

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 25 September 2019

Time: 14:00

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

Contact: Gabriella Gonda, Committee Officer
Tel: 01389 737183 gabriella.gonda@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: 12 September 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE

WEDNESDAY, 25 SEPTEMBER 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 MINUTES OF PREVIOUS MEETING 5 - 8

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 19 June 2019.

4 AUDIT SCOTLAND REPORT To Follow

Submit report by the Chief Financial Officer on the above.

5 2018/19 AUDITED ANNUAL ACCOUNTS To Follow

Submit report by the Chief Financial Officer on the above.

6 AUDIT PLAN PROGRESS REPORT 9 - 29

Submit report by the Chief Internal Auditor – Health & Social Care Partnership Board providing an update on:

(a) the planned programme of audit work for the year 2019/20, 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;
and

(c) the agreed actions arising from the Annual Report to the IJB and the Controller of Audit for the financial years ended 31 March 2017 from the External Auditors.

7 CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 31 - 36

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

8 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 37 - 42

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing information on the most recent Care Inspectorate inspection reports for eight independent sector support services operating within the West Dunbartonshire area.

9 LIVING AMBITIONS LTD (SUPPORTED LIVING SERVICES) 43 - 55

Submit report by the Head of Service (Mental Health, Learning Disability & Addictions) presenting an update of the work being undertaken to support this third sector provider to achieve improvements within the quality of support currently they provide to adults with learning disabilities in West Dunbartonshire.

10 BRITAIN LEAVING EUROPEAN UNION UPDATE 57 - 61

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on Britain leaving European Union - Brexit.

11 CASTLE VIEW CARE HOME UPDATE To Follow

Submit report by the Head of Community Health and Care in relation to the above.

12 CHILDREN AND FAMILIES SERVICES UPDATE To Follow

Submit report by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer in relation to the above.

**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 Ceremony Room, Clydebank Town Hall, Dumbarton Road, Clydebank on Wednesday 19 June 2019 at 2.05 p.m.

Present: Bailie Denis Agnew, Councillor Marie McNair, Mr Allan MacLeod, Ms Rona Sweeney and Ms Audrey Thompson.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Julie Lusk, Head of Mental Health, Addictions & Learning Disability; Claire Andrews, Internal Auditor; Jo Gibson, Head of Community Health & Care Services; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice Services (Chief Social Work Officer); Serena Barnatt, Head of People and Change; Jennifer Ogilvie, Finance Business Partner and Craig Stewart, Committee Officer.

Also Attending: Mr Richard Smith, Senior Audit Manager, and Ms Zahrah Mahmood, Senior Auditor, Audit Scotland.

Apology: An apology for absence was intimated on behalf of Councillor John Mooney.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 13 March 2019 were submitted and approved as a correct record.

CHILDREN AND FAMILIES FIELDWORK SERVICES - UPDATE

A report was submitted by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer providing information on details of agreement with Trade Union representatives regarding Children and Families Fieldwork Services in response to a Collective Grievance submitted on 6 February 2019.

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

- (1) to note the management response to a collective grievance submitted by members of the Children and Families Fieldwork Team, issues identified and actions to be progressed;
- (2) to note the terms of the discussion that had taken place in respect of this matter, and approve the proposals being drawn up by officers in relation to the investment of £250,000 across Children and Families and the potential use of general reserves; and
- (3) that regular updates would be provided to future meetings of the Committee in relation to this matter.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2019

A report was submitted by the Chief Internal Auditor providing the Internal Audit Annual Report for the year ended 31 March 2019 which contains 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.

The Committee agreed to note the contents of the report.

LOCAL CODE OF GOOD GOVERNANCE REVIEW AND ANNUAL GOVERNANCE STATEMENT

A report was submitted by the Chief Financial Officer providing information on:-

- (a) the outcome of the self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance; and
- (b) the Annual Governance Statement for inclusion in the HSCP Board's Unaudited Annual Accounts.

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

- (1) to note the outcomes of the annual self-evaluation, the issues identified and improvement actions; and
- (2) to approve the Annual Governance Statement.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2018/19

A report was submitted by the Chief Financial Officer seeking approval of the 2018/19 unaudited annual report and accounts covering the period 1 April 2018 to 31 March 2019, subject to audit approval.

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

- (1) to approve the 2018/19 unaudited annual report and accounts; subject to audit review; and
- (2) to note that the Audit Committee would be recommended to formally approve the audited accounts at its meeting on 25 September 2019, 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:-

- (1) providing an update on the planned programme of audit work for the year 2018/19 in terms of 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;
- (2) providing an update on the progress on the agreed actions from the review of the Partnership Board's Code of Good Governance; and
- (3) 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.

The Committee agreed to note the progress made in relation to the Audit Plan for 2018/19 and in progressing other action plans.

SELF EVALUATION OF INTEGRATION ARRANGEMENTS 2019

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on the Health and Social Care Partnership Board progress under integration as required by the Scottish Government.

The Committee agreed:-

- (1) to note the content of the Self Evaluation Review of Integration completed with partners; and
- (2) to note that the improvements identified would be developed into an action plan following a local workshop with HSCP Board members and the SMT, supported by colleagues from Scottish Government.

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 and Health Improvement providing an update on the most recent Care Inspectorate inspection reports for nine 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 Head of Mental Health, Addictions & Learning Disability in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

CASTLE VIEW CARE HOME – ADULT SUPPORT & PROTECTION LARGE SCALE INVESTIGATION

A report was submitted by the Head of Community Health & Care Services providing information on:-

- (a) the recently conducted Adult Support & Protection Large Scale Investigation relating to Castle View Care Home; and
- (b) progress made in relation to the resultant Improvement Plan.

After discussion and having heard the Head of Community Health & Care Services and the Chief Officer in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) to note the contents of the report;
- (2) to note the terms of the discussion that had taken place in respect of this matter; and
- (3) that this item becomes a standing item of business on the agenda until such time as the Partnership was satisfied that matters had been satisfactorily addressed in the Improvement Plan.

The meeting closed at 3.55 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 25 SEPTEMBER 2019

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 2019/20, 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; and
 - The agreed actions from the audit of the Partnership Board's Governance.

2. Recommendations

- 2.1 It is recommended that the Audit Committee note the progress made in relation to the Audit Plan for 2019/20 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 2019/20 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 incomplete actions arising from previous years.

4. Main Issues

Progress on Audit Plan 2019/20 (and previous years)

West Dunbartonshire Council

- 4.1 Since 1st April 2019, 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:			
<u>2018/19 Audit Plan:</u>			
Children with additional needs transitioning into adults	0	1	0

Charging Policy (non-residential services)	1	5	1
Investigation: Overpayment of Wages - Home Care	1	1	0
Use of Care First Functionality for Financial Management (from 2017/18 Audit Plan)	0	7	0
Corporate Reports			
<u>2018/19 Audit Plan:</u>			
ICT Software Management Controls	0	0	3
ICT Device Management Controls	0	1	0
ICT Network Controls	0	2	2
Asset Management - Fleet / Review of Pool Car Usage	2	4	3
VAT	1	7	1
Total	5	28	10

4.2 A number of audits from the 2019/20 Audit Plan are currently in progress but are not yet complete.

4.3 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	Generally, complete implementation of recommendations within

otherwise require to be brought to the attention of senior management.	twelve months of action plan being agreed
--	---

4.4 For Social Care audit assignments outstanding actions from previously issued audit reports are included at Appendix 1.

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

Recently completed audit (all actions):

- VAT

Previously completed audits (outstanding actions):

- ICT Software Management Controls; and
- ICT Network Controls.

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

NHS Greater Glasgow and Clyde

4.7 Internal Audit reports which have recently been issued to the NHS Greater Glasgow & Clyde are included at Appendix 2.

4.8 These audits are all from the 2019/20 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.

Local Code of Good Governance

4.10 In addition to the reviews referred to above, reviews have been carried out on the Partnership Board's Local Code of Good Governance and progress on the actions arising is included at 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: **11 September 2019**

Person to Contact: Colin McDougall, Audit and Risk Manager
West Dunbartonshire Council
Telephone 01389 737436
E-mail – colin.mcdougall@west-dunbarton.gov.uk

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

Appendix 2: 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


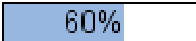
Generated on: 11 September 2019

Social Care Services Reports

154. Charging Policy - Non Residential Services (Report Issued May 2019)

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IA AP/732	<p><u>1. Financial Assessments Not Located/Provided</u> Service areas should ensure that it is built into their processes that Financial Assessment reviews are undertaken on an annual basis as this does not appear to be happening as standard. In addition, record keeping needs to be improved.</p> <p>(High Risk)</p>	<p>The Head of Service will issue an instruction to Integrated operational Managers on the requirement to undertake a Financial Assessment as part of the initial assessment of care and also that this should be reviewed annually. Evidence should also be retained to verify that this has been done.</p> <p>The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.</p>			30-Jun-2019	30-Sep-2019	Instruction issued to all Integrated Operational Managers that Financial Assessments must be completed when assessing care needs. Workshop held at the Extended Management Team session on 9 September. Agreement made that Financial Assessments will be part of the Carefirst assessment process and no sign off unless completed. In relation to Learning Disability Services these issues are being addressed through the LD finance group.	Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk	Beth Culshaw
T&PSR/IA AP/733	<p><u>2. Lack of Centralised / Service Based Records</u> While Carefirst should contain a record of all individuals receiving social care services, the recording of care charges and financial assessments was not available. In this regard, it is recommended that until the information is available and held centrally within Carefirst</p>	<p>Carefirst is the primary care management system for all community health and care clients. As such all clients in receipt of a service will have a Carefirst record. However there is an acknowledgment that there requires a cleansing of the volume of information held and an assessment as to the consistency</p>			30-Sep-2019	30-Sep-2019	Manual records now in place. Workshop planned to ensure operational and support staff are clear about roles, process and expectations.	Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk	Beth Culshaw

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
	<p>that all services prepare and maintain a list of all clients within their service area, this should include the service received and whether the client is charged or not.</p> <p>(Medium Risk)</p>	<p>of input across different services.</p> <p>Some services hold the financial assessment as a separate excel spreadsheet that has not been uploaded onto Carefirst e.g. Blue Badges.</p> <p>The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.</p> <p>In the interim a template has been issued to all operational managers to complete to list all service users currently in receipt of a service, detailing when last reviewed (including financial assessment) and also the personal care element.</p>							
T&PSR/IA AP/734	<p><u>3. Evidence of Benefits</u></p> <p>When carrying out Financial Assessments, verification of the clients Benefits/Income/Capital should be carried out, this verification should be retained as evidence to the assessment. Alternatively, consideration should be given to accessing/sharing information from the IWorld Benefits system as this is verified/evidenced information which would also ensure that the client is only being asked once for the information.</p> <p>(Medium Risk)</p>	<p>The revised Charging Policy will stress that evidence must be provided and retained to allow for a robust financial assessment to be undertaken. If service user refuses then the full charge will be applied. This will be detailed within the financial assessment.</p> <p>IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.</p>	▶		30-Aug-2019	31-Oct-2019	<p>IWorld access has been extended. See point 4 below regarding draft Charging Policy still being considered. Due date changed to end of October in line with expected timescales for Charging Policy being agreed.</p>	Jonathan Hinds; Wendy Jack	Beth Culshaw



T&PSR/IA AP/735	<p><u>4. Charging Policy</u> As the Community Based Care Charging Policy - Non Residential Services has not been reviewed for at least eight years and as some parts of the policy requires to be more generic and other parts require to be more specific, it is recommended that the policy be fully reviewed and revised. This will therefore provide more clarity, eliminate ambiguity and make it fit for purpose. It is also recommended that all services be included in the review to ensure input from all areas. In addition, once reviewed, the date of the revision should be recorded on the policy to ensure that there is proper version control. (Medium Risk)</p>	<p>A Charging Policy Review Group has been established on 7th Jan with meetings scheduled for every 2 weeks until end of June. The group includes all Heads of Service, the CFO, some Integrated Ops Managers and social care accountant. The draft Terms of Reference were considered at the 2nd meeting and agreement was reached between HoS about seconding a social worker to support the process. The review will consider the impacts of new Carers Act and Free Personal Care for Under 65 as well as Self Directed Support duties. It will also address the current anomalies/inequities between service users and opportunities to maximise charging in the context of the council's Commercialisation Policy – but within COSLA Guidance. Personal care is defined in legislation. A simple "service user guide" to non-residential charges can be added to the website/leaflet for distribution.</p>	▶		31-Aug-2019	31-Oct-2019	<p>A draft revised Charging Policy has been produced by a sub-group of a social worker practitioner and finance staff. This draft will be reviewed by the group and Carer reps and the due date has been moved to the end of October to allow time for this to be considered and agreed. The impact of the recent SDS Inspection Report and the associated Action Plan is being considered.</p>	Jonathan Hinds	Beth Culshaw
T&PSR/IA AP/738	<p><u>7. Billing Set Up</u> It is recommended that services take responsibility for setting up billing/adjustments for their own client groups. Alternatively, consideration should be given to centralising this process which would ensure a consistent approach across all services. (Low Risk)</p>	<p>This will require to be scoped and considered within the current review of the HSCP Senior Management Team and the team structure below, against the challenge of decreasing budget resources.</p>	▶		30-Sep-2019	30-Sep-2019	<p>This is ongoing as part of the P2P programme of work within the HSCP. Also the HoS are considering changes to structure including the current support for financial transaction processes.</p>	Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk	Beth Culshaw

157: Social Work Tendering & Commissioning (Report Issued 7 June 2019)


Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IA AP/760	<p><u>2. Resources Allocation Meetings</u> (a) It may be helpful for the CPU attend some of the resource allocation meetings.to establish ways they could work more collaboratively and if tools such as frameworks could be used. (b) Minutes should be taken at all such meetings in order to show the rationale of procurement decisions. In addition these notes should be included in service users' files. (Medium Risk)</p>	<p>(a) It would be beneficial for the CPU to have insight into the Resource Allocation Meetings process, but only with regard to the type of provider and service type required. (b) Rather than a full minute there will be a Decisions Summary produced after every meeting which will be distributed to both CPU and HSCP Finance Team.</p>			30-Sep-2019	30-Sep-2019	Procurement have attended ARG meetings and there are ongoing discussions to agree shared process of decision making across all adult and children services.	Joyce Campbell ; Fraser Downie; Hazel Kelly; Robert MacFarlane; Kirsteen MacLennan; Lynne McKnight ; Annie Ritchie; Bernadette Smith	Jo Gibson; Jonathan Hinds; Julie Lusk; Annabel Travers
T&PSR/IA AP/762	<p><u>4. Monitoring Providers</u> All monitoring should follow the procedures and be consistent across the partnership. (Medium Risk)</p>	Our review of commissioning and quality within the HSCP will ensure that a consistent monitoring approach will be developed across services. This will include a review of the functions within the Quality Assurance Team, in tandem with a review of the HSCP SMT structure.			31-Dec-2019	31-Dec-2019	A new organisational structure and additional resource has been identified and will be put in place following agreement of the HSCP Commissioning Plan at the August HSCP Board meeting.	Wendy Jack	Beth Culshaw
T&PSR/IA AP/764	<p><u>6. Use of Providers Not Through Frameworks</u> Service areas should consider ways to bring historical placements on contract in conjunction with the CPU. (Medium Risk)</p>	We will work through the pipeline priorities in order to maximise the level of compliance.			31-Mar-2020	31-Mar-2020	This is underway as part of the procurement process and each provider should be picked up as part of the procurement pipeline.	Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk	Beth Culshaw

Corporate Reports

146. ICT Software Licence Controls (Report Issued April 2019)

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IA AP/707	<p><u>1. Maintain a current view of corporate Licence estate</u> Management across the Council should continue, with the assistance of WDC ICT to review the processes for managing the Non-standard licence estate on an annual basis.</p> <p>(Low Risk)</p>	Agreed that ICT will annually check licenses and software with service areas.		<div style="width: 66%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 66%	31-Oct-2019	31-Oct-2019	Sept 19. 2 of the 3 milestones complete and on target for completion to schedule	James Gallacher ; Patricia Kerr	Victoria Rogers
T&PSR/IA AP/709	<p><u>3. Align Software management and device management processes</u> ICT Management should take steps to align the software management and device management processes through an annual review Note: This action also appears as an action on the device management audit.</p> <p>(Low Risk)</p>	Review available Reports (eg SCCM, AD and Greenbone) to improve the software inventory detail available to improve patch and license management processes.		<div style="width: 66%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 66%	31-Mar-2020	31-Mar-2020	Sept 19. 2 of the 3 milestones complete and processes continue to be refined as part of the Windows10 Upgrade project.	James Gallacher ; Patricia Kerr	Victoria Rogers

148. ICT Network Controls (Report Issued April 2019)









Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IA AP/712	<p><u>3. Ensure a comprehensive document set is included in the VoIP upgrade process</u> Management should ensure that a comprehensive suite of documents</p>	Full documentation of the system is part of the upgrade and handover process that is due for completion by 31 March 2019. This includes full resilience testing		<div style="width: 33%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 33%	30-Jun-2019	27-Sep-2019	Aug 19. Due date amended in line with agreeing a delivery date with supplier. Issues identified during testing required input from manufacturer.	Patricia Kerr	Victoria Rogers




Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
	is handed over/created as part of the VoIP upgrade currently underway (Low Risk)	which was originally part of the ICT Modernisation programme and for which a retention sum is being held by WDC.							








160. VAT (Report Issued September 2019)

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/003	<u>1a. VAT Reconciliation Adjustment</u> Seven expenses claims need to be reviewed by the Governance Team as part of their next VAT Reconciliation process either to adjust for them or to have the purchase card holders obtain the correct VAT receipts in each instance. It is recommended that Governance Team reissue the Purchase Card VAT guidance all Purchase Card users and approvers to remind them of the VAT legal requirements. (High Risk)	Governance Team will review the transactions identified and take the appropriate action. Purchase Card VAT guidance will be reissued to all purchase card holders and approvers stating that it is mandatory to attach a receipt to every transaction and will be issued at least once a year.			31-Aug-2019	31-Aug-2019	The transactions were reviewed by the Governance Team and no VAT adjustments were required. Email was issued on the 3 June 2019 stating that it is mandatory to attach a receipt/invoice to every transaction.	Karen Shannon	Gillian McNeilly
IAAP/004	<u>1b VAT Reconciliation Adjustment</u> It is recommended that the Finance Service Centre maintains responsibility of the overall administration of the Purchase Cards and provides guidance on the uses of the Purchase cards. (Medium Risk)	From 1 June 2019 all CPC purchases will require receipts or other back up as a mandatory requirement for all transactions.			01-Jun-2019	01-Jun-2019	Complete.	Stella Kinloch	Arun Menon

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/005	<p><u>2a. Purchase Card VAT Invoices Testing</u> It is recommended that purchase card holders and approvers are reminded that VATable expenses can only be approved when a VAT receipt has been attached to the claimed expenses.</p> <p>(Medium Risk)</p>	<p>Purchase Card VAT guidance will be reissued to all purchase card holders and approvers stating that it is mandatory to attach a receipt to every transaction and will be issued at least once a year.</p> <p>Reminder email can be provided to all Cardholders/Approvers by FSC.</p>			30-Nov-2019	31-Aug-2019	Sample checks are performed every month to ensure that relevant documentation is available to support purchase card transactions.	Stella Kinloch; Karen Shannon	Gillian McNeilly; Arun Menon
IAAP/006	<p><u>2b. Purchase Card VAT Invoices Testing</u> It is also recommended that spot checks, to ensure VAT receipts are attached to expense claims, are carried out on some of the other months in the year 2018-19 that has not already been checked, in order to reduce this risk.</p> <p>(Medium Risk)</p>	Sample checks are performed on a monthly basis and where possible earlier months will be reviewed as resources allow.			31-Mar-2020	31-Mar-2020	Sample checks are performed every month to ensure that relevant documentation is available to support purchase card transactions	Karen Shannon	Gillian McNeilly
IAAP/007	<p><u>3. Purchase Card VAT invoices check</u> It is recommended that, given the importance of the issue the Governance team carry out this check on a monthly basis so that this risk can be reduced.</p> <p>(Medium Risk)</p>	Sample checks are performed on a monthly basis and will continue to be performed.			31-Dec-2019	31-May-2019	Sample checks are performed every month to ensure that relevant documentation is available to support purchase card transactions	Karen Shannon	Gillian McNeilly
IAAP/008	<p><u>4. Leisure Trust VAT Invoice check</u> It is recommended that as a good practice all checks and workings carried out as part of the Reconciliation process are properly documented, thereby ensuring that correct records are being kept, especially in the event of a VAT</p>	Procedures will be updated to accurately reflect all processes undertaken and will be reviewed on an ongoing basis to ensure that all processes are accurately documented.			31-Jul-2019	31-Aug-2019	Procedures have been updated to reflect all processes undertaken and will be reviewed on an ongoing basis to ensure that all processes are accurately documented.	Karen Shannon	Gillian McNeilly

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
	inspection. (Low Risk)								
IAAP/009	<u>5. VAT Manual</u> It is recommended that the VAT Manual is reviewed and updated in line with the recent VAT legislation and regulations. It is suggested that, in addition to a comprehensive VAT Manual, a shorter guidance document is prepared which would be more user friendly. (Medium Risk)	The VAT manual will be updated as and when changes occur. Consideration will be given to the best way to provide VAT guidance to officers of the Council.		<div style="border: 1px solid black; background-color: #4f81bd; width: 100px; height: 15px; position: relative;"><div style="background-color: #0070c0; width: 25%;"></div>25%</div>	31-Dec-2019	31-Dec-2019	The VAT manual is under review and consideration is being given as to the best way to provide VAT guidance to officers of the Council.	Karen Shannon	Gillian McNeilly
IAAP/010	<u>6. VAT e-Learning Module</u> It is recommended that a VAT e-Learning Module is developed and WDC, WDLT and CPC employees are required to complete this in order to educate them on the VAT basics and helping to ensure compliance with VAT legislation and Regulations. (Medium Risk)	Consideration will be given to the best way to provide VAT guidance to officers of the Council, WDLT and CPC		<div style="border: 1px solid black; background-color: #4f81bd; width: 100px; height: 15px; position: relative;"><div style="background-color: #0070c0; width: 25%;"></div>25%</div>	31-Mar-2020	31-Dec-2019	A number of options are being considered as to the best way to provide VAT guidance to officers of the Council, Leisure Trust and CPC, including a revised VAT manual which will include summarised guidance as to the VAT status of goods/services.	Karen Shannon	Gillian McNeilly
IAAP/011	<u>7. Admin Support Unit Invoice Check</u> It is recommended that the ASU carry out monthly checks on the CPC invoices, as well those for WDC and WDLT. (Medium Risk)	Process updated to include CPC effective 30 April 2019.		<div style="border: 1px solid black; background-color: #4f81bd; width: 100px; height: 15px; position: relative;"><div style="background-color: #0070c0; width: 100%;"></div>100%</div>	31-May-2019	31-May-2019	Complete.	Graham Hawthorn	Arun Menon

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

NHS Greater Glasgow and Clyde

Internal Audit Activity Report for Integration Joint Boards – September 2019

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.

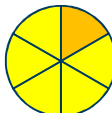

Members of the Integration Joint Board have an interest in the outcomes of audits at both NHS Greater Glasgow and Clyde and the local authority that have an impact upon the Integration Joint Board's ability to deliver the strategic plan.

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

2.1 The table below sets out the reports that have been presented to the NHSGGC Audit and Risk Committee during the 2019/20 audit year.

One report is rated "Amber". Full definitions for the colour coding and the grading structure are set out below.

Review	Audit rating	Control objective assessment	No of issues per grading			
			4	3	2	1
E.5 IT Security	Substantial improvement required		-	2	5	-
F.1 Property Transaction Monitoring	Effective		-	-	-	-
F.4 Management Action Follow Up Q1	N/A	N/A	-	-	-	-

The amber rated reports is as follows:

2.2 IT Security

NHS Greater Glasgow and Clyde has heavily invested in Cisco tools for endpoints, emails, firewalls, and intrusion prevention to improve network security. This has also enabled the organisation to access improved threat intelligence and vulnerability scanning. Actions have been taken to reduce the number of vulnerabilities identified by these tools and improve awareness of cyber threats within the organisation via phishing exercises and follow up training.

The audit identified ongoing risks to the organisation, both internal and external. It identified that the Board would benefit from revising the design of the leavers process to ensure that eHealth is automatically notified of all leavers on a timely basis. Information routinely provided from HR or line

managers to ensure that user accounts are disabled for leavers is ad-hoc and not complete to reflect staffing changes and required system access. This has resulted in eHealth having to implement an approach to disable accounts routinely after 60 days of inactivity. It also noted weaknesses in process and documentation for privileged and generic accounts reviews as part of a wider Active Directory user access, including the need to improve logging and monitoring of activity.

The review also identified external risks to the organisation. As such, the Board should ensure that there is a roadmap to remove legacy infrastructure and unsupported operating systems, where possible, from the network or ensure that multi layered controls are utilised to safeguard the Board. In addition, it is recommended a separate action plan should be put in place to continue to reduce the number of remaining vulnerabilities identified by Cisco Advanced Malware Protection.

The findings included in the management action plan have been agreed with the audit contacts and sponsor. A timeline for the completion of actions has also been agreed, which will be followed-up as part of their quarterly follow-up process.

3. Definitions

The ratings below describe Scott-Moncrieff's overall opinion on the control frameworks reviewed during each audit:

Immediate, major improvement required
Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met. Critical: fundamental absence or failure of key controls
Substantial improvement required
Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met. High: control objective not achieved - controls are inadequate or ineffective
Minor improvement required
A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met. Moderate: Control objective achieved - no major weaknesses but scope for improvement
Effective
Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met. Low: Control objective achieved - controls are adequate, effective and efficient

Recommendations are graded as follows:

Ranking	Definition
RED	Very high risk exposure - major concerns requiring immediate senior management attention.
AMBER	High risk exposure - absence / failure of key controls.
YELLOW	Moderate risk exposure - controls not working effectively and efficiently.
GREEN	Limited risk exposure - controls are working effectively, but could be strengthened.

Appendix 3 WDHSCP - Audit Reports

Generated on: 11 September 2019




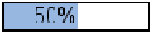

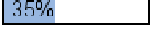
Action Status	
	Cancelled
	Overdue
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

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




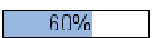
Action Code	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
WDHSCP-019	9. <u>Medium term financial plan</u> Develop medium term financial plan.			28-Feb-2018	30-Nov-2019	Julie Slavin	Beth Culshaw	<p>The WDC CMT are updating the Long Term Financial Strategy. There was also a whole day workshop on the likely budget position for 2020/21 to 2022/23 and the projected level of savings required across all services. NHSGGC will consider their medium term position at a series of upcoming CMT sessions. The output of this will be incorporated into the HSCP draft MTFP to present to the Board in November. The WDHSCP Strategic Plan for 2019 -2021 will also shape the Medium Term Financial Plan as will the recommendations from both the Audit Scotland Report and the Ministerial Steering Group's Report on the Progress of Integration.</p> <p>Delay in the presentation of the plan is due to a number of factors, i.e. the complexity of the</p>

Action Code	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
								funding arrangements, the short term nature of financial settlements and the competing priorities of the CFO including work on minimising the 2018/19 year end projection, procurement and commissioning activity (contracts and living wage) and satisfying Scottish Government's requirement for significant levels of financial information across the integration agenda linked to different funding streams.

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

Action Code	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
WDHSCP-024	<u>1. Review of Audit Committee</u> Review the effectiveness of the Audit Committee and the Terms of Reference			31-Dec-2018	31-Dec-2019	Colin McDougall	Julie Slavin	Management have reviewed the Cipfa documentation and a meeting will be arranged between the Chair and the Chief Internal Auditor. This action has been delayed by other WDC priorities.
WDHSCP-026	<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	31-Dec-2019	Julie Slavin	Beth Culshaw	Will follow on from the Medium Term Financial Strategy and reflect where available the funding assumptions from other partners, however continuing 1 year only settlements from the Scottish Government increases uncertainty of future funding. Delay in the presentation of the plan is due to a number of factors, i.e. the complexity of the funding arrangements, the short term nature of financial settlements and the competing priorities of the CFO including work on minimising the 2018/19 year end projection, procurement and commissioning activity (contracts and living wage) and satisfying Scottish Government's requirement for significant levels of financial information across the integration agenda linked to different funding streams.

Project 6. Annual Code of Good Governance (June 2019)

Action Code	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
WDHSCP-036	<p><u>2. Procurement Compliance</u> Increase the % of spend by HSCP Board with 3rd party providers being compliant with Financial Regulations and have robust service specifications and contract monitoring arrangements in place.</p>			30-Apr-2020	30-Apr-2020	Wendy Jack; Julie Slavin	Beth Culshaw	Monthly review of compliance is underway led by HSCP Chief Finance Officer & Head of Planning and reported directly to Chief Officer and SMT. Progress has been made with compliance across national care home contract and framework compliance; work is ongoing within individual service areas to ensure compliance of spend. The 28 August WDC Tendering Committee approved the direct award of 55 contracts covering current residential and respite placements for adults with a disability. This reflects the 8 May Report to the HSCP Audit Committee on procurement pipeline spend and compliance.
WDHSCP-037	<p><u>3. Progress of Integration Action Plan</u> Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation</p>			31-Mar-2020	31-Mar-2020	Beth Culshaw	Joyce White	Development sessions with HSCP Board members was held to undertake the self evaluation and begin to develop the action plan. NHS GGC hosted a session with HSCP Board members from across partnership and Chief Officers in August and a session is being planned with West Dunbartonshire Council and HSCP senior leadership. These sessions support wider partnership engagement and an opportunity to review progress against integration.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 25 September 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 reports for four 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.
- 3.2** The Care Inspectorate introduced new ways of inspecting care and support based on the new standards which are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing the four quality themes: care & support, environment, staffing and management & leadership to five 'key questions': '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** The new approach began with care homes for older people in July 2018. Inspections continue to evaluate and report using the six point scale of 1 – Unsatisfactory to 6 – Excellent. A significant change is that 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.
- 3.4** If a Grade 2 - Weak or less is awarded and/ or have requirements in their report then their next inspection is normally a follow up inspection. A follow up inspection only looks at progress made in addressing issues highlighted in the previous report, allowing 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.
- 3.5** WDHS CP Quality Assurance Team monitor 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.

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

- Clyde Court Care Home
- Hillview Care Home
- Strathleven Care Home
- Balquhidder House

4. Main Issues

Clyde Court Care Home

4.1 Clyde Court Care Home is owned and managed by Four Seasons (No 9) Ltd who operate a large number of care homes across the country. The home is registered with the Care Inspectorate for a maximum of 70 residents. As of 27 August 2019 there were 55 West Dunbartonshire residents supported within the care home.

4.2 They were inspected on 26 February 2019. The inspection was a follow up inspection looking at progress made in addressing issues highlighted for improvement in their June 2018 inspection, so the new approach of inspecting the quality of care and support was not used. The table below gives the grades for each of the four themes awarded to Clyde Court Care Home over their last 3 inspections:

Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
26.02.19	3 – Adequate	Not Assessed	4 – Good	Not Assessed	
28.06.18	3 – Adequate	Not Assessed	4 – Good	Not Assessed	
25.07.17	4 – Good	4 – Good	4 – Good	4 – Good	

4.3 As this was a follow up inspection the grades awarded in this inspection to Clyde Court Care Home were the same as in their previous inspection of June 2018. The inspectors noted that the requirements detailed in their previous inspection of June 2018 had been met. In addition the Inspectors did not highlight any new requirements in the inspection report for remedial action by the care home.

Hillview Care Home

4.4 Hillview Care Home is owned and managed by Advinia Care Homes Limited, who are a large national operator. This is the second 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 27 August 2019 there were 122 West Dunbartonshire residents supported within the care home.

4.5 Since Hillview Care Home was acquired by Advinia Care Homes Limited in December 2017 the home has only been inspected once. All reports and grades awarded under the previous owners are no longer available from the Care Inspectorate. This means that there is only one set of grades to benchmark against.

4.6 Hillview Care Home was inspected on 05 March 2019. The inspection was a follow up inspection looking at progress made in addressing issues highlighted for improvement in their November 2018 inspection. The table below gives the grades for each of the five key questions awarded to Hillview Care Home in their last two inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staffing	How good is our setting	How well is our care and support planned
05.03.19	3 – Adequate	Not Assessed	Not Assessed	Not Assessed	3 – Adequate
14.11.18	3 – Adequate	Not Assessed	Not Assessed	Not Assessed	3 – Adequate

4.7 As this was a follow up inspection the grades awarded in this inspection to Hillview Care Home were the same as in their previous inspection of November 2018. The inspectors noted that the requirements from the previous inspection had been met and there were no new requirements detailed in the inspection report for remedial action by the care home.

Strathleven Care Home

4.8 Strathleven Care Home is owned and managed by Pelan Ltd., who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 21 Residential residents. As of 22 August 2019 there were 19 West Dunbartonshire residents supported within the care home.

4.9 The care home was inspected on 18 July 2019. The table below summarises the movement in grades 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 staffing	How good is our setting	How well is our care and support planned
18.07.19	4 – Good	Not Assessed	3 – Adequate	Not Assessed	4 – Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
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	

4.10 The grades awarded in this inspection to Strathleven Care Home were lower than those awarded in their previous inspection in April 2018. There were no requirements detailed in the inspection report for remedial action by the care

home. However, the inspectors did highlight an area for improvement that they wanted the home to look at.

Balquhiddier House

- 4.11** Balquhiddier House is owned and managed by Balquhiddier Care Ltd., who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 65 residents. As of 22 August 2019 there were 48 West Dunbartonshire residents supported within the care home.
- 4.12** The care home was inspected on 07 August 2019. The table below summarises the movement in grades awarded to Balquhiddier House over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staffing	How good is our setting	How well is our care and support planned
07.08.19	5 – Very Good	Not Assessed	Not Assessed	Not Assessed	5 – Very Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
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	

- 4.13** The grades awarded in this inspection to Balquhiddier House were slightly lower than those awarded in their previous inspection in July 2018. 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 (NCHC) provides an additional quality payment, by the HSCP. 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** Both Strathleven and Balquhidder House's Inspection Reports have financial implications for the HSCP. As detailed at point 6.1 above, Balquhidder House will continue to receive the enhanced weekly rate of £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** Strathleven Care Home has been in receipt of the enhanced weekly rate of £2.50 per resident per week for Residential Homes. After their July 2019 inspection this could have been removed. It was agreed that despite the reduction in grades the enhanced quality award would remain in place as an incentive to improve, as per NCHC guidance, conditional upon the grade of 5 or 6 in Key Question 1 'how well do we support people's wellbeing' and a minimum of a 5 in any one in any of the other four key questions being awarded in their next Care Inspectorate inspection.
- 6.5** 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 Balquhidder House following 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 2019 – 22 priorities' are:

- Early Intervention;
- Access;
- Resilience;
- Assets;

- Inequalities

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.

Name: Wendy Jack

Designation: Interim Head of Strategy, Planning and Health Improvement

Date: 27 August 2019

Person to Contact: Brian Gardiner
Contracts & Commissioning Officer
West Dunbartonshire HSCP
Hartfield Clinic,
Latta Street, Dumbarton G82 2DS
E-mail: brian.gardiner@west-dunbarton.gov.uk
Telephone: 01389 812309

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: 25 September 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 information on the most recent Care Inspectorate inspection reports for eight 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 registered care services based on the new standards which are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing the four quality themes: care and support, environment, staffing and management & leadership to five 'key questions': '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 use the six point scale from 1 – Unsatisfactory to 6 – Excellent. The new inspection approach began with care homes for older people in July 2018. There is no date set for rolling out the new process for all other registered care services. The Care Inspectorate reports detailed in this report still focuses on the four quality themes and will not change until the Care Inspectorate roll out their new process of inspecting to all registered services.
- 3.4** The independent sector support services reported here are within the areas of Care at Home & Housing Support Services, Day care of children and Fostering. The services are:
- Key Community Supports - Dunbartonshire – the service is provided across West Dunbartonshire.
 - Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) – the service is provided across West Dunbartonshire.
 - Neighbourhood Networks in Scotland Limited – the service is provided in the Clydebank and Old Kilpatrick area.
 - Enable Scotland - Kilpatrick PALS (Play After Learning Scheme) – this service is located in Dalmuir.
 - Altogether Care – the service is provided across West Dunbartonshire.

- The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services – the service is provided across West Dunbartonshire.
- Foster Care Connections Limited - this service is provide to children and young people from West Dunbartonshire.
- JMT Fostering- this service is provide to children and young people from West Dunbartonshire.

4. Main Issues

Care at Home & Housing Support Services

Key Community Supports - Dunbartonshire

- 4.1 Key Community Supports - Dunbartonshire provide a Housing Support Service to adults with learning disabilities in their own homes. The service was inspected on 12 December 2018. The table below summarises the movement in grades awarded to Key Community Supports - Dunbartonshire in their last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
12.12.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
19.12.17	4 - Good	Not assessed	4 - Good	4 - Good
37.07.17	3 – Adequate	Not assessed	4 - Good	3 – Adequate

- 4.2 The grades awarded to Key Community Supports - Dunbartonshire show a continued improvement in grades from previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

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

- 4.3 Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) is a combined Housing Support and Care at Home service for adults and older people living in their own homes. The service was inspected on 01 February 2019. The table below summarises the movement in grades awarded to Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
01.02.19	4 - Good	Not assessed	4 - Good	3 – Adequate
28.03.18	3 – Adequate	Not assessed	3 – Adequate	3 – Adequate
22.03.17	4 - Good	Not assessed	3 – Adequate	4 - Good

- 4.4 The grades awarded to Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) in this inspection have seen an improvement to those awarded in their previous inspection in 2018. Their inspection report detailed the following requirement to be addressed:

- People's support to be regularly reviewed and updated and people kept safe. The provider must ensure
 - Reviews of care plans take place no less than 6 monthly.
 - Reviews to involve people and their families, where appropriate, and provide clear guidance to staff on how to help people achieve their outcomes.

- Risk assessments are reviewed no less than 6 monthly.
- Reviews of risk assessments detail any changes in the risks identified and the level of risk and provide clear directions to staff on how to recognise and manage identified risk areas.
- Ensure relevant staff are trained in and receive regular refresher training in Risk assessment and management
- Reviews of care plans and reviews of risk assessments should take place at the same time.

Timescale to meet requirement : 30 September 2019

Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) has been actively implementing the changes required within the timescale set.

Neighbourhood Networks in Scotland Limited

- 4.5** Neighbourhood Networks in Scotland Limited is a Support Service. The service is offered to vulnerable or excluded people living in their own homes who require lower levels of support on identifying and highlighting life skills individuals have to increase self-esteem, build new friendships and reduce isolation. The service was inspected on 08 January 2019. The table below summarises the movement in grades awarded to Neighbourhood Networks in Scotland Limited over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
01.02.19	6 – Excellent	Not assessed	Not assessed	6 – Excellent
28.03.18	6 – Excellent	Not assessed	6 – Excellent	Not assessed
22.03.17	6 – Excellent	Not assessed	Not assessed	5 – Very Good

- 4.6** The grades awarded to Neighbourhood Networks in Scotland Limited show that the service continues to maintain the high grades they received since 2017. There were no requirements detailed in this inspection report for remedial action by the service.

Altogether Care

- 4.7** Altogether Care is a combined housing support and care at home service for older people and adults with physical and sensory impairment and/or learning disabilities living in their own homes. The service was inspected on 22 July 2019. The table below summarises the movement in grades awarded to Altogether Care over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
22.07.19	5 – Very Good	Not assessed	5 – Very Good	5 – Very Good
30.04.18	6 – Excellent	Not assessed	6 – Excellent	6 – Excellent
09.05.17	5 – Very Good	Not assessed	5 – Very Good	5 – Very Good

- 4.8** The grades awarded to Altogether Care show that the service continues to maintain the high grades they received since 2017. There were no requirements detailed in this inspection report for remedial action by the service.

The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services

- 4.9** The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services is a combined Housing Support and Care at Home service for adults who have mental health issues, learning disabilities, adults with alcohol related brain damage and acquired brain injury. The service was inspected on 01 July 2019. The table below summarises the movement in grades awarded to The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
01.07.19	5 – Very Good	Not assessed	Not assessed	5 – Very Good
19.07.18	5 – Very Good	Not assessed	Not assessed	Not assessed
16.08.17	5 – Very Good	Not assessed	6 – Excellent	5 – Very Good

- 4.10** The grades awarded to The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services in this inspection show that the service continues to maintain the high grades they have received since 2009. There were no requirements detailed in this inspection report for remedial action by the service.

Day care of children

Enable Scotland - Kilpatrick PALS (Play After Learning Scheme)

- 4.11** Enable Scotland - Kilpatrick PALS (Play After Learning Scheme) provides an out of school care to school age children with additional support needs and is also available during school holidays. The service was inspected on 01 April 2019. The table below summarises the movement in grades awarded to Enable Scotland - Kilpatrick PALS (Play After Learning Scheme) over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
01.05.19	5 – Very Good	4 - Good	Not assessed	Not assessed
27.05.16	5 – Very Good	5 – Very Good	5 – Very Good	5 – Very Good
29.04.13	4 - Good	4 - Good	4 - Good	4 - Good

- 4.12** The grades awarded to Enable Scotland - Kilpatrick PALS (Play After Learning Scheme) show that there has been a slight reduction since their last inspection in May 2016. There were no requirements detailed in this inspection report for remedial action by the service.

Fostering

Foster Care Connections Limited

- 4.13** Foster Care Connections Limited provides a Fostering Service. The service offers a fostering and family placement service for children and young people from birth to 18 years of age. The service was inspected on 31 May 2019. The table below summarises the movement in grades awarded to Foster Care Connections Limited over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
31.05.19	5 – Very Good	Not assessed	4 - Good	4 - Good
17.05.18	4 - Good	Not assessed	3 – Adequate	3 – Adequate
28.04.17	5 – Very Good	Not assessed	Not assessed	Not assessed

- 4.14** The grades awarded to Foster Care Connections Limited show the service has improved their grades since the inspection in April 2017. There were no requirements detailed in this inspection report for remedial action by the service.

JMT Fostering

- 4.15** JMT Fostering provide a fostering and family placement service. The service was inspected on 31 May 2019. The table below summarises the movement in grades awarded to JMT Fostering over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
31.05.19	6 – Excellent	Not assessed	6 – Excellent	Not assessed
30.06.17	5 – Very Good	Not assessed	6 – Excellent	Not assessed
07.09.15	5 – Very Good	Not assessed	5 – Very Good	5 – Very Good

- 4.16** The grades awarded to JMT Fostering in this inspection have seen a slight improvement and that the service continues to maintain the high grades they 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 2019 – 22 priorities' are:

- Early Intervention;
- Access;
- Resilience;
- Assets;
- Inequalities

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.

Name: Wendy Jack

Designation: Interim Head of Strategy, Planning and Health Improvement

Date: 27 August 2019

Person to Contact: Brian Gardiner
Contracts & Commissioning Officer
West Dunbartonshire HSCP
Hartfield Clinic,
Latta Street, Dumbarton G82 2DS
E-mail: brian.gardiner@west-dunbarton.gov.uk
Telephone: 01389 812309

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: 25 September 2019**

Subject: Living Ambitions Ltd (Supported Living Services)

1. Purpose

- 1.1** To present the Audit Committee with an update of the work being undertaken to support this third sector provider to achieve improvements within the quality of support currently they provide to adults with learning disabilities in West Dunbartonshire.

2. Recommendations

- 2.1** The Audit Committee is asked to note the work being undertaken to support the staff and management of Living Ambitions Ltd to make improvements within the quality of their care governance systems and processes, the leadership and management of the service, as well as the standard of the care and support provided to the service users.

3. Background

- 3.1** Living Ambitions Ltd currently supports six adults with a learning disability within West Dunbartonshire and three adults within the Glasgow City boundaries who originate from our area. They have a range of particular health and social care needs.
- 3.2** Discussions have been ongoing with the management team at Living Ambitions Ltd regarding several underpinning issues which have contributed to deterioration in the quality and flexibility of support provided to these service users and the quality of the leadership and management of the service as a whole.
- 3.3** In order to support Living Ambitions Ltd with the improvement process, a monthly multi agency core group has been established by West Dunbartonshire Learning Disability Services (WDLDS) which includes representation from the Care Inspectorate. This group meets monthly to identify and review all areas required for improvement. An improvement plan has been developed and is reviewed and updated at these meetings to support the process.

4. Main Issues

- 4.1** The Care Inspectorate graded the service as 3's (adequate) in quality of care and support; quality of staffing; and quality of management and leadership in October 2018. These grades had reduced from the previous inspection report in October 2017, which had graded the same categories as 4's (good).

4.2 This latest Care Inspectorate report in 2018 followed concerns raised by Social Work Services in Glasgow and locally in West Dunbartonshire pertaining to a high turnover of staff and management; the impact this was having on the consistency of support provided to service users; and also an apparent deterioration in the choice and control afforded to the service users about their own support requirements.

5. Options Appraisal

5.1 There are no requirements for an option appraisal at this time.

6. People Implications

6.1 Living Ambitions Ltd is in the process of progressing with a number of issues. These include, undertaking a range of different types of training; embedding more robust systems and processes to support staff and promote high standards of practice; and to a lesser extent recruit male support staff. There have also been considerable improvements achieved in reducing the amount of vacancies; agency use; and staff sickness. Work is ongoing in relation to stabilising the management structure within the service given previous challenges with staff retention; sickness and staff in temporary acting up positions.

7. Financial & Procurement Implications

7.1 Living Ambitions are included within the current procurement pipeline. Work will commence shortly with colleagues from procurement as part of the next phase of their work, which involves the establishing the required contracts for providers of support living services.

8. Risk Analysis

8.1 Current risks are being managed through the improvement action plan and will be via Adult Support & Protection (ASP) procedures if required.

9. Equalities Impact Assessment (EIA)

9.1 No Equalities Impact Assessment is required.

10. Environmental Sustainability

10.1 There are no environmental implications.

11. Consultation

11.1 Consultation with Living Ambitions Ltd, the families and their service users remains ongoing. No other consultation has been required.

12. Strategic Assessment

- 12.1** The Keys to Life Strategy (Scottish Government, 2013) emphasises the requirement for care to be provided to the highest standards of quality and safety. The Health & Social Care Standards (Scottish Government, 2017) which came into effect in April 2018, also 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'.

Name: Julie Lusk

Designation Head of Service (Mental Health, Learning Disability & Addictions)

Date: 29.08.19

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
1	Ensuring that all service users have a review of their care and support as required.	Improve the flexibility of staff to allow them to attend HSCP reviews.	JG outstanding due to family unable to attend date arranged. DW & RA – 14.08.19 FJ – 19.08.19	B-A R	30.08.19		RED
		Dates to be identified for HSCP (Social Work) reviews for all services users being supported by Living Ambitions in West Dunbartonshire& Glasgow.	MM in the process of being arranged. CO – complete in June with SW attendance. SM – Glasgow City Council undertook Guardianship review – WDC to arrange HSCP review. LS – Complete – 20.08.19	B-A R	30.09.19		GREEN
2	One service user not being able to stay out later than 10pm, which was causing anxiety for service user.	A ‘Key Safe’ to be explored with Housing Department.	Lomond & Clyde Care & Repair contacted – to be complete by EC	B-A R EC	30.08.19		RED
3	Service users unable to be supported to attend Club in Clydebank due to	Service users to be supported to attend club.	Living Ambitions to ensure there is always a driver on shift and if no driver available service users will	B-A R	JUNE 2019 COMPLETED		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
	staff reluctance to drive mobility cars.		share a taxi.				
4	One service user was informed she could not be supported to attend church due to staff rotas	Service User be supported to attend church	Staff rotas re-arranged to ensure staff available to provide this support	M O’N	Immediately COMPLETED		GREEN
5	Concerns raised by one service user in Levenbank Terrace about the noise of a visiting service user.	Affected service user to be re-assured and supported to cope with ‘disruption’.	Living Ambitions Management to investigate issue and find a resolution to suit all concerned	M O’N	4 weeks COMPLETED		GREEN
6	Concern over the personal care of one service due to her requirements for prescribed topical (skin) creams not being routinely applied.	Appropriate level of personal care to be offered in line with each service users’ needs.	Living Ambitions Management have introduced new paperwork to monitor personal care and ensure care plans contain the required details of personal care requirements.	M O’N	4 weeks COMPLETED		GREEN
7	All support plans to contain essential information and be regularly updated.	Updated support plans to be introduced for all service users.	50% progress on new paperwork being rolled out.	B-A R	October 2019		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
			Personal Care Support plans to be reviewed for possible advice/suggestions re: health needs.	B-A R JC	30.08.19		RED
8	Progression of ASP Concerns.	Tenancy Agreements to be finalised (to avoid arrears causing financial harm).	Tenancy agreements have been signed, however concerns raised regarding Housing benefit which should have been completed in September 2018 for one service user. Living Ambitions to discuss with Management to consider LA paying back outstanding balances. Feedback to families.	B-A R E R	September 2019		AMBER
			Management plan in place for service user with arrears associated with late Housing Benefit application.	B-A R E R	September 2019		AMBER

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
			Identification of those service users who have still to have Housing Benefit finalised.	B-A R E R	June 2019 COMPLETED		GREEN
		Living Ambitions to introduce their own MARRS Sheets to aid administration of medications.	MARRS Sheets in place and are being used appropriately.	B-A R J C	June 2019 COMPLETED		GREEN
		All Living Ambitions staff to undertake ASP training available via Local Authority.	Staff to complete training (Sept 2019-Mar 2020) A confirmation of dates within new training calendar. Some staff attended in August 2019 – the rest will be booked onto the new dates due to be provided.	B-A R	(Update Required) November 2019		AMBER
8B		All staff to receive required training and support pertaining to	All staff complete online GDPR training and Service User Confidentiality is	B-A R	July 2019 COMPLETED		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
		data protection and client confidentiality.	discussed through individual Supervisions and Team Meetings.				
8C		Need for staff to receive appropriate level of medication training to support service users.	All staff to have medication training within the last 12 months.	B-A R	JULY 2019 COMPLETED		GREEN
8D		Robust monitoring of medication errors in place and collation of numbers of errors per month.	Medication errors are being monitored and all staff retrained to minimise reoccurrence. Daily Medication counts now in place.	B-A R	Sept 2019 COMPLETED		GREEN
8E		Monthly returns of collated medication errors forwarded to Core Group prior to each meeting.	July – 1 Medication Error - ASP Enquiry logged, CI informed. August – No Medication Errors September – October – November – December -	B-A R	Monthly Update		GREEN
9	Inclusion of service users in decisions	Need for service users to be	All staff have received guidance on this, including	M O’N	May 2019		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition's Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
	about service and their support planning.	consulted about all significant aspects of service delivery	a pack designed to support staff with service user inclusion.		COMPLETED		
10	Limited staff knowledge on HSCP and Independent Living Fund (ILF) and potential implications on support offered.	Need for staff to learn about the implications for different forms of funding.	Meeting complete on 22 nd Aug by ILF Co-ordinator and this will be discussed with staff through supervision and team meetings, and locally rolling out the ILF grids to all that receive ILF Funding	M O'N	22.08.19		RED
11	Household expenditure and individual service user contributions to this requiring review to ensure fairness.	Need for direct debits towards the household kitty to be adjusted to reflect level of outgoings, and any overpayments to be refunded to service users	Living Ambitions management to ensure their Finance Co-ordinator will review annually. Household account is no longer in excess.	B-A R	Ongoing (Reviewed Annually).		GREEN
12	Need to address arrears for one service user who wasn't	To resolve the debt owed by service user	Living Ambitions Management has resolved this.	B-A R	August 2019 COMPLETED		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
	billed for their contributions.						
13	Need to address the accrued savings for one service user as it is close to impacting on their benefits.	To support service user to manage savings and review required expenditure.	Consideration being given to mobility car. Trust fund to be established which will be accessed via solicitor. Holiday booked for service user.	B-A R	Ongoing (Monthly updates)		AMBER
14	Need to address the accrued savings for different service user due to potential impact on benefits.	To support service user to manage savings and review required expenditure.	New Specialist Chair purchased. Holiday booked for service user.	B-A R	August 2019 COMPLETED		GREEN
15	Staffing levels within the Service.	Need for service to be staffed to allow service users to participate in local activities.	Services are now fully staffed.	B-A R	August 2019 COMPLETE		GREEN
16	Ensure service user requiring frequent injections receive them as per medical advice.	Ensure service user requiring regular injections receives these in a scheduled way via GP Practice.	Injections planned for the full year in the diary. To be added to the MAR Sheet	B-A R	Ongoing (Monthly update)		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
17	Service User transport to Day Centre.	Required levels of support provided to service users who access Day Centre Transport to ensure safety.	All staff are now aware that the people we support require assistance with getting on bus.	B-A R	June 2019 COMPLETED		GREEN
18	Two service users require particular support with shaving and footcare.	All staff to be familiar with all requirements of personal care for all service users.	All staff now aware of all daily routines and support also now provided by Podiatrist.	B-A R	JULY 2019 COMPLETED		GREEN
19	One service user requiring set up of bank account.	Bank Account to be set up.	Bank account has been opened.	M O’N	May 2019 COMPLETED		GREEN
20	One service user requiring a new bed.	Bed to be purchased.	Bed was purchased and service user happy with this.		June 2019 COMPLETED		GREEN
21	Ensure service users requiring male support staff have this option within the staffing complement.	Recruitment for male staff to commence.	Part time male staff hired. Further recruitment required. New Male member on induction in October	B-A R	September 2019		AMBER
22	Monitoring required in relation to the % of	Monthly updates provided to the core	July – No vacancies August – No Vacancies	B-A R	Ongoing		GREEN

**Strategic Action Plan to address concerns surrounding Living Ambition’s Supported Living Service within 53 Levenbank Terrace,
Broader West Dunbartonshire HSCP & One Service User residing in Glasgow.**

Last Updated 05/09/19

Improvement Plan

	Issue /Need	Actions Required	Update	Persons Responsible	Timescale	Barriers to completion	RAG Status Update GREEN/AMBER/RED
	staff vacancies.	group on the current % of vacancies.	September - October - November - December -				
23	Monitoring required in relation to the % of agency use.	Monthly updates provided to the core group on the current % of agency use.	July – No agency used August – No Agency used September - October - November - December -	B-A R	Ongoing		GREEN
24	Monitoring required in relation to the % of staff sickness.	Monthly updates provided to the core group on the current % of staff sickness.	July – No sickness August – No sickness September – October – November – December -	B-A R	Ongoing		GREEN
25	Clarify the individual hours for the people we support in Levenbank	Review to be undertaken of the hours.	Meeting arranged for 16 th September	FM B-A R EC	30.09.19		GREEN

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Audit Committee: 25th September 2019**

Subject: Britain leaving European Union update**1. Purpose**

- 1.1 The purpose of this report is to provide members with an update on Britain leaving European Union – Brexit.

2. Recommendations

- 2.1 Members are asked to note the contents of this report
- 2.2 Members are asked to support officers to ensure that actions will be taken and officers will continue to participate with the council and health board in contingency planning arrangements to manage the consequences of Brexit.

3. Background

- 3.1 There has been significant speculation in recent weeks that there is an increased likelihood that the UK may exit the European Union on 31st October 2019 without any transition arrangements and/or certainty about future arrangements.
- 3.2 As a Health and Social Care Partnership, this uncertainty has meant that this report has been prepared based on current best understanding of the potential risks and implications to health and social care services in West Dunbartonshire. Within this context, this report focuses on immediate or short-term impacts (and therefore excludes at this stage any less immediate impacts arising from any wider macro-economic impacts such as reduced NDR income, increased demand for services arising from any economic downturn).
- 3.3 For the past few months, the UK Government has been issuing advice/guidance notes to businesses and public bodies on a wide range of topics about actions to be taken to mitigate the risks arising from No Deal (See Appendix 1). This is a changing picture and where appropriate, these guidance notes will need to be considered in detail by the relevant Service area to identify what if any actions may be required.
- 3.4 Both West Dunbartonshire Council and NHS Greater Glasgow and Clyde have working groups focusing on the issues and challenges linked to Brexit; officers from the HSCP have been actively participating within the planning undertaken within these groups. In addition, community planning partners

have been providing briefings and updates through existing networks for example Police Scotland and Fire & Rescue Scotland.

4. Main Issues

4.1 The key areas identified to date, by health and social care services, as potential areas of immediate concern are:

1. Supply Chain Disruption to Medicines and Services
2. Public Procurement
3. Commissioned Services
4. Workforce Issues
5. European Union funded programmes

4.2 In response to the event of disruption to the supply chain of medicines and services, the Scottish Government has published information on their website which relates to the provision of medical supplies in the event of a no deal Brexit.

“In a 'no deal' situation there are likely to be new delays at the UK border, which may reduce normal levels of supplies of:

- *some medicines*
- *medical devices (instruments and other equipment used in hospitals and other health and social care settings)*
- *clinical consumables (disposable or short life goods used in hospitals and other health and social care settings)*

The Scottish Government, together with Welsh Government and the Administration in Northern Ireland, has been working with the UK Government to seek to maintain supplies to as close to normal as possible.”

“Drug companies have stockpiled in the UK medicines normally transported here from other EU countries and the NHS has stockpiled other medical supplies. These stockpiles provide an extra six weeks of supply compared to normal levels. In addition, in the event of a 'no deal', medical supplies will be given priority for entry into the UK. shortages do happen in the NHS sometimes and there are systems in place to inform GPs and pharmacists about any issues: they will tell you about any that might affect your prescription.”

4.3 Through professional and clinical networks as well as via NHS Scotland, advice has been provided to GPs and pharmacists about alternative products that can be prescribed to replace any where supply is short.

4.4. In response to Public Procurement, it is unlikely that there will be an immediate impact on procurement regulations as a result on a “no deal Brexit”, UK Government guidance points to a business as usual approach to legislation following 31st October deadline. There will be a requirement for an update to the current legislation following Brexit, which will be led by West

Dunbartonshire Council Procurement officers alongside civil servants from both national governments.

- 4.5** The Health and Social Care Partnership commissions services from across the third and independent sector; as with the statutory services umbrella bodies such as Scottish Care are working to support providers in the event of a no deal Brexit. The same pressures of access to medication and staffing issues will affect commissioned services; workforce planning has taken place with partners as part of ongoing emergency and contingency planning by providers. However realistically the supply chain of medicines will be affected by all sectors equally not only by the independent sector providing care at home and residential nursing care. An ongoing dialogue with providers is taking place within the Providers' Forum, this includes planning for Brexit.
- 4.6** The HSCP contributed to WDC Procurement Team's "Brexit Supply Chain Map", which identified all current external providers across all services. The exercise required service managers to consider the current specifications of contracts, the criticality of contracts and if the contract broke down what contingency arrangements was in place, e.g.
- Care at Home – local provider with predominately locally employed staff. The risk of contract breakdown was assessed as "low", however in the event of failure the contingency would be a rescheduling of internal care at home staff to deliver the service;
 - Care Home – similar to above the risk to the workforce was low, however the possible disruption to food and medicines supply chain required further on-going consideration.
- 4.7** Each of the identified providers were also contacted to provide their own assessment of risk and contingency arrangements. Of those providers who replied there was no immediate risk to the current workforce and the expectation that the Scottish Government would provide guidance on any risk to the food and medicines supply chain.
- 4.6** For health and social care workforce issues more broadly, EU citizens should be able to continue working as they do now, but will need to apply for settled status before 30 June 2021. The [EU citizens living in Scotland](#) page gives the latest information on this, including details on how to apply for the EU Settlement Scheme, and on the Scottish Government's new advisory service for EU citizens.
- 4.7** The HSCP does not directly employ staff, as such, implications are being considered as part of the Brexit processes established by the employers – West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. Senior officers are considering and highlighting particular areas of risk prior to considering what, if any, mitigation can reasonably be prepared.
- 4.8** NHS Greater Glasgow and Clyde Health Board are working with the EU Support Unit to help support staff through the Settlement Scheme process.

The Board has a Brexit Steering Group which has representatives across all sectors, including senior clinical leads, procurement, workforce, risk and emergency planning, partnerships and primary care. This is chaired by the Group's Director of Administration and regularly reports to Corporate Management Team and the Health Board Executive.

- 4.9** For the Council the impact on the workforce for the HSCP is minimal analysis of HSCP workforce shows we have 7 employees in total who hold EU nationality, who have not yet applied/received Settle Status. The plan over forthcoming months is to meet with staff who have not applied for settlement status and check intentions, the HSCP can then assess for any further support to employees applying for settlement status.

5. People Implications

- 5.1** As detailed in section 4. As described above, the HSCP has been able to plan to mitigate against significant people implications. There is further work required with partners in the third and independent sector to ensure planning is in place.

6. Financial Implications

- 6.1** It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible.
- 6.2** The HSCP Board agreed to the creation of a Prescribing Reserve of £0.369m as part of the 2018/19 annual accounts process which could be applied to any cost implications of medicines supply. This is in addition to a general reserve balance of £2.457m which exists to help address any additional budget pressures in year.

7. Professional Implications

- 7.1** It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible.

8. Locality Implications

- 8.1** It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible.

9. Risk Analysis

- 9.1** The risks associated with Brexit have been described in the body of this report. The most effective mitigation strategy will be to work with West

Dunbartonshire Council and NHS Greater Glasgow and Clyde in the application of Government guidance to minimise disruption.

10. Impact Assessments

10.1 The HSCP has been and remains in close dialogue with its resilience partners in both the Council and the NHS Board in relation to the implementation of government guidance.

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 The HSCP Strategic Plan lays out the commitment to provide safe and high quality support and services to and with the people of West Dunbartonshire. This will continue to be the focus of the HSCP as the UK leaves the European Union.

Author: Wendy Jack, Interim Head of Strategy, Planning and Health Improvement
Serena Barnett, Head of People and Change

Date: 10th September 2019

Person to Contact: Wendy Jack, Interim Head of Strategy, Planning and Health Improvement

Appendices: Appendix1 [Get ready for Brexit - GOV.UK](#)

Background Papers:

Wards Affected: All