

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Thursday, 25 February 2021

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 and 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 and 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 and Social Care Partnership
Ms A Priestman
Ms Z. Mahmood

Date of issue: 18 February 2021

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

THURSDAY, 25 FEBRUARY 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 MINUTES OF PREVIOUS MEETING 7 - 10

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

4 ROLLING ACTION LIST 11 - 12

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

5 AUDIT PLAN PROGRESS REPORT 13 - 20

Submit report by Chief Internal Auditor to enable West Dunbartonshire's HSCP Audit and Performance Committee members to monitor the performance of Internal Audit and gain an overview of West Dunbartonshire's HSCP overall control environment.

6 2020-2021 ANNUAL ACCOUNTS AUDIT PROCESS 21 - 24

Submit report by the Chief Financial Officer providing information to the Audit and Performance Committee with an overview of the process for the preparation of the 2020/21 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

7/

**12 CARE INSPECTORATE INSPECTION REPORT FOR OLDER PEOPLE'S
CARE HOME OPERATED BY INDEPENDENT SECTOR IN WEST
DUNBARTONSHIRE 83 - 86**

Submit report by Head of Health and Community Care providing the Audit and Performance Committee with an update on Care Inspectorate inspection report for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

13 EXCLUSION OF PRESS AND PUBLIC

The Committee is asked to consider the following resolution:-

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

**14 EXCLUSION OF PRESS AND PUBLIC
CARE INSPECTORATE INSPECTION REPORT FOR OLDER
PEOPLE'S CARE HOME OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 87 - 91**

Submit report by Head of Health and Community Care providing the Audit and Performance Committee with an update on Care Inspectorate inspection reports for independent sector residential older peoples' Care Homes located within West Dunbartonshire.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP 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 26 November 2020 at 1.00 p.m.

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

* Arrived later in the meeting

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; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice; Val Tierney, Chief Nurse; 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, Audit Scotland.

Apology: An apology for absence was intimated on behalf of Councillor Marie McNair.

Allan MacLeod 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 23 September 2020 were submitted and approved as a correct record.

Bailie Agnew entered the meeting during consideration of the above item.

ROLLING ACTION LIST

A note of the Audit and Performance Committee's Action List was submitted for information. Having heard the Chair, it was agreed that the title in column A would be updated to reflect the report title 'Audit Scotland Guidance for Audit Committees'.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP QUARTERLY PERFORMANCE REPORT 2020/21 QUARTER 2

A report was submitted 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.

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

- (1) to note the content of the HSCP Quarterly Performance Report 2020/21 Quarter Two and performance against the Strategic Plan 2019 - 2022 by exception;
- (2) to note that due to timing issues and service priorities during the current COVID-19 pandemic, the report presented partial Quarter Two data;
- (3) to note that Quarter One information previously unavailable to the Committee was contained within the report; and
- (4) that with regard to Community Payback Orders and unpaid work, a detailed report would be submitted to the next meeting of the HSCP Audit and Performance Committee.

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

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

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

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

A report was submitted by the Head of Community Health and Care Services providing information on the most recent inspection report for Crosslet House Care Home.

After discussion and having heard from the Head of Community Health and Care Services in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report and work undertaken to ensure the grades awarded reflected the quality levels expected.

The meeting closed at 1:50 p.m.

DRAFT

ROLLING ACTION LIST

Audit and Performance Committee Meeting – 25 February 2021					
Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
<p>Audit Scotland Guidance for Audit Committees</p> <p>(from meeting of HSCP Audit and Performance held on 23 September 2020)</p>	<p>Ongoing. 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;</p>	<p>Chair and Vice Chair of the Committee and supported by the Chief Internal Auditor</p>	<p>Date to be decided</p>	<p>Ongoing. Original draft response currently being considered.</p>	<p>Open</p>
<p>Quarterly Performance Report for Q2</p>	<p>Action for Jonathan Hinds to provide more details on Performance indicators within the Report with regards to unpaid work and Community Payback orders and on where further opportunities can be created without affecting paid work.</p> <p>(Actioned within meeting report 25/02/21 so to be removed going forward)</p>	<p>Jonathan Hinds</p>	<p>Next meeting on 25 February 2021</p>		<p>Open</p>

Care Inspectorate inspection Report for Kingsacre Luxury Apartments	Request for Jo Gibson to provide the next Care Inspectorate Report for Kingsacre Care facility when available to the Committee and address 2 key requirements raised at recent inspection. (Actioned within meeting report 25/02/21 so to be removed going forward)	Jo Gibson	Next meeting after Care Inspectorate Report available		Open
----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	-------------------------------------------------------	--	------

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

Report by Chief Internal Auditor

Thursday, 25 February 2021

Subject: Audit Plan Progress Report

1. Purpose

- 1.1** The purpose of this report is to enable WD HSCP Board Audit and Performance Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2** The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the Audit Committee meeting in September 2020 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1** It is recommended that the Audit Committee note the progress made in relation to the Internal Audit Annual Plan for 2020/21.

3. Background

- 3.1** In April 2020, the Audit Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2020/21.
- 3.2** This report provides a summary to the Audit Committee of recent Internal Audit activity against the annual audit plan for 2020/21. A summary is also provided in relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC which may have an impact upon the WD HSCP Board's control environment.
- 3.3** This report also details progress in addressing agreed actions plans arising from previous audit work.

4. Main Issues

- 4.1** The audit plan for 2020/21 is underway. One audit has been completed and fieldwork for the remaining audit is underway.
- 4.2** In relation to internal audit action plans, there are no current internal audit actions relating to the WD HSCP Board.

4.3 In relation to external audit action plans, there are 2 actions currently being progressed by officers and the status report is attached at Appendix 1.

4.4 In relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC, the following reports are relevant to the WD HSCP Board:

West Dunbartonshire Council

4.5 Since the last Audit Committee meeting in September 2020, there were no Internal Audit reports issued to the Council, which are relevant to the HSCP Board.

4.6 Internal Audit at West Dunbartonshire Council undertake follow up work on a monthly basis to confirm the implementation of agreed actions. Any matters of concern will be highlighted to the Committee.

NHS Greater Glasgow and Clyde

4.7 There were 2 audit reports finalised since the last update to Audit and Performance Committee in September 2020:

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Nursing and Midwifery Council Referrals	Minor Improvement Required	-	-	1	-
Digital Strategy	Minor Improvement Required	-	-	7	-
Total		-	-	8	-

4.14 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 NHSGGC Audit Committee with any matters of concern being drawn to the attention of this Committee.

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 annual audit plan for 2020/21 was constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief

Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were 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 The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.

11. Strategic Assessment

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

**Author: Andi Priestman
Chief Internal Auditor – West Dunbartonshire Health and Social
Care Partnership Board**

Date: 26 January 2021

Person to Contact: Andi Priestman – Shared Service Manager – Audit and
Fraud West Dunbartonshire Council
Telephone 01389 737436
E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: Appendix 1: Status of External Audit Action Plan Points

Background Papers: None

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 31 JANUARY 2021**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2021

There were no actions due for completion by 31 January 2021.

Section 2 Summary of Current Management Actions Plans at 31/01/2021

At 31 January 2021 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2021

At 31 January 2021 there were 2 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 January 2021 there were no audit action points where the agreed deadline had been missed.

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2021

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
0	0		

* These actions are included in the Analysis of Missed Deadlines – Section 4

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2021

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2021	2
Total Actions	2

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2021

SECTION 3

Action	Owner	Expected Date
2019/2020 Annual Audit Report (September 2020)		
<p>Revised financial plans to reflect Covid-19 The MTFP scenarios of “Likely” and “Worst” Case have been used as the basis for revising the projected budget gap for the impact of Covid-19 and Brexit.</p> <p>Early contingency plans include the earmarking of specific reserves for potential Covid-19 (and Brexit) driven demand and the potential application of general reserves. HSCP Recovery Plans recognise approved saving targets and these will continue to be tracked and reported to the IJB regularly.</p>	Chief Financial Officer	31.03.2021
<p>Use of outcome data to shape future plans Actions to be taken to ensure IJB are well informed in its decision making. This will include how teams use data to inform operational decision making whilst also seeking to improve the quality of appropriate information to the IJB.</p> <p>Steps will be taken to consider national best practice in order to support good decision making in line with the delivery of the HSCP Strategic Plan.</p>	Head of Strategy and Transformation	31.03.2021

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
There are no current external action plans which have missed their original deadline.				

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

Report by Chief Financial Officer

Thursday, 25 February 2021

Subject: 2020/21 Annual Accounts Audit Process

1. Purpose

- 1.1** To provide the Audit and Performance Committee with an overview of the process for the preparation of the 2020/21 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

2. Recommendations

- 2.1** The members of the Audit and Performance Committee are asked to:
- Note the contents of the report; and
 - Note additional meetings of the Audit and Performance Committee and HSCP Board may be required to be scheduled close to the end of 31 October 2021 to conclude the approval of the 2020/21 Annual Accounts if the audit process extends beyond the end of September.

3. Background

- 3.1** The West Dunbartonshire Integrated Joint Board (WDIJB), known as the West Dunbartonshire Health and Social Care Partnership Board (HSCP Board), is a legal entity in its own right.
- 3.2** Integrated Joint Boards are specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom

4. Main Issues

- 4.1** The annual accounts for the HSCP Board will be prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below. If there has been any amendments to normal statutory deadlines due to the impact of the Covid-19 pandemic these are provided below.
- 4.2** **Financial Governance and Internal Control;** the regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the HSCP whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal

control procedures of the HSCP Board. Under the approved Terms of Reference the Audit and Performance Committee will consider the 2020/21 Governance Statement as a standalone document before inclusion in the draft unaudited annual accounts.

- 4.3 Unaudited Accounts;** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. Scottish Government guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 4.4 Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
- 4.5 Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the HSCP Board or a committee whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the “proper officer” i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 31 October (temporary amendment to normal statutory deadline of 30 September) immediately following the financial year to which they relate.
- 4.6** The Terms of Reference for the Audit and Performance Committee state that final approval and “sign-off” will be the responsibility of the HSCP Board. The forward planner had noted this to take place on 23 September 2021 with the Audit and Performance Committee meeting first to consider the audited annual accounts, the External Auditors report and proposed audit certificate (ISA 260 report) and then move straight into a meeting of the HSCP Board to conclude the final approval process.
- 4.7** As stated above in section 4.5 the statutory deadline has been extended to 31 October 2021 and this is the target date included within our external auditor’s Annual Audit Plan (separate item on this agenda). If issues arise during the course of the audit (i.e. impact of Covid-19 on the production or audit of accounts) that mean it is not practical to certify the accounts by the end of October then our auditor will communicate this to the HSCP Board at the earliest opportunity and agree a revised timetable for the completion of the audit. Likewise, if audit resources would enable an earlier sign-off this will also be discussed and agreed with the HSCP Board. The original forward planner reflects the proposed presentation of Annual Audit Report to the HSCP Board on 23 September 2021. The committee will be kept updated on the progress and the possibility that a meeting of the HSCP Board may have to be convened in late October.

- 4.8 Publication of the Audited Accounts:** the regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
- 4.9** The annual accounts of the HSCP Board must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.
- 4.10 Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

Document	Signatory
Management Commentary	Chair of the HSCP Board Chief Officer
Statement of Responsibilities	Chair of the HSCP Board Chief Financial Officer
Remuneration Report	Chair of the HSCP Board Chief Officer
Annual Governance Statement	Chair of the HSCP Board Chief Officer
Balance Sheet	Chief Financial Officer

5. Options Appraisal

- 5.1** There is no requirement for an option appraisal for the content of this report.

6. People Implications

- 6.1** The preparation of the annual accounts and the requirement to produce all required supporting documentation and explanation to external audit is a core function of the HSCP Finance Team. The impact of additional reporting requirements associated with the response to the Covid-19 pandemic will be managed alongside this statutory activity.

7. Financial and Procurement Implications

- 7.1** There are no financial implications specific to this report.

8. Risk Analysis

- 8.1** The Covid Risk Register considers the risk of meeting all required statutory deadlines if the capacity of the HSCP Finance Team and our partner organisations are adversely impacted.

9. Equalities Impact Assessment (EIA)

9.1 There is no requirement for an EIA for the content of this report

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 This report was shared with the HSCP Board's external auditors.

12. Strategic Assessment

12.1 The preparation and audit of the HSCP Board's Annual Accounts is a statutory requirement. This report links to the strategic financial governance arrangements of the HSCP Board and both partner organisations of West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

13. Directions

13.1 There is no direction required for the content of this report.

Julie Slavin
Chief Financial Officer
15 February 2021

Person to Contact: Julie Slavin – Chief Financial Officer,
Church Street, Dumbarton G82 1QL
Telephone: 07773 934377
e-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE

Report by Chief Financial Officer

Thursday, 25 February 2021

**Subject: Audit Scotland: West Dunbartonshire Integrated Joint Board
Annual Audit Plan 2020/21**

1. Purpose

- 1.1** To present to the Audit and Performance Committee the Annual Audit Plan produced by the HSCP Board's external auditors, Audit Scotland, for the audit of the financial year ending 31 March 2021.

2. Recommendations

- 2.1** The Audit and Performance Committee is asked to note and comment on Audit Scotland's 2019/20 Annual Audit Plan.

3. Background

- 3.1** In July 2016 the Accounts Commission appointed Audit Scotland as the external auditor for the West Dunbartonshire Integrated Joint Board for the five year period from 2016/17 to 2020/21.
- 3.2** The Covid-19 pandemic has resulted in significant disruption for public sector bodies and the Auditor General for Scotland and the Accounts Commission for Scotland have extended the current appointment by one year to cover the audit of the 2021/22 financial year.
- 3.3** Audit Scotland had served as the Board's external auditor since its establishment on 1 July 2015. The positive working relationships established through the audits of the last five financial years will continue to be built upon to help achieve the desired outcome of an unqualified audit opinion at the end of the 2020/21 annual accounts process.
- 3.4** The initial step is the production of the Annual Audit Plan (Appendix 1). Based on discussions with staff, attendance at board meetings and a review of supporting information, the plan is focused on the identification of the main risk areas for the West Dunbartonshire Integrated Joint Board.

4. Main Issues

- 4.1** The Annual Audit Plan contains an overview of the planned scope and timing of Audit Scotland's external audit of West Dunbartonshire Integration Joint Board (commonly known as WDHSCP Board). It includes their identification

of key audit risks, which are categorised into financial statement risks and wider dimension risks. These key audit risks require specific testing and are detailed in Exhibit 1 of the Annual Audit Report. The impact of Covid-19 and the risks to service delivery and financial sustainability will be key areas of focus.

4.2 The audit outputs and their target dates are detailed in Exhibit 2. The planned date for the issue of the Annual Audit Report and Audit Certificate of 31 October 2021 is in line with Audit Scotland's Planning Guidance 2020/21 and reflects the extension to the Local Government (Scotland) Act 1973 statutory deadline of 30 September in recognition of the pandemic disruption.

4.3 All efforts will be made to work to the end of September to allow for the presentation of Annual Audit Report to the HSCP Board on 23 September 2021. The committee will be kept updated on the progress and the possibility that a meeting of the HSCP Board may have to be convened in late October.

5. Options Appraisal

5.1 There is no requirement for an option appraisal for the content of this report.

6. People Implications

6.1 The preparation of the annual accounts and the requirement to produce all required supporting documentation and explanation to external audit is a core function of the HSCP Finance Team. The impact of additional reporting requirements associated with the response to the Covid-19 pandemic will be managed alongside this statutory activity.

7. Financial and Procurement Implications

7.1 The proposed audit fee for the 2020/21 audit of the IJB is £27,330, which is increase of £770 (2.9%) on the 2019/20 cost. This fee is consistent with the fees for all Integrated Joint Boards.

7.2 Audit Scotland's fee assumes receipt of the unaudited financial statements by 30 June 2021 and covers the cost of planning, delivery, reporting and the auditor's attendance at committees.

8. Risk Analysis

8.1 The audit of the financial statements does not relieve Partnership Board's Audit and Performance Committee (as the body charged with overseeing and scrutinising governance) or the Chief Financial Officer of their responsibilities.

9. Equalities Impact Assessment (EIA)

9.1 There is no requirement for an EIA for the content of this report

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 The Annual Audit Plan has been prepared in consultation with the Chief Financial Officer.

12. Strategic Assessment

12.1 The preparation and audit of the HSCP Board's Annual Accounts is a statutory requirement. This report links to the strategic financial governance arrangements of the HSCP Board.

13. Directions

13.1 There is no direction required for the content of this report.

Julie Slavin
Chief Financial Officer
15 February 2021

Person to Contact: Julie Slavin – Chief Financial Officer,
Church Street, Dumbarton G82 1QL
Telephone: 07773 934377
e-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: Audit Scotland - Annual Audit Plan 2020/21

Background Papers: None

West Dunbartonshire Integration Joint Board

Annual Audit Plan 2020/21



 AUDIT SCOTLAND

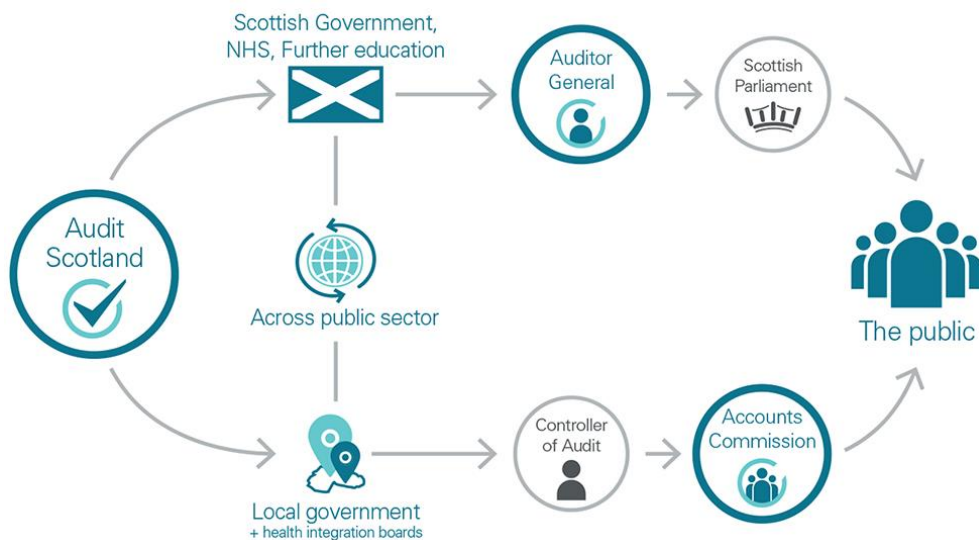
Prepared for West Dunbartonshire Integration Joint Board

25 February 2021

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Risks and planned work	4
Audit scope and timing	9

Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and [guidance on planning the audit](#). This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.

2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Impact of Covid-19 on public audit

3. The public health crisis caused by the Covid-19 pandemic has had a significant and profound effect on every aspect of Scottish society. Public services have been drastically affected, requiring immediate changes to the way they are provided. The impact on public finances has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

4. Public audit has an important contribution to the recovery and renewal of public services. The Auditor General, the Accounts Commission and Audit Scotland are responding to the risks to public services and finances from Covid-19 across the full range of audit work including annual audits and the programme of performance audits. A January 2021 paper, [Covid-19 What it Means for Public Audit An Update](#), restates the principles and approach we are taking following the reintroduction of significant restrictions in Scotland.

5. Audit Scotland is unable to meet the audit timetables which were possible before Covid-19, but we will aim to conclude the audit as early as possible. The well-being of audit teams and the delivery of high-quality audits remain paramount. Maintaining a pragmatic and flexible approach will enable change at short notice as new issues emerge, or current risks change in significance. Where this impacts on annual audits, revisions to this annual audit plan may be necessary.

Adding value


6. We aim to add value to the West Dunbartonshire Integration Joint Board (WDIJB) through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help WDIJB promote improved standards of governance, better management and decision making and more effective use of resources.

Audit risks

7. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following significant risk for WDIJB. We have categorised these risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).

Exhibit 1

Significant audit risks for the 2020/21 audit

 Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement due to fraud caused by the management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<ul style="list-style-type: none">Owing to the nature of this risk, assurances from management are not applicable in this instance.	<ul style="list-style-type: none">Assurances will be obtained from the auditors of NHS Greater Glasgow and Clyde and West Dunbartonshire Council over the completeness, accuracy and allocation of the income and expenditure.Detailed testing of journal entries.Review of accounting estimates.
<p>2 Risk of material misstatement caused by fraud in expenditure</p> <p>The Code of Audit Practice expands the consideration of fraud under ISA 240 to include the risk of fraud over expenditure.</p> <p>As the expenditure of WDIJB is processed through the financial systems of NHS Greater Glasgow and Clyde and West Dunbartonshire Council, there is a risk that expenditure that does not relate to the IJB is included in the accounts or that expenditure that does relate to the IJB is omitted from the accounts.</p>	<ul style="list-style-type: none">Normal budget monitoring processes would establish and report the reasons for any unexpected fluctuations in expenditure during the year.A Covid-19 financial tracker is maintained to monitor the additional costs incurred by the IJB.	<ul style="list-style-type: none">Assurances will be obtained from the auditors of NHS Greater Glasgow and Clyde and West Dunbartonshire Council over the accuracy, completeness and allocation of the Integration Joint Board ledger entries.
<p>3 Estimations and judgements</p> <p>The “set aside” figure in the accounts is the Integration Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board.</p> <p>Since 2019/20, the set aside is calculated using actual spend and activity levels for the year where the information is available, and estimated annual activity where it is not. Any degree of estimation requiring judgement in a material figure, such as the set aside, presents a risk of misstatement in the accounts.</p>	<ul style="list-style-type: none">The IJB continue to work with NHS Greater Glasgow and Clyde and the other IJB’s in the Glasgow area to improve the operation of set aside and collection of activity data.The set aside figure in the 2020/21 accounts will be based on the most accurate information available, including robust and reliable estimates in the absence of actual activity data.	<ul style="list-style-type: none">Review the calculation of the set aside figure in the 2020/21 accounts, including the basis for any estimated activity.



Wider dimension risks

4 Financial sustainability

The Joint Board approved its medium-term financial plan covering the period 2020/21 to 2024/25 in March 2020.

This set out anticipated income and expenditure for the next five years with indicative financial data to 2029/30. This projected budget gaps in each period to 2024/25 outlining best, likely and worst case scenarios.

The Covid-19 pandemic will have a significant impact on the future financial plans of the IJB and presents a risk to the financial sustainability of health and social care services.

- Going concern assurance received from Chief Financial Officer of the IJB.
- Scottish Government funding for 2020/21 is anticipated to fully cover the projected additional Covid-19 costs, and loss of income, to the IJB.
- A Covid-19 financial tracker is maintained to monitor the additional costs incurred and income received by the IJB.
- Budget monitoring reports include details of the impact of Covid-19 on the projected outturn.
- Contingency plans include the earmarking of specific reserves for Covid-19 driven demand and potential application of general reserves.
- A revised medium-term financial plan is within the planned scope of work for the Chief Financial Officer and Heads of Service when there is more certainty around the financial impact of Covid-19 on health and social care services.

- Review of Chief Financial Officer's assessment of going concern for the 2020/21 accounts.
- Monitor claims submitted to the Scottish Government and the approval and receipt of additional income for Covid-19 costs.
- Review of Covid-19 financial tracker.
- Review of budget monitoring reports and final outturn position.
- Review of the IJB's year-end reserves position including the earmarking of reserves for Covid-19 driven demand.
- Monitor progress in developing a revised medium-term financial plan to reflect the impact of Covid-19.

5 Services pressures created by Covid-19

The Covid-19 pandemic continues to place significant pressure on the provision of health and social care services delivered by the Joint Board.

There is risk that the pressures caused by the pandemic will impact on the Joint Board's ability to meet its objectives within 2019-2022 Strategic Plan.

- Progress regularly reported to the Board against the objectives of the HSCP Covid-19 Recovery and Renewal Plan – "Keep Building Better – A Journey of Continuous Improvement"
- Regular monitoring and reporting to the Audit and Performance Committee on the delivery of services

- Review progress against strategic objectives reported within WDIJB's 2020/21 Annual Performance Report.
- Review quarterly performance reports to assess the impact of Covid-19 on the Joint Board's performance targets.
- Monitor progress of Covid-19 recovery planning against the West



Audit Risk

Source of assurance

Planned audit work

and programme of work set out in the Strategic Plan.

Dunbartonshire HSCP Covid-19 Recovery and Renewal Plan approved by the Board in September 2020.

6 Risk management

The Board's risk management policy and strategy was due to be reviewed on 1 April 2020 but has not yet been reviewed and updated.

In addition, an annual review of the strategic risk register did not take place in 2020 as is required under the Integration Scheme. The most recent review was a mid-year review presented to the Board in February 2020.

Without an up to date risk register, there is a risk that the Board's ability to take decisions to prioritise and manage risks appropriately is affected.

- HSCP Senior Management Team have developed a Covid-19 Risk Register of 65 key risks which continues to be monitored.
- A full review of the Strategic Risk Register and Risk Management Policy and Strategy to account for the impact of the Covid-19 pandemic is planned for the end of March 2021.

- Review of the updated strategic risk register and the IJB's Covid-19 risk register.
- Review updated risk management policy and strategy, once available.
- Review the findings of Internal Audit's report on the IJB's risk management process.

7 Standing orders

Standing orders are in place to regulate the procedures and business of the Joint Board. The current standing orders were last reviewed and updated in 2015.

There is a risk that the existing standing orders do not reflect the current procedures of the Joint Board.

- An update to the Standing Orders is planned for 2021 after the revised Integration Scheme (together with the other 5 Glasgow IJBs) is presented to Scottish Ministers for approval.

- Review updated standing orders and confirm they accurately reflect the terms of the revised Integration Scheme.

Source: Audit Scotland

8. International auditing standards require auditors to make a presumption of a risk of fraud in the recognition of income other than where there are circumstances that would allow this presumption to be rebutted. As the Joint Board is wholly funded by NHS Greater Glasgow and Clyde and West Dunbartonshire Council we have concluded that there is no risk of material misstatement caused by fraud over income recognition and have therefore rebutted this presumption. As a result, we do not plan to conduct audit procedures to address this risk.

Reporting arrangements

9. This audit plan, the outputs set out at [Exhibit 2](#), and any other outputs on matters of public interest will be published on Audit Scotland's website: www.audit-scotland.gov.uk.

10. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officers to confirm factual accuracy, prior to the issue and publication of final reports.

11. We will provide an independent auditor's report to West Dunbartonshire Integration Joint Board and the Accounts Commission setting out our opinions on the annual accounts. We will also provide the IJB and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2

2020/21 Audit outputs

Audit Output	Target Date
Independent Auditor's Report (i.e. audit certificate)	31 October 2021
Annual Audit Report	31 October 2021

The target dates included above are those specified in Audit Scotland's Planning Guidance 2020/21

Source: Audit Scotland

Audit fee

12. The agreed fee for the 2020/21 audit of West Dunbartonshire Integration Joint Board is £27,330 (£26,650 in 2019/20). This audit fee is in line with Audit Scotland's expected fee for all IJBs this year and represents a £770 (2.9%) increase on the 2019/20 audit fee.

13. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Audit and Performance Committee and Chief Financial Officer

14. Audited bodies are responsible for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives. For West Dunbartonshire Integration Joint Board, the Chief Financial Officer is the proper officer (section 95 officer), with responsibility for the administration of financial affairs. The Joint Board has delegated responsibility for the oversight of internal and external audit to its Audit and Performance Committee.

15. The audit of the annual accounts does not relieve management or the Audit and Performance Committee, as those charged with governance, of their responsibilities.

Appointed auditor

16. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

17. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the Joint Board to manage its performance and secure Best Value. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

18. The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of West Dunbartonshire Integration Joint Board and the associated risks which could impact on the financial statements
- assessing how weaknesses in the key systems of internal control could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how these will be reflected in the financial statements
- assessing the risks of material misstatement in the financial statements and determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free from material misstatement.

19. We will give an opinion on whether:

- the financial statements give a true and fair view of the state of affairs of the Joint Board as at 31 March 2021 and of the income and expenditure for the year
- the annual accounts have been properly prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21
- the annual accounts have been prepared in accordance with relevant legislation.

Other information in the annual accounts

20. We also review and report on the other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been prepared in accordance with the appropriate regulations and guidance. We also read and consider the other information in the annual accounts and report any material inconsistencies with the financial statements or our own knowledge of the audit.

Materiality

21. We apply the concept of materiality in planning and performing the audit. Materiality defines the maximum error that we are prepared to accept and still conclude that the financial statements present a true and fair view. It helps assist our planning of the audit and allows us to assess the impact of any potential audit adjustments on the financial statements in forming our opinions in the independent auditor's report.

22. We calculate materiality at different levels as described below. The calculated materiality values for West Dunbartonshire Integration Joint Board are set out in [Exhibit 3](#).



Exhibit 3

Materiality values

Materiality	Amount
Planning materiality: This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1.5% of gross expenditure for the year ended 31 March 2020 based on the latest audited accounts.	£3.2 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 70% of planning materiality.	£2.2 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 1.5% of planning materiality.	£50 thousand



Source: Audit Scotland

Timetable

23. To support the efficient use of resources it is critical that a timetable is agreed with us for the production and audit of the annual accounts. The proposed timetable for the 2020/21 annual accounts is included at [Exhibit 4](#).

Exhibit 4

Annual accounts audit timetable

 Key stage	 Date
Consideration of unaudited annual report and accounts by the Audit and Performance Committee / Board	24 June 2021
Latest submission date for unaudited annual report and accounts with complete working papers package	30 June 2021
Latest date for final clearance meeting with the Chief Financial Officer	To be agreed *
Issue of Letter of Representation and proposed independent auditor's report and Annual Audit Report	To be agreed *
Agreement of audited unsigned annual report and accounts	To be agreed *
Presentation of Annual Audit Report to those charged with governance	To be agreed *
Meeting of the Audit and Performance to approve the audited annual report and accounts for signature by the Chair of the Board, Chief Officer and Chief Financial Officer	To be agreed *
Independent auditor's report certified by appointed auditor	31 October 2021

* See paragraph 24 below

Source: Audit Scotland

24. The 2020/21 audit planning guidance sets sign-off deadlines for all local government audits of the end of October 2021. However, the achievement of these sign-off dates will be dependent upon resource availability and pressures throughout 2021. If issues arise during the course of the audit (i.e. impact of Covid-

19 on the production or audit of accounts) that mean it is not practical to certify the accounts by the end of October then we will communicate this to the IJB at the earliest opportunity available and agree a revised timetable for the completion of the audit. Likewise, if audit resources would enable an earlier sign-off of the 2020/21 annual report and accounts this will also be discussed and agreed with the IJB.

Internal audit

25. International Auditing Standards require internal and external auditors to work together to make the best use of available audit resources. We seek to rely on the work of internal audit wherever possible and as part of our planning process we carry out an annual assessment of the internal audit function at audited bodies.

26. The Internal audit function for West Dunbartonshire Integration Joint Board is provided by West Dunbartonshire Council overseen by the Audit and Risk Manager. Our assessment of the internal audit function concluded that it has sound documentation standards and reporting procedures in place and complies with the main requirements of the Public Sector Internal Audit Standards (PSIAS).

27. The Joint Board have agreed to place reliance on both the West Dunbartonshire Council and NHS Greater Glasgow and Clyde internal audit teams to follow up on audit action points. Only actions raised that are the specific responsibility of the Joint Board will be monitored. The Audit and Performance Committee receive update reports from Internal Audit on work undertaken at the council and health board that may impact the Joint Board's control environment.

Using the work of internal audit

28. As part of our wider dimension audit responsibilities we plan to consider the work of Internal Audit in the following areas:

- IJB Directions
- Risk Management Process.

Audit dimensions

29. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#). Our contributions on the four dimensions will contribute to an overall assessment and assurance on best value.

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

Financial management

30. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- the effectiveness of the budgetary control system in communicating accurate and timely financial performance
- whether financial capacity and skills are adequate
- whether appropriate and effective arrangements for internal control and the prevention and detection of fraud and corruption have been established
- the arrangements in place to receive assurances that systems of internal control are operating effectively.

Financial sustainability

31. We consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Governance and transparency

32. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether governance arrangements are appropriate and operating effectively
- the quality and timeliness of financial and performance reporting
- whether there is effective scrutiny, challenge and transparency of decision-making, and finance and performance reports.

Value for money

33. Value for money refers to using resources effectively and continually improving services. We will assess whether the Joint Board can provide evidence that it is demonstrating value for money in the use of resources, has a focus on improvement and that there is a clear link to the outcomes delivered.

34. In our 2019/20 Annual Audit Report we reported that there is evidence that the IJB is making progress in shifting the balance of care and improving services and outcomes for residents. We also highlighted that as the IJB continues to gather more data on care pathways and outcomes it is important to harness this information to drive further progress in shifting the balance of care.

35. Management recognise the importance of using care pathways and outcome data to better support strategic service and financial planning but the impact of Covid-19 on current and future service provision mean that it is not appropriate to take this forward during 2020/21. We accept this and will consider and report on progress against this recommendation as part of our audit activity from 2021/22 onwards.

Best Value

36. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

EU withdrawal

37. The United Kingdom's transition period for leaving the European Union ended on 31 December 2020. We will continue to monitor the steps taken by the Joint Board to minimise any disruption caused by EU withdrawal.

Independence and objectivity

38. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual "fit and proper" declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

39. The appointed auditor for West Dunbartonshire Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the 2020/21 audit of West Dunbartonshire Integration Joint Board.

Quality control

40. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

41. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

42. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the appointed auditor or to Audit Scotland's Audit Quality and Appointments group.

West Dunbartonshire Integration Joint Board

Annual Audit Plan 2020/21

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

For the latest news, reports and updates, follow us on:



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

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

Report by Chief Internal Auditor

Thursday, 25 February 2021

Subject: Indicative Internal Audit Annual Strategy and Plan 2021-2022

1. Purpose

- 1.1 The purpose of this report is to provide the indicative Internal Audit Strategy and Plan for 2021-2022 to Audit and Performance Committee for approval.

2. Recommendations

- 2.1 It is recommended that the Audit and Performance Committee approve the indicative Internal Audit Plan for 2021-2022.

3. Background

- 3.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives.

- 3.2 As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the Health and Social Care Partnership Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

- 3.3 The Public Sector Internal Audit Standards include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.

- 3.4 The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the HSCP Board Audit and Performance Committee.

- 3.5 The provision of Internal Audit services for the HSCP Board is delivered by West Dunbartonshire Council through a directly employed in-house team. From 2018/19 onwards, a recharge of £10,000 has been made from the Council to the Health and Social Care Partnership to reflect the cost of services provided by the Council's Internal Audit Team. It is proposed that the same recharge be applied in 2021-2022.

4 Main issues

- 4.1 Internal Audit follows a risk-based approach and it is intended that audit work will be focused on areas of greater risk taking into account management's own view of risk, previous audit findings and any other internal or external

factors affecting the West Dunbartonshire Health and Social Care Partnership Board.

- 4.2 The indicative Internal Audit Strategy and Plan for 2021-2022 is set out at Appendix 1. This will be finalised once the allocation of audit days is agreed by West Dunbartonshire Council Audit Committee at its meeting on 10 March 2021.
- 4.3 The total budget for the Internal Audit Annual Audit Plan for 2021-2022 has been provisionally set at 40 days. The plan does not contain any contingency provision. Where there are any unforeseen work demands that arise e.g. special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.
- 4.4 The Public Sector Internal Audit Standards require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the HSCP Board Audit and Performance Committee for approval.
- 4.5 The Internal Audit Strategy and Plan for 2021-22 relating to West Dunbartonshire Council will be presented for approval at the Audit Committee on 10 March 2021. This plan sets out the operational audits for West Dunbartonshire Council and includes an allocation of staff days to carry out audit work for the West Dunbartonshire Partnership Board.

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. Professional Implications

- 7.1 None.

8. Locality Implications

- 8.1 None.

9. Risk Analysis

- 9.1 The Plan has been constructed taking cognisance of risks which have implications for the HSCP Board through discussions with management and review of available risk registers.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 Discussions have taken place with the HSCP's Chief Officer and Chief Financial Officer in relation to the proposed annual audit plan coverage for 2021-2022.

11.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans area reviewed as circumstances change in order to minimise duplication of effort and maximise coverage for the West Dunbartonshire HSCP Board.

12. Strategic Assessment

12.1 The establishment of a robust audit plan will assist in assessing whether the West Dunbartonshire HSCP 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: **Andi Priestman**
Chief Internal Auditor – West Dunbartonshire Health and Social Care Partnership Board

Date: **25 February 2021**

Person to Contact: Andi Priestman – Shared Service Manager – Audit and Fraud West Dunbartonshire Council
Telephone 01389 737436
E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: Appendix 1 – Internal Audit Annual Strategy and Plan 2021-2022

Background Papers: None

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2021-2022

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) set out the requirement for the Chief Internal Auditor to prepare a risk-based audit plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 1.2 The Chief Internal Auditor must review and adjust the plan as necessary in response to changes in the organisation's business, risks, operations and priorities.
- 1.3 The audit plan must incorporate or be linked to a strategic or high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 1.4 The strategy shall be reviewed on an annual basis as part of the audit planning process.

2. Internal Audit Objectives

- 2.1 The definition of internal auditing is contained within the PSIAS as follows:

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

- 2.2 The primary aim of the internal audit service is to provide assurance services which requires the Chief Internal Auditor to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 2.3 The internal audit service also provides advisory services, generally at the request of the organisation, with the aim of improving governance, risk management and control and contributing to the overall opinion.
- 2.4 The internal audit service supports the West Dunbartonshire's HSCP Board Chief Financial Officer in her role as Section 95 Officer.

3. Risk Assessment and Audit Planning

- 3.1 The internal audit approach to annual audit planning is risk-based and aligns to the HSCP Board's strategic planning processes and management's own assessment of risk.
- 3.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the West Dunbartonshire HSCP Board.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2021-2022

4 Service Delivery

- 4.1 The provision of the internal audit service is through a directly employed in-house team from West Dunbartonshire Council.
- 4.2 In relation to the total staff days allocated to the 2021-2022 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 40 days which will be resourced as follows:

Team Member

Auditor – 40 days

The Chief Internal Auditor does not directly carry out the assignments included in the annual audit plan but provides the quality review and delivery oversight of the overall plan. As such, no direct time is included within the plan. Where there are any resource issues which may impact on delivery of the plan, this will be reported to Audit Committee at the earliest opportunity.

- 4.3 Given the range and complexity of areas to be reviewed it is important that suitable, qualified, experienced and trained individuals are appointed to internal audit positions. The PSIAS requires that the Chief Internal Auditor must hold a professional qualification such as CMIIA (Chartered Internal Auditor), CCAB or equivalent and be suitably experienced. The internal auditor posts must also be CMIIA/CCAB or equivalent with previous audit experience.
- 4.4 Internal audit staff members identify training needs as part of an appraisal process and are encouraged to undertake appropriate training, including in-house courses and external seminars as relevant to support their development. All training undertaken is recorded in personal training records for CPD purposes.
- 4.5 Internal audit staff members require to conform to the Code of Ethics of the professional body of which they are members and to the Code of Ethics included within the PSIAS. An annual declaration is undertaken by staff in relation to specific aspects of the Code.
- 4.6 Following each review, audit reports are issued in draft format to agree the accuracy of findings and agree risk mitigations. Copies of final audit reports are issued to the HSCP Board Chief Officer, HSCP Head of Service and HSCP Service Manager responsible for implementing the agreed action plan. A copy of each final audit report is also provided to External Audit.
- 4.7 The overall opinion of each audit report feeds into the Internal Audit Annual Report and Assurance Statement which is presented to the Audit Committee and is used by the Chief Financial Officer in the preparation of the Annual Governance Statement.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2021-2022

5 Proposed Audit Coverage 2021-2022

5.1 The proposed audit coverage is set out in the table below.

Planned Assurance Work	Description	Staff Days
IJB Directions	In 2020/21 Internal Audit carried out an advisory piece of work in relation to IJB Directions to provide advice and support to management when updating the current policy and associated procedures in line with the new statutory guidance released in January 2020. For 21/22, Internal Audit will review the adequacy and effectiveness of implementation of IJB Directions.	15
Performance Management Process	Performance management is a key aspect of corporate governance arrangements. Performance management arrangements have been reviewed and updated during 20/21 and Internal Audit will review the adequacy and effectiveness of the revised performance management process.	15
Other Work		
Action Plan Follow Up	To monitor the progress of implementation of agreed internal audit action plans by management.	10
Audit Planning and Management	Review and update of the audit universe and attendance at HSCP Board Audit and Performance Committee.	
Internal Audit Annual Report 20-21	Annual report on 2020-2021 audit activity will be provided to CFO to inform the Annual Governance Statement for the HSCP Board.	
Total Staff Days		40

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2021-2022

6 Quality and Performance

- 6.1 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.
- 6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2021-2022 have been set as follows:

Measure	Description	Target
1. Final Report	Percentage of final reports issued within 2 weeks of draft report.	100%
2. Draft Report	Percentage of draft reports issued within 3 weeks of completion of fieldwork.	100%
3. Audit Plan Delivery	Percentage of audits completed v planned.	100%
4. Audit Budget	Percentage of audits completed within budgeted days.	100%
5. Audit Recommendations	Percentage of audit recommendations agreed.	90%
6. Action Plan Follow Up	Percentage of action plans followed up – Internal and External Audit.	100%
7. Customer Feedback	Percentage of respondents who rated the overall quality of internal audit as satisfactory or above.	100%
8. Staff compliance with CPD	Number of training hours undertaken to support CPD	20
9. Management engagement	Number of meetings with Chief Officer and Chief Financial Officer as appropriate	2 per year

- 6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2021-2022.

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

Report by Head of Strategy and Transformation

Thursday, 25 February 2021

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2020/21 Quarter Three**

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 October to December 2020 (Appendix I) for the Committees 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 Three 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 Three data.

Note that Quarter Two 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 Three data. This is reflective of a similar position in terms of previous reporting on Quarter Two. However, the indicators which were incomplete in Quarter Two have been incorporated into this report for the Committees scrutiny.
- 4.4** The HSCP have 43 performance indicators, with nine indicators in Red Status which is out with target tolerances (a reduction of three since the previous quarter). 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:	4 February 2021

Person to Contact:

Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL






Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952




Appendices:

West Dunbartonshire HSCP Performance Report
2020/21: Quarter Three October to December 2020























West Dunbartonshire Health and Social Care Partnership Performance Report 2020/21: Quarter 3 October-December 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.

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Short Term Trends	
	Improving
	No Change
	Getting Worse

Early Intervention

Ref	Performance Indicator	Q3 2020/21				Q2 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 March	95%	Not yet available	Not yet available	94%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late March	95%	Not yet available	Not yet available	97.1%	
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	83%	95%			75%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	Not yet available	N/A	Not yet available	Not yet available	117	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	Not yet available	N/A	Not yet available	Not yet available	21	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	15	0			10	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,542	1,460			2,101	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,594	N/A			1,276	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,878	1,104			1,541	

Ref	Performance Indicator	Q3 2020/21				Q2 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	848	N/A			910	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,145	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,094	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	65.4	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	16,437	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,157	Not yet available	Not yet available	11,584	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	692.4	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,052	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.1%	24%			25.5%	
20	Number of clients receiving Home Care Pharmacy Team support	356	258			340	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	87%	90%			38%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	94.6%	95%			96.8%	
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 March	90%	Not yet available	Not yet available	95.7%	
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	2,015	2,200			2,021	
26	Number of patients with an eKIS record	21,304	N/A			21,519	

Access							
Ref	Performance Indicator	Q3 2020/21				Q2 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,362	N/A			1,354	
28	Number of weekly hours of homecare - All ages	10,371	N/A			10,145	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	513	N/A			509	

Ref	Performance Indicator	Q3 2020/21				Q2 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	36.7%	35%	✓	↓	37.3%	
31	Percentage of homecare clients aged 65+ receiving personal care	99.5%	95%	✓	↑	97.4%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,476	20,945	⚠	↓	19,617	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	12%	30%	✓	↑	14.8%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	43.2%	32%	✗	↓	25%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	71%	98%	✗	↓	83%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	51%	80%	✗	↓	61%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	9%	80%	✗	↓	15%	

Resilience

Ref	Performance Indicator	Q3 2020/21				Q2 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	63.1%	90%	✗	↑	33.9%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	25	18	✗	↑	27	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	95.6%	90%	✓	↑	53.4%	

Assets

Ref	Performance Indicator	Q3 2020/21				Q2 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	Not yet available	Average across NHSGGC at March 2021	Not yet available	Not yet available	£158.40	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.14%	

Inequalities

Ref	Performance Indicator	Q3 2020/21				Q2 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	90.3%	90%			90.9%	
44	Percentage of looked after children being looked after in the community who are from BME communities	77.8%	N/A			73.7%	
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%			No 16-17 year olds left care in this quarter	



Quarter 2 Data

Please find July to September 2020 data below for those indicators we were unable to report on in our Quarter 2 Performance Report.

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	94%	95%			95.2%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.1%	95%			100%	
12	Number of emergency admissions 18+	2,145	2,295			1,948	
13	Number of emergency admissions aged 65+	1,094	1,134			891	
14	Emergency admissions aged 65+ as a rate per 1,000 population	65.4	68			53.3	
15	Number of unscheduled bed days 18+	16,437	17,735			13,925	
16	Unplanned acute bed days (aged 65+)	11,584	12,156			9,179	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	692.4	726			548.6	
18	Number of Attendances at Accident and Emergency 18+	5,052	4,720			3,667	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.7%	90%			98.7%	

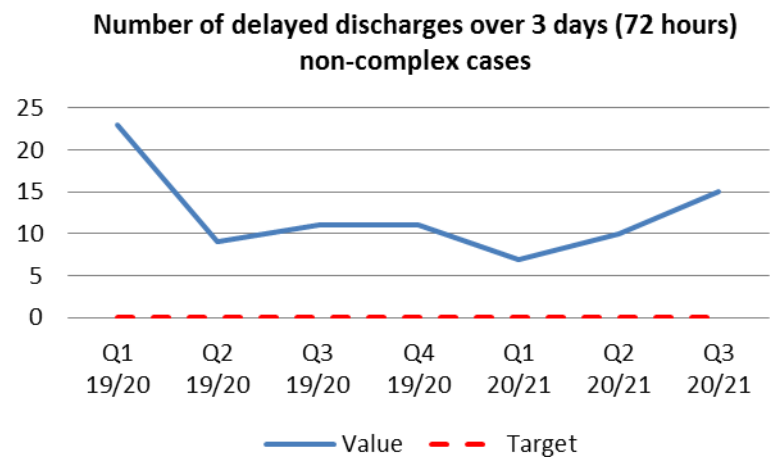
Assets

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	£158.40	Average across NHSGGC at March 2021	N/A	↓	£147.80	
42	Compliance with Formulary Preferred List	78.14%	78%	✓	↓	78.19%	

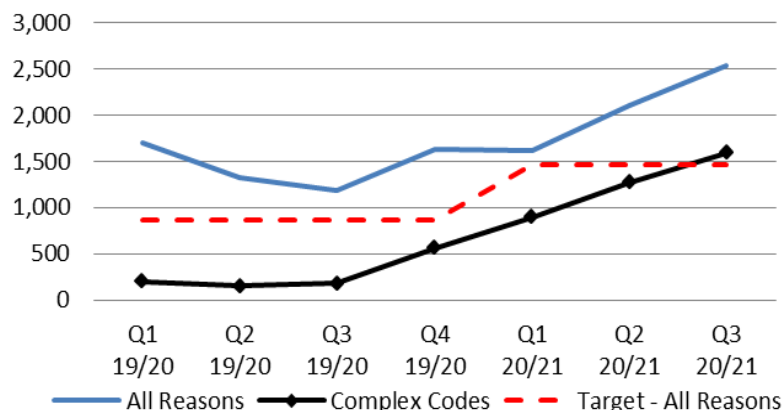
West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October-December 2020

Performance Area: Delayed Discharge

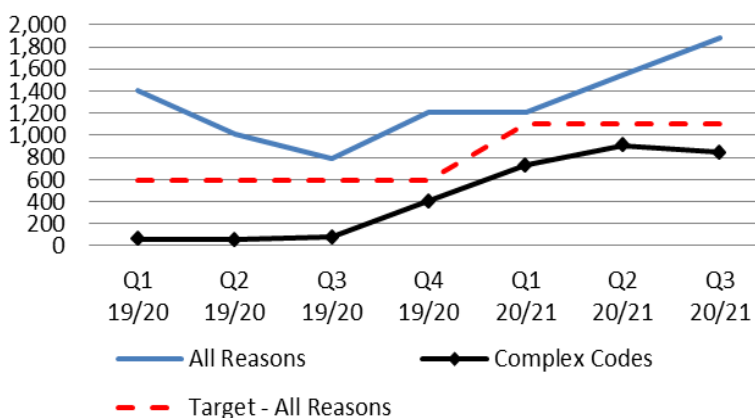
Quarter	Value	Target
Q1 19/20	23	0
Q2 19/20	9	0
Q3 19/20	11	0
Q4 19/20	11	0
Q1 20/21	7	0
Q2 20/21	10	0
Q3 20/21	15	0



Bed Days Lost to Delayed Discharge 18+



Bed Days Lost to Delayed Discharge 65+



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
Q3 20/21	2542	1594

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
Q3 20/21	1878	848

Key Points:

The average number of daily delays in the quarter peaked at 30 in November and was 28 in December. 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 the number of admissions.

Given the above, all 2020/21 delayed discharge bed day targets have been locally set in line with 2019/20 performance.

Improvement Actions:

Wider use of West Dunbartonshire care homes, Crosslet House and Queens Quay, to allow a temporary place of residence where appropriate for anyone waiting on an alternative care home or the completion of housing work/provision.

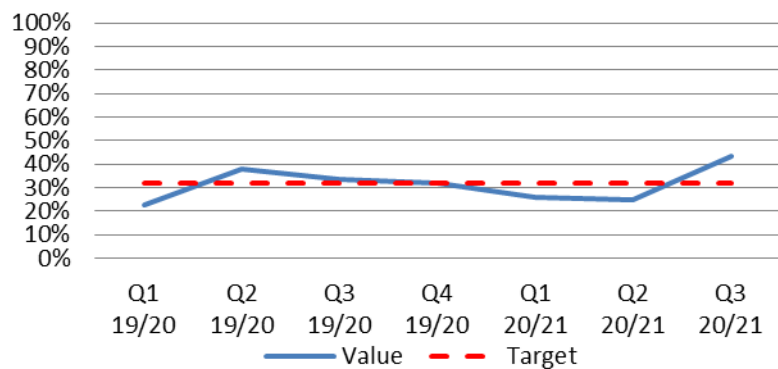
An additional Mental Health Officer from mid-December to focus on delays relating to adults with incapacity (AWI). An additional Social Worker continuing to be based in the Community Hospital Discharge Team to support the existing team.

The Area Resource Group continues to consider all hospital discharge cases on a daily basis to expedite the agreement of care home offers or homecare packages wherever possible.

Performance Area: Palliative Care Deaths in Hospital

Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)

Quarter	Value	Target
Q1 19/20	22.6%	32%
Q2 19/20	38.2%	32%
Q3 19/20	33.8%	32%
Q4 19/20	31.9%	32%
Q1 20/21	25.7%	32%
Q2 20/21	25.0%	32%
Q3 20/21	43.2%	32%



Key Points:

The District Nursing service strive to ensure people die in their chosen place of care, and most of our patients choose to die at home. However, by the nature of the disease trajectory of non-cancer illnesses, this plan needs to be adaptable, and for some people the safest place of care to ensure prompt symptom management can be within a hospital setting.

Another contributory factor in this complex category is the need to also care for carers, and occasionally admissions can happen due to the sense they may have of being overwhelmed by their role at such an emotional time, particularly if the symptoms their loved one is experiencing are significant.

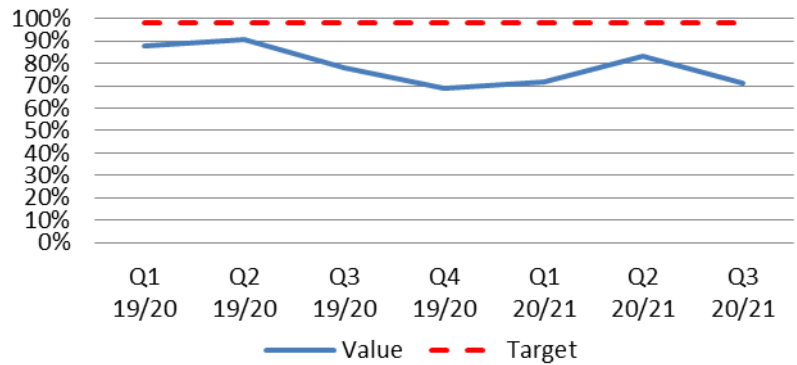
Improvement Actions:

We will continue to strive to ensure people die in their chosen place of care and we will continue to monitor how effectively we have been able to do this while acknowledging the complexities above.

Performance Area: Criminal Justice Social Work

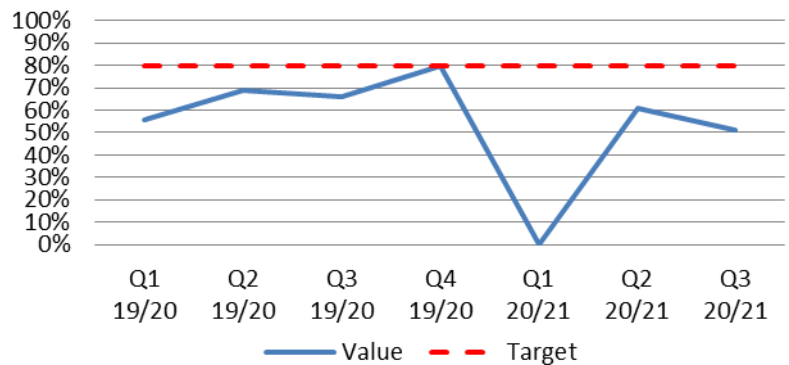
Quarter	Value	Target
Q1 19/20	88%	98%
Q2 19/20	91%	98%
Q3 19/20	78%	98%
Q4 19/20	69%	98%
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%

% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



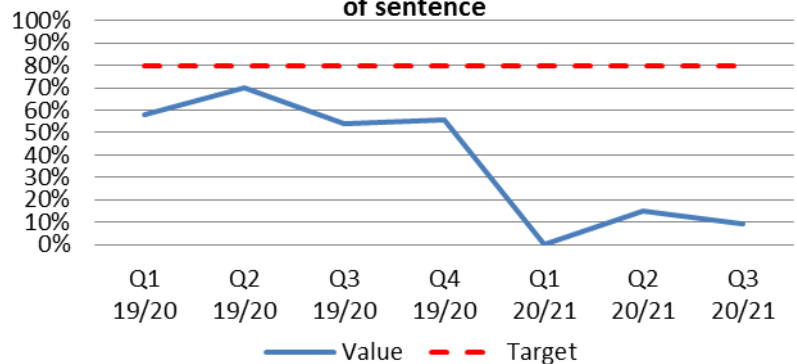
Quarter	Value	Target
Q1 19/20	56%	80%
Q2 19/20	69%	80%
Q3 19/20	66%	80%
Q4 19/20	80%	80%
Q1 20/21	0%	80%
Q2 20/21	61%	80%
Q3 20/21	51%	80%

% Community Payback Orders attending an induction session within 5 working days of sentence



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%
Q3 20/21	9%	80%

% Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence



Key Points:

Staff have now returned to Court however, due to Scottish Court and Tribunal Service Guidance, we are restricted to attending custody and remand courts.

Covid-19 restrictions set out by the Scottish Government are also impacting on the ability to start Unpaid Work Orders within 7 working days. All squad placements have been stood down following guidance from the Chief Medical Officer. This will impact on the length of time this will take service users to complete their unpaid work hours.

Improvement Actions:

Temporary agency staff have been employed to increase capacity due to sick leave within the service.

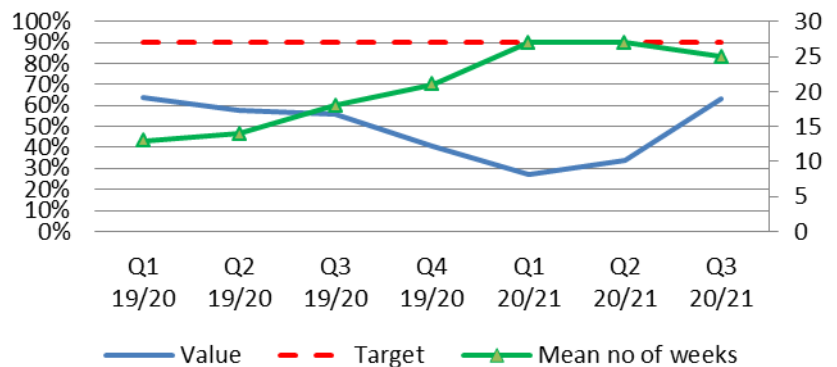
We have now begun online activity with commissioned third sector colleagues and this will enable service users to commence and/or continue their unpaid work hours.

Managers have reviewed induction processes to capture service users to meet key performance indicators. They are working with colleagues in other areas to develop online/working from home projects for those subject to unpaid work and statutory supervision.

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
Q3 20/21	63.1%	90%	25



Key Points:

There were 192 referrals accepted to CAMHS during October to December 2020: a 7% increase on the same period in 2019.

Significant work has been undertaken during this quarter to address waiting times for children and young people on the CAMHS waiting list and all new referrals received as from 1st December 2020 have been

booked into a choice/partnership slot. All children and young people referred before December 2020 will have been offered an appointment by the second week in February 2021.

The success of the waiting list initiative has been achievable by team work and team flexibility but also largely due to additional experienced senior nursing capacity that has greatly assisted in co-ordination. Additional hours from experienced clinicians has also been valuable.

Improvement Actions:

The following project plans will be initiated in January 2021:

- Team Choice and Partnership Approach (CAPA) Implementation Plan. CAPA is an approach using lean methodology to assist in managing CAMHS waiting lists and ongoing interventions.
- Development of a Nurse Led Attention Deficit Hyperactivity Disorder (ADHD) Review Clinic Pathway.
- Development of a Neurodevelopmental Assessment Pathway.

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

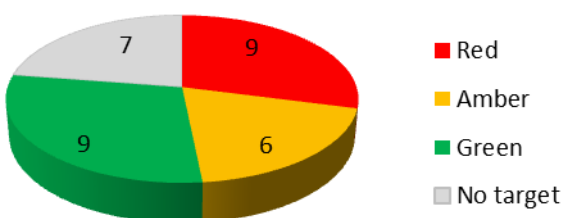
Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill i.e. children awaiting treatment for anxiety.

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.

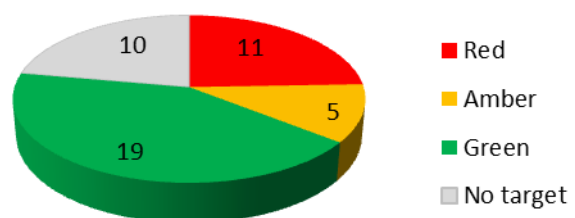
Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.

Summary of Indicators

**Quarter 3: October to December 2020
(Partial data)**



Quarter 2: July to September 2020 (Full data)



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

Report by Head of Strategy and Transformation

Thursday, 25 February 2021

Subject: Strategic Risk Register

1. Purpose

1.1 The purpose of this report is to present the updated Strategic Risk Register for the Health and Social Care Partnership.

2. Recommendations

2.1 The Health and Social Care Partnership Board is asked to:

- i. Approve the reviewed and updated Strategic Risk Register (Appendix A) including new pandemic strategic risk;
- ii. Consider and provide feedback on the 2 strategic risks requested by the board to be presented in greater detail at Audit and Performance Committee February 2020;
- iii. Select a current strategic risk to be presented in greater detail to the HSCP Board in August 2021;
- iv. Note that subject to approval the Strategic Risk Register will be presented to HSCP Board in March for final approval; and
- v. Note that a review and update of the HSCP Board's current Risk Management Policy and Strategy (approved in August 2015) will be presented for approval to March HSCP Board.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have an effective governance arrangements in place, which includes systems for managing strategic risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.

3.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.

- 3.4** The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy, which was approved by the Partnership Board at its August 2015 meeting and internally reviewed in November 2017. A review of the Risk Management Policy and Strategy will be presented for approval to March HSCP Board.
- 3.5** At its February 2020 Audit Committee meeting, members of the Committee considered and then endorsed, following discussion, the strategic risk register and selected 2 risks for more detailed presentation to the HSCP Board, these details are presented in Appendix B.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.
- 4.2** The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the current Risk Management Policy and Strategy. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership in order to achieve consistent and effective implementation of good risk management.
- 4.3** Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.
- 4.4** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.
- 4.5** Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.
- 4.6** The mitigating actions for the strategic risks have been updated to reflect Covid-19 response, recovery and rebuild. A new risk of pandemic has been

included reflecting Covid19 response and impact. All other risks within the Strategic Risk register have been further strengthened through additional mitigating actions.

- 4.7 A substantial Covid-19 operational risk register has been developed and will be included in the Covid reflective learning scheduled for March 21. Where appropriate any risks that requires more strategic leadership will be proposed for transfer to the strategic risk register, this will be included in the update report scheduled for HSCP Board August.

Detailed review of Selected Strategic Risks

- 4.7 Strategic Risks for Workforce Sustainability and Waiting Times are presented in greater detail, as agreed at February 2020 Audit and Performance committee. Appendix B provides the full detail of the risks, controls and mitigation.
- 4.8 The HSCP Board members are also asked to select a current strategic risk to be presented in greater detail to the HSCP Board in August 2021.

5. Option Appraisal

- 5.1 There is no requirement for an option appraisal for the content of this report.

6. People Implications

- 6.1 Key people implications associated with the identified strategic risks are addressed within the mitigating action column of the Strategic Risk Register.
- 6.2 The risk management policy and strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.
- 6.3 Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas

7. Financial and Procurement Implications

- 7.1 Key financial implications associated with the identified strategic risks are addressed within the mitigating action column of the Strategic Risk Register.
- 7.2 The risk management policy and strategy affirms that financial decisions in respect of these risk management arrangements rest with the Chief Financial Officer.

8. Risk Analysis

8.1 Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.

8.2 It is the responsibility of Audit and Performance Committee to approve the Strategic Risk Register. The Chief Officer and Senior Management team reviewed the strategic risk register in December, as part of the formal annual review and will present the reviewed strategic risk register to the Partnership Board in March 2021 for approval as an appropriate Strategic Risk Register for the Health and Social Care Partnership that is prepared in accordance with the local Risk Management Policy and Strategy.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required for the content of this report.

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team.

11.2 Relevant Monitoring Officers have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the Strategic Plan, improving lives with the people of West Dunbartonshire.

13. Direction

13.1 A direction is not required for this report, as it is an update on the Strategic Risk Register.

Margaret-Jane Cardno

Head of Strategy and Transformation

Date: 26 January 2021

Person to Contact: Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL

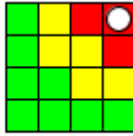
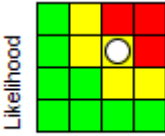
Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

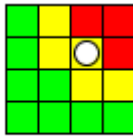
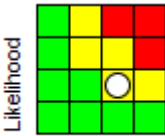
Appendices: Appendix A – Strategic Risk Register
Appendix B – Detailed review of identified risks (Waiting Times and Workforce Sustainability)

Background Papers: Risk Management Policy and Strategy 2015
Public Protection Risk Register 2020

West Dunbartonshire Health and Social Care Partnership Strategic Risk Register 2021 – 2022

Financial Sustainability/Resource Allocation and Savings Targets	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver on the Strategic Plan priorities, impact on quality or reduction of service; failure to meet statutory requirements; and potential impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings programmes implemented by other service/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin		Critical - Certain		Critical - Very Likely
			Alert		Alert
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
Financial position monitored through regular reporting to Health and Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. Including the preparation of the Annual Accounts in line with all statutory requirements and the implementation of any recommended actions identified by external auditors.					
The Integration Scheme requires a recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To continue to engage with forums/groups to identify proposals and consolidate approved policies including eligibility criteria, assessment, charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, service transformation or withdrawal of service.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP and refreshed on an annual basis to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.					
With regards to Set Aside Resources, agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. This will be implemented through the development of an Unscheduled Care Commissioning Plan which will more clearly align finance and planning work streams across all areas including acute hospital bed usage.					

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Margaret-Jane Cardno	 <p>Likelihood</p> <p>Impact</p>	<p>Critical - Certain</p> <p>Alert</p>	 <p>Likelihood</p> <p>Impact</p>	<p>Significant - Very Likely</p> <p>Warning</p>
Mitigating Actions					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit Committee and HSCP Clinical and Care governance Forum					
Regular Complaints reports are presented to the HSCP Audit Committee, following scrutiny at SMT and HSCP Clinical and Care Governance Forum					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement colleagues and with service providers to negotiate finance and contractual arrangements including requirement to pay all adult social care workers the Scottish Living Wage. This will be managed on a priority based process agreed with the Heads of Service and the Chief Officer.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					

Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>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.</p>	Wendy Jack	 <p>Likelihood</p> <p>Impact</p>	<p>Significant - Very Likely</p> <p>Warning</p>	 <p>Likelihood</p> <p>Impact</p>	<p>Significant - Likely</p> <p>Warning</p>
Mitigating Actions					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.					
Improved performance management reporting presentation, including detailed analyses of those performance indicators that are red and underperforming. Focused scrutiny and challenge					
Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.					
Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.					
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.					
New 20/21- Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.					
New 20/21 - Quarterly and Annual Performance reporting has been more closely aligned with HSCP Board meeting schedule to improve the timeous updates on performance across the Partnership, strengthening scrutiny and challenge by the HSCP Board members.					

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.	Margaret-Jane Cardno		Significant - Certain		Significant - Likely
Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.			Alert		Warning

Mitigating Action

Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.

Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.

Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.

Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's iLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.

New 20/21 - Autocomplete email address option has been disabled, this is an additional safeguard introduced to mitigate data breaches.

Outcomes of external scrutiny: Inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Jonathan Hinds		Significant - Likely		Moderate - Likely
			Warning		OK

Mitigating Action

Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.

Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.

Regular performance and monitoring reports are presented to the HSCP Board/Audit Committee /HSCP Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.

Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.

New 20/21 – Additional external scrutiny has been introduced in response to Covid 19 – reporting to HSCP board and ongoing monitoring through the internal quality assurance team and external bodies.

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care.	Jo Gibson		Critical - Very Likely		Significant - Likely
Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.			Alert		Warning


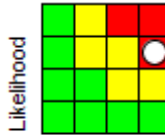
Mitigating Action

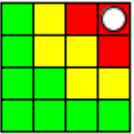
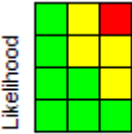
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.


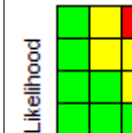
A monthly performance report is provided to the Integrated Operations Managers; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.
A local Flu Management Plan is in place; this reflects the HSCP unscheduled care plan for community services which addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Audrey Slater		Significant - Certain		Significant - Very Likely
			Alert		Warning
Mitigating Action					
Preventative Controls					
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.					
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.					
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.					
Attendance Management Polices and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
Direct Controls					
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.					
Agency / overtime reports					
Health and Wellbeing Post approved for one year following report submitted to HSCP Audit and Performance committee.					
HR reports provided to SMT and Joint Staff Forum on HR metrics					
Workforce reporting integrated into HSCP Performance report to IJB					
Statutory and Mandatory Training reports					
I Matter reports					
KSF/ PDP and Be the Best Conversations					

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		Significant - Certain		Significant - Very Likely
			Alert		Warning
Mitigating Action					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self-management and co-productive community services including access to online supports and advice and preventative					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					

Financial Sustainability/Resource Allocation and Savings Targets	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver on the Strategic Plan priorities, impact on quality or reduction of service; failure to meet statutory requirements; and potential impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings programmes implemented by other service/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin	 <p>Likelihood</p> <p>Impact</p>	<p>Critical - Certain</p>	 <p>Likelihood</p> <p>Impact</p>	<p>Critical - Very Likely</p>
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
Financial position monitored through to regular reporting to Health and Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. Including the preparation of the Annual Accounts in line with all statutory requirements and the implementation of any recommended actions identified by external auditors.					
The Integration Scheme requires a recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To continue to engage with forums/groups to identify proposals and consolidate approved policies including eligibility criteria, assessment, charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, service transformation or withdrawal of service.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP and refreshed on an annual basis to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.					
With regards to Set Aside Resources, agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. This will be implemented through the development of an Unscheduled Care Commissioning Plan which will more clearly align finance and planning work streams across all areas including acute hospital bed usage.					

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw	 Likelihood Impact	Critical - Certain	 Likelihood Impact	
			Alert		
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.					
New 20/21 National Services Scotland (NSS) has significantly increased their stock levels and secured the supply chain for consumables in response to Covid 19 and Brexit challenges					
New 20/21 After some initial delays in the first few days imports and exports seem to be operating well and no major shortages identified, this will continue to be monitored.					
New 20/21 Continue to work with our corporate partners, strong representation at local authority, health and Scottish government groups is essential to help mitigate ongoing risks arising from Brexit					

Risk of future Pandemic – Covid 19 variations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>New 20/21 Risks across services from a future pandemic include difficulty in resourcing medications, medical devices (instruments and equipment in Hospital) and clinical consumables including PPE, disposable and short life goods. There will be an impact on patients and service users and on recruitment to and workforce.</p> <p>Financial Impact – rapid response, prescribing costs, commissioning and procurement impact.</p> <p>Human diseases can take a variety of forms and consequently their impacts can vary considerably both in scale and nature. The main types of human disease that represent new or additional risks to the UK are outlined below. The examples have been chosen to give an impression of the range of possible diseases that would have a significant disruptive effect, but are by no means exhaustive.</p> <p>Pandemic - Influenza pandemics are natural phenomena that have occurred from time to time for centuries. Including Covid 19, this has happen four times in the last century. The symptoms are similar to those of seasonal influenza but may be significantly more severe.</p> <p>Influenza pandemics arise as a result of a new influenza virus that is markedly different from recently circulating influenza viruses and therefore to which few people, if any, have immunity. As a result of rapid spread from person to person, pandemics have significant global human health consequences. In addition to the severe health effects, a pandemic is also likely to cause significant wider social and economic damage and disruption.</p>	Beth Culshaw	 Likelihood Impact	Critical - Certain	 Likelihood Impact	
			Alert		
Mitigating Action					
Develop, implement and monitor recovery plans for each service –reported to HSCP Board on a regular basis throughout pandemic.					
Develop and monitor pandemic risk framework based on reflection, experience and learning from Covid 19.					
Pandemic objectives that focus on service continuity - workforce health, workforce effectiveness, essential service delivery continuity, citizen/community engagement, financial continuity, partner continuity (both commissioned and third sector), security – physical and digital, reputational monitoring community, workgroups and stakeholder (are the framework elements effective)					
Agile response to monitor continuity of operations and relationships including decision logs and resilience					

Normal life is likely to face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.
Individual organisations may suffer from the pandemic's impact on staff absenteeism therefore reducing the services available
The post- pandemic years provide a very important opportunity to develop and strengthen preparations for the potentially serious impact of an influenza pandemic. The Government is collaborating actively with international partners on prevention, detection and research, and is taking every practical step to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. This includes purchasing and stockpiling appropriate medical countermeasures.
Apply and comply with Scottish Government and Public Health Scotland guidance and advice – for example Covid-19 the Scottish Government Covid19 Advisory Group, Scientific Advisory Group for Emergencies (SAGE)
Follow NHS and Social Care mobilisation and planning guidance in Scotland
Apply integrated emergency management principles, develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen. This will be informed in future by Covid 19 reflection and recovery work.

Public Protection – Legislation and Service Risk	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA).</p> <p>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</p> <p>2. Service risk and delivery requirements Public Protection Co-ordinator post (vacant from January 2020) provides limited resilience to ensure continuity of public protection functions across West Dunbartonshire HSCP and other responsible agencies</p> <p>Failure to ensure compliance with relevant risk assessments and evidence-based interventions.</p> <p>Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.</p> <p>Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.</p> <p>Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.</p>	Jonathan Hinds	<p>Likelihood</p> <p>Impact</p>	Critical - Likely	<p>Likelihood</p> <p>Impact</p>	Significant - Likely
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Coordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate) processes are acted upon timeously and appropriately, including forthcoming inspection of adult support and protection (April 2020 – March 2021: date to be confirmed).					
Chief Social Work Officer oversees compliance with the PVG scheme.					
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.					
Reviews of children & families and criminal justice social work services reflects actions to reduce risk and uphold professional practice standards.					
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.					

Appendix B Detailed review of identified risks – Waiting Times and Workforce Sustainability

Detailed Review of Identified Risk: Waiting Times

In February 2020 the Health and Social Care Partnership Board agreed that further details would be presented on Waiting Times.

This matter has been address through the use of enhanced quarterly performance reporting, whereby the HSCP Board now receives more timely information in respect of waiting time performance across a number of key areas, specifically MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.

The quarterly performance reports have been adapted not only to ensure timeous reporting but also to highlight causal factors and to update the HSCP Board on any mitigating actions in respect of each of these key areas.

Feedback from the HSCP Board in terms of this improved reporting framework has to date been extremely positive.

Detailed Review of Identified Risk: Workforce Sustainability

In February 2020 the Health and Social Care Partnership Board agreed that further details would be presented on Workforce Sustainability.

This issue has been significantly heightened in light of the ongoing global pandemic whereby the services we provide are more vital than ever to the residents of West Dunbartonshire.

Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, could potentially lead to disruption of services. This matter continues to be addressed through the Mitigating Actions contained in the risk register.

Additional measures have been implemented as a result of Covid 19 to ensure the health and safety and wellbeing of staff is further prioritised.

Frequency of Joint Staff Forums has increased to take place fortnightly to ensure there is ongoing dialogue with Trades Union colleagues to ensure issues are identified and resolved quickly.

All staff have access to a range of initiatives so support their psychological wellbeing including a 24 hour helpline which is resourced by trained practitioners.

Staff absence levels are closely monitored and to ensure early intervention can be made to support staff and managers in areas with increased levels and non covid absence levels across the HSCP have in general remained lower than usual throughout the pandemic.

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

Report by Head of Children's Health, Care and Justice

Thursday, 25 February 2021

Subject: Unpaid Work Service: Update on Service Provision

1. Purpose

- 1.1 To provide an update on the activity of the Unpaid Work Service within Justice Social Work Services.

2. Recommendations

- 2.1 Committee members are asked to note the ongoing service provision and improvement activity surrounding unpaid work placements and services.

3. Background

- 3.1 The Community Payback Order (CPO) replaced community service orders, supervised attendance orders and probation orders on 1 February 2011, and is available to courts for offences committed on or after that date. [Sections 227A](#) to 227ZO, and [Schedule 13](#) of the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act") provide the legislative framework for CPOs.
- 3.2 National Community Payback Guidance informs the standards and practice of the unpaid work service within West Dunbartonshire. Revised in 2019, the guidance advises of key standards in terms of contact levels, compliance and interventions for those subject to unpaid work orders.
- 3.3 The Unpaid Work Service comprises:
- a Team Manager
 - 6.7 whole time equivalent (WTE) Community Justice Officers (CJO), responsible for supervision of the service users
 - 2 WTE Community Justice Assistants responsible for supporting the CJOs with administration, induction and compliance
 - 1 WTE Community Justice Placement Coordinator responsible for creation and development of placement opportunities
 - 4 WTE Community Justice Supervisors, supported by a bank of sessional supervisors, responsible for the supervision of service users on placement.

- 3.4 The number of personal placements has reduced due to the current pandemic. Prior to lockdown Barnardo's, Salvation Army and Sue Ryder charity shops were well utilised. However since lockdown, shop closures and reprioritisation to support volunteering have reduced capacity. Some placements remain available dependant on tier restrictions. The Food4thought service also benefits from the support of the Unpaid Work Service however placements are limited to one individual at a time.
- 3.5 Types of unpaid work projects/activities carried out generally include:
- Interior and exterior painting and decorating;
 - Landscaping and gardening – residential, annual maintenance of local church grounds
 - Mono-blocking and slabbing – laying bases for picnic tables and greenhouses;
 - Exterior and interior joinery – fencing building, bridge repairs, erecting/repairing poly tunnels and hobby huts, sanding floors;
 - Biodiversity work – brush clearance and tree planting;
 - Environmental work – overgrowth clearance, path and drainage maintenance;
 - Mud kitchen project – supplied to local schools and ELCC;
 - Litter picking;
 - Assistance with local foodbank distribution within the local communities.
- 3.6 Partnership working is key to service delivery that benefits the community and a significant proportion of placements are sourced from the HSCP, Council Greenspace Team, community groups, local churches, local schools and ELCC. This creates a direct link to the communities they serve.

4. Main Issues

- 4.1 Following lockdown measures being eased last summer, West Dunbartonshire was one of the first areas to resume placements in July 2020. Capacity was scaled up in line with public health guidance and safety measures are currently in place across all placement sites.
- 4.2 Following further restrictions in January 2021, the service has once again had to reduce the range and number of tasks. Access to welfare facilities is restricted and transportation of services users in vehicles has been significantly scaled back. To overcome these challenges muster points at placements have been introduced which require toilet facilities on site or within walking distance.
- 4.3 Main sources of unpaid work placements during the pandemic have been restoring memorial benches within the workshop or Dalmuir Park greenhouses, supporting the Foodshare with doorstep deliveries, maintaining local church grounds and litter picking.

- 4.4 Around 32,000 hours of unpaid work are to be completed (79% of all hours imposed by courts) and every opportunity is being taken to develop new and innovative ways of working with our service users to enable them to participate in and complete their orders.
- 4.5 The service has established a co-production project with third sector colleagues in 'Alternatives'. The Knowetop farm initiative includes a safe and therapeutic placement for service users while benefiting the community where individuals can participate in a range of horticultural projects including community allotments, a mindfulness garden and nest boxes to support wildlife.
- 4.6 Individuals will be able to work towards Adult Achievement Awards (through Newbattle Abbey College) which will support their employability prospects on completion.
- 4.7 In response to current restrictions, Street Cones, our third sector colleagues, have been commissioned to provide twelve week online creative programmes, using additional funds offered by the Scottish Government to tackle the backlog of unpaid work hours.
- 4.8 The service is also working with the Wise Group to enable service users to access cognitive behavioural online courses with participation contributing towards the 'other activity' element of their CPO.
- 4.9 Services users are being offered a CPO workbook to complete at home. Hours will be attributed to the 'other activity' element of the order.
- 4.10 Work is underway to develop 'Working from Home' joinery projects. This will involve the preparation of 'flat pack' style bird boxes and insect hotels. Packs will be delivered to services users' homes and hours credited towards their CPO upon completion.

5. People Implications

- 5.1 Staff and service user engagement is crucial to the further development of the unpaid work services. Managers are liaising nationally and locally with third sector colleagues to secure ongoing training for staff and to support an increase in online activities for service users.

6. Financial and Procurement Implications

- 6.1 Government funding has been made available to assist West Dunbartonshire to access further resources to reduce the backlog of unpaid work hours. This will be reported to the Scottish Government after 31 March 2020 and included within the Community Payback Order annual report.

7. Risk Analysis

- 7.1 Provision of statutory social work services requires appropriately qualified and skilled staff – the actions referred to above inform service design and development to enable the service to meet statutory duties.

8. Equalities Impact Assessment (EIA)

- 8.1 No issues have been identified to-date, however an Equalities Impact Assessment will be revisited as activities are further developed.

9. Environmental Sustainability

- 9.1 The future project Knowetop will contribute to the 'Think Global, Act Local' initiative and adds to the reduction of our carbon footprint within West Dunbartonshire communities.

10. Consultation

- 10.1 Staff remain part of ongoing consultation. Service User feedback contributes to the ongoing improvement activity for the service.

11. Strategic Assessment

- 11.1 Provision of statutory social work services is a core function of the HSCP and contributes to local and national strategic planning.

Name	Jonathan Hinds
Designation	Head of Children's Health, Care and Justice Chief Social Work Officer
Date	15 January 2021

Person to contact: Laura Smith, Service Manager: Justice Social Work Services;
8–14 Bridge Street, Dumbarton G81 1NT;
Tel: 01389 738484 laura.smith@west-dunbarton.gov.uk

Appendices: None

Background Papers None

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

Report by Head of Health and Community Care

Thursday, 25 February 2021

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 and Performance Committee with an update on Care Inspectorate inspection report for one independent sector residential older peoples' Care Home 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 Care Inspectorate now use 5 Key Questions rather than the previous 4 themes in their inspections. This approach continues to use the 6 point scale of 1 – Unsatisfactory to 6 – Excellent.

3.2 The Care Inspectorate has amended the focus of their inspections. 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.

3.3 They have amended their quality framework for care homes to include a new Key Question 7; 'How good is our care and support during the COVID-19 pandemic?' They evaluate a service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. The inspection is focussed around infection control measures, PPE and staffing and the impact on individuals' well-being.

3.4 Key Question 7 content has 3 quality indicators. The quality indicators 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; and

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

- 3.5** The independent sector Care Home reported within this report is:
- Edinbarnet Nursing Home.

A copy of their inspection report has been published for The Scottish Parliament and can be accessed on the Care Inspectorate website:

www.scswis.com

4. Main Issues

Edinbarnet Nursing Home

- 4.1** Edinbarnet Nursing Home is owned and managed by Edinbarnet Estates Ltd. The home is registered with the Care Inspectorate for a maximum of 50 residents. As of 26 November 2020 there were 33 West Dunbartonshire residents supported within the Care Home.
- 4.2** The home was inspected on 26 November 2020 and the report issued on 07 December 2020. The table below summarises the grades awarded to Edinbarnet Nursing Home over their last 3 inspections:

Inspection date	How good is our care and support during the COVID-19 pandemic				
26.11.20	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
05.08.19	5	N/A	N/A	4	5
21.08.18	5	N/A	N/A	N/A	5

- 4.3** The grade awarded is slightly lower than those in their previous inspections, but is still a good award. No requirements were detailed in their report.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 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.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this request.

11. Consultation

11.1 None required for this report.

12. Strategic Assessment

12.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2019 – 22 priorities' are:

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

12.2 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.

13. Directions

13.1 Not required for this report.

Name: Jo Gibson

Designation: The Head of Health and Community Care

Date: 26 January 2021

Person to Contact: Brian Gardiner
Contracts and Commissioning Officer

West Dunbartonshire HSCP
Hartfield Clinic,
Latta Street, Dumbarton G82 2DS
E-mail: brian.gardiner@west-dunbarton.gov.uk
Telephone: 01389 812341

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



NOT FOR PUBLICATION

**by virtue of Paragraph 6 of Part 1 of Schedule 7A of
the Local Government (Scotland) Act, 1973**

**INFORMATION RELATING TO THE FINANCIAL OR
BUSINESS AFFAIRS OF ANY PARTICULAR PERSON
(OTHER THAN THE AUTHORITY)**

PLEASE NOTE THAT CONFIDENTIAL PAGES HAVE BEEN REMOVED