

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee

Date: Wednesday, 11 December 2019

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank

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 and Performance Committee** as detailed above.

The business is shown on the attached agenda.

Please note that a presentation on Performance and Risk will be given once business has been concluded.

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: 28 November 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE

WEDNESDAY, 11 DECEMBER 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 7 - 11

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 25 September 2019.

4 REVIEW OF AUDIT COMMITTEE TERMS OF REFERENCE 13 - 22

Submit report by the Chief Financial Officer presenting the New Terms of Reference of the Audit Committee as approved by the HSCP Board.

5 AUDIT PLAN PROGRESS REPORT 23 - 42

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 Code of Good Governance; and

(c) progress of actions from the Annual Audit Report 2018/19 from Audit Scotland.

- 6 REVIEW OF AUDIT COMMITTEE 43 - 80**
- Submit report by the Chief Internal Auditor – Health & Social Care Partnership Board advising of the results of a self-assessment exercise carried out recently by the Chair of the Audit Committee (now known as the Audit and Performance Committee) and the Chief Internal Auditor for the HSCP Board.
- 7 CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE’S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 81 - 85**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on Care Inspectorate inspection reports for two independent sector residential older people's Care Homes located within West Dunbartonshire.
- 8 CARE INSPECTORATE INSPECTION REPORT FOR HILLVIEW OLDER PEOPLE’S CARE HOME 87 - 102**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on Care Inspectorate inspection report for an independent sector residential older people's Care Home located within West Dunbartonshire that received the grade of 3.
- 9 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 103 - 106**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing information on the most recent Care Inspectorate inspection reports for three independent sector support services operating within the West Dunbartonshire area.
- 10 CLYDE COURT CARE HOME UPDATE 107 - 109**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting an update on work being undertaken to support the improvement of Care Inspectorate grades at Clyde Court Care Home.
- 11 STRATHLEVEN CARE HOME UPDATE 111 - 113**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting an update on work being undertaken to support the

improvement of Care Inspectorate grades at Strathleven Care Home.

12 CAREWATCH (INVERCLYDE, AYRSHIRE, DUNBARTONSHIRE & ARGYLL & BUTE) UPDATE 115 - 117

Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting an update on work being undertaken to support the improvement of Care Inspectorate grades at Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute).

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD AUDIT COMMITTEE

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in the Civic Space, Council Offices, 16 Church Street, Dumbarton on Wednesday, 25 September 2019 at 2.00 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; Jo Gibson, Head of Community Health & Care Services; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice (Chief Social Work Officer); Serena Barnatt, Head of People and Change; Colin McDougall, Audit and Risk Manager; and Gabriella Gonda, 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

Councillor McNair declared an interest in Item 8 – Care Inspectorate Reports for Support Services Operated by the Independent Sector in West Dunbartonshire, being an employee of Key Housing Association and advised that she would remain in the meeting during consideration of this item and take part in the discussion.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 19 June 2019 were submitted and approved as a correct record.

VARIATION IN ORDER OF BUSINESS

After hearing the Chief Financial Officer, the Committee agreed to vary the order of business as hereinafter minuted.

ANNUAL AUDIT REPORT 2018/19 – WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD

A report was submitted by the Chief Financial Officer presenting the Annual Audit Report and Auditor's letter, for the audit of the financial year 2018/19, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

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 contents of the Annual Audit Report to the IJB and the Controller of Audit for the financial year ended 31 March 2019;
- (2) to note the achievement of an unqualified audit opinion;
- (3) to note the key messages, the recommendations and agreed management actions contained in the attached appendices to the report relating to the audited Annual Accounts; and
- (4) to note the achievement in demonstrating Best Value by HSCP.

AUDITED ANNUAL ACCOUNTS 2018/19

A report was submitted by the Chief Financial Officer presenting for approval the audited Annual Accounts for the year ended 31 March 2019 as delegated by the HSCP Board on 7 August 2019.

After discussion and having heard the Chief Financial Officer in further explanation and in answer to Members' questions, the Committee agreed to approve for signature the audited Annual Accounts for the period 1 April 2018 to 31 March 2019.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Audit and Risk Manager 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; and

- (b) the agreed actions from the audit of the Partnership Board's Governance.

After discussion and having heard the Audit and Risk Manager in further explanation and in answer to Members' questions, the Committee noted the progress made in relation to the Audit Plan for 2019/20 and in progressing other action plans.

CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY 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 four independent sector residential older peoples' Care Homes located within West Dunbartonshire.

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

- (1) to note the contents of the report; and
- (2) that a further report will be presented at the November meeting of the HSCP Board with an update on Clyde Court Care Home, Hillview Care Home and Strathleven Care Home.

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

A report was submitted by 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.

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

- (1) to note the contents of the report; and
- (2) that a further report will be presented at the November meeting of the HSCP Board with an update on Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute).

LIVING AMBITIONS LTD (SUPPORTED LIVING SERVICES)

A report was submitted 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 provided to adults with learning disabilities in West Dunbartonshire.

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

- (1) 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;
- (2) that a briefing note providing an update on the progress of activity in relation to Living Ambitions Ltd (Supported Living Services) be circulated to Members of the Committee; and
- (3) to note that an update on the action plan will be presented at the next meeting of HSCP Audit Committee.

BRITAIN LEAVING EUROPEAN UNION UPDATE

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

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

- (1) to note the contents of the report;
- (2) to support officers to ensure that actions would be taken and officers would continue to participate with the Council and Health Board in contingency planning arrangements to manage the consequences of Brexit; and
- (3) that a detailed verbal update would be presented on this item to the next meeting of the HSCP Audit Committee.

CASTLE VIEW CARE HOME UPDATE

The Head of Community Health & Care Services provided a verbal update on Castle View Care Home and the Committee noted the progress and improvement made in relation to the action plan that had been developed following the inspection of the Care Home.

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 presenting a further update of activity being taken forward around Children and Families Fieldwork Services in response to a collective staff grievance submitted on 6 February 2019.

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

- (1) to note the ongoing activity within the management response to a collective grievance submitted by members of the Children and Families Fieldwork Team, issues identified and actions to be progressed; and
- (2) that this item remains 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 3:35 p.m.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

11 December 2019

Subject: Review of Audit Committee Terms of Reference

1. Purpose

- 1.1** To present the new Terms of Reference of the Audit Committee as approved by the HSCP Board.

2. Recommendation

- 2.1** The HSCP Board is recommended to:

- Note the change of name of the Audit Committee to the “Audit and Performance Committee”; and
- Approve the nominations extending the non-voting membership of the Audit and Performance Committee with two representatives from the Strategic Planning Group, namely Anne MacDougall and John Paterson.

3. Background

- 3.1** The existing Terms of Reference were reviewed by the Chief Financial Officer and presented at a HSCP Board Member information sessions for further discussion on 25 September 2019.
- 3.2** The HSCP Board on 13 November considered a paper from the Chief Financial Officer which summarised the main points of the September information session and a revised Terms of Reference. All recommendations were approved and the new Terms of Reference for the “Audit and Performance Committee” are attached at Appendix 1.

4. Main Issues

- 4.1** The main recommendations for noting are the change of name from “Audit Committee” to “Audit and Performance Committee” to reflect the governance arrangements currently in place regarding consideration of Care Inspectorate and other government and independent agency reports (e.g. Audit Scotland), the unaudited annual accounts and governance statement and the annual review of the risk register and the extension of the non-voting membership.
- 4.2** The Chartered Institute of Public Finance and Accountancy (CIPFA) – “Audit Committee – Practical Guidance for Local Authorities and Police 2018” recommendations that audit committees should have an appropriate mix of knowledge and skills among the membership and consideration of an independent member. After consideration on the possible appointment of a

lay member the HSCP Board approved extending the non-voting membership by two, with expressions of interest to be sought from the Strategic Planning Group.

- 4.3** The Strategic Planning Group met on the 19 November and two nominations were received from:
- Anne MacDougall Chair of the HSCP's Locality Engagement Network for the Clydebank area and current member of the HSCP Board; and
 - John Paterson – Argyll and West Dunbartonshire, Divisional Commander, Police Scotland.

- 4.4** The addition of these two independent members will enhance the local knowledge and experience of the current membership of the Audit and Performance Committee and strengthen scrutiny and delivery of Strategic Plan.

5. People Implications

- 5.1** None.

6. Financial Implications

- 6.1** None.

7. Professional Implications

- 7.1** The Chief Financial Officer is responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council.
- 7.2** The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Audit and Performance Committee is provided with necessary technical and corporate support in relation to its remit.

8. Locality Implications

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

9. Risk Analysis

- 9.1** It is the responsibility of the Partnership Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. The implementation of such arrangements by the Partnership Board will be subject to scrutiny.

10. Impact Assessments

10.1 None required

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 This report links to the strategic financial governance arrangements of both the Health Board and the Council.

Author: Julie Slavin - Chief Financial Officer

Date: 27 November 2019

Person to Contact: Julie Slavin – Chief Financial Officer,
Council Offices, Church Street, Dumbarton, G82 1QD.
Telephone: 01389 737311
e-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: Audit Committee – Revised Terms of Reference

Background Papers: The Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Guidance for Integration Financial Assurance
<http://www.gov.scot/Resource/0046/00465080.pdf>

On Board: A Guide for Board Members of Public Bodies in Scotland
<http://www.gov.scot/Resource/Doc/44473/0078499.doc>

Wards Affected: All

West Dunbartonshire Health & Social Care Partnership Board
Audit and Performance Committee
Terms of Reference

1. PURPOSE

1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.

1.2 The West Dunbartonshire Health & Social Care Partnership Board's:

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

1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.

1.4 The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. Its Audit and Performance Committee is an essential component of the governance of the Health & Social Care Partnership Board detailed within its Financial Regulations.

1.5 The West Dunbartonshire Health & Social Care Partnership Board has established this Audit and Performance Committee as a Committee of the Partnership Board to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. These Terms of Reference for the Audit and Performance Committee reflect the span of responsibilities of the Partnership Board and requirements of its approved Financial Regulations, i.e.:

- The Strategic Plan.
- Financial plan underpinning the Strategic Plan.
- The operational delivery of those integrated services delegated to the Partnership Board (except for NHS acute hospital services).
- Relevant issues raised by the internal auditors of the Health Board, Council and the Partnership Board.

Document Title:	WDHSCP Board Audit and Performance Committee Terms of Reference	Owner:	Chief Financial Officer
Version No.	v1	Superseded Version:	N/A
Date Effective:	13/12/17	Review Date:	13/11/2019

2. MEMBERSHIP

- 2.1 The Audit and Performance Committee will be composed of the six voting members of the Partnership Board.
- 2.2 The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.3 The Audit and Performance Committee will be chaired by the Vice-Chair of the Partnership Board.
- 2.4 Two members of the Strategic Planning Group (a sub-committee of the Partnership Board) will be co-opted as non-voting members of the Audit and Performance Committee.
- 2.5 As the Audit and Performance Committee will be responsible for overseeing and providing independent assurance on the adequacy of the risk management framework, the internal control environment and the financial governance arrangements of the Partnership Board, other non-voting members of the Partnership Board shall also have the right to attend. A schedule of meetings will be published for all Partnership Board members, and those non-voting members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.6 The Chief Financial Officer will nominate an Internal Audit Service, led by a named Chief Internal Auditor, to work on behalf of the Audit and Performance Committee.
- 2.7 The external auditors for the Partnership Board will be appointed by the Accounts Commission.
- 2.8 The appointed Chief Internal Auditor will normally attend meetings of the Audit and Performance Committee.
- 2.9 A representative of the external auditors will normally attend meetings of the Audit and Performance Committee.
- 2.10 The Chief Officer and Chief Financial Officer of the Health & Social Care Partnership Board will normally attend meetings of the Audit and Performance Committee.
- 2.11 The Audit and Performance Committee will be provided with a secretariat function by West Dunbartonshire Council.
- 2.12 Other officers of the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde may also be invited to attend meetings.

3. REPORTING

- 3.1 The Audit and Performance Committee will formally provide a copy of its minutes to the Partnership Board for inclusion on the agenda's of its subsequent meetings. These minutes will be made publicly available.
- 3.2 The Audit and Performance Committee will provide the Partnership Board with an Annual Statement, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

4. RESPONSIBILITIES

- 4.1 The Audit and Performance Committee will advise the Partnership Board, the Chief Officer and its Chief Financial Officer on:
- The strategic processes for risk, control and governance and the governance statement;
 - The annual compliance of the Partnership Board against the Local Code of Good Governance, to inform the governance statement;
 - The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
 - The planned activity and results of both internal and external audit as they relate to the activities of the Partnership Board;
 - The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
 - The effectiveness of the internal control environment, the arrangements for ensuring value for money and managing exposure to the risks of fraud and corruption;
 - The effectiveness of risk management arrangements, ensuring existence of and compliance with an appropriate risk management strategy;
 - The adequacy of management response to reports concerned with the delivery of performance and quality of key elements of the Strategic Plan, including review of the Quarterly Performance Report;
 - Assurances relating to the corporate governance requirements for the Partnership Board; and
 - Appointment of the internal audit service or for purchase of non-audit services from contractors who provide audit services.
- 4.2 The Audit and Performance Committee will also periodically review its own effectiveness and report the results of that review to the Partnership Board

5. RIGHTS

- 5.1 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council. In doing this, the Chief Financial Officer will be reliant on both the Health Board's and Council's systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.
- 5.2 The Audit and Performance Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the appointed Internal Audit service, external auditor (as appointed by the Accounts Commission), Audit Scotland and Inspectorate bodies. The Chief Financial Officer will ensure that follow-up reports on actions required will be provided to the Audit and Performance Committee as agreed.
- 5.3 The Chief Financial Officer will prepare an Annual Governance Statement for the Audit and Performance Committee prior to its being presented to the Partnership Board.
- 5.4 The Chief Internal Auditor for the Partnership Board will report to the Chief Financial Officer and the Audit and Performance Committee on an annual risk-based audit plan in respect of the activities of the Partnership Board; delivery of the plan and

recommendations; and will provide an annual internal audit report, including the audit opinion.

- 5.5 The Audit and Performance Committee may procure specialist ad-hoc advice at the expense of the Partnership Board, subject to budgets agreed by the Chief Financial Officer and confirmed by the Partnership Board.
- 5.6 The appointed Chief Internal Auditor and the representative of External Audit (as appointed by the Accounts Commission) will have free and confidential access to the Chair of the Audit and Performance Committee.

6. MEETINGS

6.1 The procedures for meetings are that:

6.1.1 The Audit and Performance Committee will meet quarterly, with a provision for additional meetings if required as the discretion of the Chair of the Audit and Performance Committee; and with meetings scheduled at regular intervals between the quarterly meetings of the Partnership Board.

6.1.2 The meetings will be conducted in accordance with the Standing Orders of the Partnership Board, including:

- At least one half (i.e. three) of the six members of the Audit and Performance Committee will be present for the meeting to be deemed quorate.
- Members of the Audit and Performance Committee must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Audit and Performance Committee, before taking part in any discussion on that item. Where an interest is disclosed, the other members present at the meeting in question shall decide whether the member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.

6.1.3 Audit and Performance Committee meetings will normally be attended by the Chief Officer, the Chief Financial Officer, appointed Chief Internal Auditor and a representative of the External Auditor.

6.1.4 The Audit and Performance Committee may ask any other officers from the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde to attend to assist it with its discussions on any particular matter.

6.1.5 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the Audit and Performance Committee shall be open to the public (as per the Standing Orders of the Partnership Board). The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Audit and Performance Committee by posting within the main offices of the Health & Social Care Partnership not less than five days before the date of each meeting.

6.1.6 The Audit and Performance Committee may by resolution at any meeting exclude the press and public there from during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act

1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence. The Audit and Performance Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

- 6.1.7 Every meeting of the Audit and Performance Committee shall be open to the public but these provisions shall be without prejudice to the Audit and Performance Committee's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Audit and Performance Committee may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Audit and Performance Committee.
- 6.1.8 The Partnership Board or the Chief Financial Officer may ask the Audit and Performance Committee to convene further meetings to discuss particular issues on which they want the Audit and Performance Committee's advice.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

AUDIT AND PERFORMANCE COMMITTEE: 11 DECEMBER 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;
 - The agreed actions from the audit of the Partnership Board's Code of Good Governance; and
 - Progress of actions from the Annual Audit Report 2018/19 from Audit Scotland.

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
Debt Recovery	0	0	2
Total	5	28	12

4.2 Social Care audits from the 2019/20 Audit Plan are currently in progress but are not yet complete, these being:

- CM2000 functionality;
- Social Care – Attendance Management; and
- Social Work – Case Management.

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	Generally, complete

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

4.4 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):

- Debt Recovery.

Previously completed audits (outstanding actions):

- ICT Network Controls; and
- VAT.

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

NHS Greater Glasgow and Clyde

4.7 Information on Internal Audit reports for NHS Greater Glasgow & Clyde (NHSGG&C) will be issued at committee, given that the NHSGG&C Audit Committee is on 10 December.

Follow up work

4.8 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

4.9 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 2.

External Auditors Annual Report 2018/19

- 4.10** Outstanding actions arising External Auditors Annual Report for 2018/19 are also included within Appendix 2. It should be noted that a new Terms of Reference for the Audit Committee was approved by the HSCP Board on 13 November 2019. At the same meeting the HSCP Board considered a response to evidencing Best Value through the use of Audit Scotland's Best Value Template and it was agreed that it could be incorporated into the quarterly performance reports and the annual performance report, with consideration given to devising a format similar to the performance report.

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: 28 November 2019

Person to Contact: Colin McDougall, Audit 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: WDHSCP - Internal Audit Reports / External Audit Reports



Background Papers: None



Appendix 1: Internal Audit Reports – WDC Internal Audit Team

Generated on: 25 November 2019



Social Care Services Reports

P 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 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>		<div style="background-color: #4f81bd; width: 100px; height: 15px; position: relative;"> 90% </div>	30-Jun-2019	30-Sep-2019	The Self Directed Support workgroup on assessment is reviewing the current financial assessment to align it to choice and control alongside financial management. Proposal is to streamline the process by building financial assessment and income maximisation into the stage 1 of approval process.	Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk	Beth Culshaw
T&PSR/IA AP/734	<p><u>3. Evidence of Benefits</u> 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</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</p>		<div style="background-color: #4f81bd; width: 100px; height: 15px; position: relative;"> 80% </div>	30-Aug-2019	31-Oct-2019	The Self Directed Support workgroup on assessment is reviewing the current financial assessment to align it to choice and control alongside financial management. Proposal is to streamline the process by building financial assessment and income maximisation into the stage 1 of approval process. IWorld access has been extended	Jonathan Hinds; Wendy Jack	Beth Culshaw

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
	Benefits system as this is verified/evidenced information which would also ensure that the client is only being asked once for the information. (Medium Risk)	out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.					to wider operational services. An updated Charging Policy has been developed - taking account of policy and legislation changes and is currently with the SMT for comment, revisions and agreement.		
T&PSR/IA AP/735	<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)	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.		 90%	31-Aug-2019	31-Oct-2019	An updated Charging Policy has been developed - taking account of policy and legislation changes and is currently with the SMT for comment, revisions and agreement. This will be followed by a process of consultation with the wider community. The work of the SDS Programme Board will also be reflected.	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.</p> <p>(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>The HSCP are members of the P2P programme of work and have linked this to procurement pipeline to better manage contracts and budgets.</p> <p>Learning Disability Services are progressing with the work to upload service user packages to Carefirst with most major providers receiving payment via this process. To support the streamlining of processes there will be some re-organisation of existing teams.</p>	<p>Jo Gibson; Jonathan Hinds; Wendy Jack; Julie Lusk</p>	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.</p> <p>(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.</p> <p>(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.</p> <p>(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	18-Nov-2019	<p>On going work through SDS review. Short term working group established to review financial processes and agree across teams, procurement to be invited to be part of process. The SMT are considering the current ARG process.</p>	<p>Joyce Campbell ; Fraser Downie; Hazel Kelly; Robert MacFarlane; Kirsteen MacLennan; Lynne McKnight ; Annie Ritchie; Bernadette Smith</p>	<p>Jo Gibson; Jonathan Hinds; Julie Lusk; Annabel Travers</p>

T&PSR/IA AP/762	<u>4. Monitoring Providers</u> All monitoring should follow the procedures and be consistent across the partnership. (Medium Risk)	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	<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)	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



163. Debt Recovery (Report Issued November 2019)

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/018	<u>1. Policy Renewals</u> The Council should update its Rent Collection Policy to ensure it is up to date with current legislation and work practices. (Low Risk)	The Rent Collection policy is to go to the West Dunbartonshire Tenants & Residents Organisation for consultation. Following the consultation the renewed Rent Collection Policy will be presented to the Housing & Communities Committee for approval.			31-Mar-2020	31-Mar-2020	Rent Collection Policy will be issued for public consultation by Housing Strategy and taken to a future Housing Committee for approval, following this.	Ryan Chalmers	Arun Menon
IAAP/019	<u>2. Review of Debt Recover Officer / Assistants Work</u> The Assistant Section Heads should prepare documentary evidence showing each weekly (Rent) or daily (Sundry) report has been reviewed to ensure all accounts	All cases are reviewed by Assistant Section Leaders – Debt Recovery Team on a regular basis before they are progressed to court action. A new process will be put in place to show weekly (Rent Debts) or			31-Jan-2020	31-Jan-2020	Guidance has been issued to Assistant Section Heads (ASH) on the process and to ensure weekly reports are being reviewed. ASH's will complete a weekly audit sheet confirming weekly reports completed have been	Ryan Chalmers	Arun Menon

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
	listed are actioned in a timely manner. The new manual/guidelines should include instructions on how work completed by the Debt Recovery Officers and Debt Recovery Assistants is to be monitored by the Assistant Section Heads. (Low Risk)	daily (Sundry Debts) have been reviewed.					reviewed and completed in line with working practices. This will now be saved in a shared drive that can be updated by them and reviewed by Section Head to ensure compliance.		








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	<u>3. Ensure a comprehensive document set is included in the VoIP upgrade process</u> Management should ensure that a comprehensive suite of documents is handed over/created as part of the VoIP upgrade currently underway (Low Risk)	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 which was originally part of the ICT Modernisation programme and for which a retention sum is being held by WDC.			30-Jun-2019	29-Nov-2019	Nov 19. Certificate issue identified during the failed live upgrade now resolved. Live upgrade scheduled for Dec 19.	Patricia Kerr	Victoria Rogers






P 159. VAT (Report Issued September 2019)

Code	Recommendation	Agreed Action	Status	Progress	Original Due Date	Due Date	Note	Assigned To	Managed By
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 continue to be performed every month.	Karen Shannon	Gillian McNeilly
IAAP/009	<p><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.</p> <p>(Medium Risk)</p>	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.			31-Dec-2019	31-Dec-2019	The VAT manual review is continuing 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	<p><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.</p> <p>(Medium Risk)</p>	Consideration will be given to the best way to provide VAT guidance to officers of the Council, WDLT and CPC			31-Mar-2020	31-Dec-2019	A revised VAT manual which will include summarised guidance as to the VAT status of goods/services is being prepared.	Karen Shannon	Gillian McNeilly


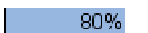
Action Status	
	Cancelled
	Overdue
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

Appendix 2 WDHSCP - Internal Audit Reports / External Audit Reports

Generated on: 26 November 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-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.

Project 7. Annual Audit Report 2018/19 - West Dunbartonshire Integrated Joint Board (September 2019)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
WDHSCP-038	<p><u>1. Accounts inspection advert</u> The public inspection advert was published on 17 June, and the accounts were available for inspection from 21 June, therefore missing the 14-day notice period criteria.</p> <p><i>Risk:</i> <i>The IJB is in breach of the Local authority Accounts (Scotland) Regulations 2014.</i></p> <p>Recommendation: The IJB should ensure that it has procedures in place to ensure that the accounts inspection advert is published in line with criteria set out in the Local Authority Accounts (Scotland) Regulations 2014.</p>	The statutory notice period of 14 days will be incorporated into the advert for 2019/20. The drafting of the advert will be written into the year-end timetable and will be shared with external audit prior to the submission of the draft unaudited accounts.			01-Jun-2020	01-Jun-2020	Julie Slavin	Beth Culshaw	The date for the issue of Accounts Inspection Note for 2019/20 will be incorporated into the Year End Timetable and will not be in breach of the 2014 Regulations.
WDHSCP-040	<p><u>3. Financial Sustainability</u> (b/f) Cost pressures remain within prescribing, and in Older Peoples Services and Children and Families, namely community placements, residential accommodation or both younger and older</p>	The Medium-Term Financial Plan will be drafted using 2019/20 as the baseline year and will incorporate anticipated funding levels from our partner organisations. This will be extrapolated over the longer term based on high level			31-Mar-2020	31-Mar-2020	Julie Slavin	Beth Culshaw	The budget setting process for 2020/21 to 2022/23 is already underway. The impact of the main cost drivers of: current care packages, demographics, pay inflation, poverty are being considered within a range of

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
	<p>people and care at home.</p> <p>The most recent financial monitoring report covering the period 1 April – 30 June 2019 outlines an overspend of £0.235 million, and projects an outturn overspend of £0.954 million for 2019/20.</p> <p>Furthermore, the IJB is in breach of its target level of unearmarked reserves.</p> <p><i>Risk:</i> <i>Continual pressures on IJB finances may result in a balanced budget not being delivered.</i></p> <p><i>Recommendation:</i> The IJB should prioritise developing medium to long term financial plans to help manage cost and demand pressures.</p>	assumptions on inflation, demographics and funding.							<p>scenarios.</p> <p>The delay in the 2020/21 financial allocation from the Scottish Government will impact as will the likelihood that only a 1 year settlement will be provided and not the 3 year settlement as anticipated as considered as part of the Scottish Government's Health and Social Care Financial Framework. Each Head of Service has also hosted a budget savings options workshop through October and November, with follow-up sessions in December.</p>
WDHSCP-042	<p>5. Best Value (b/f) While there is evidence of elements of Best value being demonstrated by the IJB, there is no mechanism for formal review, and it is not being reported through the Annual Performance</p>	<p>The Audit Scotland template on "Auditing Best Value – Integration Joint Board" was completed close to the conclusion of the 2018/19 audit. The responses to the questions posed in the template will be</p>	▶		31-Jul-2020	31-Jul-2020	Wendy Jack	Beth Culshaw	<p>The 13 November HSCP Board considered the HSCP's response to evidencing Best Value through the use of Audit Scotland's Best Value Template. The Board agreed</p>

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Note
	<p>Report.</p> <p><i>Risk: Non-compliance with requirements outlining the content of the Annual Performance Report. Opportunities for continuous development are being missed.</i></p> <p>Recommendation: The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.</p>	incorporated into the Quarterly Performance Report for 2019/20 as well as the Annual Performance Report.							that it could be incorporated into the quarterly performance reports and the annual performance report, with consideration given to devising a format similar to the performance report infographics.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**AUDIT AND PERFORMANCE COMMITTEE: 11 DECEMBER 2019**

Subject: Review of Audit Committee**1. Purpose**

- 1.1 The purpose of this report is to advise the Committee of the results of a self-assessment exercise carried out recently by the Chair of the Audit Committee (now known as the Audit and Performance Committee) and the Chief Internal Auditor for the HSCP Board.

2. Recommendations

- 2.1 It is recommended that Members of the Committee:

- Note the attached self-assessment which show that the Audit Committee largely complies with Cipfa good practice and thereby can assess its performance as generally meeting the Cipfa requirements;
- Approve the actions identified and request that these are now progressed;
- Note that progress on the completion of the agreed actions will be reported annually to the Audit Committee; and
- Consider knowledge and skills framework for potential areas for development within the Elected Member development programme.

3. Background

- 3.1 A key element of recognised good practice for an audit committee is that it periodically undertakes a self-assessment of its activities and effectiveness.

4. Main Issues

- 4.1 The contents of the CIPFA publication "*Audit Committees: Practical Guidance for Local Authorities and Police*" (2018 Edition) were considered by the Chair of the Audit Committee and the Chief Internal Auditor for the HSCP Board. This publication represents Cipfa's view of best practice for audit committees in local authorities. The 2018 version contains a number of appendices, including:

- Self-Assessment of Good Practice; and
- Evaluation the Effectiveness of the Audit Committee.

- 4.2 The Chair of the Audit Committee and the Chief Internal Auditor for the HSCP Board have discussed and completed these documents which are included at Appendix 1 and Appendix 2 respectively. In addition, the Chief Internal Auditor for the HSCP Board met with the Chief Financial Officer to discuss the effectiveness of the Audit Committee, which informed the Members Session

and the review of the Terms of Reference of the Audit Committee agreed on 13 November by the Board.

- 4.3** Included in this Cipfa publication is an appendix entitled: *“Audit committee members - knowledge and skills framework”*. This is included at Appendix 3 to this report and sets out a knowledge and skills framework. This can be used to guide members on their training needs and to evaluate the overall knowledge and skills of the committee. It can also be used when recruiting independent members. A distinction is made between core areas of knowledge that all audit committee members should seek to acquire and a range of specialisms that can add value to the committee. The audit committee should review risks, controls and assurances that cover the whole operation of the partnership so knowledge of specific service areas will be helpful. Other areas of specialist knowledge and experience, for example in accountancy, audit, governance and risk management, will add value to the committee.
- 4.4** This Cipfa publication also includes a Position Statement on audit committees in local authorities which sets out CIPFA’s view of the role and functions of an audit committee. This is included at Appendix 4.
- 4.5** It is important that the Audit Committee demonstrates a high level of compliance with best practice guidance on Audit Committees in order to ensure that it can evidence its effectiveness as a scrutiny body as a foundation for strong corporate governance.
- 4.6** Overall, the self-assessment indicates that the Audit Committee demonstrates a good level of compliance with expected good practice and it is largely effective in discharging its roles and responsibilities. Areas of good practice include:
- Elected Members and Offices are considered to have good awareness of the role and purpose of the Audit Committee;
 - The Chair of the Audit Committee is a Council Elected Member and the Vice Chair is Health Board rep (or vice versa);
 - Good working relations exist with external audit, internal audit, and key senior officers who typically attend the Committee including: Chief Officer, Heads of Service, Chief Financial Officer, Chief Internal Auditor (Audit Manager);
 - The draft Annual Governance Statement is submitted to the Audit Committee as a standalone document; and
 - The Audit Committee supports the role of audit in improving internal control and governance.
- 4.7** The self-assessment, however, also identified areas where there is an opportunity for improvement. Suggested actions in relation to these issues are noted in Appendices 1 and 2, fully documented in Appendix 5, with key action points being:

- Introduce a self-assessment every three years against best practice, using the Cipfa documents;
- Appoint up to two Lay Members (this has been superseded / actioned as part of the Terms of Reference Review which enable two members of the Strategic Planning Group (a sub-committee of the Partnership Board) to be co-opted as non-voting members of the Audit and Performance Committee);
- Members of the Committee should consider if there any knowledge or skills gaps, taken into account the content of the core knowledge and skills framework; and
- Introduce an annual report on the Audit Committee to account for its performance and explain its work to the IJB.

4.8 It is proposed that the actions identified in Appendices 1 and 2 form the basis of an improvement action plan, with updates on progress being provided annually to future meetings of the Committee. This action plan is included at Appendix 5.

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 There is a risk that if the Audit Committee does not address some of the issues highlighted from this review it will not maximise the opportunity for effective scrutiny. Implementing the suggested improvement action plan following from the self assessment will mitigate this risk.

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 Chair of the Audit Committee and the Chief Financial Officer.

11. Strategic Assessment

- 11.1** A strong Audit Committee assists 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: **26 November 2019**

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

Appendices:

1. Self-Assessment of Good Practice Questionnaire
2. Evaluating the Effectiveness of the Audit Committee
3. Audit committee members - knowledge and skills framework.
4. Cipfa Position Statement on audit committees
5. Improvement Action Plan

Background Papers: None

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

Appendix 1

	Good Practice Questions	Yes	Partly	No	Comments
	<u><i>Audit committee purpose and governance</i></u>				
1.	Does the organisation have a dedicated audit committee?	X			The West Dunbartonshire Health & Social Care Partnership Board Audit Committee is a separate, dedicated, committee in accordance with good practice.
2.	Does the audit committee report directly to HSCP Board? (Applicable to local government only.)	X			The Minutes of the Audit Committee are submitted to the West Dunbartonshire Health & Social Care Partnership Board for noting. In general, the Audit Committee does not have delegated powers. All recommendations of the Audit Committee will be considered by West Dunbartonshire Health & Social Care Partnership Board.
3.	Do the terms of reference clearly set out the purpose of the committee in accordance with CIPFA's Position Statement?				As stated in its terms of reference, the West Dunbartonshire Health & Social Care Partnership Board has established the Audit Committee to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
					<p>The terms of reference broadly describe what is contained in the Position Statement. Aspects which are not covered are:</p> <ul style="list-style-type: none"> • There is no annual report by the Audit Committee on an assessment of its performance as to how it has discharged its responsibilities <p>See position statement attached.</p> <p><u>Suggested action:</u> Introduce an annual report on the Audit Committee to account for its performance and explain its work to Council</p>
4.	Is the role and purpose of the audit committee understood and accepted across the authority?	X			Members of the committee and Offices are considered to have good awareness of the role and purpose of the Audit Committee.
5.	Does the audit committee provide support to the authority in meeting the requirements of good governance?	X			The Audit Committee is a key element of the West Dunbartonshire Health & Social Care Partnership Board's governance framework. The draft Annual Governance Statement is submitted to the Audit Committee as a standalone document.

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
6.	Are the arrangements to hold the committee to account for its performance operating satisfactorily?	X			<p>The following points are noted:</p> <ul style="list-style-type: none"> • Chair of the Audit Committee is a Council Elected Member (Administration) • The Vice Chair is a Health Board rep Or vice versa • The Audit Committee is chaired by the Vice-Chair of the Partnership Board. • The Audit Committee is composed of the six voting members of the Partnership Board. Membership (including the above two roles) is: <ul style="list-style-type: none"> ○ 3 Elected Members from the Council ○ 3 non-executive Health Board appointments All of the above serve for three years • Minutes are noted by the West Dunbartonshire Health & Social Care Partnership Board. <p>To enhance these arrangements a self-assessment against best practice should</p>

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
					<p>be introduced, to be carried out every three years, using the Cipfa documents. In addition, an Audit Committee Annual Report should be prepared and submitted to both the Audit Committee and the West Dunbartonshire Health & Social Care Partnership Board.:</p> <ul style="list-style-type: none"> • Setting out the activities to enable stakeholders to understand how the Audit Committee has discharged its duties; and • In years where a self-assessment has been carried out, identify areas of improvement to better fulfil its remit. <p><u>Suggested action:</u> Introduce a self-assessment against best practice, to be carried out every three years, using the Cipfa documents (i.e. the Practical Guidance for Local Authorities and the Police - Audit Committees Self-Assessment of Good Practice)</p>

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
	<u><i>Functions of the committee</i></u>				
7.	<p>Do the committee's terms of reference explicitly address all the core areas identified in CIPFA's Position Statement?</p> <ul style="list-style-type: none"> • good governance • assurance framework, including partnerships and collaboration arrangements • internal audit • external audit • financial reporting • risk management • value for money or best value • counter-fraud and corruption. 	X			Reported to Audit Committee
		X			Reported to Audit Committee
		X			Reported to Audit Committee
		X			Reported to Audit Committee
		X			Reported to Audit Committee
		X			Reported to Audit Committee
		X			Reported to Audit Committee
				X	This is not applicable to the IJB as it is a matter considered by the Council and the Health Board.
8.	Is an annual evaluation undertaken to assess whether the committee is fulfilling its terms of reference and that adequate consideration has been given to all core areas?			X	There is no formal annual evaluation process. It is considered that an evaluation process (of this nature) taking

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
					place every three years is sufficient. <u>Suggested action:</u> A formal evaluation process takes place every three years with a report prepared and submitted to the Audit Committee and Council commenting on whether the committee is fulfilling its terms of reference and that adequate consideration has been given to all core areas.
9.	Has the audit committee considered the wider areas identified in CIPFA's Position Statement and whether it would be appropriate for the committee to undertake them?			X	The Audit Committee has not considered the position statement. The position statement is included as Appendix 3 to this report.
10.	Where coverage of core areas has been found to be limited, are plans in place to address this?	X			No issues identified.
11.	Has the committee maintained its non-advisory role by not taking on any decision-making powers that are not in line with its core purpose?	X			The Committee maintains this position.
	<i><u>Membership and support</u></i>				
12.	Has an effective audit committee structure and composition of the committee been selected?				

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
	<p>This should include:</p> <ul style="list-style-type: none"> • separation from the executive • an appropriate mix of knowledge and skills among the membership • a size of committee that is not unwieldy • consideration has been given to the inclusion of at least one independent member (where it is not already a mandatory requirement) 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>			<ul style="list-style-type: none"> • Chair of the Audit Committee is a Council Elected Member (Administration) • The Vice Chair is a Health Board rep <p style="text-align: center;">Or vice versa</p> <p>The Audit Committee is deemed to contain an appropriate mix of knowledge and skills.</p> <p>The size of the Audit Committee is deemed to be appropriate.</p> <p>There are no Lay Members of the Committee. (NB: The Terms of Reference have been revised to enable a member of the Strategic Planning Group (a sub-committee of the Partnership Board) to be co-opted as a non-voting member of the Audit and Performance Committee.)</p> <p><u>Suggested action:</u> Appoint up to two Lay Members to the Audit Committee – this is now covered off by the above point.</p>

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
13.	Have independent members appointed to the committee been recruited in an open and transparent way and approved by the full council (or in this case Board)?				
14.	Does the chair of the committee have appropriate knowledge and skills?	X			<p>The current Chair has held the role for one year and has been an Elected Member since 2003. Officers ensure that the Chair is fully briefed as to the Audit Committee's role and responsibilities and has appropriate knowledge to ensure its continuing effective operation.</p> <p>The Chair and Vice Chair attend a pre-Agenda meeting prior to every committee meeting.</p>
15.	Are arrangements in place to support the committee with briefings and training?	X			<p>There is an Elected Member briefing / training programme.</p> <p>The Chair and Vice Chair attend a pre-Agenda meeting prior to every committee meeting.</p> <p>There are also IJB Development Sessions.</p>
16.	Has the membership of the committee been assessed against the core knowledge and skills framework and			X	<p>The following points are made:</p> <ul style="list-style-type: none"> • Role profiles are in place for Elected

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
	found to be satisfactory?				<p>Members</p> <ul style="list-style-type: none"> • Elected members have the opportunity to participate in an annual CPD/PDP • There is no formal assessment process although there are optional 1-to-1's for Elected Members . • There is an Elected Members' induction programme. • On a voluntary basis Elected Members can participate in a skills programme • The Improvement Service provides Elected Member support – .details of this are provided to them <p><u>Suggested action:</u> Hold specific training for members of the Audit Committee, taking into account the content of the core knowledge and skills framework.</p>
17.	Does the committee have good working relations with key people and organisations, including external audit, internal audit and the chief financial officer?	X			Good working relations exist with external audit, internal audit, and key senior officers who typically attend the Committee including: Chief Officer, Heads of Service, Chief Financial Officer, Chief Internal Auditor (Audit Manager).
18.	Is adequate secretariat and administrative support to the committee provided?	X			Support of this nature provided by committee admin with a specific

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
					Committee Officer assigned to support the Audit Committee.
	<u><i>Effectiveness of the committee</i></u>				
19.	Has the committee obtained feedback on its performance from those interacting with the committee or relying on its work?			X	<p>Feedback has not been obtained. The IJB / Council / Health Board rely on the work of the audit committee. Consult with the Audit Committee to ascertain if it wishes to obtain feedback which could be provided by:</p> <ul style="list-style-type: none"> • Other Elected Members; • Health Board • External Audit; • Internal Audit; and • Officers in regular attendance at the Audit Committee meetings. <p><u>Suggested action:</u> Obtain feedback on the performance of the Audit Committee from those interacting with the committee or relying on its work. This feedback should be incorporated into an Annual Report on the Audit Committee.</p>
20.	Are meetings effective with a good level of discussion and engagement from all the members?	X			There is a good level of discussion.
21.	Does the committee engage with a wider range of	X			There is normally senior management

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
	leaders and managers, including discussion of audit findings, risks and action plans with the responsible officers?				representation at the audit committee from all HSCP services, who are able to respond to questions from members. Where necessary, further information / clarification can be subsequently obtained and forwarded on to members. External Audit are also in attendance.
22.	Does the committee make recommendations for improvement of governance, risk and control and are these acted on?	X			The Minutes of the meeting would record some of this. <ul style="list-style-type: none"> • Committee actions are also recorded in Pentana for action by assigned Officers • Work on the Risk Register work goes through the Audit Committee before sign off at the Board.
23.	Has the committee evaluated whether and how it is adding value to the organisation?			X	Not until now. This is now being fulfilled using the Cipfa documents: <ul style="list-style-type: none"> • Audit Committees Self-Assessment of Good Practice; and • Evaluating the Effectiveness of the Audit Committee <p>Such a self-assessment process of comparing performance against best practice should henceforth be carried out every three years and reported to the Audit Committee.</p>

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice (2019)**

	Good Practice Questions	Yes	Partly	No	Comments
					<u>Suggested action:</u> Introduce a self-evaluation process every three years.
24.	Does the committee have an action plan to improve any areas of weakness?			X	Not at present, however this will be an output of the self-assessment and evaluation of effectiveness process going forward. This will be considered on an ongoing basis as part of the annual reporting process. <u>Suggested action:</u> Introduce a self-evaluation process to be carried out every three years
25.	Does the committee publish an annual report to account for its performance and explain its work?			X	<u>Suggested action:</u> Introduce an annual report on the Audit Committee to account for its performance and explain its work to Council

<u>Assessment Key (Score)</u>	<u>Criteria</u>
5	Clear evidence is available from a number of sources that the committee is actively supporting improvements across all aspects of this area. The improvements made are clearly identifiable.
4	Clear evidence from some sources that the committee is actively and effectively supporting improvement across some aspects of this area.
3	The committee has had mixed experience in supporting improvement in this area. There is some evidence that demonstrates their impact but there are also significant gaps
2	There is some evidence that the committee has supported improvements, but the impact of this support is limited
1	No evidence can be found that the audit committee has supported improvements in this area

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
1.	Promoting the principles of good governance and their application to decision making.	<p>Supporting the development of a local code of governance</p> <p>Providing robust review of the AGS and the assurances underpinning it.</p> <p>Working with key members/governors to improve their understanding of the AGS and their contribution to it.</p> <p>Supporting reviews/audits of governance arrangements.</p> <p>Participating in self-assessments of governance</p>	<p>Audit Committee approved a local code in 2017 and is provided with an improvement action plan following a review of code each year.</p> <p>The Annual Governance Statement (AGS) is submitted to the Audit Committee as a standalone document.</p> <p>The Annual Governance Statement (AGS) is submitted to the Audit Committee as a standalone document.</p> <p>Committee approves Audit Plan and thereafter consideration of action plans from assignments. Also relates to action plan resulting from the review of the local Code of Good Governance.</p> <p>Reviews Audit Scotland reports, and Code of Good Governance</p>	<p>5</p> <p>5</p> <p>4</p> <p>4</p> <p>4</p>

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
		<p>arrangements.</p> <p>Working with partner audit committees to review governance arrangements in partnerships.</p>	<p>review each year.</p> <p>This takes place in relation to the audit plans reported to both the Council's Audit and the HSCP's Audit Committee each year to ensure alignment around risks in the two organisations.</p> <p><u>Suggested action:</u> The Chairs of the Council's, Health Board and the West Dunbartonshire Health & Social Care Partnership Board Audit Committees meet to discuss their respective governance arrangements</p>	<p>3</p> <p>4</p>
2.	Contributing to the development of an effective control environment.	<p>Actively monitoring the implementation of recommendations from auditors.</p> <p>Encouraging ownership of the internal control framework by</p>	<p>The Audit Committee supports the role of audit in improving internal control and governance. Audit Action Plans submitted to the Audit Committee every quarter.</p> <p>The committee has powers to hold individual managers to account for</p>	<p>5</p> <p>5</p>

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
		<p>appropriate managers.</p> <p>Raising significant concerns over controls with appropriate senior managers.</p>	<p>delays in completing actions by inviting them as appropriate to attend committee to explain.</p> <p>As per comment above.</p>	4
3.	Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks.	<p>Reviewing risk management arrangements and their effectiveness, e.g. risk management benchmarking.</p> <p>Monitoring improvements.</p> <p>Holding risk owners to account for major/strategic risks.</p>	<p>Risk management arrangements are reported</p> <p>As above.</p> <p>As above.</p>	5 5 5
4.	Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively.	<p>Specifying its assurance needs, identifying gaps or overlaps in assurance.</p> <p>Seeking to streamline assurance gathering and reporting.</p>	Public Sector Internal Audit Standards (PSIAS) external review has been carried out in 2015/16 on the WDC Internal Audit team (required every five years). The position for this area is good in relation to both external audit and internal audit but there is an	3 4

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
	helping to ensure appropriate governance, risk, control and assurance arrangements.	<p>sustainable outcomes.</p> <p>Reviewing major projects and programmes to ensure that governance and assurance arrangements are in place.</p> <p>Reviewing the effectiveness of performance management arrangements.</p>	<p>outcomes</p> <p>Care Inspectorate reports are regularly reported to the Audit Committee ,together with Action Plan progress where appropriate.</p> <p><u>Suggested actions:</u></p> <ul style="list-style-type: none"> • Amend annual assurance statements provided to Audit Manager to require information on value for money arrangements. 	4
7.	Supporting the development of robust arrangements for ensuring value for	Ensuring that assurance on value for money arrangements is included in the assurances received by the audit	Audit Committee currently considers best value through the actions and activities of internal and external audit, however this could be	2

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
	money.	committee. Considering how performance in value for money is evaluated as part of the AGS.	widened. The AGS is provided to the Audit Committee as a standalone document.	2
8.	Helping the authority to implement the values of good governance, including effective arrangements for countering fraud and corruption risks.	Reviewing arrangements against the standards set out in the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) Reviewing fraud risks and the effectiveness of the organisation's strategy to address those risks. Assessing the effectiveness of ethical governance arrangements for both staff and governors.	This section is not applicable as these aspects are considered by the Council and the Health Board as employers.	n/a n/a n/a
9.	Promoting effective public reporting to the authority's stakeholders	Improving how the authority discharges its responsibilities for public reporting; for	IJB audit committee papers enter the public domain – care taken to provide sensible / understandable	4

Evaluating the Effectiveness of the Audit Committee (2019)

<u>Ref.</u>	<u>Areas where the audit committee can add value by supporting improvement</u>	<u>Examples of how the audit committee can add value and provide evidence of effectiveness</u>	<u>Self-evaluation, examples, areas of strength and weakness</u>	<u>Overall assessment: 5 – 1</u> <u>See key above</u>
	and local community and measures to improve transparency and accountability.	<p>example, better targeting at the audience, plain English.</p> <p>Reviewing whether decision making through partnership organisations remains transparent and publicly accessible and encouraging greater transparency.</p> <p>Publishing an annual report for the committee</p>	<p>information but could still be improved</p> <p>This is not done.</p> <p><u>Suggested action:</u> Introduce an annual report on the Audit Committee to account for its performance and explain its work.</p>	1

Audit committee members – knowledge and skills framework

CORE AREAS OF KNOWLEDGE

Knowledge area	Details of core knowledge required	How the audit committee member is able to apply the knowledge
Organisational knowledge	<ul style="list-style-type: none"> ■ An overview of the governance structures of the authority and decision-making processes ■ Knowledge of the organisational objectives and major functions of the authority 	<ul style="list-style-type: none"> ■ This knowledge will be core to most activities of the audit committee including review of the AGS, internal and external audit reports and risk registers
Audit committee role and functions (Chapters 3 and 6)	<ul style="list-style-type: none"> ■ An understanding of the audit committee's role and place within the governance structures. Familiarity with the committee's terms of reference and accountability arrangements ■ Knowledge of the purpose and role of the audit committee 	<ul style="list-style-type: none"> ■ This knowledge will enable the audit committee to prioritise its work in order to ensure it discharges its responsibilities under its terms of reference and to avoid overlapping the work of others
Governance (Chapter 4)	<ul style="list-style-type: none"> ■ Knowledge of the seven principles of the CIPFA/Solace Framework and the requirements of the AGS ■ Knowledge of the local code of governance 	<ul style="list-style-type: none"> ■ The committee will review the local code of governance and consider how governance arrangements align to the principles in the framework ■ The committee will plan the assurances it is to receive in order to adequately support the AGS ■ The committee will review the AGS and consider how the authority is meeting the principles of good governance

Knowledge area	Details of core knowledge required	How the audit committee member is able to apply the knowledge
Internal audit (Chapter 4)	<ul style="list-style-type: none"> ■ An awareness of the key principles of the PSIAS and the LGAN ■ Knowledge of the arrangements for delivery of the internal audit service in the authority and how the role of the head of internal audit is fulfilled 	<ul style="list-style-type: none"> ■ The audit committee has oversight of the internal audit function and will monitor its adherence to professional internal audit standards ■ The audit committee will review the assurances from internal audit work and will review the risk-based audit plan. The committee will also receive the annual report, including an opinion and information on conformance with professional standards ■ In relying on the work of internal audit, the committee will need to be confident that professional standards are being followed ■ The audit committee chair is likely to be interviewed as part of the external quality assessment and the committee will receive the outcome of the assessment and action plan
Financial management and accounting (Chapter 4)	<ul style="list-style-type: none"> ■ Awareness of the financial statements that a local authority must produce and the principles it must follow to produce them ■ Understanding of good financial management principles ■ Knowledge of how the organisation meets the requirements of the role of the CFO, as required by The Role of the Chief Financial Officer in Local Government (CIPFA, 2016) and the CIPFA Statement on the Role of Chief Financial Officers in Policing (2018) 	<ul style="list-style-type: none"> ■ Reviewing the financial statements prior to publication, asking questions ■ Receiving the external audit report and opinion on the financial audit ■ Reviewing both external and internal audit recommendations relating to financial management and controls ■ The audit committee should consider the role of the CFO and how this is met when reviewing the AGS
External audit (Chapter 4)	<ul style="list-style-type: none"> ■ Knowledge of the role and functions of the external auditor and who currently undertakes this role ■ Knowledge of the key reports and assurances that external audit will provide ■ Knowledge about arrangements for the appointment of auditors and quality monitoring undertaken 	<ul style="list-style-type: none"> ■ The audit committee should meet with the external auditor regularly and receive their reports and opinions ■ Monitoring external audit recommendations and maximising benefit from audit process ■ The audit committee should monitor the relationship between the external auditor and the authority and support the delivery of an effective service

Knowledge area	Details of core knowledge required	How the audit committee member is able to apply the knowledge
Risk management (Chapter 4)	<ul style="list-style-type: none"> ■ Understanding of the principles of risk management, including linkage to good governance and decision making ■ Knowledge of the risk management policy and strategy of the organisation ■ Understanding of risk governance arrangements, including the role of members and of the audit committee 	<ul style="list-style-type: none"> ■ In reviewing the AGS, the committee will consider the robustness of the authority's risk management arrangements and should also have awareness of the major risks the authority faces ■ Keeping up to date with the risk profile is necessary to support the review of a number of audit committee agenda items, including the risk-based internal audit plan, external audit plans and the explanatory foreword of the accounts. Typically, risk registers will be used to inform the committee ■ The committee should also review reports and action plans to develop the application of risk management practice
Counter fraud (Chapter 4)	<ul style="list-style-type: none"> ■ An understanding of the main areas of fraud and corruption risk to which the organisation is exposed ■ Knowledge of the principles of good fraud risk management practice in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) ■ Knowledge of the organisation's arrangements for tackling fraud 	<ul style="list-style-type: none"> ■ Knowledge of fraud risks and good fraud risk management practice will be helpful when the committee reviews the organisation's fraud strategy and receives reports on the effectiveness of that strategy ■ An assessment of arrangements should support the AGS and knowledge of good fraud risk management practice will support the audit committee member in reviewing that assessment
Values of good governance (Chapter 5)	<ul style="list-style-type: none"> ■ Knowledge of the Seven Principles of Public Life ■ Knowledge of the authority's key arrangements to uphold ethical standards for both members and staff ■ Knowledge of the whistleblowing arrangements in the authority 	<ul style="list-style-type: none"> ■ The audit committee member will draw on this knowledge when reviewing governance issues and the AGS ■ Oversight of the effectiveness of whistleblowing will be considered as part of the AGS. The audit committee member should know to whom concerns should be reported

Knowledge area	Details of core knowledge required	How the audit committee member is able to apply the knowledge
<p>Treasury management (only if it is within the terms of reference of the committee to provide scrutiny) (Chapter 5)</p>	<ul style="list-style-type: none"> ■ Effective Scrutiny of Treasury Management is an assessment tool for reviewing the arrangements for undertaking scrutiny of treasury management. The key knowledge areas identified are: <ul style="list-style-type: none"> – regulatory requirements – treasury risks – the organisation’s treasury management strategy – the organisation’s policies and procedures in relation to treasury management ■ See also Treasure Your Assets (CfPS, 2017) 	<ul style="list-style-type: none"> ■ Core knowledge on treasury management is essential for the committee undertaking the role of scrutiny

SPECIALIST KNOWLEDGE THAT ADDS VALUE TO THE AUDIT COMMITTEE

This section may be of particular benefit when recruiting independent members.

Knowledge area	Details of supplementary knowledge	How the audit committee member is able to add value to the committee
Accountancy	<ul style="list-style-type: none"> Professional qualification in accountancy 	<ul style="list-style-type: none"> More able to engage with the review of the accounts and financial management issues coming before the committee Having an understanding of the professional requirements and standards that the finance function must meet will provide helpful context for discussion of risks and resource issues More able to engage with the external auditors and understand the results of audit work
Internal audit	<ul style="list-style-type: none"> Professional qualification in internal audit 	<ul style="list-style-type: none"> This would offer in-depth knowledge of professional standards of internal audit and good practice in internal auditing The committee would be more able to provide oversight of internal audit and review the output of audit reports
Risk management	<ul style="list-style-type: none"> Risk management qualification Practical experience of applying risk management Knowledge of risks and opportunities associated with major areas of activity 	<ul style="list-style-type: none"> Enhanced knowledge of risk management will inform the committee's oversight of the development of risk management practice Enhanced knowledge of risks and opportunities will be helpful when reviewing risk registers
Governance and legal	<ul style="list-style-type: none"> Legal qualification and knowledge of specific areas of interest to the committee, for example constitutional arrangements, data protection or contract law 	<ul style="list-style-type: none"> Legal knowledge may add value when the committee considers areas of legal risk or governance issues
Service knowledge relevant to the functions of the organisation	<ul style="list-style-type: none"> Direct experience of managing or working in a service area similar to that operated by the authority Previous scrutiny committee experience 	<ul style="list-style-type: none"> Knowledge of relevant legislation, risks and challenges associated with major service areas will help the audit committee to understand the operational context

Knowledge area	Details of supplementary knowledge	How the audit committee member is able to add value to the committee
Programme and project management	<ul style="list-style-type: none"> ■ Project management qualifications or practical knowledge of project management principles 	<ul style="list-style-type: none"> ■ Expert knowledge in this area will be helpful when considering project risk management or internal audit reviews
IT systems and IT governance	<ul style="list-style-type: none"> ■ Knowledge gained from management or development work in IT 	<ul style="list-style-type: none"> ■ Knowledge in this area will be helpful when considering IT governance arrangements or audit reviews of risks and controls

CORE SKILLS

Skills	Key elements	How the audit committee member is able to apply the skill
Strategic thinking and understanding of materiality	<ul style="list-style-type: none"> ■ Able to focus on material issues and overall position, rather than being side tracked by detail 	<ul style="list-style-type: none"> ■ When reviewing audit reports, findings will include areas of higher risk or materiality to the organisation, but may also highlight more minor errors or control failures. The audit committee member will need to pitch their review at an appropriate level to avoid spending too much time on detail
Questioning and constructive challenge	<ul style="list-style-type: none"> ■ Able to frame questions that draw out relevant facts and explanations ■ Challenging performance and seeking explanations while avoiding hostility or grandstanding 	<ul style="list-style-type: none"> ■ The audit committee will review reports and recommendations to address weaknesses in internal control. The audit committee member will seek to understand the reasons for weaknesses and ensure a solution is found
Focus on improvement	<ul style="list-style-type: none"> ■ Ensuring there is a clear plan of action and allocation of responsibility 	<ul style="list-style-type: none"> ■ The outcome of the audit committee will be to secure improvements to the governance, risk management or control of the organisation, including clearly defined actions and responsibilities ■ Where errors or control failures have occurred, then the audit committee should seek assurances that appropriate action has been taken
Able to balance practicality against theory	<ul style="list-style-type: none"> ■ Able to understand the practical implications of recommendations to understand how they might work in practice 	<ul style="list-style-type: none"> ■ The audit committee should seek assurances that planned actions are practical and realistic

Skills	Key elements	How the audit committee member is able to apply the skill
Clear communication skills and focus on the needs of users	<ul style="list-style-type: none"> ■ Support the use of plain English in communications, avoiding jargon, acronyms, etc 	<ul style="list-style-type: none"> ■ The audit committee will seek to ensure that external documents such as the AGS and the narrative report in the accounts are well written for a non-expert audience
Objectivity	<ul style="list-style-type: none"> ■ Evaluate information on the basis of evidence presented and avoiding bias or subjectivity 	<ul style="list-style-type: none"> ■ The audit committee will receive assurance reports and review risk registers. There may be differences of opinion about the significance of risk and the appropriate control responses and the committee member will need to weigh up differing views
Meeting management skills	<ul style="list-style-type: none"> ■ Chair the meetings effectively: summarise issues raised, ensure all participants are able to contribute, focus on the outcome and actions from the meeting 	<ul style="list-style-type: none"> ■ These skills are essential for the audit committee chair to help ensure that meetings stay on track and address the items on the agenda. The skills are desirable for all other members

CHAPTER 2

CIPFA's Position Statement: Audit Committees in Local Authorities and Police

The scope of this Position Statement includes all principal local authorities in the UK, the audit committees for PCCs and chief constables in England and Wales, and the audit committees of fire and rescue authorities.

- 1 Audit committees are a key component of an authority's governance framework. Their function is to provide an independent and high-level resource to support good governance and strong public financial management.
- 2 The purpose of an audit committee is to provide to those charged with governance independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance processes. By overseeing both internal and external audit it makes an important contribution to ensuring that effective assurance arrangements are in place.
- 3 Authorities and police audit committees should adopt a model that establishes the committee as independent and effective. The committee should:
 - act as the principal non-executive, advisory function supporting those charged with governance
 - in local authorities, be independent of both the executive and the scrutiny functions and include an independent member where not already required to do so by legislation
 - in police bodies, be independent of the executive or operational responsibilities of the PCC or chief constable
 - have clear rights of access to other committees/functions, for example, scrutiny and service committees, corporate risk management boards and other strategic groups
 - be directly accountable to the authority's governing body or the PCC and chief constable.
- 4 The core functions of an audit committee are to:
 - be satisfied that the authority's assurance statements, including the annual governance statement, properly reflect the risk environment and any actions required to improve it, and demonstrate how governance supports the achievement of the authority's objectives
 - in relation to the authority's internal audit functions:
 - oversee its independence, objectivity, performance and professionalism
 - support the effectiveness of the internal audit process

- promote the effective use of internal audit within the assurance framework
 - consider the effectiveness of the authority’s risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other organisations
 - monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the authority’s exposure to the risks of fraud and corruption
 - consider the reports and recommendations of external audit and inspection agencies and their implications for governance, risk management or control
 - support effective relationships between external audit and internal audit, inspection agencies and other relevant bodies, and encourage the active promotion of the value of the audit process.
 - review the financial statements, external auditor’s opinion and reports to members, and monitor management action in response to the issues raised by external audit.
- 5 An audit committee can also support its authority by undertaking a wider role in other areas including:
- considering governance, risk or control matters at the request of other committees or statutory officers
 - working with local standards and ethics committees to support ethical values
 - reviewing and monitoring treasury management arrangements in accordance with [Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes](#) (CIPFA, 2017)
 - providing oversight of other public reports, such as the annual report.
- 6 Good audit committees are characterised by:
- a membership that is balanced, objective, independent of mind, knowledgeable and properly trained to fulfil their role. The political balance of a formal committee of a council will reflect the political balance of the council, however, it is important to achieve the right mix of apolitical expertise
 - a membership that is supportive of good governance principles and their practical application towards the achievement of organisational objectives
 - a strong independently minded chair – displaying a depth of knowledge, skills and interest. There are many personal qualities needed to be an effective chair, but key to these are:
 - promoting apolitical open discussion
 - managing meetings to cover all business and encouraging a candid approach from all participants
 - an interest in and knowledge of financial and risk management, audit, accounting concepts and standards, and the regulatory regime
 - unbiased attitudes – treating auditors, the executive and management fairly
 - the ability to challenge the executive and senior managers when required.

- 7 To discharge its responsibilities effectively the committee should:
- meet regularly – at least four times a year, and have a clear policy on those items to be considered in private and those to be considered in public
 - be able to meet privately and separately with the external auditor and with the head of internal audit
 - include, as regular attendees, the CFO(s), the chief executive, the head of internal audit and the appointed external auditor. Other attendees may include the monitoring officer (for standards issues) and the head of resources (where such a post exists). These officers should also be able to access the committee, or the chair, as required
 - have the right to call any other officers or agencies of the authority as required, while recognising the independence of the chief constable in relation to operational policing matters
 - report regularly on its work to those charged with governance, and at least annually report an assessment of their performance. An annual public report should demonstrate how the committee has discharged its responsibilities.

**Cipfa: Practical Guidance for Local Authorities and the Police - Audit Committees
Self-Assessment of Good Practice - Improvement Action Plan**

<u>No.</u>	<u>Ref.</u>	<u>Action Required</u>	<u>Responsible Officer</u>	<u>Due Date</u>
1.	Appendix 1; 1, 25 Appendix 2; 9	Introduce an annual report on the Audit Committee to account for its performance and explain its work to Council.	Chair of Audit Committee / Audit Manager	30 June 2020
2.	Appendix 1; 6, 8, 23, 24, 25 Appendix 2; 6	Introduce a self-assessment every three years against best practice, using the Cipfa documents (i.e. the Practical Guidance for Local Authorities and the Police - Audit Committees Self-Assessment of Good Practice).	Chair of Audit Committee / Audit Manager	31 December 2022 (and every three years thereafter)
3.	Appendix 1; 12	Appoint up to two members from the Strategic Planning Group to the Audit Committee.	Chair of Audit Committee / Chief Financial Officer / Audit Manager	30 June 2020
4.	Appendix 1; 16	Members of the Committee should consider if there any knowledge or skills gaps, taken into account the content of the core knowledge and skills framework.	Members of the Committee	31 March 2020
5.	Appendix 1; 19	Obtain feedback on the performance of the Audit Committee from those interacting with the committee or relying on its work. This feedback should be incorporated into an Annual	Audit Manager	30 June 2020

<u>No.</u>	<u>Ref.</u>	<u>Action Required</u>	<u>Responsible Officer</u>	<u>Due Date</u>
		Report on the Audit Committee (see also action 7).		
6.	Appendix 2; 1	The Chairs of the Council's and the West Dunbartonshire Health & Social Care Partnership Board Audit Committees meet to discuss their respective governance arrangements.	Audit Committee Chairs / Audit Manager	30 June 2020
7.	Appendix 2; 6	Amend annual assurance statements to require more information on value for money arrangements e.g. transformation, sustainability, and performance management.	Audit Manager	30 June 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit and Performance Committee: 11 December 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 Care Inspectorate inspection reports for two 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.

Background

- 3.1** The Scottish Government published new Health and Social Care Standards for assessing registered care services which took effect in April 2018.
- 3.2** The Care Inspectorate introduced a new way 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 no longer use the 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 approach began with care homes for older people in July 2018 and continues to use the six point scale of 1 – Unsatisfactory to 6 – Excellent. If the report makes a requirement in any key question inspected the maximum grade awarded will be 3 – Adequate. If an area for improvement is highlighted the maximum grade awarded will be 4 – Good.
- 3.4** If a Grade 2 - Weak or less is awarded and/ or there are requirements in a report then the next inspection is normally a follow up inspection. Follow up inspections only look at progress made in addressing issues highlighted in the previous report. Inspectors will 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 monitors the independent sector care homes operating in West Dunbartonshire in line with the National Care Home

Contract. They also work with them to maintain awareness of developments and provide opportunities to share good practice/learning.

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

- Edinbarnet Nursing Home
- Sunningdale

4. Main Issues

Edinbarnet Nursing Home

4.1 Edinbarnet Nursing Home is owned and managed by Edinbarnet Estates Ltd who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 50 residents. As of 05 November 2019 there were 30 West Dunbartonshire residents supported within the care home.

4.2 The nursing home was inspected on 05 August 2019 and the report issued on 28 August 2019. The table below summarises the movement in grades awarded to Edinbarnet Nursing Home 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
05.08.19	5 – Very Good	Not Assessed	Not Assessed	4 – Good	5 – Very Good
21.08.18	5 – Very Good	Not Assessed	Not Assessed	Not Assessed	5 – Very Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
24.07.17	5 – Very Good	Not Assessed	5 – Very Good	Not Assessed	

4.3 The grades awarded in this inspection to Edinbarnet Nursing Home 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 care home.

Sunningdale

4.4 Sunningdale is owned and managed by I & S Scotcare Ltd, who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 17 residents. As of 05 November 2019 there were 11 West Dunbartonshire residents supported within the care home.

4.5 They were inspected on 05 September 2019 and report issued on 18 November 2019. The table below summarises the movement in grades for each of the four themes awarded to Sunningdale over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
05.09.19	5	5	5	4	5
09.10.18	4	3	N/A	3	3
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
31.01.18	4	N/A	4	N/A	

- 4.6** The grades awarded in this inspection were higher than those awarded to Sunningdale in their previous inspection in October 2018 and reflect the grades they were previously receiving from 2015 to 2017. There were no requirements detailed in the inspection report for remedial action by the care home. However, inspectors did highlight that the 14 areas for improvement they mentioned in the previous inspection report had all been addressed.
- 4.7** With input from WDHSCP staff the Manager/Owner of Sunningdale had drawn up an Action Plan to address these areas for improvement. A series of meetings took place with the Manager/Owner to track progress in achieving the agreed outcomes.
- 5. People Implications**
- 5.1** There are no personnel issues associated with this report.
- 6. Financial and Procurement Implications**
- 6.1** The National Care Home Contract (NCHC) provides additional quality payments. Care homes qualify if they receive grades 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 5 - Very Good or 6 - Excellent in any of the other four key questions.
- 6.2** The NCHC also accounts for providers receiving a grade 1 - Unsatisfactory or 2 - Weak in their Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.
- 6.3** Both Edinbarnet Nursing Home and Sunningdale's Inspection Reports have financial implications for the HSCP. As detailed at point 6.1 above, Edinbarnet Nursing Home will continue to receive the enhanced weekly rate of £3.00 per resident per week for Nursing Homes from the date of their inspection. Sunningdale will receive the enhanced weekly rate of £2.50 per resident per week for Residential Homes from the date of their inspection. The enhanced weekly rate increases do not apply to residents who only receive a Free Personal and/or Nursing Care payment from the HSCP.

6.4 Sunningdale had the enhanced weekly rate of £2.50 per resident per week for Residential Homes removed after their previous inspection of October 2018 when they failed to regain the appropriate grades for the award. This could have been removed after the January 2018 inspection. However, it was agreed that despite the reduction in grades the enhanced quality award would remain in place as incentive to improve, as per NCHC guidance, conditional upon the grade of 5 or 6 for Key Question 1 and a minimum of a 5 in any one other Key Question being awarded in their next Care Inspectorate inspection. As this was not achieved in the October 2019 inspection the enhanced quality award payment had been removed and the reduction backdated to the date of the inspection.

6.5 The enhanced weekly rate additional payment will remain in place until either the National Care Home Contract terms are renegotiated or the Care Inspectorate reduces the grades awarded to the homes 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: 28 November 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 812328

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 and Performance Committee: 11 December 2019**

Subject: Care Inspectorate Inspection report for Hillview Older People's Care Home**1. Purpose**

- 1.1** To provide the Audit Committee with an update on Care Inspectorate inspection report for an independent sector residential older peoples' Care Home located within West Dunbartonshire that received the grade of 3.

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 for assessing registered care services which took effect in April 2018.
- 3.2** The Care Inspectorate introduced a new way 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 no longer use the 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 approach began with care homes for older people in July 2018 and continues to use the six point scale of 1 – Unsatisfactory to 6 – Excellent. If the report makes a requirement in any key question inspected the maximum grade awarded will be 3 – Adequate. If an area for improvement is highlighted the maximum grade awarded will be 4 – Good.
- 3.4** If a Grade 2 - Weak or less is awarded and/ or there are requirements in a report then the next inspection is normally a follow up inspection. Follow up inspections only look at progress made in addressing issues highlighted in the previous report. Inspectors will 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** WDHSCP 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 them to maintain awareness of developments and provide opportunities to share good practice/learning.

3.6 The independent sector Care Home reported within this report is Hillview Care Home

4. Main Issues

Hillview Care Home

4.1 Hillview Care Home is owned and managed by Advinia Care Homes Limited, who are a large national operator. 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 05 November 2019 there were 117 West Dunbartonshire residents supported within the care home.

4.2 Hillview Care Home was inspected on 13 August 2019 and the report issued 24 September 2019. The table below gives the grades for each of the five key questions awarded to Hillview Care Home in their last three 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
14.08.19	2 – Weak	2 – Weak	2 – Weak	4 – Good	3 – Adequate
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

4.3 The grades awarded in this inspection reflect a reduction in the grades awarded to Hillview Care Home since their inspection in March 2019. The inspection report detailed the following 2 requirements to be addressed:

- i. Ensure residents are cared for in a manner that respects their privacy and dignity at all times, the provider must put in place an effective system of care. In particular, the provider must:
 - (i) ensure that staff provide care and support that is focused on the individual needs of each person and in line with their personal plan.
 - (ii) ensure that every staff member is clear about their roles and responsibilities.
 - (ii) establish and implement a system to evaluate how staff support people in their care.
 - (iii) ensure that all staff are familiar with Health and Social Care Standards, the SSSC Codes of Practice and how they should apply these to their day-to-day practice.
- ii. Ensure the residents have well planned and safe care at all times, the provider must establish and implement systems that:
 - (i) ensure that there is consistent and clear leadership in each unit of the service and of the overall service.

- (ii) ensure that all staff working in the service have clear direction and are made aware of their individual roles and responsibilities.
- (iii) ensure that quality of care and support is regularly audited and monitored. Any concerns must be addressed quickly. This is so that the health and welfare of people living in the service is not adversely affected.

Timescale for completion of both requirements is 1 December 2019.

- 4.4** Regular contact with the Care Inspector, representatives of Advinia Care Homes Limited and staff from WD HSCP have taken place since just after the inspection. The Head of Health and Community Care has met with Hillview Care Home Manager a number of times, and most recently on 05 November 2019.
- 4.5** After the Lead Inspector gave feedback to the care home on 14 August 2019 the Manager of the home immediately resigned. Advinia's Home Improvement Manager has been in place as Interim Manager while they work to address the issues highlighted by the inspection and the general concerns about a lack of clear leadership and management oversight across the whole home. Since this time, the interim manager has become substantive and a significant number of staff changes have been made.
- 4.6** The Home developed an action plan to ensure the improvements are made. This has been shared with the Care Inspectorate and the HSCP and is attached as Appendix 1.
- 4.7** The Home Manager continues to work with WD HSCP to ensure that remedial activity required to fully implement the action plan takes place and is consolidated into good practice.
- 4.8** The Head of Health and Community Care has met with the team at Hill View a number of times, most recently on 6th November 2019.

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 additional quality payments. Care homes qualify if they receive grades 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 5 - Very Good or 6 - Excellent in any of the other four key questions.

6.2 The NCHC also accounts for providers receiving a grade 1 - Unsatisfactory or 2 - Weak in their Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

6.3 Hillview Care Home Inspection Report may have financial implications for WDHSCP. After their August 2019 inspection the withdrawal of the quality funding component of the weekly rate paid, as detailed at point 6.2, could have been removed. Despite the reduction in grades this has not taken place as an incentive for the home to improve, as per NCHC guidance. However, this is conditional upon the grade of 3 being awarded in their next Care Inspectorate inspection. If this is not achieved then the reduction of £20 per resident per week from the weekly fee will be applied.

6.4 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: 28 November 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 812328

Appendix: Action Plan for Hillview Older People's Care Home

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

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

Action plan summary

AP-5759 - Ensure that all visitors are reminded to sign in and out of the building.

Due date	Location	Assigned to	Completed date	Compliant
27-Sep-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	30-Sep-2019	Medium
Created by: Michelle Ferrey On: 12-Sep-2019				
Tags:				

AP-5761 - Property team to visit site to scope work required to ensure all units are of the required standard. Kings Fund Environmental Tool audit to be completed on each unit to support this work and ensure that units are as dementia-friendly as possible. Programme of renovation to be produced.

Due date	Location	Assigned to	Completed date	Compliant
27-Sep-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	30-Sep-2019	Medium
Created by: Michelle Ferrey On: 12-Sep-2019				
Tags:				

AP-5763 - Ensure that all residents (or their representative) are given the opportunity to Communication passport or plan to be implemented for residents with limited verbal communication.

Due date	Location	Assigned to	Completed date	Compliant
27-Sep-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	30-Sep-2019	Medium
Created by: Michelle Ferrey On: 12-Sep-2019				
Tags:				

AP-7076 - The care given to residents should be delivered in a way that promotes kindness and compassion. This will be achieved in the following way. Staff will complete dignity and respect training. Staff interactions will be observed, all senior staff will support staff to deliver better person centred care. Coaching of staff will take place and explore what good care looks like. This will also support and develop staff understanding.

Due date	Location	Assigned to	Completed date	Compliant
28-Sep-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	30-Sep-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7064 - Personal plans must reflect resident continence needs and be evaluated accurately.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7065 - Continence products must be named for individual residents and stored appropriately.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7066 - Staff must be aware of residents care needs in relation to continence care.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7068 - Staff must be aware of the language they use when describing a residents stress and distress.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7069 - Robust systems to be put in place to monitor quality audits and ensure areas for improvement are followed up and actioned.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7070 - Residents and families must feel part of the care home and be involved in decision making within each house. The resident and family in the choices documented in their personal support plan.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7071 - Kings fund audit to be completed by other staff members, residents of visitors to the home.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7073 - prn protocols to be more in depth detailing what intervention to be deployed when a resident shows signs of stress and distress.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7074 - Effects of medication to be accurately recorded on the back of MARS sheet.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7075 - MARS sheets to be completed and sign for as appropriate.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7078 - Waterlow scores to be accurately assessed.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7083 - Ensure that the 'snack boxes' within each satellite kitchen are kept stocked up to enable staff to prepare the items available on the snack menu.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7085 - Consider the mealtime experience on units where many residents require assistance. To ensure the best experience for all residents the mealtime could be split into two sittings. Review current arrangements and identify how improvements could be made. This should also include how res tables are placed to promote the best experience for residents..

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7121 - Home Manager to refer to 'Making every moment count' guidance from Care Inspectorate and look at implementation within the Home.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-7122 - Ensure that all units have a sharps poster displayed in their treatment room.

Due date	Location	Assigned to	Completed date	Compliant
01-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-10005 - All sleep plans and restrictive measures e.g. bedrails and sensor mats / beams to be fully reviewed and support plans updated. All supplementary charts to be reviewed every night and outcomes documented in daily life and support plans.

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Veronica White	31-Oct-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-10008 - All supplementary charts to be fully reviewed every night and outcomes recorded in daily life and support plans. Hand over to day staff any concerns.

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Molly Kutty Varghese	01-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-10010 - All supplementary charts to be fully reviewed every night and record outcomes in daily notes and support plans Hand over any concerns to day staff

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Lesleyann McEwan	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9982 - All sleep plans, restrictive measure eg bedrais, sensors to be reviewed and support plans updated

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Molly Kutty Varghese	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9983 - All sleep plans and restrictive measures to be reviewed and support plans updated

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Lesleyann McEwan	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9984 - All sleep plans and restrictive measures eg bedrails, sensor mat/ beams, to be reviewed and support plans updated. All supplementary charts to be fully reviewed every night for compliance. Outcomes to be documented in daily notes and support plans

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Pamela Scott	13-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9990 - All sleep care plans to be reviewed with restrictive measure eg bedrails and sensory mats / beams. Support plans to reflect any changes. All supplementary charts to be fully reviewed every night. Outcomes to be entered in dail notes and support plan if required

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Rhona Jose	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-9994 - All sleep plans to be reviewed including restrictive measures eg bedrails and sensory mats / beams All supplementary charts to be fully reviewed every night and outcome entered in daily notes and support plan

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Shani Paulose	13-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9996 - All sleep plans including bedrail and sensory mat / beams to be fully reviewed and support plans updated All supplementary forms to be fully reviewed every night with outcomes documented in daily life and support plans

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Grace Wark	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-9999 - All sleep and restrictive measure e.g. bedrails and sensory beams / mats reviewed and support plans updated All supplementary forms to be fully reviewed every night and outcome recorded in daily life and support plan

Due date	Location	Assigned to	Completed date	Compliant
16-Oct-2019	Hillview Care Home - Master Unit	Katrina Murphy	12-Nov-2019	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

AP-5895 - Care Inspectorate visited the home on Monday 9th September 2019 to investigate this complaint. Emailed some documents he requested on 10.9.19. Waiting on follow up

Due date	Location	Assigned to	Completed date	Compliant
26-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	22-Oct-2019	Medium
Created by: Kathleen Glasgow On: 13-Sep-2019				
Tags:				

AP-7080 - Documentation in general needs to be tightened up to reflect the care and support we provide.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	11-Nov-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7081 - Unit Managers will be made aware of their role and responsibility. Unit Managers will attend leadership training. Observation of practice will take place to assess staff members competence and the HM and CSM will provide immediate coaching and support. All senior staff will have a clear vision of how the home is moving forward. This will be discussed at staff meeting and supervisions.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	19-Nov-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7082 - Sensory lighting can make the corridors quite dark ?safty risk for residents.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	11-Nov-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7117 - Consider all residents and their abilities, utilise these to promote independence and inclusion in day-to-day tasks. Each unit to promote independence and be able to demonstrate how those who are able are contributing to the day-to-day life within the unit.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	19-Nov-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-7119 - The Home Management team should ensure that practice observations are completely regularly on each unit to ensure that all support is consistently respectful and consideration towards residents. The Unit Managers should be mindful whilst working on the units and tackle any issues at the time. This should be recorded where necessary. Dignity Champions to work across unit to ensure that a good level of understanding of dignity and respect is instilled in all staff.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	11-Nov-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-7120 - Complete a dependency assessment for all residents to determine whether staffing levels reflect the level of need on each unit. Manager to determine best approach to ensuring that staff have time to provide meaningful activity to residents.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	01-Nov-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7123 - Home to ensure that MHRA alerts are available in the medication room and have been signed off as actioned or not relevant.

Due date	Location	Assigned to	Completed date	Compliant
29-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	11-Nov-2019	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-7063 - Consistent and robust systems must be in place to ensure that staff demonstrate good leadership qualities in all units across the home. Staff must be accountable for their actions. All Unit Managers will attend leadership training and will take responsibility and ownership of their own units. HM, CSM and UM will support staff by coaching and identifying areas of practice that could be improved to deliver a better outcome for the resident.

Due date	Location	Assigned to	Completed date	Compliant
31-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	01-Nov-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7067 - Catheter management will be recorded in a residents support plan and this diarised in the unit diary to inform staff of date of change needed. Training will also be arranged by the Ontex nurse for garment training. This will ensure the promotion of continence and management of catheter care follows current good practice.

Due date	Location	Assigned to	Completed date	Compliant
31-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	01-Nov-2019	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7939 - Monthly checks are completed on the SSSC website to monitor and ensure staff are registered/applied within the six months on starting employment.

Due date	Location	Assigned to	Completed date	Compliant
31-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 26-Sep-2019				
Tags:				

AP-7940 - Caller code and password have been obtained to complete NMC checks. This checks will be completed monthly.

Due date	Location	Assigned to	Completed date	Compliant
31-Oct-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	07-Oct-2019	Medium
Created by: Michelle Ferrey On: 26-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7062 - The home will demonstrate that the care delivered promotes person centred care, care is carried out in a manner that is caring and compassionate that promotes residents dignity and respect. Staff will deliver care that is focused on the individual needs of each person as identified in the personal plans. Staff will receive supervision on person centred care and how to apply this to individual residents care needs.

Due date	Location	Assigned to	Completed date	Compliant
18-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	19-Nov-2019	High
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7866 - All staff will be issued with the Health and Social Care Standards and SSSC Codes of practice. This will be discussed at supervision and observed through practice as how these standards are applied to their day to day practice.

Due date	Location	Assigned to	Completed date	Compliant
18-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	01-Nov-2019	Medium
Created by: Michelle Ferrey On: 26-Sep-2019				
Tags:				

AP-7118 - Ensure that all staff sign to say they have read and understood any changes to risk assessments. This should be completed on an annual basis, and when there are new starters within the home.

Due date	Location	Assigned to	Completed date	Pending
25-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	-	Medium
Created by: Michelle Ferrey On: 23-Sep-2019				
Tags:				

AP-7072 - Activities should be meaningful for residents and residents should be supported to be involved in activities appropriate for them. The home will recruit addition activity staff. Activity staff will be deployed evenly throughout the unit. All staff will attend CAPA training. Resident meeting will take place once per month in each unit.

Due date	Location	Assigned to	Completed date	Planned
29-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	-	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-7077 - Support plans need to be more outcome focused and written in a way that support the social needs of the residents.

Due date	Location	Assigned to	Completed date	Planned
29-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	-	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

95ed480e-7992-4147-aa2b-44dcda8a87f6, MissedCall_incident, MED_incident, 03fcee5a-8913-482c-b666-0f6d101531c9, GEN_incident, Template_FallsForm, 347c4b83-ee09-4917-829e-97b524876730, GEN_concern, Advinia_compliment, Advinia_complaints, Form_Advinia_regulatory_inspection, Form_Advinia_qdr_inspection, 1d6e2dfc-d228-4b7d-944a-b18ba7aca5a2, bc8b9f60-7031-4f69-b482-a713027f49fb

Action plan - Hillview Care Home - Master Unit

AP-7079 - Daily lifes to be less clinically written. Focus more on social model.

Due date	Location	Assigned to	Completed date	Planned
29-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	-	Medium
Created by: Michelle Ferrey On: 21-Sep-2019				
Tags:				

AP-9981 - Carry out another visit in November with CSM

Due date	Location	Assigned to	Completed date	Planned
29-Nov-2019	Hillview Care Home - Master Unit	Kathleen Glasgow	-	Medium
Created by: Kathleen Glasgow On: 09-Oct-2019				
Tags:				

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit and Performance Committee: 11 December 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 three independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

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

3. Background

- 3.1 The Scottish Government published new Health and Social Care Standards for assessing registered care services which took effect in April 2018.
- 3.2 The Care Inspectorate introduced a new way 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 changed from using the 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 approach began with care homes for older people in July 2018 and will continue to report using the six point scale of 1 – Unsatisfactory to 6 – Excellent. If the report makes a requirement in any key question inspected then usually the maximum grade awarded will be 3 – Adequate. If an area for improvement is highlighted the maximum grade awarded will usually be 4 – Good.
- 3.4 If a Grade 2 - Weak or less is awarded and/ or there are requirements in a report then the next inspection is normally a follow up inspection. Follow up inspections will only look at progress made in addressing issues highlighted in the previous report. Inspectors will 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 The independent sector support services reported here are within the areas of Care at Home & Housing Support Services and Respite. The services are:
- Joan's Carers Ltd. – the service is provided across West Dunbartonshire.
 - Dunn Street – Respite Service – this service is located in Duntocher.
 - Key Community Supports – Argyll and West Dumbarton – the service is provided across West Dunbartonshire.

- 3.6 Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Key Community Supports – Argyll and West Dumbarton operate in this manner.

4. Main Issues

Care at Home & Housing Support

Joan's Carers Ltd.

- 4.1 Joan's Carers Ltd. is a combined Housing Support and Care at Home service. The service is offered to a range of adults living in their own homes. The service was inspected on 18 July 2019 and the report published on 05 September 2019. The table below summarises the movement in grades for each of the four themes awarded to Joan's Carers Ltd. over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
18.07.19	4 – Good	Not assessed	5 – Very Good	4 – Good
12.01.18	4 – Good	Not assessed	4 – Good	Not assessed
12.01.17	5 – Very Good	Not assessed	Not assessed	4 – Good

- 4.2 The inspection grades awarded to Joan's Carers Ltd. show a slight improvement from previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

Key Community Supports – Argyll and West Dumbarton

- 4.3 Key Community Supports – Argyll and West Dumbarton provide a Housing Support Service to adults with learning disabilities in their own homes. The service was inspected on 30 August 2019 and the report published on 08 October 2019. The table below summarises the movement in grades awarded to Key Community Supports - Argyll and West Dumbarton in their last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
30.08.19	5 – Very Good	Not assessed	Not assessed	5 – Very Good
14.12.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
19.12.17	4 - Good	Not assessed	4 - Good	4 - Good

- 4.4 The grades awarded to Key Community Supports - Argyll and West Dumbarton in this inspection show that the service continues to maintain the high grades they received in their previous inspection. There were no requirements detailed in this inspection report for remedial action by the service.

Respite

Dunn Street – Respite Service

- 4.5 Dunn Street – Respite Service provides a residential respite service, ranging from long weekends to a full week, to adults between 16 and 70, who have a learning

disability and are resident in West Dunbartonshire. The service was inspected on 23 August 2019 and the report was published on 18 October 2019. The table below summarises the movement in grades for each of the four themes awarded to Dunn Street – Respite Service over the last 3 inspections:

Inspection date	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
23.08.19	5 – Very Good	Not Assessed	Not Assessed	Not Assessed	4 – Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
27.04.18	4 – Good	4 – Good	4 – Good	4 – Good	
10.04.17	3 – Adequate	Not assessed	3 – Adequate	Not assessed	

4.6 This inspection shows a continued improvement in grades awarded to Dunn Street – Respite Service, taking them closer to those received in their 2015 inspection. 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: 28 November 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 and Performance Committee: 11 December 2019

Subject: Clyde Court Care Home update

1. Purpose

- 1.1 To present the Audit Committee with an update on work being undertaken to support the improvement of Care Inspectorate grades at Clyde Court Care Home

2. Recommendations

- 2.1 The Audit Committee is asked to note the work being undertaken to support Clyde Court Care Home to consolidate improvements with meeting the assessed needs of the service users.

3. Background

- 3.1 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 08 November 2019 there were 50 West Dunbartonshire residents supported within the care home.

4. Main Issues

Clyde Court Care Home

- 4.1 Clyde Court Care Home was inspected on 28 June 2018. They received the grade of 3 – Adequate for the theme of Care & Support. This was a reduction from their previous inspection of July 2017 when they received the grade of 4 – Good for all themes inspected
- 4.2 The table below details 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 In the June 2018 report one requirement was detailed for remedial action by the care home:

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

Clyde Court Care Home was given to 30 November 2018 for the completion of this requirement.

- 4.3** The February 2019 inspection was a follow up inspection, and the grades awarded to Clyde Court Care Home were the same as in their previous inspection of June 2018. The follow up inspection looked at progress being made in addressing the requirement detailed at point 4.1 and any issues highlighted for improvement in their June 2018 inspection.
- 4.4** The inspectors noted that the requirement detailed in the 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.
- 4.5** Since the June 2018 inspection representatives from WD HSCP have been in regular contact with the service. WD HSCP Quality Assurance Team has continued to monitor and support the Management Team in the care home. To be reassured that they were continuing to take quality very seriously and consolidate their improved practices, contact visits to Clyde Court Care Home have also taken place. These have also involved the Head of Community Health and Care who visited Clyde Court Care Home on 05 November 2019.

5. People Implications

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

6. Financial and Procurement Implications

- 6.1** There are no financial implications associated with this update.
- 6.2** There are no procurement implications associated with this update.

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: 28 November 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 and Performance Committee: 11 December 2019

Subject: Strathleven Care Home update

1. Purpose

- 1.1 To present the Audit Committee with an update on work being undertaken to support the improvement of Care Inspectorate grades at Strathleven Care Home.

2. Recommendations

- 2.1 The Audit Committee is asked to note the work being undertaken to support Strathleven Care Home to consolidate improvements with meeting the staffing issue and improve grades.

3. Background

- 3.1 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 8 November 2019 there were 20 West Dunbartonshire residents supported within the care home.
- 3.2 The most recent inspection report for Strathleven Care Home was reported to the September 2019 Audit Committee. The care home was awarded the grade of 3 – Adequate for one of the Key Questions in the inspection report.

4. Main Issues

Strathleven Care Home

- 4.1 The care home was inspected on 18 July 2019. The table below summarises the grades awarded to Strathleven Care Home 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	

- 4.2** The grades awarded in the inspection to Strathleven Care Home were lower than those 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 within the area of staff recruitment.
- 4.3** Since the Inspection the manager of Strathleven has amended their Safe Recruitment policy and procedures to reflect the required change. This has been confirmed by staff from WD HSCP Quality Assurance Team who continue to monitor and support the Management Team in the care home and be reassured that they continue to work towards improving their grades at the next inspection.
- 4.4 A visit to the home was carried out by the Head of Health and Community Care on 28th November 2019.

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) includes 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** Strathleven Care Home has been in receipt of the enhanced weekly rate of £2.50 per resident per week for Residential Homes. After the July 2019 inspection this could have been removed. It was agreed that, as this was the first reduction in grades for some time, the enhanced quality award would remain in place as an incentive to improve their grades in the next inspection.
- 6.3** The enhanced weekly rate remaining in place is 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.
- 6.4** There are no procurement implications associated with this update.

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: 28 November 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 and Performance Committee: 11 December 2019

Subject: Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) update

1. Purpose

- 1.1 To present the Audit Committee with an update on work being undertaken to support the improvement of Care Inspectorate grades at Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute).

2. Recommendations

- 2.1 The Audit Committee is asked to note the work being undertaken by Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) to consolidate improvements with meeting the assessed needs of the service users.

3. Background

- 3.1 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. They support service users across West Dunbartonshire .
- 3.2 The most recent inspection report for Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) was reported to the September 2019 Audit Committee. The care home was awarded improved grades for two quality themes but was again awarded the grade of 3 – Adequate for in the area of management and leadership. In addition there was a requirement highlighted in the report that required remedial action by the provider in the inspection report.

4. Main Issues

- 4.1 The service was inspected on 01 February 2019. The table below summarises the 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

- 4.2 The requirement detailed in their inspection to be addressed was:

- 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.

- 4.3** Staff from the WD HSCP Quality Assurance team have been in contact with the Owner/Manager of the service to discuss and review changes planned to address the issues. Since the inspection Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) have been actively implementing the changes required and have completed these improvements within the timescale set.
- 4.4** The Owner/Manager of the service has updated their review procedures and implemented the changes so that reviews are now held on a regular basis. In addition care plans have been updated with new risk assessments and an audit of staff training in relation to managing risk has been undertake

5. People Implications

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

6. Financial and Procurement Implications

- 6.1** There are no financial implications associated with this update.
- 6.2** There are no procurement implications associated with this update.

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: 28 November 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