management policies; with the NHS moving towards a national policy framework for all NHS employees working in NHS Scotland. Both organisations have robust frameworks for managing absence.
- 3.5** Line managers have a wide range of guidance, templates and absence data to assist them to manage individual absences and address their underlying causes. They are able to access a range of management information to help them monitor staff absence, using either reports on HR21 (Council Workforce Management System), NHS Micro Strategy or NHS Scottish Standard Time System (SSTS).
- 3.6** This report will cover an update on absence performance from April 2018 to January 2019.

4. Main Issues

4.1 NHS Absence

For the month of January 2019 NHS Greater Glasgow and Clyde were reporting 7.02%.

Table 1 shows overall performance for the HSCP for absence until January 2019.

Table 1: Absence by month for the HSCP from 1st April 2018 – January 2019

West Dunbartonshire HSCP					
Month	NHS Long Term Absence %	NHS Short Term Absence %	NHS Absence % Total	All Partner-ships	Board
Apr 18	1.33	2.41	3.74	4.88	5.08
May 18	2.15	2.83	4.98	5.59	5.65
June 18	2.67	2.60	5.28	5.62	5.48
July 18	3.00	1.96	4.96	6.20	5.94
Aug 18	3.44	2.74	6.18	6.27	6.24
Sept 18	2.99	1.99	4.98	5.78	5.80
Oct18	1.88	2.50	4.38	6.33	6.18
Nov18	2.87	2.10	4.97	6.93	6.51
Dec 18	2.88	2.05	4.93	6.50	6.46
Jan 19	3.22	2.54	5.76		

The HSCP has had an increase in absence for the month of January 2019, with slight increases in both short and long term absence.

4.2 Council Absence

In January 2019 the HSCP reported an increase of 0.4% (compared with December 2018) from 1.82 days lost per FTE employee in January 2018 to 1.83 days lost per FTE employee in January 2019 (8.72%). This is the same increase when compared to the previous month as the days lost per FTE employee in December was also 1.82.

Table 2: Absence by month for the HSCP from 1st April 2018 – January 2019

Month	WDC Long Term Absence %	WDC Short Term Absence %	WDC Absence % Total
Apr 18	3.69	2.68	6.38
May 18	4.35	2.60	6.94
June 18	4.38	2.92	7.29
July 18	5.22	1.71	6.93
August 18	4.01	3.06	7.07
September 18	4.44	3.19	7.62
October 18	4.48	2.51	6.99
December 18	6.09	2.99	9.09
January 2019	5.01	3.71	8.72

For the Council, targets are set by Strategic Lead areas and this is reported in days lost. Reports are provided to strategic leads on a monthly basis.

Table 3: Targets 2018/19

Area	Target
Council Wide	7.0
Children's Health, Care and Criminal Justice	9.0
Community Health and Care	10.5
Mental Health, Addictions & Learning Disabilities	8.5
Strategy, Planning and Health Improvement	4.5
Environment & Neighbourhood Services	8.0
Housing and Employability	6.5
Regeneration	8.5
Communication, Culture and Communities	6.5
Education - Support	8.5
People and Technology	4.5
Regulatory	6.0
Resources	7.0
Education - Teachers	5.0

4.3 The highest absence for December 2018 was reported in Community Health and Care and the lowest was reported in HSCP Finance & Resources (although it should be acknowledged that this is due to the very small number of employees).

Table 4: Absence by Strategic Lead Area April 2018 – January 2019

Strategic Lead Area	MONTH									
	Apr 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 18
Child Healthcare & Criminal Justice	1.39	1.18	1.63	1.08	1.21	1.37	1.36	1.76	1.89	1.56
Community Health & Care	1.42	1.66	1.57	1.60	1.82	1.66	1.83	1.79	1.97	2.14
Finance & Resources	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health, Addictions & Learning Disability	1.02	1.10	1.42	1.44	0.99	1.37	1.04	1.45	1.23	0.94
Strategy, Planning & Health Improvement	0.51	0.39	0.28	0.58	0.37	0.08	0.85	0.75	0.09	0.48

4.4 Reasons for Absence

The Council and NHS have different categorisation of reasons for absence.

Table 5 provides analysis over the three quarters to date with top 3 reasons for absence for both Council and NHS staff.

Table 5: Reasons for Absence

West Dunbartonshire Social Care Absence Reasons 2018-19						
Reason Rank	Quarter 3 Oct – Dec		Quarter 2 Jul – Sept		Quarter 1 Apr – Jun	
1	Stress – Personal	19.6%	Musculo-skeletal Injuries	19.3%	Musculo-skeletal Injuries	20.4%
2	Minor Illness	19.0%	Minor Illness	18.2%	Acute Medical Conditions	16.2%
3	Acute Medical Conditions	15.5%	Acute Medical Conditions	15.1%	Minor Illness	14.2%

West Dunbartonshire NHS Absence Reasons 2018-19						
Reason Rank	Quarter 3 Oct – Dec		Quarter 2 Jul – Sept		Quarter 1 Apr – Jun	
1	Mental Health	35.5%	Mental Health	26.9%	Mental Health	21.5%
2	Other Musculoskeletal Problems	14.1%	Other Musculoskeletal Problems	15.2%	Other Musculoskeletal Problems	13.2%
3	Cold, cough, flu - influenza	7.4%	Injury, fracture	9.0%	Injury, fracture	11.0%

NHS reports consistently show mental health as the top reason for absence, followed by MSK problems and injury fractures.

For the council the top reasons are MSK problems, acute medical conditions and more recently personal stress reporting as the top reason for absence.

5. People Implications

Employee Impact

- 5.1** Effective and robust management of absence can have a positive impact upon employees, promoting early return to good health and work. There is a risk that if the focus and attention by all stakeholders is not maintained, absence rates could continue to rise.
- 5.2** The NHS performance for 2017/18 indicated an improvement. 2018/19 performance to date has shown a stable trend in absence between 4.38% and 4.98% seven months out of ten months in the performance year. A particular hotspot for the HSCP was Mental Health Services. When comparing absence performance from March 2017 onwards, the service has positively reduced absence by 12.76%.
- 5.3** The Council absence levels increased in 2017/18. Based on the performance for 2018/19 year to date it is predicted that 2018/19 will see another increase. April, July and September were the only months to see a reduction in absence levels with all other months increased when compared to the same period in the previous year.
- 5.4** WDC has developed an [Employee Wellbeing Strategy](#) which acknowledges the importance of the health and wellbeing of our workforce and the Council's commitment to promoting a culture where wellbeing is embraced by all our employees. The strategy is supported by the Employee Wellbeing Group whose membership is made up of managers from every strategic lead area across the Council, HR representatives and Trade Union representatives. The Employee Wellbeing Group is responsible for overseeing the development, implementation and evaluation of the strategy as well as the supporting action plans which have been developed to achieve the six key aims.
- Creating and maintaining a safe and healthy working environment;
 - Improving the physical and mental wellbeing of the workforce;
 - Encouraging and supporting employees to develop and maintain a healthy lifestyle;
 - Supporting employees with health conditions to remain at (or return as soon as possible to) work;
 - Removing barriers that prevent employees with health conditions from entering employment with the Council and achieving their potential at work thereafter; and

- Achieving and maintaining high levels of employee engagement, recognising the research link to lower sickness absence.

Each quarter the group will focus their efforts on a particular theme such as mental wellbeing or physical wellbeing. The focus for this quarter is mental wellbeing and significant work is being undertaken including a pilot with Headtorch and an initiative during mental health week to encourage employees to take a break from their desks at lunch time.

- 5.5** The NHS Staff [NHS Greater Glasgow and Clyde Staff Health Strategy 2017-2020](#) developed in partnership is a joint commitment to supporting better health and wellbeing for all our staff. Some of the commitments described are improved access to health information, more opportunities for staff to be employed in roles that meet their health needs and better support for those who develop long-term conditions. The three-year plan is based on what staff tell us they would find helpful in improving their own health. It also reflects the latest research, which confirms the important role the workplace has in improving staff health, in promoting mental wellbeing and physical activity and in tackling health inequalities.

The aim of the Staff Health Strategy is to improve the health and wellbeing of our staff. It will do this by improving working conditions, increasing the availability of healthy lifestyle choices, and building capacity for health improvement.

A highlight report has been provided for 2018 including:

- Mentally Health Workplace Training.
- 12 month Campaign for Managing Stress.
- Short life working group - Working Longer.
- In at Work to help staff lose weight.
- Active Staff walking challenges.
- Quit for Xmas.

A new development for NHS Greater Glasgow & Clyde is the dedicated Staff Health web page titled: A Healthier Place to Work. This microsite provides information and support for staff on a range of health topics and factors that can impact on our health. Some of this support is already available but the site brings information together into a single location, and as we continue to develop new topic content will be added. So whether you want to get more active, get financial advice or support in your caring role then this is the healthier place to be.

6. Financial Implications

- 6.1** Clearly absence is a significant cost to the HSCP, causing financial pressure particularly when cover arrangements are required. It can also have a detrimental impact upon peers, when inevitably they can absorb additional workload from absent colleagues.

6.2 The post identified at 9.6 below will cost in the region of £60,000 for one year only, to be funded from reserves, and is considered to be a prudent investment to address absence.

7. Professional Implications

7.1 None

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 There is a risk that managers do not fulfil their role and comply with the policy and in turn that HSCP absence continues to increase.

9.2 A recent absence audit in the NHS conducted by Scott and Moncrieff during October 2018 across NHS Greater and Clyde has identified a number of areas of improvement, these are summarised as:

- Ensuring line managers stick to documented processes and manage employee absences effectively with consequences introduced for non compliance.
- Identify the most effective mechanism for monitoring recurring and long term absences, and ensuring the appropriate guidance and checks are in place to confirm and seek additional assistance from HR for these cases where appropriate
- Improving absence data quality by prohibiting use of unknown or other on SSTS when recording reason for absence.
- Reminding managers of the linkage between staff engagement and IMatter process and their ability to manage sickness absence.
- Ensuring HR is provided with sufficient level of assurance by management that absence management processes and attendance initiatives are being implemented effectively.

Management actions are contained in the report and this has been shared with the SMT to discuss with local teams and determine a local set of actions.

9.3 An audit was completed in August 2016. All actions have been completed and they can be summarised as

1. Managers are now expected to run their own trigger reports off HR21 for assistance in managing absence.
2. Managers receive emails if employees have not submitted sick notes.
3. Automatic emails are now generated on the first day of absence for MSK and Stress which are often the top reasons for absence.

4. Managers receive emails on first day of stress being reported to allow for Stress Risk Assessments to be completed.
5. Illness Categories have been improved and unknown category removed to allow for accurate reporting.
6. Developments in HR21 to allow managers to record absence information such as return to work trigger meetings to streamline processes and allow for more accurate reporting.

9.4 While it is evident in many instances that the necessary and proactive steps are being undertaken, such as early referral to occupational health, there is still a significant amount of work to do to continue to reduce absence.

9.5 Without maintaining and continuing to improve attendance there continues to be a risk of detrimental impact on service delivery, loss of productivity and reduced team performance.

9.6 Given the overall performance in relation to absence, and the continuing challenge it presents, it is proposed to appoint an additional HR Adviser on a fixed term basis for a period of 12 months. This Adviser will work with managers and team leaders throughout the HSCP to further embed routine reports and procedures, reflecting both NHS and Local Authority policies. Our experience in Mental Health Services has demonstrated that improvements in attendance can be achieved without invoking disciplinary processes.

10. Impact Assessments

10.1 This report is for noting only, therefore no EIA is required. Any associated policies are subject to Equalities Impact Screening and Assessment if required.

11. Consultation

11.1 Consultation is on-going with trades unions in the main through the Council's Employee Wellbeing Group and local Joint Consultative Committees and within the NHS through the Working Longer Group. For more strategic matters the HSCP goes through Joint Staff Forum.

12. Strategic Assessment

12.1 Effective attendance management will support the HSCP's aim to make the best use of both financial and human resources resulting in a positive impact upon service provision.

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West Dunbartonshire Health & Social Care Partnership

Date: 14th February 2019

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Appendices: None

Background Papers: [NHS Greater Glasgow and Clyde Staff Health Strategy 2017-2020](#)

[Staff Health Strategy 2018 highlight report](#)

[WDC Employee Wellbeing Strategy](#)

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Audit Committee: 13 March 2019

Subject: Performance and Assurance Reporting Framework: Adult Support and Protection, February 2019

1. Purpose

1.1 This report provides the committee with an update on Performance and Assurance Reporting Framework of Adult Support and Protection in West Dunbartonshire.

2. Recommendations

2.1 The Committee is asked to note the content of the Performance and Assurance Reporting Framework, specifically noting the improvements in timescales both to adult protection Inquiry and Investigation processes.

3. Background

3.1 Adult Support and Protection

Monitoring performance within adult protection requires an understanding of the complexity of demand placed on services with regard to the complex risks and additional communication needs of many of our most vulnerable adults at risk.

347 Adult at Risk concerns/ referrals were received by West Dunbartonshire Council (Health and Social Care Partnership) in 2017-18, with almost half of these (47%) being aged 65 and older.

3.2 Adult At Risk referrals 2018/19

	AAR concerns	Investigations	Conferences
Q1	91	10	6 (2 Initial, 4 Review)
Q2	70	11	9 (4 Initial, 5 Review)
Q3	76	15	7 (4 Initial, 3 Review)

91 Adult at Risk concerns/ referrals were received by West Dunbartonshire Council (Health and Social Care Partnership) in Quarter one. 42 (46%) were aged 65 and older.

70 Adult at Risk concerns/ referrals were received by West Dunbartonshire Council (Health and Social Care Partnership) in Quarter two. 35 (50%) were aged 65 and older.

76 Adult at Risk concerns/ referrals were received by West Dunbartonshire Council (Health and Social Care Partnership) in in Quarter three. 38 (50%) were aged 65 and older.

- 3.3** All Adult at Risk referrals are subject to an enquiry, which assesses if the person meets the criteria of being an adult at risk and if adult protection procedures are required.

The West Dunbartonshire and West of Scotland target looks for 80% of inquiries to be completed in 5 days.

Quarters one saw 89% of inquiries completed within 5 days.

Quarter two saw 93% of inquiries completed within 5 days.

Quarter three saw 80% of inquiries completed within 5 days.

- 3.4** Where an Adult Protection Inquiry identifies that a person is at risk and requires adult protection procedures to be continued, an investigation should be opened within 8 working days. In 2017/18, 74% (40 of 54) of inquiries were commenced within this timescale.

Improvement work has been completed to improve recording systems and monitoring of practice.

As such all three quarters in 2018/19 have seen all (100%) investigations now commenced within timescale.

- 3.5** We have continued to monitor closely our timescales to Adult Protection Case Conference. In 2017/18 48% (11 of 23 conferences) were held within 20 working days of referral. The Chief Officers Group has spent time considering this target and outcomes. In analysis, of the 12 conferences not within timescale, there were positive reasons for this, reflecting the complexity of risk, need and communication for the individuals involved. In addition risk was positively managed prior to the conference taking place. Analysis indicates that for 8 of the 12 cases not meeting timescale there were good practice and client centred reasons for this, agreed by management. The Chief Officers Group recently agreed to include a new indicator within the PARF that reflects the need for flexibility in response (although not in addressing immediate risk) in ensuring strength based and SDS compliant protection planning. This will be incorporated into the Quarter three performance framework.

- 3.6** We have continued to maintain up to date Protection Plans for all (100%) of individuals subject to ongoing Adult Protection processes.

4. Main Issues

4.1 Relevance to West Dunbartonshire

We will continue to use the updated performance and monitoring framework to support continuous improvement, including through training opportunities, casefile audits and reflective practice.

5. People Implications

5.1 no issue

6. Financial Implications

6.1 no issue

7. Professional Implications

7.1 no issue

8. Locality Implications

8.1 no issue

9. Risk Analysis

9.1 no issue

10. Impact Assessments

10.1 no issue

11. Consultation

11.1 no issue

12. Strategic Assessment

12.1 no issue

Author: Heather Irving

Date: 18/02/2018

Person to Contact: Heather Irving

Appendices: n/a

Background Papers: n/a

Wards Affected: n/a

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit Committee: 13 March 2019**

Subject: Specialist Learning Disability Inpatient Services Performance Report**1. Purpose**

- 1.1** To present the Audit Committee with an update on the performance of Specialist Learning Disability Inpatient Services admission and discharge activity for 2018. This relates to the work of the Long Stay Resettlement and Closure Programme currently led by the Chief Officer of East Renfrewshire HSCP.

2. Recommendations

- 2.1** The Audit Committee is asked to note the information contained in the attached Specialist Learning Disability Services report and the information relating specifically to West Dunbartonshire.

3. Background

- 3.1** The work to review and redesign the number of assessment and treatment beds across NHS GG&C Assessment and Treatment Centres (namely Blythwood House and Claythorn House) has been ongoing since 2016. All HSCP areas across NHS GG&C have access to specialist inpatient learning disability beds and West Dunbartonshire has one patient currently in a long stay bed.
- 3.2** The recent Scottish Government “Coming Home Report” report from Dr Anne McDonald focuses on delayed discharge and out of area placements with emphasis on bringing people in long stay care back to their home areas. Dr McDonald has confirmed that the NHS GG&C planned approach to redesigning specialist Learning Disability Services with consistent with National Policy team aims.

4. Main Issues

- 4.1** Beds in Assessment and Treatment Centres are largely occupied by those people who were admitted due to significantly challenging behaviour. Of these placements people are likely to have been in Hospital for over one year and have lost any community placement that was previously in place for them.
- 4.2** West Dunbartonshire had two patients in long term specialist care. One resident has since been discharged out to Baxter View. The other resident continues to reside in Netherton Unit and has acute challenging behaviour requiring a significant level of support.

5. People Implications

- 5.1** West Dunbartonshire HSCP staff are currently working with Housing colleagues to specifically design a property for this patient in view of his complex needs. Part of this planning will require us to be specific around which care provider is commissioned to support this patient and so very specific discharge planning will have to be implemented to support this individual if his transition to community is to be successful.
- 5.2** Part of the current review programme will consider the need for referral pathways into specialist hospital beds. This is due to the need for more stringent assessment processes prior to admission and to ensure that anyone who is admitted does not become subject to delayed discharge. This essentially means that we need to improve performance around specialist LD bed admissions to enable us to free up capacity and look at alternative responses for those who present with challenging behaviour in order that they do not lose their home and care package.

6. Financial Implications

- 6.1** In terms of the patient that we currently have in Netherton, we have access to resource transfer funding secure for him. However, given the significant complexity of his needs we need to be clear that the earmarked funds are sufficient for us to implement a package of care that is sufficient to his needs and reduces risk as a result of his challenging needs.

In relation to Housing we have managed to secure Capital Funding to design the specific housing requirements for the patient and we continue to work with Housing colleagues to ensure the house meets the needs of the patient and the support team.

7. Professional Implications

- 7.1** We are fully implementing the outcome requirements of the Keys to Life Strategy and the outcome aims of the Coming Home report as we progress this piece of work. The Care Inspectorate will also be involved.
- 7.2** Support services will be commissioned in conjunction with West Dunbartonshire procurement services.

8. Locality Implications

- 8.1** It will be beneficial for West Dunbartonshire to have local, high quality, specially adapted housing provision to suit the needs of complex patients/service users.

9. Risk Analysis

9.1 Current risk issues will be managed through the discharge planning process and multi-agency risk assessment.

10. Impact Assessments

10.1 None required

11. Consultation

11.1 Not required at this time.

12. Strategic Assessment

12.1 The Keys to Life Strategy (The Keys to Life – Improving quality of life for people with learning disabilities, June 2013) emphasises the requirement for care to be provided to the highest standards of quality and safety. The National Care Standards (published in June 2017 with implementation from April 2018) set out headline outcomes such as the requirement of high quality care and support and also having “confidence in the people who support and care for me”. The Scottish Government “Coming Home” report (November 2018) highlights the requirement to bring people back home from out of area placements wherever possible.

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Date: 17 February 2019.

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Appendices: Performance Report Specialist Learning Disability Services

Background Papers: None

Wards Affected: None

**PERFORMANCE REPORT
SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES**

January 2019

Tom Kelly, General Manager Specialist Learning Disability Services

1. PURPOSE

The purpose of this paper is to provide data on the performance of Specialist Learning Disability In Patient Services with a particular focus on Admission and Discharge activity throughout 2018.

This is the second full year report following the development of a set of Key Performance indicators. The senior management team recognise in going forward that the indicators will evolve to ensure data which is useful is captured. Our aim here is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

2. BACKGROUND

This report focuses on activity relating to our Assessment and Treatment Services (Blythwood House and Claythorn House) which has 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which are within the NHS GGC boundary and 3 which are provided via service level agreements in areas outwith NHS GGC.

The data in this report is collected from our bed management system and EDISON/TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report.

3. KEY MESSAGES

- Beds are largely occupied by people who were admitted due to challenging behaviour. Of these patients, the majority have been occupying a bed in excess of a year and are likely to have lost their community placement.
- People are more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.
- Placement breakdown is common and impacts significantly on ability to achieve timely discharge.
- More than half of all beds are occupied by delayed discharges, with the majority of patients having no discharge plans in place.

4. REPORT

Overview of Activity in 2018

- In total 23 people were referred, of the referrals, 13 were admitted directly to the service. (NB – The admissions do not include transfers from Mental Health & Acute services)
- 16 patients were discharged in 2018
- Bed occupancy was 100% with a waiting list throughout 2018

Chart 1 gives a breakdown of activity by area. It should be noted that each year less people who are admitted are discharged and therefore the service ‘gathers’ people, this is further illustrated later in the report.

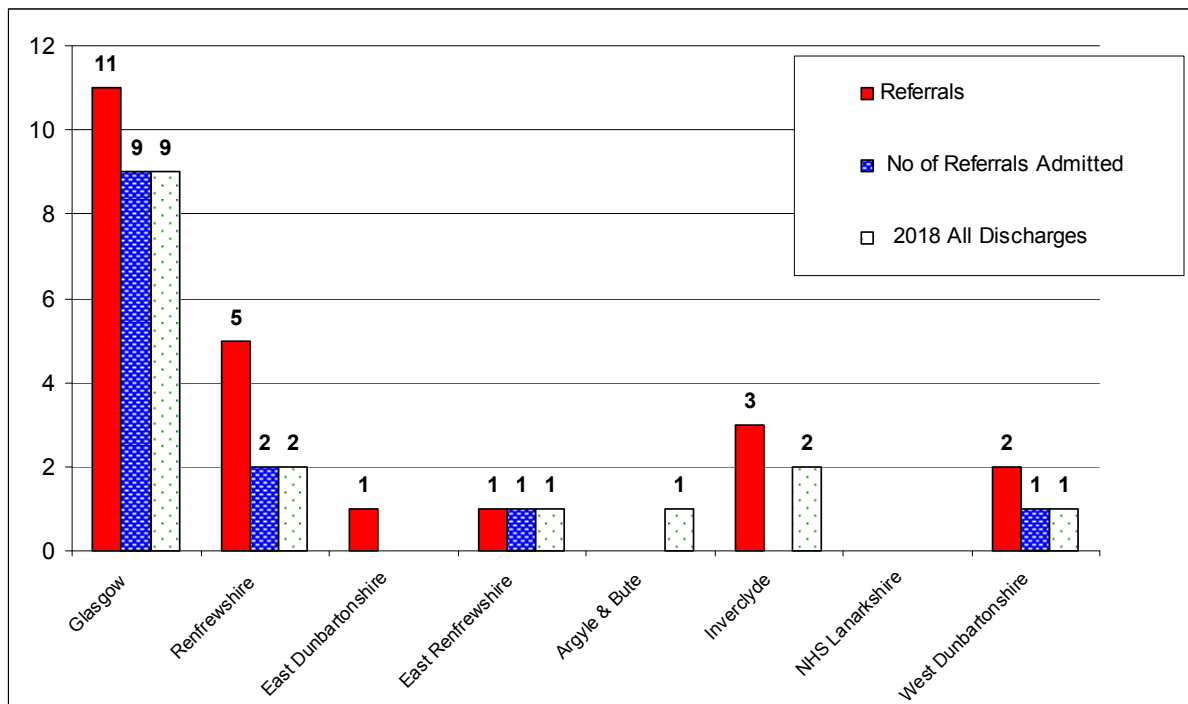


Chart 1 – Referral, admission & discharge rates by area.

Referrals to service

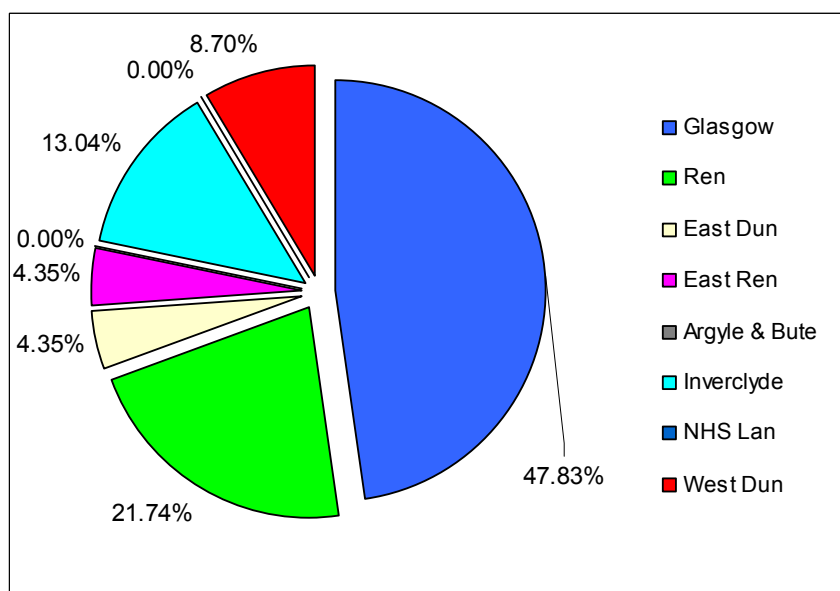


Chart 2- Percentage

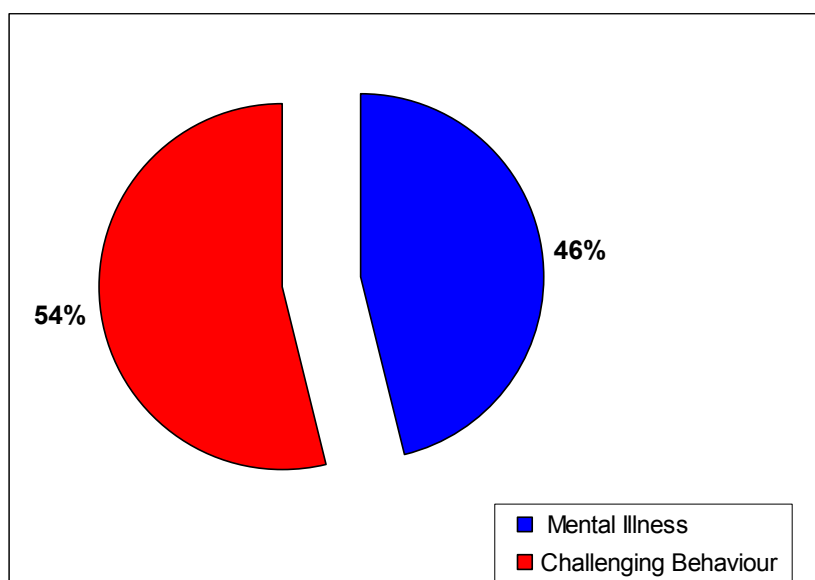
Referrals by Area

This illustrates the referrals to the service by area. Proportionally referral and admission rates are likely to be within expected levels for each area. However this year, in both Inverclyde and West Dunbartonshire there has been more than expected for the period. 10 of the referrals received were not admitted. Of these 10, 4 people remain on the waiting list, 3 of which are currently awaiting transfer from General Adult Mental Health Services. 1 individual is still residing within their current placement awaiting transfer to SLDS Inpatient services. 6 individuals were removed from the waiting list as admission was no longer required.

Reason for Admission, why are people admitted to the service?

- 46% of admissions in 2018 were due to mental illness
- 54% were due to Challenging behaviour
- 46% of people either lost their placement prior to or on/during admission

Chart 3 - Reason for Admission



The table below gives the primary reason for admission by area and number of placement breakdowns either prior to or at point of admission.

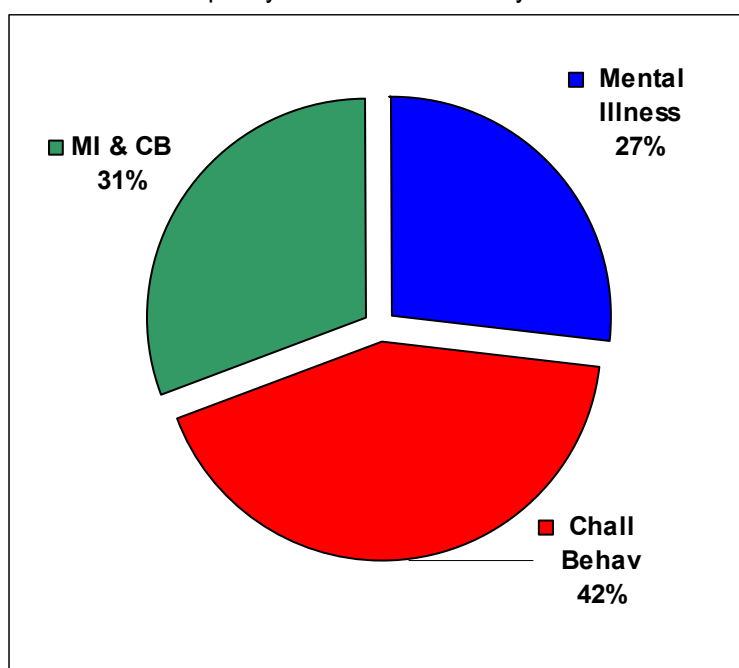
	No of Referrals Admitted	Mental Illness	Challenging Behaviour	MI & CB	Resulting in Placment Breakdown
Glasgow	9	4	5		4
Renfrewshire	2	1	1		1
East Dunbartonshire	0				
East Renfrewshire	1	1			
Argyle & Bute	0				
Inverclyde	0				
NHS Lanarkshire	0				
West Dunbartonshire	1		1		1
	13	6	7	0	6

Bed Occupancy as at 31st December 2018

- 27% of people who remained in beds at 31st December 2018 were admitted because of Mental Illness
- 42% who remained were originally admitted because of challenging behaviour
- 62% of the patient population at 31st December 2018 had experienced a breakdown of their placement

The table below shows the reasons for admission of the 26 patients occupying beds on the 31 December 2018 by area. As this is a census position it does not relate directly to the patient population in section 3 above, since a number of patients admitted prior to 2018 were in beds as at 31st December 2018 and some patients admitted in 2018 have been discharged. One patient from NHS Lanarkshire occupies 2 beds.

Chart 4 Bed Occupancy on 31st December by reason for admission

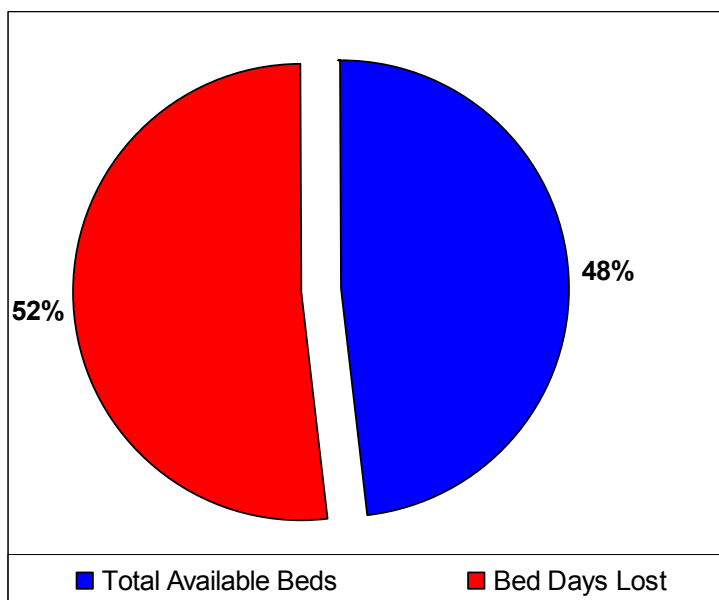


	Beds Occupied Dec 2018	Mental Illness	Challenging Behaviour	MI & CB	Resulting in Placment Breakdown
Glasgow	19	6	6	7	12
Renfrewshire	4	1	3		2
East Dunbartonshire	0				
East Renfrewshire	0				
Argyle & Bute	0				
Inverclyde	0				
NHS Lanarkshire	2			2	1
West Dunbartonshire	1		1		1
	26	7	10	9	16

Bed Days Lost 2018

- Of 9490 bed days 4956 days are lost due to delayed discharge (52%)
- Delayed discharge rates have fluctuated throughout the year to a similar position as last year
- Glasgow, Renfrewshire and Lanarkshire all have delayed discharges

Chart 5 Bed Days Lost to Delayed Discharge as proportion of total bed days



Length of Stay/Delayed Discharges

This table illustrates the lengths of stay and the numbers of people classified as delayed discharge on TrakCare on 31st December 2018. From this it can be seen that:

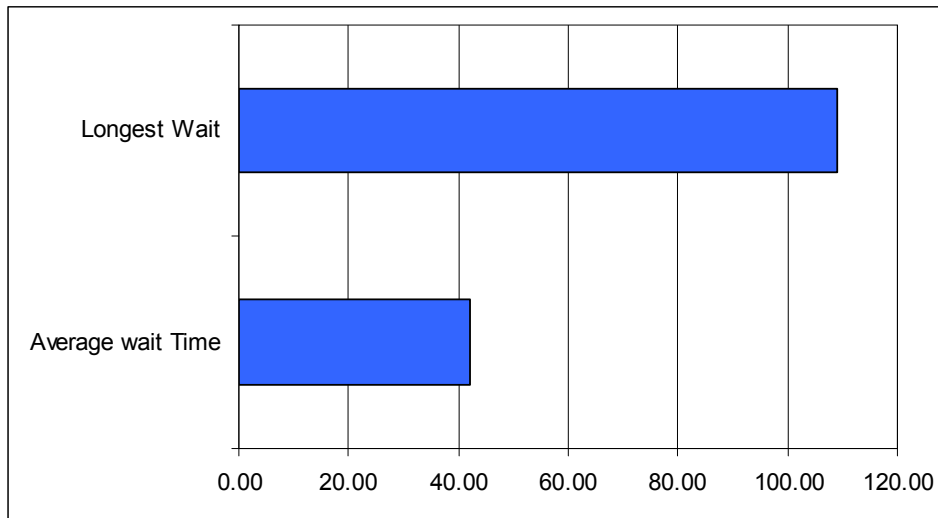
- 58% of Glasgow, 75% of Renfrewshire and 100% of Lanarkshire patients on 31st December 2018 were classified as delayed discharge.
- 73% of Glasgow, 67% of Renfrewshire and 50% of Lanarkshire patients who are ready for discharge did not have established discharge plans in place.

	Patients at 31st December 2018	Longest Length of Stay (Days)	Shortest Stay (days)	Of which have established discharge plan	Of which do not have established discharge plan	Delayed Discharges	Bed Days lost Delayed Discharges during 2018
Glasgow	19	3441	28	3	16	11	3252
Renfrewshire	4	2415	288	2	2	3	974
East Dunbartonshire	0						N/A
East Renfrewshire	0						N/A
Argyle & Bute	0						N/A
Inverclyde	0				0		N/A
NHS Lanarkshire	2	2358	1639	1	1	2	730
West Dunbartonshire	1	22			1		N/A
	26	8236	1955	6	20	16	4956

Waiting Times of 13 Admitted

- Average waiting time for admission is 42 days
- The longest wait was 109 days (over 15 weeks)
- Waiting times are a result of slow turnover and excessive lengths of stay
- The length of time people had to wait for admission is excessive compared to other mental health services and outwith the HEAT Target of 12 weeks

Waiting Times (2018) – Days



- 82% of Glasgow referrals were admitted
- 40% of Renfrewshire patients were admitted
- 100 % of East Renfrewshire referrals were admitted
- None of Inverclyde referrals were admitted
- 50 % West Dunbartonshire referrals were admitted

	Referrals Not Admitted	Removed not Requiring Admission	Still on Waiting List
Glasgow	2	2	
Renfrewshire	3	1	2
East Dunbartonshire	1	1	
East Renfrewshire			
Argyle & Bute			
Inverclyde	3	1	2
NHS Lanarkshire			
West Dunbartonshire	1	1	
	10	6	4

As a result of continuous 100% occupancy, the service is often unable to admit a number of people requiring assessment & treatment as detailed above. These people are either waiting to transfer from a mental health bed or waiting in the community. A further group of people are removed from the waiting list as admission was no longer required or an alternative has been established.

Summary and Actions

- Glasgow is currently reviewing all patients within assessment and treatment to explore future commissioning requirements. This is being done alongside resettlement plans for longer stay patients not featured in this performance report. Glasgow has reported that they intend to discharge 10 patients in April/May 2019.
- Renfrewshire are exploring commissioning options with an aspiration to develop suitable services locally.
- As a result many people who are delayed in hospital do not have a clear and tangible plan about their future care arrangements. This has been more present in 2018 than previous years.
- Delayed discharge rates have increased from the reported figure in the Mental Welfare Commission report 'No through Road' January 2016. This is to be a focus of MWC work in 2019.
- Future redesign of the service is dependent on excessive delays being addressed in order to effectively understand what the future in patient bed requirements are.
- Effective use of systems which ensure visibility of the excessive lengths of stay are essential. Edison has now changed to TrakCare.
- Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
- There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge. There are further negative implications for families and carers.
- There is a requirement to improve the length of time people wait to be admitted / receive treatment; this can only be improved by addressing the issue of slow turnover.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 13 March 2019

Subject: Care Inspectorate Reports for Support Services operated by West Dunbartonshire HSCP.

1. Purpose

- 1.1 To provide the Audit Committee with an up-date on the most recent Care Inspectorate inspection reports for the Housing Support Service operated by West Dunbartonshire HSCP Learning Disability Services.

2. Recommendations

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

3. Background

- 3.1 The Scottish Government published new Health and Social Care Standards in 2017, in effect from April 2018, for assessing registered care services.
- 3.2 The Care Inspectorate has introduced new ways of inspecting the quality of care and support based on the new standards. They are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing in relation to four quality themes: care and support, environment, staffing and management & leadership to five 'key questions'. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.
- 3.3 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent. This new inspection approach began with care homes for older people as of July 2018. There is no date set for rolling out the new process for all other service providers
- 3.4 The Care Inspectorate report detailed in this report still focuses on the four quality themes: care and support, environment, staffing and management & leadership. This will not change until the Care Inspectorate roll out their new process of inspecting the quality of care and support to all support services.
- 3.5 The housing support service reported here operates under the dual Care Inspectorate registrations of Housing Support and Care at Home.

4. Main Issues

4.1 Housing Support Service, West Dunbartonshire HSCP, Learning Disability Services

The service was subject to an unannounced inspection on November 15th 2018. It was inspected in terms of the themes of:

- Quality of care and support - Grade 6 awarded - Excellent
- Quality of management and leadership - Grade 6 awarded - Excellent

The report has not yet been published by the Care Inspectorate but, since West Dunbartonshire Council has not disputed any part of the report, the final version, when published, is expected to be in line with the current draft report.

4.2 The above service offers a Housing Support Service, combined with a Care at Home service, to 12 adults with moderate to complex learning disabilities and autism within West Dunbartonshire. The service is offered to individuals in their own homes and these are located in four separate houses across West Dunbartonshire.

The table below summarises the movement in grades for each of the four themes awarded to the Housing Support Service over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
24/11/17	5 – Very Good	Not assessed	4 – Good	5 – Very Good
22.11.16	3 – Adequate	Not assessed	3 – Adequate	3 - Adequate
18.11.15	4 – Good	Not assessed	4 - Good	4 – Good

4.3 The grades awarded to Housing Support Services in this inspection are the best that can be achieved and are indicative of the significant strides the service have taken to improve on the grades achieved in their last three inspections. The report contains neither requirements nor recommendations. It also notes that no complaints have been upheld in the period since the previous inspection.

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 providers of care and the HSCP's commitment to ensure its own, in-house services, reflect best possible practice.

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 13 March 2019

**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 three 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 Scottish Government published new Health and Social Care Standards in 2017, in effect from April 2018, for assessing registered care services.
- 3.2 The Care Inspectorate have introduced new ways of inspecting the quality of care and support based on the new standards. They are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing in relation to four quality themes: care and support, environment, staffing and management & leadership to five 'key questions'. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.
- 3.3 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent. This new inspection approach began with care homes for older people as of July 2018. There is no date set for rolling out the new process for all other service providers
- 3.4 The Care Inspectorate reports detailed in this report still focuses on the four quality themes: care and support, environment, staffing and management & leadership. This will not change until the Care Inspectorate roll out their new process of inspecting the quality of care and support to all support services.
- 3.5 The independent sector support services reported here are within the areas of Care at Home and Housing Support Services. The services are :
- Joans Carers Limited – the service is provided in the Dumbarton area.
 - SHARE Scotland ,Glasgow – the service is provided in the Alexandria area.
 - Carman Care – the service is provided in the Renton/Alexandria area.

- 3.6** 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 SHARE Scotland, operate in this manner.

4. Main Issues

Joans Carers Limited

- 4.1** Joans Carers Limited is registered as a combined Housing Support and Care at Home service. The service is offered primarily to adults and older people living in their own homes. The service was inspected on 26 October 2018 and the report published on 12 December 2018. The table below summarises the movement in grades for each of the four themes awarded to Joans Carers Limited over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
26.10.18	4 – Good	Not assessed	Not assessed	3 – Adequate
12.01.18	4 – Good	Not assessed	4 – Good	Not assessed
12.01.17	5 – Very Good	Not assessed	Not assessed	4 – Good

- 4.2** The grades awarded to Joans Carers Limited in this inspection show that Inspectors feel Management and Leadership could be improved. Inspectors feel that care plans, reviews and risk assessments should be more person centred and Management need to ensure staff supervision and appraisal are taking place, these areas will be looked at again in their next inspection. There were no requirements detailed in this inspection report for remedial action by the service.

SHARE Scotland – Glasgow

- 4.3** SHARE Scotland –Glasgow is registered as a Housing Support Service . The service is offered to adults with complex learning and physical needs in the community; either within accommodation where they live alone or within small group living settings which they share with other people.

The service was inspected on 22 November 2018 and the report published in January 2019. The table below summarises the movement in grades for each of the four themes awarded to SHARE Scotland – Glasgow over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
22.11.18	6 – Excellent	Not assessed	Not assessed	5 – Very Good
30.11.17	6 – Excellent	Not assessed	5 – Very Good	Not assessed
02.02.17	6 – Excellent	Not assessed	Not assessed	6 - Excellent

- 4.4** The grades awarded to SHARE Scotland - Glasgow in this inspection show that the service continues to maintain the grades they have received since 2017.

There were no requirements detailed in this inspection report for remedial action by the service.

Carman Care

- 4.5** Carman Care is registered as a Housing Support and Care at Home Service . The service is offered within an Extra Care Housing Complex to older people and adults with medical condition and more complex needs. This support is also offered to older people who live in the wider community. The service was inspected on 17 December 2018 and the report published in January 2019. The table below summarises the movement in grades for each of the four themes awarded to Carman Care over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
17.12.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
20.12.17	5 – Very Good	Not assessed	5 – Very Good	Not assessed
17.11.16	5 – Very Good	Not assessed	Not assessed	4 - Good

- 4.4** The grades awarded to Carman Care in this inspection show that the service continues to maintain the grades they have received since 2017. There were no requirements detailed in this 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: 13 March 2019**

Subject: Care Inspectorate Inspection process 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 Scottish Government published new Health and Social Care Standards in 2017, in effect from April 2018, for assessing registered care services.
- 3.1** The Care Inspectorate has introduced new ways of inspecting the quality of care and support based on the new standards. They are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing in relation to four quality themes: care and support, environment, staffing and management & leadership to five 'key questions'. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.
- 3.2** The new inspection approach began with care homes for older people in July 2018. Inspections will continue to evaluate and report the 'key questions' using the six point scale of 1 – unsatisfactory to 6 – excellent. If the report makes a requirement in any key question inspected then the maximum grade to be awarded will be 3 – Adequate. If an area for improvement is detailed then the maximum grade to be awarded will be 4 – Good.
- 3.3** If a Grade 2 - Weak or less is awarded and/ or have requirements in their report then their next inspection may be a follow up inspection. A follow up inspection only looks at progress made in addressing issues highlighted in the previous report, allowing the Inspectors to track improvement and gain assurance services are making the right changes. Inspectors do not make further requirements or revise grades on follow up visits, though have discretion to do so if they think sufficient evidence is evident.

3.4 WDHSCP Quality Assurance Team monitors the independent sector care homes operating in West Dunbartonshire in line with the National Care Home Contract. They also work with the independent sector providers to maintain awareness of new developments and provide opportunities to share good practice/learning.

3.5 The independent sector Care Homes reported within this report are:

- Edinbarnet
- Sunningdale
- Hillview Care Home

4. Main Issues

Edinbarnet

4.1 Edinbarnet is owned and managed by Edinbarnet Estates Ltd who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 48 nursing residents. As of 21 August 2018 there were 32 West Dunbartonshire residents supported within the care home.

4.2 They were inspected on 21 August 2018 and report issued on 13 November 2018. The table below summarises the movement in grades for each of the four themes awarded to Edinbarnet over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
21.08.18	5	N/A	N/A	N/A	5
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
04.09.17	5	N/A	5	N/A	
25.05.16	5	N/A	N/A	5	

4.3 The grades awarded in this inspection have been consistent with the grades awarded to Edinbarnet since their inspection in 2016. There were no requirements detailed in the inspection report for remedial action by the care home.

Sunningdale

4.4 Sunningdale is owned and managed by I & S Scotcare Ltd, who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 17 residents. As of 9 October 2018 there were 12 West Dunbartonshire residents supported within the care home.

- 4.5 They were inspected on 9 October 2018 and report issued on 28 November 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	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
09.10.18	4	3	N/A	3	3
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
31.01.18	4	N/A	4	N/A	
29.09.16	5	5	N/A	N/A	

- 4.6 The grades awarded in this inspection were lower than those awarded to Sunningdale in their previous inspection in January 2018. There were no requirements detailed in the inspection report for remedial action by the care home. However, the inspectors did highlight 14 areas for improvement that they wanted the home to address.
- 4.7 With input from WDHSCP staff the Manager/Owner of Sunningdale has drawn up an Action Plan to address these areas for improvement. A series of meetings are taking place with the Manager/Owner to track progress in achieving the agreed outcomes.

Hillview Care Home

- 4.8 Hillview Care Home is owned and managed by Advinia Care Homes Limited, who are a large national operator. This is the first inspection since Advinia took over ownership of the care home from Bupa in December 2017. The home is registered with the Care Inspectorate for a maximum of 150 residents. As of 14 November 2018 there were 119 West Dunbartonshire residents supported within the care home.
- 4.9 Due to the home now being under new management all reports and grades awarded under the previous management team are no longer available from the Care Inspectorate. This means that there are no grades to benchmark against.
- 4.10 They were inspected on November 2018 and report issued in January 2019.

The table below summarises the grades awarded on this inspection:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
14.11.19	3	N/A	N/A	N/A	3

- 4.11** There were no requirements detailed in the inspection report for remedial action by the care home. However, the inspectors did highlight 5 areas for improvement that they wanted the home to address.
- 4.12** The Manager of Hillview has drawn up an Action Plan to address these areas for improvement. A series of meetings will take place with the Manager to track progress in achieving the agreed outcomes.

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 (NCHC) provides an additional quality payment, by the HSCP. Now care homes qualify if they are awarded a grade of 5 - Very Good or 6 - Excellent for Key Question 1 'how well do we support people's wellbeing'. There is a second additional quality payment if the home is awarded the high grade in Key Question 1 and a grading of 5 - Very Good or 6 - Excellent in any of the other four key questions.
- 6.2** The NCHC 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** The Edinbarnet Inspection Report has financial implications for WDHSCP. This home will continue to receive the enhanced weekly rate of £3.00 per resident per week from the date of 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 NCHC terms are renegotiated or the Care Inspectorate reduces the grades awarded to Edinbarnet following inspection.
- 6.5** Sunningdale had been in receipt of the enhanced weekly rate of £2.50 per resident per week for Residential Homes. After the January 2018 inspection this could have been removed. It was agreed that despite the reduction in grades the enhanced quality award would remain in place as incentive to improve, as per NCHC guidance, conditional upon the grade of 5 or 6 in 'Quality of Care and Support' and a minimum of a 5 in any one other category being awarded in their next Care Inspectorate inspection. As this was not achieved the enhanced quality award payment was removed and the reduction backdated to the date of the inspection.

6.6 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.
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- 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
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Wards Affected: All



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