

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Thursday, 26 November 2020

Time: 13:00

Format: Zoom video conference

Contact: Email: committee.admin@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 Convener has directed that the meeting will be held by way of video conference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Marie McNair (Chair)
Allan Macleod (Vice-Chair)
Denis Agnew
John Mooney
Rona Sweeney
Audrey Thompson

Non-Voting Members

Anne MacDougall
John Paterson

Senior Management Team – Health & Social Care Partnership
Ms A Priestman
Ms Z Mahmood

Date of issue: 19 November 2020

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

THURSDAY, 26 NOVEMBER 2020

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 MINUTES OF PREVIOUS MEETING 5 - 8

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee held on 23 September 2020.

4 ROLLING ACTION LIST 9 - 10

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

5 WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP QUARTERLY PERFORMANCE REPORT 2020/21 QUARTER 2 11 - 26

Submit report by the Head of Strategy and Transformation:-

- (a) seeking to ensure the Committee fulfils its ongoing responsibility of effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCP's Strategic Plan; and
- (b) presenting the HSCP performance information reported against the strategic priorities for the period July to September 2020.

6 CARE INSPECTORATE INSPECTION REPORTS FOR OLDER PEOPLE'S CARE HOME OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 27 - 30

Submit report by the Head of Health and Community Care providing an update on Care Inspectorate inspection reports for two independent sector residential older peoples' care homes located within West Dunbartonshire.

**7 CARE INSPECTORATE INSPECTION REPORT FOR 31 - 34
OLDER PEOPLE'S CARE HOME AND DAY CARE SERVICES
OPERATED BY WEST DUNBARTONSHIRE HEALTH &
SOCIAL CARE PARTNERSHIP**

Submit report by the Head of Health and Community Care providing information on the most recent inspection report for Crosslet House.

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held via Video Conference on Wednesday, 23 September 2020 at 1.00 p.m.

Present: Bailie Denis Agnew and Councillors John Mooney and Marie McNair; and Mr Allan MacLeod, Ms Rona Sweeney and Ms Audrey Thompson and lay member Mrs Anne McDougall.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Jo Gibson, Head of Community Health & Care Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Andi Priestman, Chief Internal Auditor; Jennifer Ogilvie, Finance Manager; Linda Butler, Employee Events and Engage Lead; Nigel Ettles, Principal Solicitor; Nuala Borthwick and Lynn Straker, Committee Officers.

Also Attending: Richard Smith, Senior Audit Manager, and Marie McFadden, Trainee Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Jonathan Hinds, Head of Children's Health and John Paterson, Police Scotland.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee held on 11 December 2019 were submitted and approved as a correct record.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor on the performance of Internal Audit, and providing an overview of the West Dunbartonshire Health & Social Care Partnership Board's overall control environment.

After discussion and having heard the Chief Internal Auditor in further explanation and in answer to Members' questions, the Committee agreed to note the progress made in relation to the internal Audit Annual Plans for 2019/20 and 2020/21.

AUDIT SCOTLAND: COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

A report was submitted by the Chief Financial Officer informing of new guidance issued by Audit Scotland on key issues for consideration by Audit and Risk committees during the COVID-19 pandemic.

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 guidance and key issues for consideration;
- (2) that the questions posed in the guidance would be considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and that a further report would be submitted to a future meeting summarising their collective responses; and
- (3) that with reference to point (2) above, the Chief Officer or Chief Financial Officer would also support the Chair and Vice Chair in responding to the guidance.

INTERNAL AUDIT ANNUAL REPORT FOR YEAR ENDED 31 MARCH 2020

A report was submitted by the Chief Internal Auditor presenting the updated Chief Internal Auditor's Annual Report for 2019/20.

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

ANNUAL AUDIT REPORT 2019/20 – 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 2019/20.

After discussion and having heard from the Chief Financial Officer and Senior Audit Manager, Audit Scotland in further explanation of the report 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 2020;
- (2) to note the achievement of an unqualified audit opinion; and
- (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.

AUDITED ANNUAL ACCOUNTS 2019/20

A report was submitted by Chief Financial Officer presenting for approval and signature the audited Annual Accounts for the year ended 31 March 2020.

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

- (1) to approve for signature by the Chair, Chief Officer and Chief Financial Officer the audited Annual Accounts for the period 1 April 2019 to 31 March 2020; and
- (2) to thank the Chief Financial Officer and her team and Audit Scotland for their excellent and very professional work in finalising the annual accounts during the challenging current COVID-19 pandemic.

WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2019/20

A report was submitted by the Chief Officer providing an overview of the Health and Social Care Partnership's performance in planning and carrying out integrated functions.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed to approve the West Dunbartonshire HSCP Annual Performance Report.

QUARTERLY PERFORMANCE REPORT 2020/21 QUARTER 1

A report was submitted by the Chief Officer on the delivery of services and on the programme of work as set out in the West Dunbartonshire Health and Social Care Partnerships Strategic Plan.

After discussion and having heard the Head of Strategy and Transformation and the Integrated Operations Manager in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the content of the HSCP Quarterly Performance Report 2020/21 Quarter One and performance against the Strategic Plan 2019 – 2022 by exception; and
- (2) to note that due to timing issues and service priorities during the current COVID-19 pandemic the report presents partial Quarter one data.

CARE INSPECTORATE INSPECTION REPORT FOR OLDER PEOPLE'S CARE HOME OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Community Health & Care providing an update on Care Inspectorate inspection reports for three independent sector residential older peoples Care Homes located in West Dunbartonshire.

After discussion and having heard the Head of Community Health & Care Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

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

A report was submitted by the Head of Strategy and Transformation providing information on the Care Inspectorate inspection reports for 11 independent sector support services operating in the West Dunbartonshire area.

After discussion and having heard the Chief Officer and the Head of Health & Community Care in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

CHAIR'S COMMENTS

The Chair, Councillor McNair, was heard in recognition of all employees across the Health and Social Care Partnership for their continued efforts to put service before themselves and offered heartfelt thanks to those who provided care for the most vulnerable in the communities of West Dunbartonshire. On behalf of the Committee, the Chair advised that this service was valued as employees continued to rise to the challenges currently faced during the ongoing COVID-19 pandemic and that she hoped everyone remained safe.

The meeting closed 2:50 p.m.

**WEST DUNBARTONSHIRE HSCP – AUDIT AND PERFORMANCE COMMITTEE
ROLLING ACTION LIST**

Item 4

Meeting - 23 September 2020					
Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
Item 10 – HSCP COVID-19 Recovery and Renewal Plan	Questions posed in the guidance would be considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and that a further report would be submitted to a future meeting summarising their collective responses;	Chair and Vice Chair of the Committee and supported by the Chief Internal Auditor	Date to be decided	Currently to be placed on forward planner for February meeting but can be re-arranged.	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE

Report by: Head of Strategy and Transformation

26 November 2020

**Subject: West Dunbartonshire Health and Social Care Partnership
Quarterly Performance Report 2020/21 Quarter Two**

1. Purpose

- 1.1 The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2 This report presents the HSCP performance information reported against the strategic priorities for the period July to September 2020 (Appendix I) for the Committee's consideration.
- 1.3 It includes an Exception Report highlighting those indicators which are currently at red status (not meeting local targets and out with tolerances).
- 1.4 The performance information is presented in order to allow the Committee to fulfil its scrutiny function.

2. Recommendations

- 2.1 It is recommended that the Audit and Performance Committee:

Comment on the content of the HSCP Quarterly Performance Report 2020/21 Quarter Two and performance against the Strategic Plan 2019 - 2022 by exception.

Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Two data.

Note that Quarter One information previously unavailable to the Committee is contained within this report.

3. Background

- 3.1 The Performance Framework monitors the HSCP's progress against a suite of performance measures, as outlined in the West Dunbartonshire HSCP's Strategic Plan.
- 3.2 Development work continues to refine the performance information reported and ensure alignment with local and national developments.

4. Main Issues

- 4.1 The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2 It should be noted that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Two data. This is reflective of a similar position in terms of previous reporting on Quarter One. However, the indicators which were incomplete in Quarter One have been incorporated into this report for the Committees scrutiny.
- 4.4 The HSCP have 43 performance indicators, with 11 indicators in Red Status which is out with target tolerances. These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5 Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6 Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7 It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

6.1 There are no people implications arising from the recommendations within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

8.1 There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

Name	Margaret-Jane Cardno
Designation	Head of Strategy and Transformation
Date:	12 November 2020

Person to Contact:

Margaret-Jane Cardno
Head of Strategy and Transformation
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Appendices:

West Dunbartonshire HSCP Performance Report
2020/21: Quarter 2 July to September 2020
























West Dunbartonshire Health and Social Care Partnership Performance Report 2020/21: Quarter 2 July-September 2020

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available. All targets are currently being reviewed and will be confirmed in the Quarter 3 October – December report.

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Short Term Trends	
	Improving
	No Change
	Getting Worse

Early Intervention

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late December	95%	Not yet available	Not yet available	95.2%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late December	95%	Not yet available	Not yet available	100%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	75%	95%			73.3%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	117	N/A			106	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	21	N/A			34	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	10	0			7	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,101	860			1,621	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,276	N/A			893	

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,541	596			1,210	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	910	N/A			727	
12	Number of emergency admissions 18+	Not yet available	2,156	Not yet available	Not yet available	1,949	
13	Number of emergency admissions aged 65+	Not yet available	979	Not yet available	Not yet available	893	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	58.5	Not yet available	Not yet available	53.4	
15	Number of unscheduled bed days 18+	Not yet available	15,851	Not yet available	Not yet available	12,586	
16	Unplanned acute bed days (aged 65+)	Not yet available	11,076	Not yet available	Not yet available	7,951	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	662	Not yet available	Not yet available	475.2	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	5,587	Not yet available	Not yet available	3,667	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.5%	25%			25.9%	
20	Number of clients receiving Home Care Pharmacy Team support	340	233			293	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	38%	90%			5%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	96.8%	90%			93%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late December	90%	Not yet available	Not yet available	98.7%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	2,021	N/A			2,026	
26	Number of patients with an eKIS record	21,519	N/A			21,601	

Access

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,354	N/A			1,303	
28	Number of weekly hours of homecare - All ages	10,145	N/A			9,826	

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	509	570			494.6	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	37.3%	35%			35.1%	
31	Percentage of homecare clients aged 65+ receiving personal care	97.4%	95%			97.3%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,617	20,945			19,532	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	14.8%	30%			17.6%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	25%	32%			25.7%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	83%	98%			72%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	61%	80%			0%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	80%			0%	

Resilience

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	33.9%	90%			27.3%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	27	18			27	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	53.4%	90%			59.6%	

Assets

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	Not yet available	NHS GGC average at March 2021	Not yet available	Not yet available	£147.80	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.19%	

Inequalities

Ref	Performance Indicator	Q2 2020/21				Q1 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
43	Balance of Care for looked after children: % of children being looked after in the Community	90.9%	90%			90.6%	
44	Percentage of looked after children being looked after in the community who are from BME communities	73.7%	N/A			75%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	No 16-17 year olds left care in this quarter	75%			N/A	

Please find April to June 2020 data below for those indicators we were unable to report on in our Quarter 1 Performance Report.

Early Intervention

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.2%	95%			92.2%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	100%	95%			97.6%	
12	Number of emergency admissions 18+	1,949	2,156			2,259	
13	Number of emergency admissions aged 65+	893	979			1,121	
14	Emergency admissions aged 65+ as a rate per 1,000 population	53.4	58.5			66.9	
15	Number of unscheduled bed days 18+	12,586	15,851			18,171	
16	Unplanned acute bed days (aged 65+)	7,951	11,076			12,195	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	475.2	662			728.9	
18	Number of Attendances at Accident and Emergency 18+	3,667	5,587			5,461	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	98.7%	90%			99.6%	

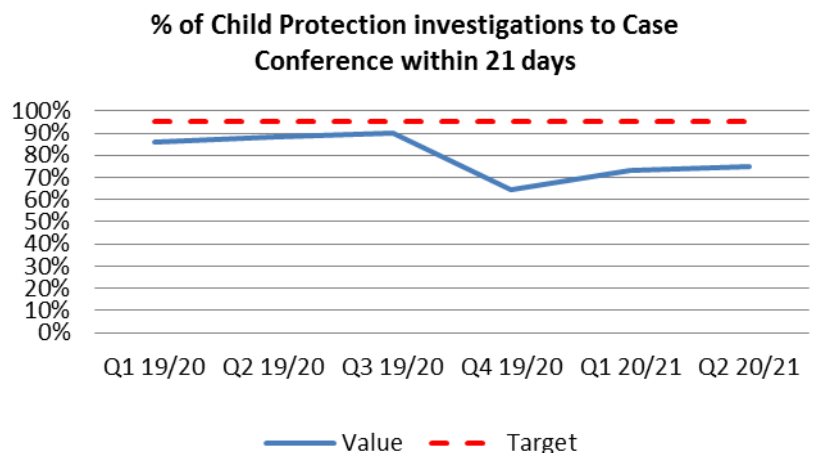
Access							
Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	17.6%	30%	✓	↑	20.5%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	25.7%	32%	✓	↑	31.9%	

Assets							
Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	£147.80	NHS GGC average at March 2021	N/A	↑	£165.07	
42	Compliance with Formulary Preferred List	78.19%	78%	✓	↓	78.58%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 2 July-September 2020

Performance Area: Child Protection Case Conferences

Quarter	Value	Target
Q1 19/20	85.71%	95%
Q2 19/20	88.57%	95%
Q3 19/20	90.00%	95%
Q4 19/20	64.70%	95%
Q1 20/21	73.30%*	95%
Q2 20/21	75.00%	95%



*Revised September 2020

Key Points:

During July to September, 24 of the 32 case conferences held were within the target timescale of 21 days. Late completion of records for 3 case conferences which were held within timescale in April to June 2020

meant they were counted as breaching the 21 days in Quarter 1: the previously reported figure of 63.3% has been revised to 73.3% to reflect this.

Performance in this area can fluctuate around the conclusion of police investigations to allow an Initial Case Conference (ICC) to take place with all of the required information.

In addition there is a system aspect where duplication of an approved CP1 for siblings associated with the child being considered at ICC may be duplicated and signed off after the ICC, thus looking like a delay against some children where there is none. Similarly, pre birth decisions to move to an ICC post birth may (due to the date of actual birth of the child) be well outwith timescales for this reason.

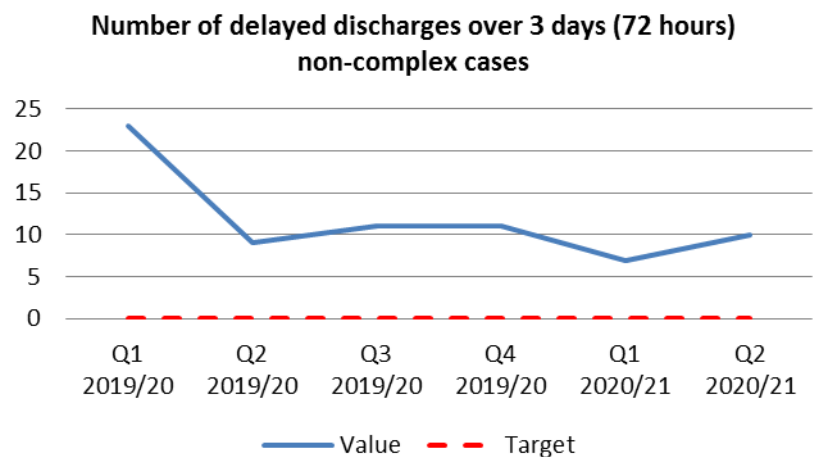
Improvement Actions:

Exceptions are now being tracked to allow specific reporting against individual cases, tracking themes and areas for improvement.

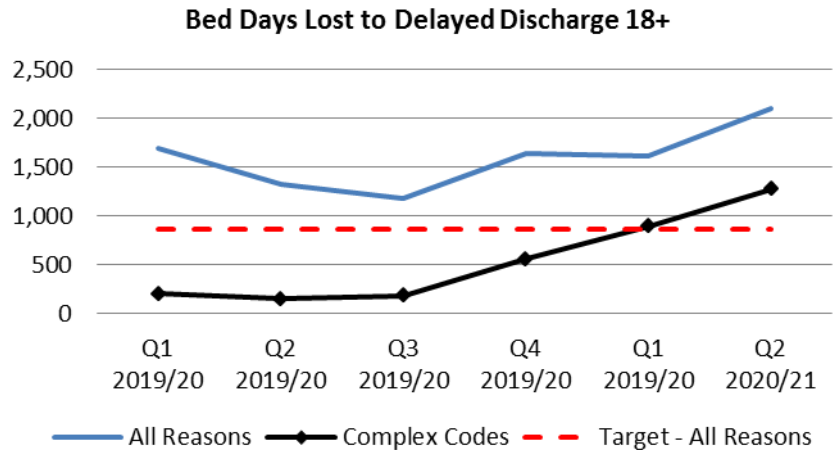
Cases are now routinely placed in service managers’ diaries at the point of investigation meaning that if no ICC is required it can be removed with timescales being met in most cases, however exceptions will always apply.

Performance Area: Delayed Discharge

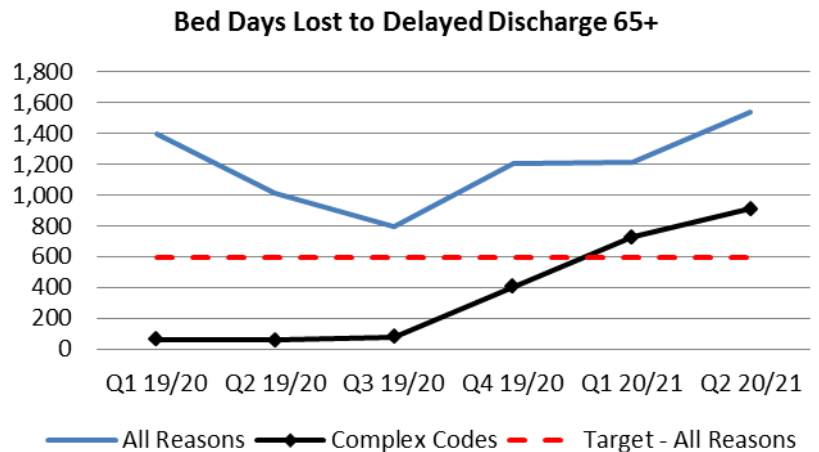
Quarter	Value	Target
Q1 19/20	23	0
Q2 19/20	9	0
Q3 19/20	11	0
Q4 19/20	11	0
Q1 20/21	7	0
Q2 20/21	10	0



Quarter	All Reasons	Complex Codes
Q1 19/20	1696	201
Q2 19/20	1320	148
Q3 19/20	1185	180
Q4 19/20	1638	559
Q1 20/21	1621	893
Q2 20/21	2101	1276



Quarter	All Reasons	Complex Codes
Q1 19/20	1401	60
Q2 19/20	1015	56
Q3 19/20	793	76
Q4 19/20	1208	405
Q1 20/21	1210	727
Q2 20/21	1541	910



Key Points:

The average number of daily delays peaked at 23 in July and was 22 in September. Closure of the Scottish Courts on March 2020 due to the Coronavirus (COVID-19) pandemic has resulted in lengthy delays with complex cases where Guardianship applications are underway. While the courts have now re-opened there are significant backlogs. The rise in the number of Coronavirus cases from late August has also resulted in care homes limiting numbers of admissions.

Improvement Actions:

Hospital In-reach to begin early assessment and monitor progress towards fitness for discharge.

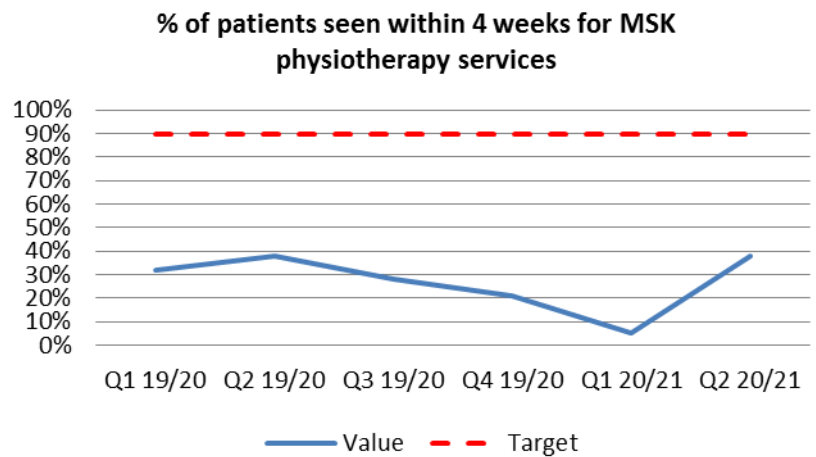
On-going review of the use of Section 13za of the Social Work (Scotland) Act throughout the guardianship process, as this can lead to much quicker progress.

Development of a hoarding policy alongside housing and mental health is underway with the aim of providing early assessor input to ensure the condition of an individual’s home is of a habitable standard to return to.

Development of a Housing/Homelessness policy with housing colleagues to ensure those who cannot return to previous accommodation are picked up sooner, reducing the time spent in hospital awaiting more appropriate housing.

Performance Area: Musculoskeletal Physiotherapy (MSK) Waiting Times

Quarter	Value	Target
Q1 19/20	32%	90%
Q2 19/20	38%	90%
Q3 19/20	28%	90%
Q4 19/20	21%	90%
Q1 20/21	5%	90%
Q2 20/21	38%	90%



Key Points:

Waiting times are now shorter than pre-Covid levels with a maximum wait across the MSK service of 9 weeks at the end of September 2020. This is due to remobilisation of services but also to demand remaining less than pre-Covid. Demand is significantly lower than normal, with 3,600 referrals in September across Greater Glasgow and Clyde compared to roughly 5,500 referrals received each month.

During the height of the pandemic 80% of MSK staff were redeployed to support predominately the Acute Sector and to a lesser extent Community Assessment Centres and Community Teams.

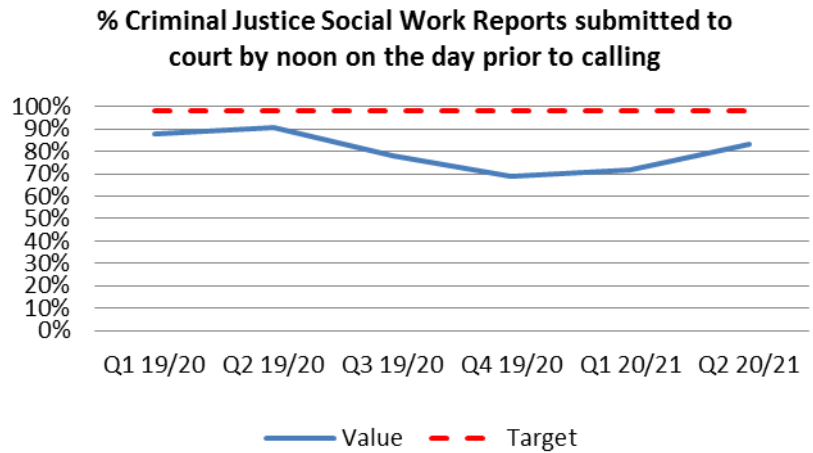
Improvement Actions:

All staff returned from redeployment by 15th July 2020.

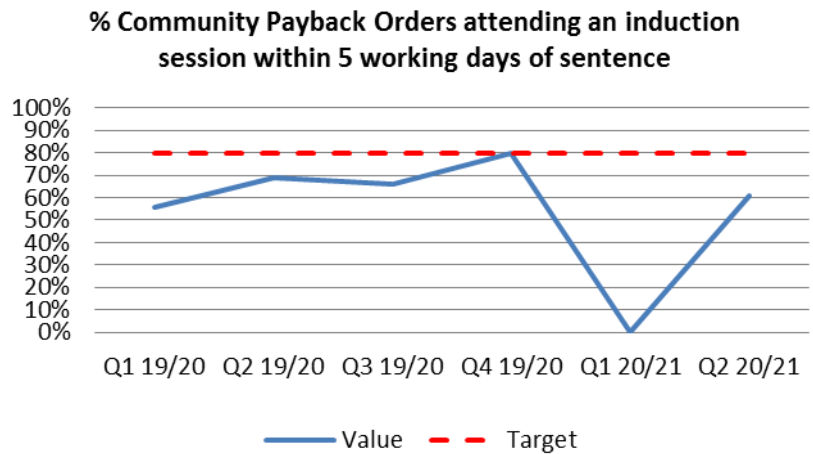
The MSK service continues to see all urgent patients within the 4 week waiting times target. For the large majority of patients the first appointment is now carried out virtually (i.e. telephone consultation) and then progressed to “Near me” or face to face depending on clinical need.

Performance Area: Criminal Justice Social Work

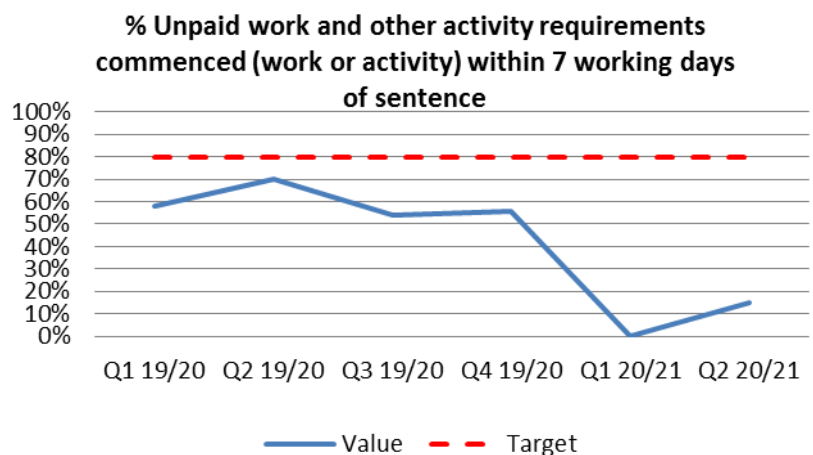
Quarter	Value	Target
Q1 19/20	88%	98%
Q2 19/20	91%	98%
Q3 19/20	78%	98%
Q4 19/20	69%	98%
Q1 20/21	72%	98%
Q2 20/21	83%	98%



Quarter	Value	Target
Q1 19/20	56%	80%
Q2 19/20	69%	80%
Q3 19/20	66%	80%
Q4 19/20	80%	80%
Q1 20/21	0%	80%
Q2 20/21	61%	80%



Quarter	Value	Target
Q1 19/20	58%	80%
Q2 19/20	70%	80%
Q3 19/20	54%	80%
Q4 19/20	56%	80%
Q1 20/21	0%	80%
Q2 20/21	15%	80%



Key Points:

Owing to the current pandemic and the lack of a representative within the Court it is proving difficult to meet target times of first direct contact within 1 working day. Delays in the Courts sending on information can also impact on the timescale. During July to September, 10 of the 41 people with a Community Payback Order received first direct contact within the timescale and 25 were inducted within 5 days.

Covid-19 restrictions set out by the Scottish Government are also impacting on the ability to start Unpaid Work Orders within 7 working days: 5 of 35 people began work placements within the timescale.

Improvement Actions:

Designated Social Worker for Criminal Justice Social Work Reports has returned to full time work, increasing capacity for report writing.

A scoping exercise is being undertaken to determine the re-alignment of caseloads to further increase capacity for completion of reports.

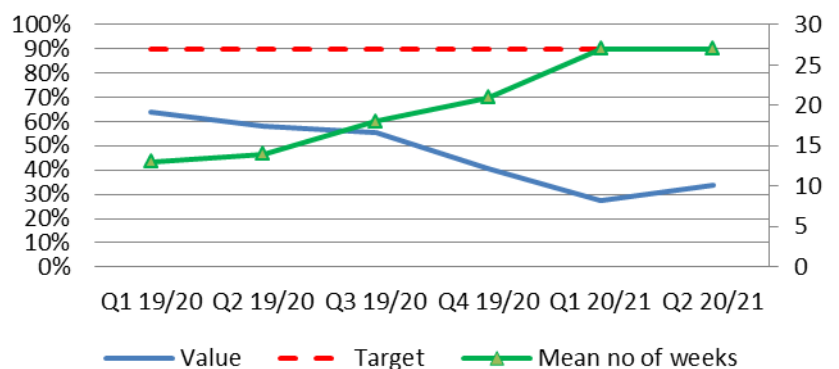
Management action has been taken to ensure staffing complement does not drop below 50% during peak times for leave.

A change in recording practice of duplicate Unpaid Work Orders has been made.

Performance Area: Child and Adolescent Mental Health Services (CAMHS)

**Child and Adolescent Mental Health Service (CAMHS)
18 weeks referral to treatment**

Quarter	Value	Target	Mean no of weeks
Q1 19/20	64.0%	90%	13
Q2 19/20	58.0%	90%	14
Q3 19/20	55.7%	90%	18
Q4 19/20	40.5%	90%	21
Q1 20/21	27.3%	90%	27
Q2 20/21	33.9%	90%	27



Key Points:

NHS Greater Glasgow and Clyde has experienced difficulties in recruiting 3 additional nurses for the Waiting List Initiative due to a shortage of applicants. There have been local staff absences, Covid and non-Covid related, while referral rates have reverted to pre-Covid levels meaning significant challenges in prioritising higher risk open cases and urgent new referrals. This prioritisation results in routine referrals experiencing longer waits.

Improvement Actions:

CAMHS leadership have launched an Operational Working Group where West Dunbartonshire CAMHS are represented. A large range of strategic projects are underway designed to improve efficiency of the patient flow and effectiveness of service delivery. The following improvement actions are in progress to address the demands on the service:

Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic.

Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill i.e. children awaiting treatment for anxiety.

Brief intervention and online Cognitive Behavioural Therapies are being developed. Attend Anywhere has been implemented across Greater Glasgow and Clyde CAMHS teams and drop in clinics are being considered. Solutions for virtual group clinics are also being sought to increase numbers of children seen.

Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.

Analysing the demand for CAMHS and availability to meet this.

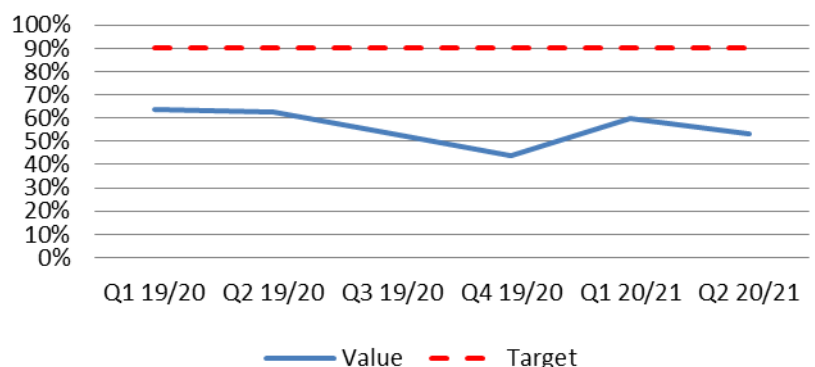
Development of integrated care pathway for Neuro Development referrals.

Increase the time available for clinicians to provide help and treatment at first contact.

Performance Area: Psychological Therapies

% patients who started Psychological Therapies treatments within 18 weeks of referral

Quarter	Value	Target
Q1 19/20	63.6%	90%
Q2 19/20	62.8%	90%
Q3 19/20	53.3%	90%
Q4 19/20	43.6%	90%
Q1 20/21	59.6%	90%
Q2 20/21	53.4%	90%



Key Points:

Covid-19 restrictions prevented some ongoing treatment and allocation of new cases for approximately 12 weeks. Staff absence and vacancies have impacted on the length of time people have waited for an initial assessment across some teams particularly Helensburgh Community Mental Health Team, Primary Care

Mental Health Team and Older Adults Mental Health Team. Helensburgh Community Mental Health Team has been particularly impacted and staff resources have been directed to the overall longest waits in that team. This has had a knock on effect on other Community Mental Health Teams in West Dunbartonshire. The majority of psychological work is being delivered by telephone or Attend Anywhere: this has increased capacity, particularly in the Primary Care Mental Health Team, to meet increased demand for assessment since services have resumed.

While quarterly performance has dipped slightly, the month of September saw significant improvements with 85.4% of people starting treatment within the target timescale: 35 of 41 people, which is the highest monthly number of people beginning treatment since April 2019.

Improvement Actions:

Discussions underway regarding remobilisation plans in light of Covid-19, including how to prioritise referrals. Triaging of patients waiting for Psychological Therapies has begun from July.

Recruitment process underway for Clinical Psychologist maternity leave cover in Older Adult services.

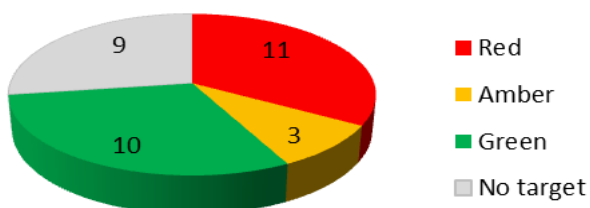
Continuing to review the configuration of psychological therapies in West Dunbartonshire, including ongoing negotiations to develop a new Consultant Psychologist post to cover Primary Care Mental Health Team and Helensburgh, to increase capacity and improve access to therapies in these teams.

Some temporary locum cover secured to support the demand for psychology appointments.

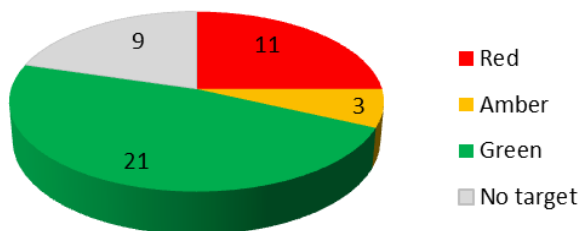
Contact made with EMIS team to investigate unexplained long waits and system errors.

Summary of Indicators

**Quarter 2: July to September 2020
(Partial data)**



Quarter 1: April to June 2020 (Full data)



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit and Performance Committee: 26 November 2020

Subject: Care Inspectorate Inspection report for Older People's Care Home 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 and Performance Committee is asked to note the content of this report.

3. Background

- 3.1 The Scottish Government's new Health and Social Care Standards for assessing registered care services took effect in April 2018.
- 3.2 The Care Inspectorate introduced a new inspecting approach to reflect the new standards. They now look at 5 'key questions rather than the previous 4 themes. This approach continues to use the six point scale of 1 – Unsatisfactory to 6 – Excellent.
- 3.3 WD HSCP Quality Assurance Team monitor the independent sector Care Homes operating in West Dunbartonshire in line with the National Care Home Contract. They are supported in this work by other staff who are delivering care in the care homes and who can share insights and any concerns. They also work with homes to maintain awareness of developments and provide opportunities to share good practice/learning.
- 3.4 The Care Inspectorate have amended the focus of their inspections recently. Currently the inspections focus only on evaluating how well people are being supported during the COVID-19 pandemic rather than a range of Key Questions. They evaluate a service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.
- 3.6 The independent sector Care Homes reported within this update are:
- Castle View Nursing Home;
 - Kingsacre Luxury Suites.

4. Main Issues

Castle View Nursing Home

- 4.1 Castle View Nursing Home is owned and managed by HC-One Ltd. The home is registered with the Care Inspectorate for a maximum of 60 residents. As of 06 November 2020 there were 33 West Dunbartonshire residents supported within the Care Home.
- 4.2 The home was inspected on 27 August 2020 and the report issued on 14 September 2020. The table below summarises the grades awarded to Castle View Nursing Home over their last 3 inspections:

Inspection date	How good is our care and support during the COVID-19 pandemic				
27.08.20	4				
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
03.03.20	3	3	4	4	3
21.06.19	3	3	4	4	3

- 4.3 The grade awarded is consistent with those in their previous inspections, but improved specifically on the questions of care and support. No requirements were detailed in their report.

Kingsacre Luxury Suites

- 4.4 Kingsacre Luxury Suites is owned and managed by Kingsacre Care Limited. The home was registered with the Care Inspectorate on 5 July 2019 to provide care to 66 residents. This is the service's first Care Inspectorate inspection. As of 06 November 2020 there were 19 West Dunbartonshire residents supported within the care home.
- 4.5 The home was inspected on 16 September 2020 and the report issued on 25 September 2020. The table below details the grades awarded to Kingsacre Luxury Suites from this first inspection:

Inspection date	How good is our care and support during the COVID-19 pandemic				
16.09.20	3				
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

4.6 The inspectors detailed two requirements in their report to be addressed. These were:

1. To ensure all elements of infection prevention and control are fully implemented. This is to include:- decontamination of reusable care equipment carried out between each use and/or after any body fluid contamination; reliable systems be in place to provide assurance that all care equipment is clean and fit for use; cleaning schedules be monitored, signed and up to date; cleaning schedule for frequently touched areas to be in place and cleaned at least twice per day; and alcohol based hand rub be available/accessible for staff in resident areas so staff can safely sanitise their hands when moving between resident rooms and other areas of the home.
2. Overhaul quality assurance systems to verify good quality care is being provided, staff are appropriately trained, that all required infection control procedures linked to COVID-19 are fully in place and implemented in accordance with good practice, provider guidance and Scottish Government directives.

4.7 Progress on addressing these required is to be completed by 18 December 2020. Changes will be reviewed and confirmed by staff from WD Health and Social Care Partnership who monitor and support the Management Team in the Care Home.

4.8 A number of staff changes have taken place in the home recently. A new Management team were appointed, the Depute Manager took up post in September 2020 the Manager in October 2020. They are leading the work to address the changes detailed in their Inspection Report.

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 or procurement implications.

7. Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the Audit and Performance 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: Jo Gibson

Designation: The Head of Community Health and Care

Date: 10 November 2020

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Appendices: None

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 26 November 2020

Subject: Care Inspectorate Inspection Reports for Older People's Care Home and Day Care Services operated by West Dunbartonshire Health and Social Care Partnership

1. Purpose

1.1 To provide the Audit Committee with information regarding the most recent inspection report for Crosslet House.

2. Recommendations

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

3. Background

3.1 This report covers inspections carried out under key question 7 and these are required to be reported to Parliament for openness and transparency. A new tool on wellbeing, infection prevention and control and staffing that has been agreed with Health Protection Scotland and Healthcare Improvement Scotland and has been used to carry out this inspection.

3.2 The Care Inspectorate has focussed this inspection around infection control measures, PPE and staffing and the impact on individuals' well-being. The Care Inspectorate has amended its quality framework for care homes to support this process

3.3 Crosslet house was inspected using Key question 7 framework

3.4 Key question 7 content:

How good is our care and support during the COVID-19 pandemic?

The quality indicators for key question 7 are:

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

7.2 Infection control practices support a safe environment for both people experiencing care and staff

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

3.5 Inspection report continues to evaluate and report the quality using a five point scale from **1- weak to 5 - very good**

3.6 Service covered in this Audit Committee report is:

- Crosslet House

3.7 A copy of the inspection report has been published for The Scottish Parliament and can be accessed on the Care Inspectorate website: www.scswis.com

4. Main Issues

4.1 Crosslet House inspection was carried out on 26 and 27 October 2020.

4.1.2 The inspection was very positive.

4.1.3 Crosslet was awarded the following grades for 'How good is our care and support during the COVID-19 pandemic?' as **very good**

4.1.4 There were no requirements from previous or this current report.

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

Inspection 26/27 October	
People's health and wellbeing	very good
Infection control practices	very good
Staffing arrangements	very good

Crosslet House	
How well do we support people's wellbeing?	4 - good
How good is our leadership?	Not Assessed
How good is our staff team?	Not Assessed
How good is our setting?	Not Assessed
How well is our care and support planned?	4 - good

4.1.6 The inspector commented that residents experienced very good care and support and staff engaged well with residents, using first names, being patient, respectful and providing reassurance. They evidenced positive engagement and interaction between staff and residents, whilst carrying out activities and stated there was a calm and happy atmosphere throughout their visit. They reported activities as being person centred and staff morale and effective team work was very evident and at a very high standard. Staff were observed to be very warm, caring and compassionate in their interactions with residents.

They looked at six care plans which were all up to date with some evidence of ongoing evaluations and the service was continuing to further develop their care plans to make them as person centred and outcomes focused as possible.

The care inspectorate noted drinks and snacks were easily available for residents throughout the home including in their bedrooms and if there was

concerns about someone's fluid intake or weight, appropriate care plans were put in place and staff knew how to best support people.

The inspectors also commented on the high standard of cleanliness and described this as the best they had seen and it was evident that staff had good knowledge of infection control and use of PPE.

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 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 Care Home or Day Service 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. Environmental Sustainability

9.1 N/A

10. Consultation

10.1 None required.

11. Strategic Assessment

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

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

Name: Jo Gibson

Designation: Head of Health and Community Care

Date: 26 November 2020

Person to Contact: Bernadette Smith (Interim Integrated Operations Manager)
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Appendices: None

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

Wards Affected: All