Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Thursday, 24 June 2021
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Time: 10:00
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Format: Zoom video conference
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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

<u>Distribution:-</u>

Voting Members
Denis Agnew (Chair)
Allan Macleod (Vice-Chair)
Jonathan McColl
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: 17 June 2021

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

THURSDAY, 24 JUNE 2021

1   APOLOGIES

2   DECLARATIONS OF INTEREST

3   MINUTES OF PREVIOUS MEETING

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 25 February 2021.

4   ROLLING ACTION LIST

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

**5   MEMBERSHIP OF THE HEALTH AND SOCIAL CARE
     PARTNERSHIP (HSCP) BOARD (IJB)**

Submit report by Head of Strategy and Transformation confirming West Dunbartonshire Council's nomination for membership to the Health and Social Care Partnership Board (IJB), as a result of Vice Chair Councillor Marie McNair relinquishing her position on the HSCP Board due to a change in circumstances.

6   Q4 PERFORMANCE REPORT

Submit report by Head of Strategy and Transformation providing information on how 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.

7/

13   **CARE INSPECTORATE INSPECTION REPORT FOR AN OLDER PEOPLE'S CARE HOME OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE**   **123 - 128**

Submit report by Head of Health and Community Care providing an update on a Care Inspectorate inspection report for one independent sector residential older people's care home located within West Dunbartonshire.

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held via Video Conference on 25 February 2021 at 1.00 p.m.

Present:	Bailie Denis Agnew and Councillors John Mooney and Marie McNair, Allan MacLeod, Rona Sweeney, Audrey Thompson; and lay members Mrs Anne McDougall and Chief Superintendent John Paterson, Police Scotland.
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; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice; Andi Priestman, Chief Internal Auditor; Val Tierney, Chief Nurse; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.
Also Attending:	Richard Smith, Senior Audit Manager and Jack Kerr, Audit Manager from Audit Scotland.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee held on 26 November 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

A note of the Audit and Performance Committee's Action List was submitted for information.

AUDIT PLAN PROGRESS REPORT

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

Having heard from the Chief Internal Auditor in further explanation, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2020/21.

2020-2021 ANNUAL ACCOUNTS AUDIT PROCESS

A report was submitted by the Chief Financial Officer providing an overview of the process for the preparation of the 2020/21 Annual Accounts of the HSCP Board and identifying legislative requirements and key stages.

Having heard the Chief Financial Officer in further explanation the Committee agreed:-

(1)   to 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; and

(2)   to otherwise note the contents of the report,

AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD ANNUAL AUDIT PLAN 2020-2021

A report was submitted by the Chief Financial Officer presenting the Annual Audit Plan produced by the HSCP Board's external auditors, Audit Scotland, for the audit of the financial year ending 31 March 2021.

After discussion and having heard from the Senior Audit Manager and Trainee Auditor, Audit Scotland in further explanation and in answer to Members' questions, the Committee agreed:-

(a)   to note the contents of the report and;

(b)   to organise an Informal session for members and Legal Officer to discuss Standing Orders and ensure still relevant and appropriate.

INDICATIVE INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2021-2022

A report was submitted by the Chief Internal Auditor providing the indicative Internal Audit Strategy and Plan for 2021-2022 to the Audit and Performance Committee for approval.

After discussion, and having heard from the Chief Internal Auditor in further explanation and in answer to members' questions, the Committee approved the indicative Internal Audit Plan for 2021-2022.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) QUALITY PERFORMANCE REPORT 2020-2021 QUARTER 3

A report was submitted by the Head of Strategy and Transformation providing information 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.

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

(1)   to note the content of the HSCP Quarterly Performance Report 2020/21 Quarter Three 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 Three data; and

(3)   to note that Quarter Two information previously unavailable to the Committee was contained within the report.

STRATEGIC RISK REGISTER

A report was submitted by the Head of Strategy and Transformation presenting the updated Strategic Risk Register for the Health and Social Care Partnership Audit and Performance Committee.

After discussion, and having heard the Head of Strategy and Transformation in further explanation, the Committee agreed:-

(1)   to approve the reviewed and updated Strategic Risk Register (Appendix A) including new pandemic strategic risk;

(2)   to 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;

(3)   to select a current strategic risk to be presented in greater detail to the HSCP Board in August 2021;

(4)   to note that, subject to approval, the Strategic Risk Register would be presented to HSCP Board in March for final approval; and

(5)   to note that a review and update of the HSCP Board's current Risk Management Policy and Strategy (approved in August 2015) would be presented for approval to the meeting of the HSCP Board scheduled to be held in March 2021.

UNPAID WORK SERVICE: UPDATE ON SERVICE PROVISON

A report was submitted by the Head of Children's Health, Care and Justice providing an update on the activity of the Unpaid Work Service within Justice Social Work Services.

After discussion, and having heard from the Head of Children's Health, Care and Justice in further explanation, the Committee agreed to note the ongoing service provision and improvement activity surrounding unpaid work placements and services.

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

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

After discussion, and having heard from the Chief Nurse in further explanation, the Committee agreed to note the contents of the report.

EXCLUSION OF PRESS AND PUBLIC

The Committee agreed 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."

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

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

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

(a)   to request that once a further response is received from the Care Inspectorate, members receive a verbal update or report at the HSCP Board meeting on 25 March 2021; and

(b)   to otherwise note the content of the report.

The meeting closed at 2:07 p.m.

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

HSCP Audit and Performance Meeting – 23 September 2020					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
Audit Scotland Guidance for Audit Committees (from meeting of HSCP Audit and Performance held on 23 September 2020)	Ongoing. Questions posed in the Guidance would be considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor. A further report would be submitted to a future meeting summarising their collective responses. UPDATE 16/06/21: The Audit Scotland COVID-19 Guidance has been reviewed by officers and a meeting will be arranged with the Chair and the Vice-Chair in due course to consider the responses. There were no significant issues identified by the review.	Chair and Vice Chair of the Committee and supported by the Chief Internal Auditor	Date to be decided	Ongoing. Original draft response currently being considered.	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE

Report by: Margaret-Jane Cardno, Head of Strategy and Transformation

Health and Social Care Partnership Audit and Performance Committee: 24 June 2021

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Subject: Membership of the Health and Social Care Partnership (HSCP) Board

1.   Purpose

1.1   The purpose of this report is to confirm West Dunbartonshire Councils nomination for membership to the Health and Social Care Partnership Board, as a result of Vice Chair Cllr Marie McNair relinquishing her position on the HSCP Board due to a change in circumstances.

2.   Recommendations

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

   o   Record its thanks to Cllr Marie McNair for her unwavering dedication and support during her period of service to the HSCP Board and extend their good wishes as she assumes her seat in the Scottish Parliament as MSP for Clydebank and Milngavie;

   o   Note that West Dunbartonshire Council Leader, Cllr Jonathan McColl, is West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Cllr John Mooney and Bailie Agnew; and

   o   Note that until the 30 June 2021 Bailie Agnew is to assume the roles of Vice-Chair of the Health and Social Care Partnership Board, Chair of the HSCP Audit and Performance Committee and Chair of the HSCP Strategic Planning Group.

3.   Background

3.1   The constitution of the Health and Social Care Partnership Board (IJB) is established through the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2   As confirmed within the approved Integration Scheme for West Dunbartonshire it has been established that: The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

3.3 The three year period of tenure, for all voting members, is due to come to an end on the 30 June 2021. Both West Dunbartonshire Council and NHS Greater Glasgow and Clyde have been contacted by the Chief Officer in order to establish their nominees for the next three year tenure. Upon confirmation this will be the subject of a further report to the HSCP Board, scheduled for 19 August 2021.

3.4 In the meantime Cllr Marie McNair by virtue of a change in circumstance, namely her election to the Scottish Parliament as MSP for Clydebank and Milngavie, has relinquished her position on the HSCP Board.

3.5 The HSCP Audit and Performance Committee are asked to note that West Dunbartonshire Council Leader, Cllr Jonathan McColl, is West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Cllr John Mooney and Bailie Agnew; and

3.6 Note that until the 30 June 2021 Bailie Agnew is to replace Cllr McNair assuming the roles of Vice-Chair of the Health and Social Care Partnership Board, Chair of the HSCP Audit and Performance Committee and Chair of the HSCP Strategic Planning Group.

4. Main Issues

4.1 There are no significant issues arising from this report.

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.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not 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:	14 June 2021

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Head of Strategy and Transformation
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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) AUDIT AND PERFORMANCE COMMITTE

Report by: Margaret-Jane Cardno, Head of Service Strategy and Transformation

HSCP Audit and Performance Committee: 24 June 2021

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

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 January to March 2021 (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:

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

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

- o   Note that Quarter Three information previously unavailable to the Committee is contained within this report.

- o   Agree to postpone the publication of the Annual Performance Report until 30 September 2021.

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 Four data. This is reflective of a similar position in terms of previous reporting on Quarter Three. However, the indicators which were incomplete in Quarter Three have been incorporated into this report for the Committees scrutiny.

4.4 The HSCP have 43 performance indicators. Of the 31 reported on in Quarter Four, seven indicators are in Red Status which is out with target tolerances (a reduction of two 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.

4.8 Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports. Recognising the pressures placed on the HSCP with regard to the deployment and redeployment of staff providing vital

services to our communities during this unprecedented time and in line with the Boards previous decision (25 June 2020), the Board are respectfully asked to agree that for a second year the publication of the Annual Performance Report be postponed until 30 September 2021.

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:

- o 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.

8.2 The performance information is considered by relevant Managers in line with operational risk registers.   No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

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:	18 May 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 Four January to March 2021

Appendix 1

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Performance Report 2020/21: Quarter 4 January-March 2021

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		Short Term Trends	
🔴	Alert	⬆	Improving
🔺	Warning	▬	No Change
✅	OK	⬇	Getting Worse
❓	Unknown		
📈	Data Only		

Early Intervention

Ref	Performance Indicator	Q4 2020/21				Q3 2021/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late June	95%	Not yet available	Not yet available	94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late June	95%	Not yet available	Not yet available	97.3%	
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	60.5%	95%	🔴	⬇	88%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	Not yet available due to IT system change by Children's Reporter	N/A	📈		Not yet available due to IT system change by Children's Reporter	
6	Number of referrals to the Scottish Children's Reporter on offence grounds		N/A	📈			

1

Ref	Performance Indicator	Q4 2020/21				Q3 2021/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	14	0	🛑	⬆	15	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,913	1,459	🛑	⬇	2,542	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,718	N/A	📈	⬇	1,594	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,256	1,104	🛑	⬇	1,878	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,053	N/A	📈	⬇	848	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,182	
13	Number of emergency admissions aged 65+	Not yet available	1,135	Not yet available	Not yet available	1,086	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	64.9	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	17149	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,157	Not yet available	Not yet available	12,464	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	745	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	4,480	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.9%	24%	⚠	⬇	25.1%	
20	Number of clients receiving Home Care Pharmacy Team support	390	258	✅	⬆	356	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	89%	90%	⚠	⬆	87%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97%	95%	✅	⬆	94.6%	
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 June	90%	Not yet available	Not yet available	95.9%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	✅	▬	100%	

Ref	Performance Indicator	Q4 2020/21				Q3 2021/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,986	2,200	⚠️	⬇️	2,015	
26	Number of patients with an eKIS record	21,101	N/A	📊	⬇️	21,304	

Access

Ref	Performance Indicator	Q4 2020/21				Q3 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,340	N/A	📊	⬇️	1,362	
28	Number of weekly hours of homecare - All ages	10,309	N/A	📊	⬇️	10,371	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	515	570	⚠️	⬆️	513	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	38.5%	35%	✅	⬆️	36.7%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.3%	95%	✅	⬇️	99.5%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,220	20,945	⚠️	⬇️	19,476	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	13.7%	30%	✅	⬇️	12%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	41.4%	32%	🛑	⬆️	43.2%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	73%	98%	🛑	⬆️	71%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	85%	80%	✅	⬆️	51%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	0%	80%	🛑	⬇️	9%	

Resilience

| Ref | Performance Indicator | Q4 2020/21 | | | | Q3 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	98.4%	90%	✅	⬆	63.1%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	18	✅	⬆	25	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	77.6%	90%	⚠	⬇	95.1%	

Assets

| Ref | Performance Indicator | Q4 2020/21 | | | | Q3 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	£40.83	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	79.94%	

Inequalities

| Ref | Performance Indicator | Q4 2020/21 | | | | Q3 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	89.2%	90%	⚠	⬇	90.3%	
44	Percentage of looked after children being looked after in the community who are from BME communities	73.3%	N/A	📈	⬇	77.8%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%	✅	▬	N/A	

Quarter 3 Data

Please find October to December 2020 data below for those indicators we were unable to report on in our Quarter 3 Performance Report.

The Scottish Children's Reporter have been transferring to a new IT system during 2020/21 and figures for the period October 2020 to March 2021 are not yet available.

Early Intervention

Ref	Performance Indicator	Q3 2020/21 Value	Q3 2020/21 Target	Q3 2020/21 Status	Q3 2020/21 Short Trend	Q2 2020/21 Value	Trend over 8 Qtrs
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.5%	95%	⚠️	⬆️	94%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.3%	95%	✅	⬆️	97.1%	
12	Number of emergency admissions 18+	2,182	2,295	✅	⬇️	2,157	
13	Number of emergency admissions aged 65+	1,086	1,134	✅	⬆️	1,095	
14	Emergency admissions aged 65+ as a rate per 1,000 population	64.9	68	✅	⬆️	65.4	
15	Number of unscheduled bed days 18+	17,149	17,735	✅	⬆️	17,373	
16	Unplanned acute bed days (aged 65+)	12,464	12,157	⚠️	⬇️	12,362	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	745	727	⚠️	⬇️	738.9	
18	Number of Attendances at Accident and Emergency 18+	4,480	4,720	✅	⬆️	5,098	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.9%	90%	✅	▬	95.9%	

Assets

Ref	Performance Indicator	Q3 2020/21 Value	Q3 2020/21 Target	Q3 2020/21 Status	Q3 2020/21 Short Trend	Q2 2020/21 Value	Trend over 8 Qtrs
41	Prescribing cost per weighted patient	£163.32	Average across NHSGGC at March 2021	Not yet available	⬇️	£158.40	
42	Compliance with Formulary Preferred List	79.94%	78%	✅	⬆️	78.14%	

West Dunbartonshire Health and Social Care Partnership
Exceptions Reporting: Quarter 4 January-March 2021

Performance Area: Child Protection

Quarter	Value	Target
Q1 19/20	85.71%	95%
Q2 19/20	88.57%	95%
Q3 19/20	90.00%	95%
Q4 19/20	64.70%	95%
Q1 20/21	73.30%	95%
Q2 20/21	75.00%	95%
Q3 20/21	88.00%	95%
Q4 20/21	60.53%	95%

% of Child Protection investigations to Case Conference within 21 days
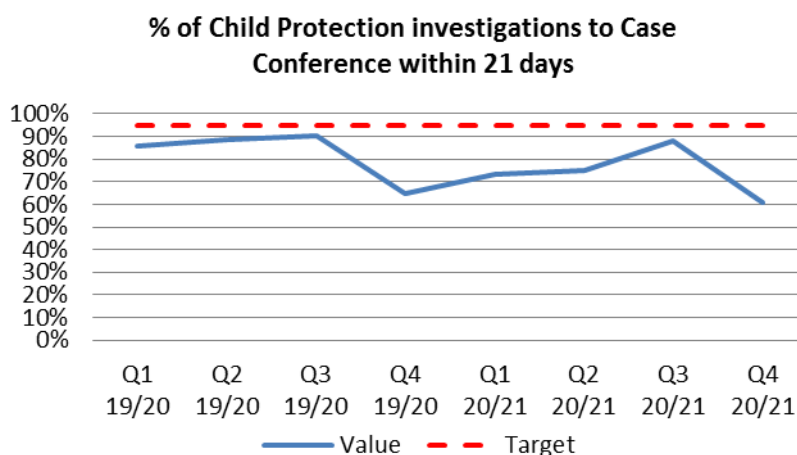
Key Points:
During January to March, 23 of the 38 case conferences held were within the target timescale of 21 days.

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

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

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

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

Performance Area: Delayed Discharge

Quarter	Value	Target
Q1 19/20	23	0
Q2 19/20	9	0
Q3 19/20	11	0
Q4 19/20	11	0
Q1 20/21	7	0
Q2 20/21	10	0
Q3 20/21	15	0
Q4 20/21	14	0

Number of delayed discharges over 3 days (72 hours) non-complex cases

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
Q4 20/21	2913	1718
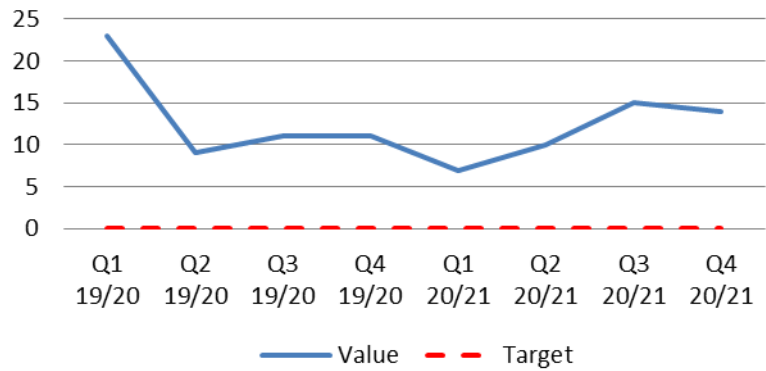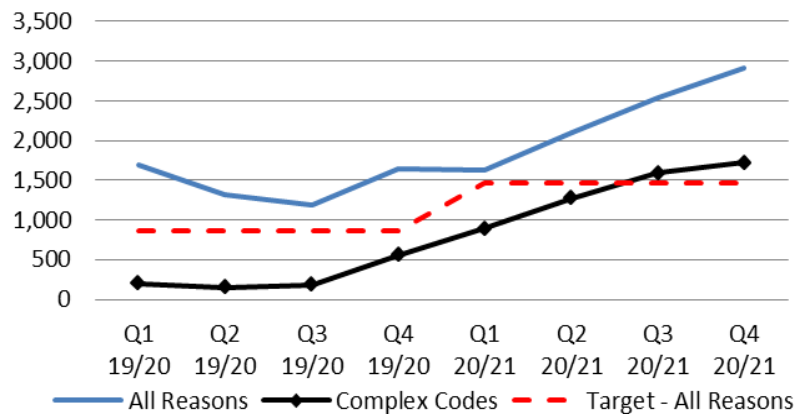
Bed Days Lost to Delayed Discharge 18+

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
Q4 20/21	2,256	1,053

Bed Days Lost to Delayed Discharge 65+
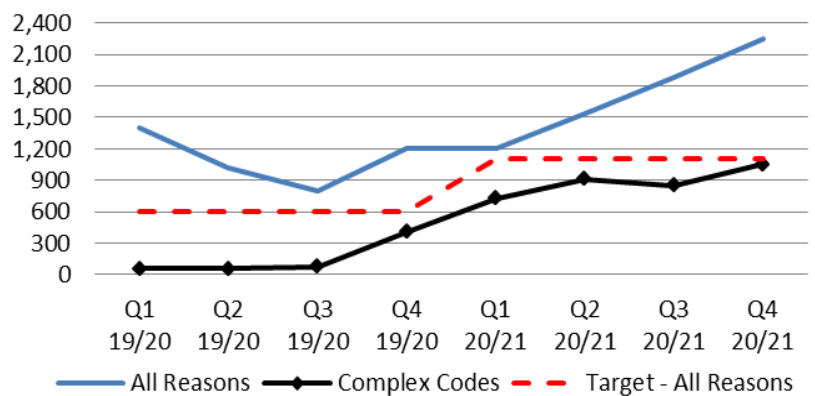
Key Points:

The number of daily delays in the quarter peaked at 40 mid-February and was 34 at the end of March. Closure of the Scottish Courts on March 2020 due to the Coronavirus (COVID-19) pandemic resulted in lengthy delays with complex cases where Guardianship applications are underway. While the courts have re-opened there are still significant backlogs. The high number of Coronavirus cases in January and February also resulted in care homes limiting the number of admissions.

Performance has continued to be challenging in terms of delayed discharges throughout this period, although some improvement has been evident in recent weeks.

Improvement Actions:

Additional resources have been deployed into the Hospital Discharge Team including Mental Health Officer and Social Worker capacity.

Learning events have been held with Glasgow and Renfrewshire HSCPs to ensure practice is of high quality.

The Adults with Incapacity (AWI) Protocol has been revised including standards at each point of the process to ensure timely action is taken to progress discharges.

In addition, in recent weeks, a number of much awaited court dates have now been provided, allowing guardianship applications to be progressed.

Development of a Delayed Discharge Action Plan which is monitored by the senior management team on a weekly basis.

Weekly meetings established with Greater Glasgow and Clyde discharge co-ordinators and Vale of Leven Hospital to review current delays and 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

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%
Q4 20/21	41.4%	32%

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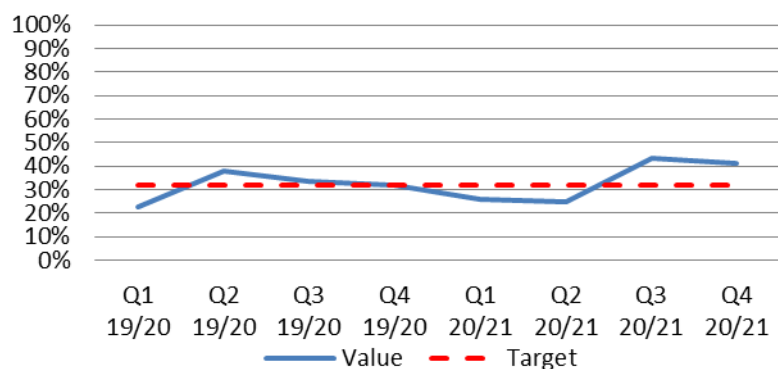
Key Points:

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, due to the range of potential and unexpected complexities of non-cancer deaths, it is inevitable that sometimes hospital is the safest place to manage a person's care.

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.

We are also recognise that the pandemic may have affected numbers in a way we are not able to fully understand at this point.

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%
Q4 20/21	73%	98%
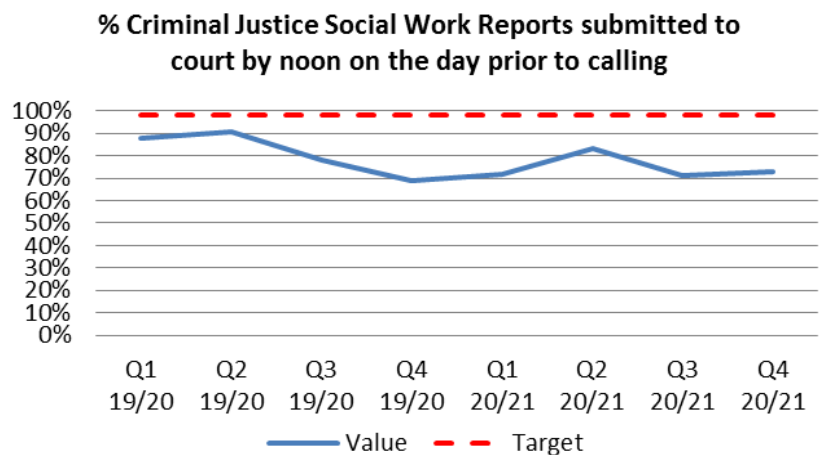
% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling
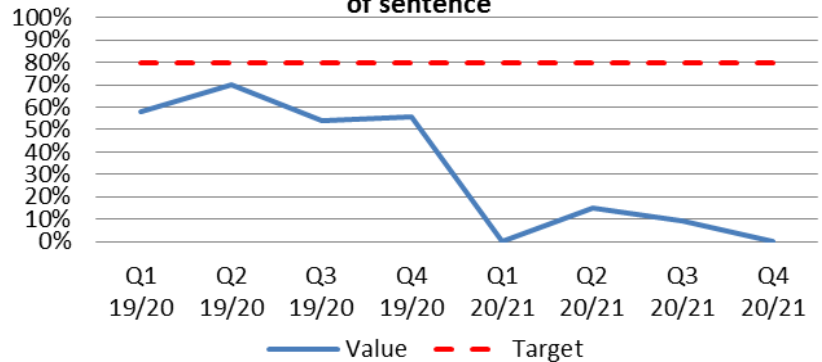
Quarter	Value	Target
Q1 19/20	58%	80%
Q2 19/20	70%	80%
Q3 19/20	54%	80%
Q4 19/20	56%	80%
Q1 20/21	0%	80%
Q2 20/21	15%	80%
Q3 20/21	9%	80%
Q4 20/21	0%	80%

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

Key Points:

Covid-19 restrictions set out by the Scottish Government continue to impact on the ability to start Unpaid Work Orders within 7 working days. Squad placements have been recently restarted following guidance from the Chief Medical Officer. However this will continue to impact on the length of time this will take service users to complete their unpaid work hours. Recruitment has commenced to enable us to increase our capacity with additional placements.

Improvement Actions:

With additional government funding received, we are now recruiting staff to enable us to tackle the backlog of orders created by the pandemic and ensuing restrictions placed on the service. This will also further increase our capacity for completion of Court Reports.

With continued restricted office space, a hybrid model of monitoring and supervision has been developed, based on risk levels, which allows all service users to be seen face to face within an office environment

We continue to have commissioned third sector colleagues providing virtual workshops and this will enable service users to continue their unpaid work hours. This is being further expanded to all services users on statutory supervision.

Summary of Indicators

Quarter 4: January to March 2021
(Partial data)
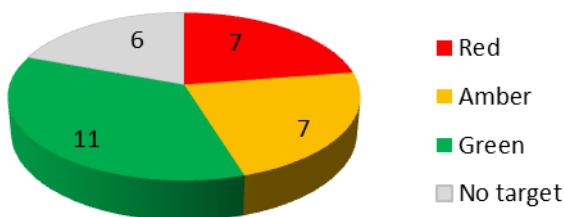
Quarter 3: October to December 2020
(Full data)
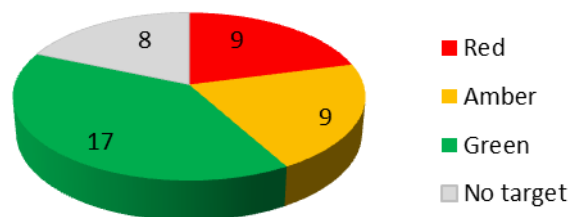
**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE**

Report by Head of Strategy and Transformation

24 June 2021
_____

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Risk Management Policy**

1.   Purpose

1.1   The purpose of this report is to present the findings of the desktop review and
internal audit of the Risk Management Policy and supporting strategy for the
Health and Social Care Partnership.

2.   Recommendations

2.1   The Health and Social Care Partnership Audit and Performance Committee is
recommended to:

     i.   Note the content of this report;
     ii.   After scrutiny, recommend approval of the Risk Management Policy
(Appendix A) for the Health and Social Care Partnership to the HSCP
Board; and
     iii.   Note the supporting strategy for Risk Management.

3.   Background

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

3.2   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.

3.3   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 supporting
strategy, the current version was approved by the Partnership Board in
August 2015.

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, builds upon existing good practice, and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

4.2   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.

4.3   The Chief Officer has responsibility for managing operational risks as those more 'front-line' in nature and local managers and team leaders can lead the development of activities and controls to respond to these risks. 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.

4.4   The Risk Management Policy and underpinning strategy (Appendix B) supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

4.5   The Policy and supporting strategy recognise the importance of routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims

Internal Audit of Strategic Risk Assessment

4.6   A full internal audit was undertaken during February 2021, in accordance with the 2020/21 Annual Internal Audit Plan. The objective was to provide HSCP management with an assessment of the adequacy and effectiveness of the governance and controls surrounding IJB Risk Management Policy and supporting strategy.

4.7   The audit focused on the high-level processes and procedures in relation to the Risk Management Policy and supporting strategy and concentrated on identifying areas of perceived higher risk, such as whether risk management is actively supported and promoted by senior officers. It also looked at whether the approach to identifying and prioritising risks and matching them with appropriate responses is reasonable; and whether risks and the actions taken to mitigate them are regularly monitored.

4.8   Audit Scotland's Best Value Risk Assessment toolkit was used as a foundation framework for the audit review work undertaken. This incorporated an in-depth review of the updated Risk Management Policy and the supporting strategy, the audit has provided reassurance that the policy and strategy are aligned with recognised risk management methodology and that controls and procedures are being followed and has highlight where they could be improved.

4.9   There were three points arising from the internal audit, these are incorporated into the implementation plan (Appendix B), which will contribute to further strengthening and embedding effective risk management across HSCP services.

Monitoring and Review

4.10 Subject to HSCP Audit and Performance scrutiny, the revised Risk Management Policy and supporting strategy will be presented to the next HSCP Board for final approval. Following full approval it is proposed to be a live policy from 31 June 2021 and kept under review.

4.11 To align with the HSCP Strategic Planning cycle the next review will take place in 2022 and every three years thereafter. This will ensure it reflects the current standards and best practice in risk management and fully reflects the HSCP strategic priorities.

5.   **Option Appraisal**

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

6.   **People Implications**

6.1   The Risk Management Policy and supporting strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

6.2   This policy and supporting strategy will be promoted and made readily accessible to Health and Social Care Partnership staff and will form the basis of any future risk management training.

7.   **Financial and Procurement Implications**

7.1   The Risk Management Policy and supporting strategy affirms that financial decisions in respect of these risk management arrangements will rest with the Chief Financial Officer.

8. **Risk Analysis**

8.1 It is the responsibility of HSCP Partnership Board to approve a local Risk Management Policy and supporting strategy, alongside the establishment of adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management. The implementation of such arrangements by the Partnership Board will be subject to scrutiny.

8.2 Failure to comply with this responsibility in respect of effective risk management would place the HSCP Board in breach of its statutory duties.

8.3 Risk management proactively reduces identified risks to an acceptable level by creating a culture founded upon assessment and prevention, rather than reaction and remedy. It plays a vital role supporting and informing decision making, in providing a safe and secure environment for citizens, service users, carers and staff.

8.4 It should be embedded into all HSCP processes and involve everyone in the partnership. Organisations that manage risk effectively and efficiently are more likely to achieve safe and effective care, and do so at lower overall cost.

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 requirement for an environmental sustainability review for the content of this report.

11. **Consultation**

11.1 The Risk Management Policy and supporting strategy has been reviewed by the Health and Social Care Partnership Senior Management Team.

11.2 West Dunbartonshire Internal auditor carried out a full audit of the Risk Management Policy and supporting strategy in February 2021.

11.3 Monitoring Officers within Audit and Fraud, Regulatory Services, Trade Union Representatives and Risk Management team 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. In particular outcome 9, resources are used effectively and efficiently in the provision of health and social care services. 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 of the Risk Management Policy and Strategy, approved by the board in 2015.

Margaret-Jane Cardno
Head of Strategy and Transformation
Date: 24 May 2021

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Appendices: Appendix 1 – Risk Management Policy
                              Appendix 2 – Risk Management Strategy
                              Appendix 3 – Implementation Plan

Background Papers: HSCPB Risk Management Policy and Strategy (August
                              2015)
                              Health & Social Care Partnership Board Financial
                              Regulations
                              The Health and Social Care Integration Public Bodies
                              (Joint Working) (Scotland) Act 2014 Guidance for
                              Integration Financial Assurance

Localities Affected: None

West Dunbartonshire Health and Social Care Partnership

Risk Management Policy

Document Title:	Risk Management Policy	Owner:	Margaret-Jane Cardno
Version No.	2.0	Superseded Version:	V1 Final August 2015 Soumen Sengupta
Date Effective:	31 April 2021	Review Date:	31 May 2022

Document Management - Version Control

Policy Title & Reference	Risk Management Policy			
Version Number & Date	V2	31/04/2021		
Title, Version Number & Date of superseded version (if applicable)	Risk Management Policy & Strategy		V1.0	19 August 2015 Soumen Sengupta
Rationale for Introduction/driver for Change	The Integration Scheme requires a Risk Management policy and underpinning strategy be in place to support integrated service delivery (except for NHS acute hospital service). The risk management framework provides the IJB with information to aid decision making in relation to delivery of the HSCP Strategic Plan.			
Summary of Substantive Changes (if applicable)	The Policy is now a standalone document with the supporting strategy developed to enable effective implementation. Align the review period with the lifecycle of the HSCP Strategic Plan (review every 3 years). Next interim review would be 2022, then every 3 years.			
Summary of Technical changes (if applicable)	HSCP Risk Management Policy now supported by a separate Risk Management Strategy and Framework.			
Lead Officer	Margaret-Jane Cardno, Head of Strategy and Transformation			
Final Trades Union Position				
Consultation and Approval Process	Financial consultation		January 2021	
	Legal consultation		March 2021	
	Audit and Fraud consultation		February 2021	
	Trades Union		March 2021	
	Approval at HSCP Board		24 June 2021	
Accompanying Documentation(incl EIA)	HSCP Strategic plan 2019 - 2022			
Linked Policies and Procedures	Public Bodies (Joint Working) (Scotland) Act 2014 HSCP Risk Management Strategy 2021 Strategic Risk Register Clinical Care and Governance Public Protection Risk Register			

Risk Management Policy

1   **West Dunbartonshire Health and Social Care Risk Management Policy**

2   **Introduction**

2.1   West Dunbartonshire Health and Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described within the Integration Scheme).

2.2   The Partnership Board, Council and the Health Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

3   **Policy Aims**

3.1   The policy seeks to enhance governance, transparency and accountability. It has been developed to support a culture where the HSCP workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

4   **Risk Management Policy**

4.1   The risk management policy will enable the HSCP Board to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the Health and Social Care Partnership.

4.2   The fundamental measure of success of risk management will be how well the HSCP Board has been able to use its allocated resources to effectively deliver its Strategic Plan.

4.3   In doing so the HSCP Board aims to provide safe and effective care and treatment for citizens, patients and clients, and a safe environment for everyone working within the Integrated Joint Board and others who interact with the services delivered under the direction of the Integrated Joint Board.

4.4   All health and social care professionals remain accountable for their individual clinical and care decisions. Aligned with the established professional accountabilities that are currently in place within NHS and Local Government.

4.5   The HSCP Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

4.6   Effective communication of risk management information is essential to developing a consistent and effective approach to risk management. This policy and supporting strategy will be promoted and made readily accessible to HSCP staff and will inform any risk management training provided to them by the Council and Health Board.

4.7   The HSCP Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key

decisions. This means that the HSCP Board can take an effective approach to managing risk in a way that both address significant challenges and enables positive outcomes.

4.8 In normal circumstances the HSCP Board's appetite/tolerance and grading for risk is established using a two dimensional grid or matrix. The impact of risk as one axis and likelihood as the other and for grading risk, the score obtained from the risk matrix are assigned grades as follows:

Impact of Risk		(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain
(5) Catastrophic		5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
(4) Major		4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
(3) Moderate		3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
(2) Minor		2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue
(1) Insignificant		1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate
Risk Appetite		(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain

Likelihood of Risk

1 - 3	Low
4-9	Medium
10-16	High
16 +	Very High

4.9 The HSCP Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for citizens, patients, clients and the Board.

4.10 The HSCP Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the HSCP Board.

5   Benefits of Risk Management

5.1 Key benefits of effective risk management include:

– Appropriate, defensible, timeous and best value decisions are made;
– Risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
– High achievement of objectives and targets;
– High levels of morale and productivity;
– Better use and prioritisation of resources;
– High levels of user experience/satisfaction with a consequent reduction in adverse incidents, claims and/or litigation; and
– A positive reputation established for the HSCP Board and partnership.

6 Implementing the Policy

6.1 The Joint Board, through the supporting risk management strategy, has established a risk management framework, which covers implementing the Risk Management Policy through clear procedures, processes, systems, risk management roles and responsibilities.

7 Review of the Policy

7.1 This Risk Management Policy will be reviewed every three years aligned with the HSCP Strategic Plan or sooner in the event of new guidance or good practice becoming available.

Background reading / reference documents

– Public Bodies (Joint Working) (Scotland) Act 2014
– West Dunbartonshire Health and Social Care Partnership Risk Management Policy and Strategy 2015
– West Dunbartonshire Council Risk Management Framework
– NH Greater Glasgow and Health
– West Dunbartonshire Health and Social Care Partnership Clinical and Care Governance

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West Dunbartonshire Health and Social Care Partnership

Risk Management Strategy

Document Title:	Risk Management Strategy & Framework	Owner:	Margaret-Jane Cardno
Version No.	2.0	Superseded Version:	V1.0 19/8/15 Risk Management Policy & Strategy
Date Effective:	31 March 2021	Review Date:	Aligned with Strategic Plan 2022 review

Document Management - Version Control

Policy Title & Reference	Risk Management Strategy and Framework			
Version Number & Date	V2	31/04/2021		
Title, Version Number & Date of superseded version (if applicable)	Risk Management Policy & Strategy		V1 Final	19 August 2015 Soumen Sengupta
Rationale for Introduction/driver for Change	The Integration Scheme requires that a Risk Management policy and strategy be in place to support integrated service delivery (except for NHS acute hospital service). This risk management strategy and framework supports the policy to provide the IJB with information to aid decision making in relation to the risks associated with the Strategic Plan.			
Summary of Substantive Changes (if applicable)	Align the review period with the lifecycle of the HSCP Strategic Plan (review every 3 years). Next full interim review would be 2022, then every 3 years.			
Summary of Technical changes (if applicable)	HSCP Risk Management Policy now supported by a separate Risk Management Strategy and Framework.			
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Final Trades Union Position				
Consultation and Approval Process	Financial consultation		January 2021	
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Accompanying Documentation(incl EIA)	HSCP Strategic plan 2019 - 2022			
Linked Policies and Procedures	Public Bodies (Joint Working) (Scotland) Act 2014 Strategic Risk Register WDC Risk Management Framework NHS Risk Management Framework Clinical Care and Governance			

Risk Management Strategy and Framework

Risk Management Strategy and Framework

The Integration Joint Board's Risk Management Policy includes information on the risk management approach of the Health and Social Care Partnership Board (HSCP Board) including information around the risk scoring matrix and governance roles and responsibilities around Risk Management. The deployment of the policy is detailed in the following risk management strategy and framework.

1 Introduction

1.1 This strategy and framework sets out the approach, procedure, process, systems, risk management roles and responsibilities for monitoring and management of Strategic Risks for the HSCP Board.

1.2 The primary objectives of this strategy will be to:

- Promote awareness of risk and define responsibility for managing risk within the Health and Social Care Partnership (HSCP);
- Establish communication and sharing of risk information through all areas of the HSCP;
- Initiate measures to reduce the HSCP Boards' exposure to risk and potential loss; and,
- Establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.3 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, financial risk, business risk, opportunities or threats.

1.4 **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.

1.5 **Operational risks** 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 HSCP Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be 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. 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.

1.6 All risks will be analysed consistently with an evaluation of risk impact (scored 1 to 5) multiplied by likelihood (scored 1 to 5) shown in table.

	Risk Impact	Likelihood
1	Insignificant	Rare
2	Minor	Unlikely
3	Moderate	Possible
4	Major	Probable
5	Catastrophic	Almost certain

1.7 All risks assessed as scoring 10 or above will be monitored and extreme risk, scoring 16 or above, will be viewed as significant and therefore subject to closer scrutiny by the HSCP Audit and Performance Committee.

1.8   This document represents the risk management framework to be implemented across the HSCP Board and will contribute to the Board's wider governance arrangements.

2   Risk Management Process

2.1   Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects

2.2   It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.3   The HCSP embeds risk management practice by consistent application of the risk management process shown in the diagram, across all areas of service delivery and business activities.
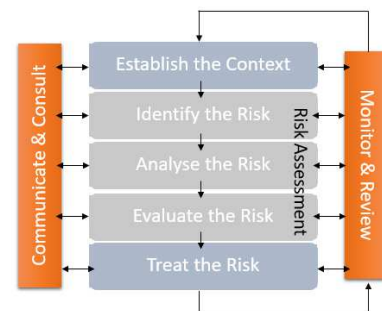
3   Application of good risk management

3.1   Standard procedures (3.2 – 3.10) will be implemented across all areas of activity that are under the direction of the HSCP Board in order to achieve consistent and effective implementation of good risk management.

3.2   Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.3   Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.

3.4   Categorisation of risk under the headings below:

–   Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.

–   Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Citizen Service, Employee Health, Safety and Well-being, Business Continuity/Supply Chain, Information Security and Asset Management.

3.5   Appropriate ownership of risk. Specific risks will be owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.6   Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix I.

3.7   Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it

is acceptable or tolerable for the Joint Board in keeping with its appetite/tolerance for risk. In the case of opportunities, the Joint Board may take an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/contain the associated risk.

3.8   Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.9   Reporting of strategic risks and key operational risks to the IJB on a six monthly basis.

3.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Risk leadership and accountability

4   **Governance Roles and Responsivity**

4.1   Integration Joint Board: Members of the Integration Joint Board are responsible for:

- Oversight of the HSCPB's risk management arrangements;
- Receipt and review of reports on strategic risks and any key operational risks that require to be brought to the HSCPB's attention; and,
- Ensuring they are aware of any risks linked to formal reports and recommendations from the Chief Officer and other senior officers of the Health and Social Care Partnership concerning new priorities/policies and the like.
- Strategic risk registers will be presented to the HSCP Audit and Performance Committee for scrutiny and the HSCP Board for approval on an annual basis.

4.2   The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

4.3   The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

4.4   Members of the Senior Management Team are responsible for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in this strategy are actively promoted across their teams and within their areas of responsibility.

4.5 It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

4.6 All persons working under the direction of the IJB Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement

4.7 Safe working practices developed within their service areas. This approach requires everyone to understand:

- the risks that relate to their roles and activities;
- how their actions relate to their own, their patient's, their services user's/client's and public safety;
- their accountability for particular risks and how they can manage them;
- the importance of flagging up incidents and/or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- that good risk management is a key part of the HSCP Board's culture. These operational risks are controlled and monitored by the Council and Health Board rather than the HSCP Board.

4.8 Partner Bodies: It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non-clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

4.9 Senior Information Risk Owner: Responsibility for this specific role will remain with the Council and the Health Board.

Resourcing Risk Management

5 **Resourcing the risk management framework**

5.1   The Health Board's Director of Finance and Council's Section 95 Officer will ensure that the IJB and its Audit Committee is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

5.2 Much of the work on developing and leading the ongoing implementation of the risk management framework will be undertaken as part of routine activity within the IJB.

5.3 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/risk management specialists).

6 Resourcing those responsible for managing specific risks

6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.

6.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

7 Risk management training and development opportunities

7.1 To implement effectively, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required.

Monitoring activity and performance

8 Monitoring risk management activity

8.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

8.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level every six months.

8.3 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

9 Monitoring risk management performance

9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

9.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of

clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.

9.3   The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

9.4   Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

10   **Performance and Effectivness Controls**

10.1   The performance and effectiveness controls will inform the review of the strategic risks monitored by the Health and Social Care Partnership Board. The following controls will inform the annual review:

– A policy is in place to define the aims and pupose of strategic risk management
– The risk strategy is clearly stated and aligns to the HSCP Strategic Plan
– Risk management approach comply with the Scottish Government's, West Dunbartonshire Council and NHS Greater Glasgow and Clyde.
– A process is in place to ensure strategic risk is monitored and revised during the year in response to developments and there is a process in place to revoke/supersede previous versions.

10.2   There is a robust process in place for reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

Communication

11   **Communicating Risk Management**

11.1   Communicating, consulting on and reviewing the risk management framework.

11.2   Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.

11.3   Copies of the Policy and supporting strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.

11.4   The Integration Joint Board at its meeting of 24 June 2021 approved the Risk Management Policy (version 2.0).

11.5   This strategy and framework aligns with the review cycle of the HSCP Strategic Plan and reviewed every three years, to ensure that it reflects current standards and best practice in risk management, and fully reflects the Integration Joint Board's business environment.

Appendices

Appendix A – Risk Matrix
Appendix B - Risk Impact and Likelihood Description

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- Integration Scheme, HSCPB,
- Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration
- West Dunbartonshire Risk Management Framework
- NHS Greater Glasgow and Clyde Risk Management Framework
- HSCP Risk Management Policy
- Internal Audit of HSCP Risk Management February 2021

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Appendix A – Risk Matrix

Impact of Risk		(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain
(5) Catastrophic		5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
(4) Major		4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
(3) Moderate		3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
(2) Minor		2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue
(1) Insignificant		1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate
Risk Appetite		(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain
		Likelihood of Risk				

Likeli-hood	Consequence/Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

>16	Very High
10-16	High
4-9	Medium
1-3	Low
– – –	Normal Risk Tolerance

Level of risk	How risk should be managed
Very High Risk (16 - 25) Red	Requires active management. High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.
High Risk (10 - 15) Amber	Contingency plans. A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.
Medium Risk (5 - 9) Yellow	Good Housekeeping. May require some risk mitigation to reduce likelihood if this can be done cost effectively but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.
Low Risk (1 - 4) Green	Review periodically. Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not

	changed.

Appendix B - Risk Impact and Likelihood Description

Risk Impact	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k - £250k	£250k – 500k	£500l - £1,000k	>£1,000k
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with server costs/fine	Public fines and censure, regulatory veto on projects/withdrawal of funding. Major adverse corporate litigation
Operational/ Continuity	An individual service or process failure	Minor problems in specific areas or service	Impact on specific citizen group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups.

Likelihood	1	2	3	4	5
	Rare	Unlikely	Possible	Probably	Almost Certain
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next year	Likely to occur in the next year	Very likely to occur in the next 6 months

Appendix 3

Appendix C: Implementation Plan Risk Management

No	Audit points arising	Improvement and Action	Implementation deadline	Responsibility of
1	**Risk Management Training** There is an opportunity to strengthen the HSCP approach to risk management training, particularly monitoring the completion of training relevant to all workgroups. Currently NHS workgroups and WDC workgroup utilise 2 online training and development platforms for a range of courses including induction, mandatory modules and Health & Safety training, which risk management training would form part It is acknowledged that improvements can be made to ensure a clear picture of activity, completion across the partnership is achieved, and monitoring controls are in place and are effective.	Whilst there are reports generated for both NHS and WDC online risk assessment module(s), this can benefit from being further strengthened. This will be achieved by reviewing current approach to monitoring risk management training across the partnership, improving management reporting and monitoring of completion.	31 August 2021	Audrey Slater
2	**Strategic risk recording** It is acknowledge that during the service review of the strategic risk management policy and strategy, there were some development areas identified which include the recording of risk management and the mixture of evaluation matrix's currently being used.	HSCP to investigate the functionality of Pentana to support a 5x5 evaluation matrix (used by NHS and IJB across Scotland) and to ensure that all risk registers are recorded on an electronic system that is accessible and can maintain a detailed audit trail.	31 July 2021	Margaret-Jane Cardno
3	**Operational Risk Management** At the moment, risk management at operational level is undertaken through risk assessment focusing on workforce, venue, safe operating and currently Covid-19 requirements. There is a need for a clear operational risk register for each of the four services within HSCP, these registers will underpin the strategic risk register and would provide more operational detail of how services are mitigating risk operationally that also impact on strategic risk management.	The HSCP strategic plan is schedule for a full review and update in 2021. The proposed action steps are that each of the four services develop an operational risk register aligned with the reviewed strategic risks and incorporating specific operational risks. This risk register will be reviewed by the service management team annually to ensure they are effectively manage and inform the annual review of the strategic risk register prior to reporting to HSCPB.	Complete May 2022 (aligned with Strategic Plan)	Margaret-Jane Cardo for oversight of the strategic and operational plan development. Each HoS responsible for their own Service risk registers

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE: 24 JUNE 2021
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Subject: Audit Plan Progress Report

1.   Purpose

1.1   The purpose of this report is to enable WD HSCP Board Audit 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 February 2021 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 now complete.

4.2   There was one audit review finalised since the Audit Committee meeting in February as follows:

HSCP Board Risk Management Process
4.3   West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described within the Integration Scheme). The

Risk Management Strategy and Policy was developed in 2015 and at the time of the audit was under review for presentation to the WD HSCP Board in March 2021.

4.4 The objective of this audit was to provide management and the Audit Committee with an assessment of the adequacy and effectiveness of the governance and controls over the key risks faced by the WD HSCP Board in relation to the Risk Management Process.

4.5 The overall control environment opinion for this audit review was **Satisfactory**. There was one AMBER issue and two GREEN issues identified as follows:

Operational Risk Register (Amber)
Strategic risk registers should be supported by operational risks registers. Key risks identified on operational risk registers should be considered for impact on the strategic risks and for inclusion in the strategic risk register.

Although a strategic risk register is maintained, operational risk registers are not currently documented for each service area.

There is a risk that operational risks are not appropriately identified, evaluated, monitored or mitigated which may impact on the achievement of strategic objectives for the HSCP Board.

Maintenance of Strategic Risk Register (Green)
All strategic risks are assigned a risk owner and are evaluated based on the likelihood of the risk occurring and the impact it would have. These risks are reviewed at the HSCP Board and the WD HSCP Audit and Performance Committee on a regular basis. However, the strategic risk register is currently maintained as a MS Word document and is updated manually by a central co-ordinator.

Manual updating of the risk register as a MS Word document increases risks around completeness and timeliness of update. Risk owners are unable to directly update the risks which they own and maintenance of the register is reliant on a central co-ordinator. There are increased risks of lack of audit trail and version control where the register is maintained manually.

Monitoring of completion of risk management training (Green)
Risk management training is provided to all relevant staff as part of induction and awareness training. In addition role specific training is provided to staff as required. However, there is no control in place to ensure that all staff have completed the required training.

There is a risk that staff have not completed the required training and that they therefore have insufficient awareness/knowledge of the risk management process.

4.6 The audit identified 3 issues, one of which we consider to be individually significant and an action plan is in place to address all issues by 31 May 2022.

4.7 In relation to internal audit action plans, there are 3 current internal audit actions relating to the WD HSCP Board which are being progressed by officers. The status report is set out at Appendix 1.

4.8 In relation to external audit action plans, there were 2 actions arising from the 2019/2020 Annual Audit of the West Dunbartonshire Health and Social Care Partnership Board which were due for completion by 31 March 2021. Management have confirmed that both actions are now complete. There are no current external audit action plans.

4.9 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

4.10 Since the last Audit Committee meeting in February 2021, there was one Internal Audit report issued to the Council, which is relevant to the IJB as follows:

Audit Title	Rating	Issue Gradings		
		Red	Amber	Green
Cyber Security (1)	Satisfactory	-	4	4
Total		**-**	**4**	**4**

(1) There were 4 **AMBER** issues identified, however, due to the potential sensitivities in terms of security risk these issues are not detailed within this report. The Chair of the WDC Audit Committee has been fully briefed on the 4 issues.

4.11 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

4.12 There were 2 audit reports finalised since the last update to Audit Committee in February 2021:

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Financial Systems Healthcheck	Minor Improvement Required	-	-	1	-
Management Action Follow Up Q4	N/A	-	-	-	-
Total		**-**	**-**	**1**	**-**

4.13 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.

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Chief Internal Auditor – West Dunbartonshire Health and Social Care Partnership Board

Date: **25 May 2021**

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Appendices: Appendix 1 – Status of Internal Audit Action Plans at 31 May
2021

Background Papers: Internal Audit Annual Audit Plan 2020-21

Appendix 1

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

Summary:	**Section 1**	**Summary of Management Actions due for completion by 31/05/2021**
		There were no actions due for completion by 31 May 2021.
	Section 2	**Summary of Current Management Actions Plans at 31/05/2021**
		At 31 May 2021 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.
	Section 3	**Current Management Actions at 31/05/2021**
		At 31 May 2021 there were 3 current audit action points.
	Section 4	**Analysis of Missed Deadlines**
		At 31 May 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 INTERNAL AUDIT ACTION PLAN POINTS

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2021

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 INTERNAL 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 July 2021	1
Due for completion August 2021	1
Due for completion March 2022	1
Total Actions	**3**

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2021

SECTION 3

Action	Owner	Expected Date
Risk Management Process (March 2021)		
Operational Risk Register (Amber) The WD HSCP Board's strategic plan is scheduled for a full review and update in 2021. The proposed action steps are that each of the four services develop an operational risk register aligned with the reviewed strategic risks and incorporating specific operational risks. This risk register will be reviewed by the service management team annually to ensure they are effectively managed and inform the annual review of the strategic risk register prior to reporting to HSCPB.	**Head of Strategy and Transformation/ HSCP Heads of Service**	**31.03.2022**
Maintenance of Strategic Risk Register (Green) HSCP to investigate the functionality of Pentana to support a 5x5 evaluation matrix (used by NHS and Integration Joint Boards across Scotland) and to ensure that all risk registers are recorded on an electronic system that is accessible and can maintain a detailed audit trail.	**Head of Strategy and Transformation**	**31.07.2021**
Monitoring of completion of risk management training (Green) Whilst there are reports that are generated for both NHS and WDC online risk assessment module(s), this can benefit from being further strengthened. This will be achieved by reviewing current approach to monitoring risk management training across the partnership, improving management reporting and monitoring of completion.	**HR, HSCP**	**31.08.2021**

WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL 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 & SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE: 24 JUNE 2021

Subject: Internal Audit Annual Report for the year ended 31 March 2021

1.   Purpose

1.1   To submit the Chief Internal Auditor's Annual Report for 2020/21 based on the internal audit work carried out for the year ended 31 March 2021, which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health & Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

2.   Recommendations

2.1   It is recommended that the West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee note the contents of this report.

3.   Background

3.1   The Public Sector Internal Audit Standards (PSIAS) became effective on 1st April 2013 and require that:

"The chief audit executive [for WDC: Shared Service Manager – Audit & Fraud] *must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement*

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The annual report must incorporate:
- *The opinion;*
- *A summary of the work that supports the opinion; and*
- *A statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme"*

3.2   For the purposes of providing an annual opinion, reliance will be placed on the work of NHS Greater Glasgow and Clyde internal auditors and West Dunbartonshire Council internal auditors and any other work carried out by other external assessors, for example Audit Scotland and Care Inspectorate.

3.3 In order to ensure proper coverage and avoid duplication of effort, the internal auditors of NHSGGC and all local authorities operating within this Health Board area meet periodically.

4. Main Issues

4.1 The Internal Audit Annual Report for 2020/21 included at Appendix 1 concludes with the Chief Internal Auditor's independent and objective opinion that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2021 that the Health & Social Care Partnership Board requires to rely upon within both the Council and the Health Board.

Covid-19
The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework operated.
There were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community in its role as a Category 1 responder to carry out the following three essential functions: Caring for the Vulnerable; Liaising with Resilience Partners; and Supporting Economic Recovery.

This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow employees to work from home. Regular COVID-19 update reports were provided to the HSCP Board throughout 2020/21 which included approval requirements for any decisions with financial implications for the HSCP Board.

The "new normal" will have an impact on service demand and the consequences of this will have to be clearly laid out within the current performance management and reporting framework.

4.2 The basis of the audit opinion includes taking reliance from:

- The Assurance Statement for the year ended 31 March 2021 from the Shared Service Manager – Audit & Fraud (Chief Internal Auditor) of West Dunbartonshire Council; and
- Information provided by the Internal Auditors of NHS Greater Glasgow and Clyde on audits that they have carried out during 2020/21.

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   There is a risk that failure to deliver the Internal Audit Plan would result in an inability to provide assurances to those charged with governance over which the Health & Social Care Partnership Board is required to rely upon within both the Council's and Health Board's system of internal financial control.

10.   Impact Assessments

10.1   None.

11.   Consultation

11.1   This report has been agreed with the Chief Officer and the Chief Financial Officer of the West Dunbartonshire Health & Social Care Partnership Board.

12.   Strategic Assessment

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

Author: Andi Priestman – Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board.

Date: 25 May 2021

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Appendices: 1 - Internal Annual Audit Report for the year ended 31 March 2021 from the Chief Internal Auditor

Background Papers: None

Wards Affected: All Wards

West Dunbartonshire
Health & Social Care Partnership

Internal Audit Annual Report for the year ended 31 March 2021
from the Chief Internal Auditor

To the Members of West Dunbartonshire Health & Social Care Partnership Board, the Chief Officer and the Section 95 Officer (Chief Financial Officer)

As the appointed Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board, I am pleased to present my annual statement on the adequacy and effectiveness of the internal financial control system of the Health & Social Care Partnership Board for the year ended 31 March 2021.

Respective responsibilities of management and internal auditors in relation to internal control

It is the responsibility of senior management of the Health & Social Care Partnership Board to establish an appropriate and sound system of internal financial control and to monitor the continuing effectiveness of that system. It is the responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of the internal financial control system.

The Health & Social Care Partnership Board's framework of governance, risk management and internal controls

The Health & Social Care Partnership Board has a responsibility to ensure that its business is conducted in accordance with legislation and proper standards.

The governance framework comprises the systems and processes, culture and values by which the Health & Social Care Partnership Board is directed and controlled and how it accounts to communities. It enables the Health & Social Care Partnership Board to monitor the achievement of its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Health & Social Care Partnership Board is continually seeking to improve the effectiveness of its systems of internal control in order to identify and prioritise the risks that would prevent the achievement of the Health & Social Care Partnership Board's strategic objectives as set out within its Strategic Plan.

The work of internal audit

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.

The operational delivery of services with WDC and NHSGGC on behalf of the WD Health & Social Care Partnership Board is covered by their respective internal audit arrangements.

Both the Council's Internal Audit Section and the Health Board's internal audit function operate in accordance with the *Public Sector Internal Audit Standards* (PSIAS) which have been agreed to be adopted from 1st April 2013 by the relevant public sector Internal Audit Standard setters. PSIAS applies the Institute of Internal Auditors International Standards to the UK Public Sector.

Work Performed in 2020/21

The Internal Audit Plan for 2020/21 was approved by the Health & Social Care Partnership Board Audit and Performance Committee on 1 April 2020.

A budget of 40 days was allocated to undertake the following: service the audit committee; carry out specific risk based work including a review of the adequacy and effectiveness of the risk management process and a review of adequacy and effectiveness of arrangements in place to ensure that the current policy and associated procedures are appropriately updated in line with the new statutory guidance in relation to IJB Directions; and monitor the progress of the implementation of the agreed internal audit actions plans by management.

Progress reports highlighting internal audit activity were provided to the Health & Social Care Partnership Board Audit and Performance Committee meetings in September 2020 and February 2021. There were no significant matters arising from internal audit activity for the financial year ended 31 March 2021.

Planned work for 2021/22

Following a risk-based assessment of the activities of IJB and consultation with the Chief Officer and the Chief Financial Officer the Internal Audit Plan for 2021/22 provides for 40 days of Internal Audit resource drawn from the Internal Audit Service of West Dunbartonshire Council. This will be used to undertake the following: service this audit committee; carry out specific risk based work including a review of the adequacy and effectiveness of the performance management process and a review of implementation of IJB Directions; and monitor the progress of the implementation of the agreed internal audit actions plans by management.

The Internal Audit Plan for 2021/22 was approved by the Health & Social Care Partnership Board Audit and Performance Committee on 25 February 2021.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work undertaken by Internal Audit within the Council and the Health Board and also for the Partnership Board (IJB) during the year to 31 March 2021;
- The Assurance Statement for the year ended 31 March 2021 from the Chief Internal Auditor of West Dunbartonshire Council;
- The Assurance Statement for the year ended 31 March 2021 from the Internal Auditors for NHSGG&C;
- The review of the Local Code of Good Governance and the identified improvement actions;
- The assurance statement signed by the Chief Officer on the operation of the internal financial controls for the services for which she was responsible during the year to 31 March 2021;
- Reports issued by the External Auditors of the Council and the Health Board and other review agencies; and
- My knowledge of the Partnership Board's governance, risk management and performance monitoring arrangements;

Opinion

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2021 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

Covid-19

The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework operated. There were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community in its role as a Category 1 responder to carry out the following three essential functions: Caring for the Vulnerable; Liaising with Resilience Partners; and Supporting Economic Recovery. This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow employees to work from home. Regular COVID-19 update reports were provided to the HSCP Board throughout 2020/21 which included approval requirements for any decisions with financial implications for the HSCP Board. The "new normal" will have an impact on service demand and the consequences of this will have to be clearly laid out within the current performance management and reporting framework.

Signature: Andi Priestman

Title: Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board

Date: 25 May 2021

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE

Report by the Chief Financial Officer

24 June 2021

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Subject: 2020/21 Local Code of Good Governance Annual Review and Annual Governance Statement

1.   Purpose

1.1   To present to the HSCP Board:

- The outcome of the self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance; and
- The Annual Governance Statement for inclusion in the HSCP Board's 2020/21 Unaudited Annual Accounts.

2.   Recommendations

2.1   The members of the Audit and Performance Committee are asked to:

- Approve the minor changes to the current West Dunbartonshire HSCP Board Local Code of Good Governance;
- Consider the outcome of the annual self-evaluation, the issues identified and the update of the improvement actions; and
- Approve the 2020/21 Annual Governance Statement.

3.   Background

3.1   *Delivering Good Governance in Local Government: Framework,* published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remained 'fit for purpose' and published a revised edition in spring 2016. Delivering Good Governance in Local Government: Framework (CIPFA/Solace, 2016) has applied to annual governance statements prepared for the financial year 2016/17 onwards.

3.2   The concept underpinning the Framework is that it assists local government bodies in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. The Framework is intended to assist organisations individually in reviewing and accounting for their own unique approach. The overall aim is to ensure that:

- resources are directed in accordance with agreed policy and according to priorities;
- there is sound and inclusive decision making; and
- there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

3.3 The HSCP Board on 31 May 2017 approved the current Local Code of Good Governance and annually since June 2018 has noted the outcome of the self-evaluation process and the improvement actions identified to strength compliance with the adopted Governance Framework principles.

3.4 The Annual Governance Statement (AGS) is a formal statement within the HSCP Board's annual accounts which recognises, records, assesses and publishes the governance arrangements as defined in the CIPFA/SOLACE Framework.

3.5 It is recognised as good practice to consider the AGS as a standalone document by a board or committee charged with the responsibility for the oversight of the strategic processes for risk and the effectiveness of the internal control environment, as is set out in the Terms of Reference for this committee.

4. Main Issues

4.1 The Local Code was scheduled for review in May 2021 and this review was undertaken by the Chief Financial Officer. As the CIPFA guidance has not changed since 2017, there were only minor amendments required to the introductory paragraphs to reflect the 2019 – 2022 Strategic Plan priorities. The revised code is presented for approval within Appendix 1.

4.2 The annual self-evaluation review for 2020/21 has been carried out by the Chief Financial Officer and considered by the Senior Management Team. The review concluded that current practice is mainly compliant against the 7 principles (90 sub-principles); a summary of the review is attached at Appendix 2.

4.3 For those areas remaining generally compliant, Appendix 2 provides details of this across the principles and sub-principles. It is Principle D. ("*Determining the interventions necessary to optimise the achievement of the intended...*") that has been assessed with the highest proportion of this compliance rating. This rating assessment remains unchanged as there are still a number of ongoing improvement actions identified in prior years that require to be fully developed and this is provided in greater detail within Appendix 3. These improvements are required to support the alignment of service priorities to affordability, commissioning intentions, provider sustainability and maximisation of budget resource. This will be demonstrated by continuing to make progress on the release of "Set Aside" resources and the development of a robust commissioning plan. There has been positive partnership working

across other HSCPs and NHSGGC and a draft commissioning plan for unscheduled care will be considered by the HSCP Board in September.

4.4. There were also a 3 revisions from fully compliant to partially compliant to recognise the impact the Covid-19 pandemic will have on the strategic priorities of the partnership and the joint work required to undertaken by officers and board members to successfully respond to changing service and policy demands. However no additional improvement actions have been identified from the review of 2020/21 as the board has already approved the implementation of actions contained within the HSCP Recover and Renewal Plan which will be monitored throughout the year and progress reported regularly to the HSCP Board.

4.5 As stated above in section 4.3, the annual review also includes an update on the improvement actions identified in 2019/20 (see Appendix 3). While the HSCP's overarching priority throughout the Covid-19 pandemic was to protect the delivery of health and social care services, there has also been significant progress made in the strengthening our governance framework around procurement compliance, the implementation of a direction's policy reflecting statutory guidance and the refresh of eligibility criteria aligned to an new assessment tool.

4.6 The Governance Statement, attached at Appendix 4 sets out the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

4.7 The work of internal audit, external audit and external inspection agencies is also reflected in the statement as well as the reliance of the HSCP Board on WDC and NHSGGC systems of internal control. This includes the Chief Internal Auditor's opinion:

"*that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2021 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.*"

4.8 This Annual Governance Statement will be published within the unaudited Annual Accounts for the year ended 31 March 2021 and will be examined by external audit.

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 prepared in consultation with the HSCP Board's Chief Internal Auditor.

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
11 June 2021

Person to Contact: Julie Slavin – Chief Financial Officer,
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Appendices: Appendix 1: HSCP Board's Local Code of Good Governance
Appendix 2: Summary of Annual Review
Appendix 3: Update on Improvement Plan
Appendix 4: 2020/21 Draft Governance Statement

Background Papers: None

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Local Code of Good Governance

Document Title:	WDHSCP Board Local Code of Good Governance	Owner:	Chief Financial Officer
Version No.	V3	Superseded Version:	V1
Date Effective:	31st May 2017	Review Date:	28/05/21

1.0   Introduction

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

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

- Vision is "Improving lives with the people West Dunbartonshire".
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire, through the delivery of its key strategic priorities of: early intervention, access, resilience, assets and inequalities.
- Commitment to communities is to ensure that our citizens have access to the right care, at the right time and in the right place.

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

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

1.5   The Chartered Institute of Public Finance & Accountancy (CIPFA) *Delivering Good Governance in Local Governance Framework* define a set of principles that should underpin the governance of local government organisations. The objective of the Framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aiming at achieving the highest standards in a measured and proportionate way. Whilst the Framework is written in a local authority context, most of the principles are applicable to the Partnership Board, particularly as the legislation recognises integration joint boards as Section 106 local government bodies (as per Part VII of the Local Government [Scotland] Act 1973) - and therefore subject to the local authority accounting code of practice.

1.6   Based on the Framework's principles, the following Local Code of Good Governance has been adopted by Partnership Board, namely:

- Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.
- Ensuring openness and comprehensive stakeholder engagement,
- Defining outcomes in terms of sustainable economic, social and environmental benefits.

- Determining the interventions necessary to optimise the achievement of intended outcomes.
- Developing the entity's capacity, including the capability of its leadership and the individuals within it.
- Managing risk and performance through robust internal control and strong public financial management.
- Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

1.7 This Code reinforces the requirements of the Standards Commission for Scotland that - as per the approved Standing Orders of the Health and Social Care Partnership Board - members of the Partnership Board shall comply with the Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct (both of which are incorporated into those Standing Orders). As such, this Code of Good Governance should be work in tandem with the Partnership Board's local *Code of Conduct for Members*, which emphasises the obligation on the Partnership Board – both individually and collectively – to exemplify in their conduct the following principles:

- **Duty**
  You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of West Dunbartonshire Health & Social Care Partnership Board and in accordance with the core functions and duties of the Partnership Board.

- **Selflessness**
  You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

- **Integrity**
  You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

- **Objectivity**
  You must make decisions solely on merit and in a way that is consistent with the functions of West Dunbartonshire Health & Social Care Partnership Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

- **Accountability and Stewardship**
  You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that West Dunbartonshire Health & Social Care Partnership Board uses its resources prudently and in accordance with the law.

- **Openness**
  You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

- **Honesty**
  You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership**
  You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of West Dunbartonshire Health & Social Care Partnership Board and its members in conducting public business.

- **Respect**
  You must respect fellow members of West Dunbartonshire Health & Social Care Partnership Board and employees of related organisations supporting the operation of the Partnership Board and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of West Dunbartonshire Health & Social Care Partnership Board.

1.8   The Partnership Board has established its Audit and Performance Committee as a Committee of the Partnership Board to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. The revised Terms of Reference for the Audit and Performance Committee reflect the span of responsibilities of the Partnership Board and requirements of its approved Financial Regulations, i.e.:

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

Annual Review of Code of Good Governance - Summary June 2021

West Dunbartonshire Health & Social Care Partnership

No. of sub-principles	A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law				Change from June 2020	
		Fully Compliant	**Generally Compliant**	**Non Compliant**	**Fully Compliant**	**Generally Compliant**
4	Behaving with Integrity	4	0	0	0	0
4	Demonstrating strong commitment to ethical values	4	0	0	0	0
5	Respecting the rule of law	4	1	0	0	0
	B. Ensuring openness and comprehensive stakeholder engagement					
4	Openness	4	0	0	0	0
3	Engaging comprehensively with institutional stakeholders	3	0	0	0	0
6	Engaging stakeholders effectively, including individual citizens and service users	6	0	0	0	0
	C. Defining outcomes in terms of sustainable economic, social, and environmental benefits					
5	Defining outcomes	2	3	0	0	0
4	Sustainable economic, social and environmental benefits	1	3	0	-1	1
	D. Determining the interventions necessary to optimise the achievement of the intended					
2	Determining interventions	1	1	0	0	0
8	Planning interventions	5	3	0	0	0
4	Optimising achievement of intended outcomes	0	4	0	0	0
	E. Developing the entity's capacity, including the capability of its leadership and the individuals within it					
4	Developing the entity's capacity	2	2	0	0	0
7	Developing the capability of the entity's leadership and other individuals	5	2	0	-2	2
	F. Managing risks and performance through robust internal control and strong public financial management					
3	Managing Risk	3	0	0	0	0
5	Managing performance	4	1	0	0	0
5	Robust internal control	3	2	0	0	0
3	Managing Data	3	0	0	0	0
2	Strong public financial management	2	0	0	1	-1
	G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability					
2	Implementing good practice in transparency	2	0	0	0	0
5	Implementing good practices in reporting	5	0	0	0	0
5	Assurance and effective accountability	4	1	0	0	0
90	**TOTAL**	**67**	**23**	**0**	**-2**	**2**

90	**TOTAL - June 2020 Review**	**69**	**21**	**0**

West Dunbartonshire

Health & Social Care Partnership

Appendix 3

OUTSTANDING ACTIONS FROM PREVIOUS YEARS

Improvement Action	Lead Officer	Review May 2021
Refresh and update local Self Directed Support arrangements.	Head of Strategy and Transformation	**PART COMPLETE:** The HSCP have developed a new assessment tool which is used to assess the needs, risks and strengths of people accessing HSCP services. The assessment supports staff to undertake a thorough assessment to help ensure decisions and recommendations on how people can be best supported are evidence-based. The assessment aids good collaborative conversations, and practitioners enable and empower people to make informed decisions about their social care support. The assessment supports individuals to consider and recognise their strengths, moving away from a deficit based approach. The My Life Assessment has been designed in partnership with, practitioners, people with lived experience and 3rd sector partners. Training has been provided for staff to support successful implementation. An evaluation group has been established their role being to monitor and evaluate the successful implementation of the new assessment. The organisation also updated its resource allocation system called an individual resource framework (IRF) , although this has improved there is work underway to develop this further to ensure it sits more effectively within the new assessment framework

In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.	Chief Financial Officer	**PART COMPLETE**: As previously reported Data sets have been agreed to produce comparison of actual activity and associated costs. This is reflected in the 2020/21 HSCP Board Annual Accounts. The Unscheduled Care Commissioning Plan is likely to be presented to the 6 GGC IJBs in September 2021, however it is anticipated that there will be an identified funding gap.
Review the effectiveness of the new Strategic Planning Group (SPG)	Chief Officer & Head of Strategy and Transformation	**RESTARTED:** Response to the Covid-19 pandemic impacted on the refresh of the SPG. The HSCP Board will consider a paper at the 24 June 2021 meeting which sets out the Strategic Planning Approach for the next iteration of the Strategic Plan and improvement actions to revitalise the Strategic Planning Group. In order to build at strong and confident Strategic Planning Group support has been sought from Healthcare Improvement Scotland to undertake a series of facilitated sessions, to build the capacity of the group and to ensure they are in a strong position to shape the strategic plan over the next year.

Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy and Transformation	**ONGOING:** As above the HSCP Board will consider a paper at the 24 June 2021 meeting which sets out the Strategic Planning Approach for the next iteration of the Strategic Plan. A key requirement in line with national best practice is the production of Joint Strategic Needs Assessments (JSNAs) to analyse the needs of local populations and to inform and guide the commissioning of health, wellbeing and social care services within the area. The main goal of a JSNA is to accurately assess the care needs of a

		local population in order to improve the physical and mental health and wellbeing of individuals and communities.
Increase the % of spend by HSCP Board with 3rd party providers being compliant with Financial Regulations and have robust service specifications and contract monitoring arrangements in place.	Chief Financial Officer and Head of Strategy and Transformation	**COMPLETE:** Significant progress continues to be made and compliance maintained. Since 2018/19 to 2020/21 the % of compliant commissioned spends (ranging from £40.2m to £48.3m) has increased from 12.9% to 79.2% to 97.1% as reported within WDC's 2020/21 Annual Procurement Report.
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	**PART COMPLETE:** – progress continues to be made including the implementation of the Directions Policy. The strong partnership approach (Local Government, Health Boards and HSCPs) in responding to the pandemic including streamlining processes, sharing data and intelligence and supporting Chief Officers supports a number of the improvement actions
Review and revise the format of HSCP Board Reports to reflect the new guidance on Statutory Directions issued by the Scottish Government in January 2020.	Chief Financial Officer and Head of Strategy and Transformation	**COMPLETE:** New Directions Policy was approved by the HSCP Board on 23 September 2020. The new policy was subject to internal audit review and endorsement prior to being presented to the Board.

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure best value under the Local Government in Scotland Act 2003.

To meet this responsibility the HSCP Board has in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the board in its responsibilities for issues of risk, control, performance and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement across the partnership.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council's (WDC) systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 in response to the Covid-19 pandemic, those charged with the delivery of public services, especially health and social care services, had mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board reacted quickly, with the support of WDC Committee Services, to move to virtual meetings. For the first virtual meeting on 25 March 2020 the members considered an urgent item which can be found on the HSCP website http://www.wdhscp.org.uk/ media/2300/urgent-item-temporary-decision-making-arrangements.pdf on Temporary Decision Making Arrangements (Appendix 1) which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangements; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval.

Only one meeting of each of the Audit and Performance Committee (1 April 2020) and of the HSCP Board (27 May 2020) were cancelled with any relevant reports, decisions log/approval tracker and action sheets published on the HSCP Website. From June 2020 the meeting schedule resumed on a virtual platform (accessible by press and public on request), with agendas streamlined to cover required statutory and strategic reports requiring board noting and/or approval. These arrangements continue to remain in place with all board reports and minutes available on the HSCP website.

There has also been a schedule of weekly meetings with the Chief Officer, Chief Financial Officer, Chair and Vice Chair of the HSCP Board to cover a variety of local issues including infection rates, impact of local and national restrictions, vaccination programme, mobilisation and re-mobilisation plans. The Chief Officer issued briefings to all board members (weekly in the early months of the pandemic and then monthly) which updated on key service impacts of Covid-19 and the interpretation of national guidance on local services. The HSCP Senior Management Team also contributed to the comprehensive WDC "Covid-19 Update Reports" presented monthly at full council.

The Civil Contingencies Act 2004 requires both Local Authorities and NHS Bodies to prepare for adverse events and incidents as Category One Responders. The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups. The Health and Sport Committee recognised the contribution made by HSCPs and questioned why Integrated Joint Boards (IJBs), responsible for the strategic delivery of health and social care services since 2015, did not have the same legal status as Local Authorities and Health Boards? After a period of Scottish Government consultation from 12 October to 22 November 2020 the Civil Contingencies Act 2004 has been amended to include IJBs as Category One Responders, effective from the 16 March 2021.
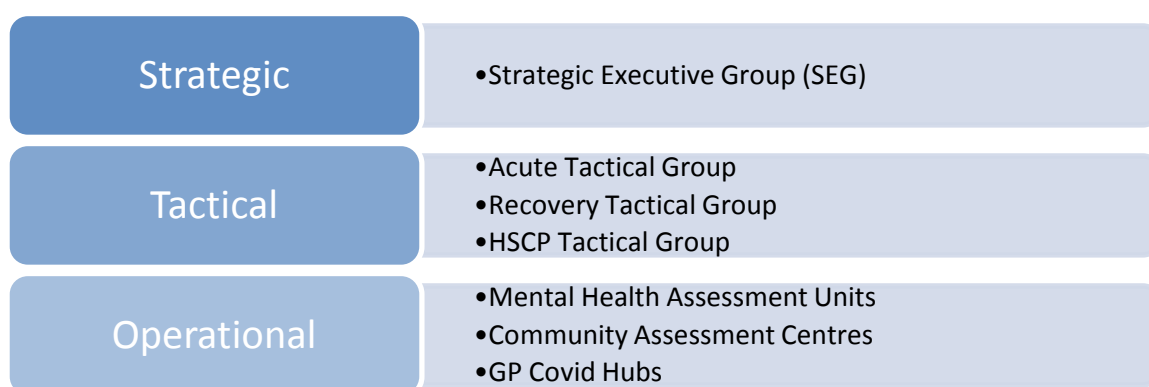
A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, Carer illness and increased demand for emergency support for various vulnerable individuals and families. To help mitigate some of these risks there were daily Situation Reports (Sit Reps) and absence reports aligned to a newly developed "Resource Requirements" spreadsheet. These captured the composition of all teams across the HSCP, their minimum staffing requirements to deliver on statutory responsibilities and staff potentially available for redeployment: e.g. the transfer of Day Centre support workers to Care Homes and Care at Home to reduce the risk of absence on service delivery.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow's boundary prepared a Local Mobilisation Plan. The Local Mobilisation Plan (LMP) and associated Financial Cost Tracker set out the impact of the pandemic on services and

their response as well as considering new service areas that required to be established to support health and care services. New services included the opening of two Covid-19 Hubs (Clydebank and Dumbarton) to distribute the necessary Personal Protective Equipment (PPE), two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms, a Mental Health Assessment Unit, as an alternative to presentation at Emergency Department and the creation of vaccination teams to support the delivery on the ongoing vaccination programme.

The performance of these new services was captured daily and their effectiveness reviewed by HSCP Chief Officers and other senior health officials through revised governance arrangements, an extract of which is shown below:

Exhibit 1:

Strategic	• Strategic Executive Group (SEG)
Tactical	• Acute Tactical Group • Recovery Tactical Group • HSCP Tactical Group
Operational	• Mental Health Assessment Units • Community Assessment Centres • GP Covid Hubs

The financial costs aligned to the LMP were submitted at least monthly to the Scottish Government and formed the basis of all funding received. The HSCP Board, through the regular financial performance reports, considered the impacts of this on the overall projected position including the impact on savings programmes, demand for services and financial support to social care providers for commissioned services including care homes and support delivered to individuals and their carers.

The final position is set-out in detail within these accounts and confirms that full funding was received in 2020/21 to cover all Covid-19 related costs as well as advance funding for 2021/22 to support both the ongoing impact and the move to recovery.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic.

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code can be found on the HSCP website: http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf

The main features of the HSCP Board's governance framework and system of internal control is reflected in its Local Code, with the key features for 2020/21 summarised below:

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee and the Strategic Planning Group;
- In line with statutory guidance the Directions Policy was approved on 23 September 2020;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations (reviewed by HSCP Board on 5 August 2020), records management and complaints handling;
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail. This includes the weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered.
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational and Covid-19 related risk registers), are scrutinised at least annually by the Audit and Performance Committee (25 February 2021) with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board. The current policy and strategy will be reviewed at the 24 June 2021 meeting;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2010)"*. To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on *"The Role of the Head of Internal Audit in Public Organisations 2010"*. The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA *"Public Sector Internal Audit Standards 2013"*.

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland"* and *"Audit Committees: Practical Guidance for Local Authorities (2018)"*. In September 2020, the Committee considered Audit Scotland's – "Covid-19 Guide for Audit and Risk Committees" and agreed that the Chair and Vice Chair, supported by the Chief Internal Auditor consider the key issues posed. The Chief Internal Auditor has initially worked with the HSCP SMT throughout February to complete the template covering:

- Internal Controls and Assurance;
- Financial Management and Reporting;
- Governance; and
- Risk Management

The responses have been considered by the Chief Internal Auditor and the Chair and Vice Chair will consider the conclusion that the committee has had effective arrangements in place throughout 2020/21 to support the HSCP Board decision making throughout the pandemic.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

As stated above the HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2021 review the 24 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

There were a number of improvement actions identified in 2018/19 and 2019/20 and an update on these is provided below under "Update of Previous Governance Issues". This year's review has recognised that as the HSCP responded to the global health emergency to safeguard the delivery of essential services, some of the improvement actions remain ongoing. The priority for 2021/22 will be to progress these actions to further strengthen the governance framework.

Also supporting the review of the HSCP Board's governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers completes a Local Code of Governance Checklist which is a self-assessment against each aspect of council's local code. These are considered by the Chief Internal Auditor and inform each Chief Officer's Certificate of Assurance as well as the Council's Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a "Self Assessment Checklist" covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.

There were no new social care audits undertaken in 2020/21; however two audits completed in 2019/20 had their recommendations and action plans finalised.

- Social Care – Attendance Management; and
- Social Work – Case Management

These audits and associated actions were reported in the 2019/20 Annual Governance Statement. Each audit identified control risks and recommendations agreed by management used to populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Chief Officer, the WDC Performance Management Review Group (PMRG) and the WDC Audit Committee. The HSCP service response to the Covid-19 pandemic did impact on the target dates for implementation for some actions, however in consultation with the Chief Internal Auditor, and approvals by the PMRG, dates were reviewed and progress regularly reviewed.

There were no health care based audits carried out by the internal auditors of NHSGGC that directly impacted on HSCP service priorities.

In 2020/21 in relation to the HSCP Board's, the appointed Chief Internal Auditor undertook review work to assess aspects of the HSCP Governance Framework which were:

- Review of the Adequacy and Effectiveness of the Risk Management Process;
- Assess the new Directions Policy to ensure compliance with statutory guidance; and
- Monitor the progress of the implementation of the agreed internal audit action plans by HSCP management.

Update on Previous Governance Issues

The 2019/20 Annual Governance Statement set-out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below:

- Develop a robust Commissioning Plan – this is ongoing and will be considered as part of the development of the new Strategic Plan for 2022 and includes the production of Joint Strategic Needs Assessments (JSNAs). The JSNAs will assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities;
- Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations – significant progress continues to made and compliance maintained. Since 2019/20 the % of compliant commissioned spend of £48.3m has increased from 79.2% to 97.1% as reported within WDC's Annual Procurement Report;
- Improve Children & Families case recording and assessment – all actions have been completed and will be maintained through ongoing case sampling, activity reports and a programme of quality assurance being developed by the Lead Officer for Child Protection;
- Improve sickness absence rates – this is ongoing with targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work;
- Ministerial Strategic Group Review on the Progress of Integration Action Plan – progress continues to be made including the implementation of the Directions Policy. The strong partnership approach (Local Government, Health Boards and HSCPs) in responding to the pandemic including streamlining processes, sharing data and intelligence and supporting Chief Officers supports a number of the improvement actions;

- Strengthen budget setting arrangements with WDC and NHSGGC and produce a robust Medium Term Financial Plan (MTFP) – the 25 March 2020 HSCP Board agreed the MTFP 2020/21 – 2024/25 which was developed based on pre-Covid activity levels and demand assumptions. At the 25 March 2021 meeting the Board accepted the funding offer from WDC and the indicative funding offer from NHSGGC subject to confirmation of all recurring budgets. The MTFP anticipated budget gaps for 2022/23 to 2023/24 were updated with the commitment to revisit them as the HSCP progress through their "Recovery and Renewal Plan"; and
- Review and revise the format of reports to reflect the guidance on Statutory Directions – this is complete. As stated above the new Directions Policy was agreed by the Board on 23 September 2020 and all HSCP Board reports consider the requirement to issue directions.

Governance Issues 2020/21

The 2020/21 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. The Council's Internal Audit Annual Report has concluded that the Council's control procedures in key areas are operating as expected during 2020/21.

As stated above under "Review of Adequacy and Effectiveness" the Chief Officer of the HSCP complete a self-assessment of the HSCP's operational performance against the WDC local code. The council's Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Further team development and maintenance of strong supervision practices;
- Continue to undertake targeted interventions in high absence areas;
- Stronger process for tracking audit action plans and meeting agreed deadlines; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future, post pandemic.

The Health Board's internal auditor has yet to release their annual report opinion, however based on in-year reports the opinion is expected to be one that reasonable assurance can be placed on the adequacy and effectiveness of the current governance and control systems and processes.

Recovery and Renewal

While there have been fluctuating local infection rates the progress on the lifting of restrictions has been variable. However in recent months with the success of the ongoing Covid-19 Vaccination Programme many services have now fully re-mobilised and others continue to make steady progress. The 23 September HSCP Board considered the "Covid-19 Recovery and Renewal Plan – Keep Building Better, A Journey of Continuous Improvement".

This plan defined: the strategic recovery objectives; an overview of how these objectives would be delivered; the impact of the pandemic on our services and communities; the capacity and financial implications and the governance arrangements. In the months since the HSCP Board has continued to be updated and the 24 June meeting will consider the significant strengths identified in the "Covid-19 Reflection and Learning Strategic Analysis Report", based on the self –assessment online survey undertaken in February, and the identified improvement actions.

The "new normal" will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2021 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

Covid-19

The significant incident in late March 2020 tested how well the HSCP Board's risk management, governance and internal controls framework operated.

There were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community. This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow employees to work from home. The Chief Officer and the senior management team were actively involved in the local resilience planning through their dual roles in West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

Regular COVID-19 update reports were provided to the HSCP Board throughout 2020/21 which included approval requirements for any decisions with financial implications for the HSCP Board. There were also weekly meetings between the Chief Officer, Chief Financial Officer, the Chair and Vice Chair of the HSCP Board.

The "new normal" will have an impact on service demand and the consequences of this will have to be clearly laid out within the current performance management and reporting framework.

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's system of governance, taking into account the governance changes as a result of the response to the Covid-19 pandemic.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Allan Macleod   Date: 24 June 2021
HSCP Board Chair

Beth Culshaw   Date: 24 June 2021
Chief Officer

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Audit and Performance Committee

Report by Head of Mental Health, Addictions and Learning Disability

24 June 2021

_____

Subject: Alcohol and Drug Partnership Update

1.   Purpose

1.1   The purpose of the report is to inform the Health and Social Care Partnership (HSCP) Audit and Performance Committee of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).

2.   Recommendations

2.1   The Board is asked to note the progress in relation to section 4 of the report.

3.   Background

3.1   All ADPs submitted strategies to the Scottish Government in September 2020. The West Dunbartonshire ADP Strategy 2020-25 was submitted in September 2020.

3.2   The national policy landscape in relation to alcohol and drug harms has moved significantly since the submission of the strategy. The Scottish Government has committed an additional £250 million for alcohol and drug service delivery over the course of the next parliament. There will also be added focus on accountability, and improving outcomes for individuals, families and communities.

4.   Main Issues

4.1   There are a range of improvements actions required within the ADP which takes into account take the Partnership Delivery Framework and the change of direction in national policy.

4.2   An ADP officer was appointed in January 2021. Several improvement actions were identified in early 2021 in relation to commissioning of services, strategic planning, self assessment, governance of delivery groups, monitoring and evaluation and service development.

<u>Commissioning</u>

4.3   The ADP agreed at the last meeting in May 2021 to develop a commissioning group. This group will ensure the ADP has appropriate commissioning arrangements in place. This will ensure that going forward the ADP is meeting best value and achieving value for money. The group will feed into the HSCP Commissioning Strategy when established.

<u>Strategic Planning</u>

4.4   West Dunbartonshire ADP developed and submitted a strategy to the Scottish Government in September 2020. Please refer to the link below for the ADP strategy. Local outcomes will be developed to accompany the strategy which will allow the ADP to monitor progress in achieving these outcomes.

4.5   A performance management framework has been developed. This will provide information on how West Dunbartonshire is meeting local and national outcomes, as well as the national performance framework. This will be submitted to the next ADP meeting in August 2021.

4.6   The performance management framework will include service performance information. This will allow the ADP to monitor performance in statutory and commissioned services.

4.7   The Scottish Government Partnership Delivery Framework indicates that each ADP should undertake a strategic needs assessment. The ADP is currently undertaking this. The needs assessment will allow the ADP to effectively assess local need, plan and deliver services to improve local outcomes.

4.8   It is anticipated that a draft strategic needs assessment will be circulated to the ADP at the next meeting in August 2021.

4.9   The ADP strategic needs assessment will support any subsequent wider HSCP strategic needs assessment.

<u>Monitoring and Evaluation and Quality Improvement</u>

4.10   The ADP utlise the West Dunbartonshire Council (WDC) Pentana system to measure progress against   actions. Please see Appendix 1.

<u>Service Developments</u>

4.11   The ADP received monies from the Drug Death Task Force in September 2020 for two projects. Due to the public health measures these were delayed. However, these are now operational. An additional funded Drug Death Task Force near fatal overdose project will be operational from September 2021.

4.12   The ADP received around £79K ring fenced monies in February 2021 for residential rehabilitation places, improving access to treatment and harm reduction activities.

4.13   The ADP is in initial discussions with Public Health Scotland to be used as an early adopter ADP for the implementation of the newly published Medically Assisted Treatment (MAT) Standards. Please see a link below for the MAT standards.

4.14   As part of the implementation of these new standards, The ADP have commissioned Reach Advocacy who is working partnership with Public Health Scotland to deliver rights based awareness training. This training is designed to assist system and culture change within the treatment system. All staff working in each ADP agency will be expected to attend training. The training will also be available to lived experienced people and family members. This will commence in August until December 2021.

5.   Options Appraisal

5.1   Not applicable

6.   People Implications

6.1   The work to deliver on the work within the ADP is within existing staffing structures.

7.   Financial and Procurement Implications

7.1   Financial plans are being developed as a result of the new funding arrangements.

8.   Risk Analysis

8.1   There are no risks associated with this paper.

9.   Equalities Impact Assessment (EIA)

9.1   An equalities impact assessment is required for the West Dunbartonshire ADP strategy in accordance with the Fairer Scotland Duty. This will be developed and published in accordance with legislation.

10.   Environmental Sustainability

10.1   Not applicable

11.   Consultation

11.1   There is no consultation required for this report.

12.   Strategic Assessment

12.1   The work of the Alcohol and Drugs Partnership contributes to the achieving the Health and Social Care Partnership (HSCP) strategic outcomes and priorities.

12.2   The Alcohol and Drug Partnership DP also coordinates the HSCP response alcohol and drugs and inequalities in line with the Scottish Government

Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs.
https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/pages/2/

13.   Directions

13.1   Not applicable

Name   Sylvia Chatfield

Designation   Head of Mental Health, Addictions & Learning Disability

Date 24th June 2021

Person to   Barry Sheridan
Contact   Email barry.sheridan@ggc.nhs.scot.nhs.uk

Appendices   Appendix 1 West Dunbartonshire ADP Pentana Report

Background   West Dunbartonshire ADP Strategy 2020-2025
Papers
                       West Dunbartonshire ADP Strategy 2020 - 25

                       Medically Assisted Treatment Standards

                       Medically Assisted Treatment Standards.

Alcohol and Drug Partnership report
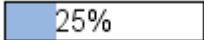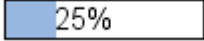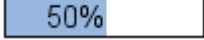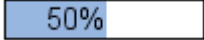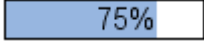
1. Substance Use Prevention Strategy

0. Strategic Approach

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/01	-Review the existing Substance Use Prevention Strategy and Delivery Plan activity in relation to Icelandic Model of Prevention (Planet Youth) and produce a report with recommendations for improvement.	Completed	100%	Christine Anderson	31-Dec-2020	WD will be participating in the Scottish Pilot of the Icelandic Model from September 2021. The start of the pilot has been delayed from March to September due to the pandemic.

1. Reduced Availability

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/11	Support development of robust local Licensing Policy 2022 (i.e. evidence gathering to influence development of Licensing Board Policy Statement and Overprovision Policy)	In Progress	25%	Christine Anderson	30-Nov-2022	Community Engagement already completed provides strong base for more focused work in 2021 to inform development of the new policy due Nov 2022. NHSGGC HWB survey will be too late for this purpose so local

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						consultation will be necessary. Alcohol-related harm data by Intermediate Zone will be available for analysis in Summer 2021. Data gathering could be completed in tandem with HSCP SNA. Need to consider geographies for overprovision as Intermediate Zones no longer fit for purpose, CA now attending NHSGGC Boardwide Group to coordinate Licensing Work.
ADP/SUPS/12	Ensure there is appropriately briefed health representation at Licensing Forum maximising contribution and opportunity to raise health issues. (report quarterly)	In Progress	25%	Christine Anderson	31-Mar-2022	The Licensing Forum met in Jan 2021 and again March 2021. A Health Rep was present at both meetings.
ADP/SUPS/13	Update process and provide continued response to licensing applications as a statutory consultee (report quarterly)	In Progress	25%	Christine Anderson	31-Mar-2022	No applications have been received this quarter.
ADP/SUPS/14	Reduce availability of alcohol and tobacco to young people through action to tackle underage and agent sales/proxy purchase by supporting the development and implementation of a multi-agency campaign (including parental supply)	In Progress	50%	Helen Douse	31-Mar-2022	Hold placed on Commission Work - new decision to be made shortly on way forward
ADP/SUPS/15	Take proportionate action to prevent access to, reduce demand for and limit supply of Illicit tobacco and alcohol (report quarterly)	In Progress	50%	Tony Cairns	31-Mar-2022	Routine inspection of business premises work has been shelved though remote monitoring continues and complaints and other intelligence will be followed up.
ADP/SUPS/16	Focus intelligence gathering and enforcement activity to disrupt individuals and Serious Organised Crime Groups who supply controlled drugs and New Psychoactive	In Progress	75%	Laura Evans (Police)	31-Mar-2022	Q4 data won't be available until after the end of the reporting date

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
	Substances (NPS) (report quarterly)					but will be updated when this is known. Likely to be end April 2021.

2. Healthier and Safer Environments

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/21	Review provision of and information about positive alternative (diversionary) activity for local children, young people, adults and older people.	Overdue	35%	Helen Douse	31-Mar-2021	No update at this time. Discussion to take place on new timescales for this task
ADP/SUPS/22	Reduce visibility of smoking to children and young people by enforcing existing and introducing new smoke free zones. E.g. schools, colleges, hospital grounds, play parks (links to National Tobacco Strategy)	Overdue	80%	Helen Douse	31-Mar-2021	Delay with starting this task due to COVID19 restrictions. Schools have now been invited to take part in the project - Smokefree playparks as of today with deadline 31st March. New timescales for full completion of task to be set & agreed
ADP/SUPS/23	Explore options for reducing children's exposure to secondhand smoke in the home and in communal stairwells (links to National Tobacco Strategy)	In Progress	10%	Helen Douse	31-Mar-2022	New timescales to be set for 2021/2022
ADP/SUPS/24	CPWD sign up to Scotland's Charter for a Tobacco-free Generation, demonstrating strategic commitment and providing a supportive environment to enable progress in relation to prevention activity on smoking	Overdue	45%	Helen Douse	31-Mar-2021	Potential for paper to be taken to 6th May community planning Board Meeting
ADP/SUPS/25	Enforcement of drink drive legislation using intelligence-led high visibility patrols and roadside checks to detect those driving under the influence of drink or drugs (report quarterly)	In Progress	75%	Laura Evans (Police)	31-Mar-2022	Q4 data won't be available until after the end of the reporting date but will be updated when this is known. Likely to be end April 2021.

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/26	Support Third Sector Organisations and Community Planning Partners to develop or update workforce or volunteer policies in relation to alcohol, tobacco and other drugs to ensure staff have access to accurate information	Overdue	45%	Helen Douse	31-Mar-2021	Progress continuing on the capture of evidence and support available for workplaces on substance use policies. Also new timescales to be agreed 2021/2022

3. Engaged Communities

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/31	Disseminate findings of the comprehensive community engagement exercise undertaken in 2019/20 linked to https://coproweek.coproductionsscotland.org.uk/	Overdue	50%	Christine Anderson	16-Nov-2020	This work will progress during the summer 2021
ADP/SUPS/32	Develop a community-led action research (CLARA) process to engage with young people and families on substance use (working with AFS, SCDC, SFAD, Youth Council)	Overdue	10%	Christine Anderson	31-Mar-2021	This work will be included in the delivery plan for 2021/22
ADP/SUPS/33	Build capacity for local community to engage with the **alcohol licensing system** –by supporting AFS refresh of AFS Alcohol Licensing in the Community Toolkit and publishing and promoting local data, processes and information strengthening the links between Community Councils, Community Planning and Licensing	Overdue	15%	Christine Anderson	31-Mar-2021	Supported AFS by reviewing a draft toolkit to support Licensing Forums and Reps. Comments were given to encourage Forums and Reps to consider ways to increase their public accessibility. Also shared Health views with staff supporting the Licensing Equalities Mainstreaming Report.
ADP/SUPS/34	Develop a community-led action research (CLARA) process in a **particular geographic location** (e.g. neighbourhood, ward etc.) supported by SCDC and AFS with local residents at a local community level to provide a mechanism to address substance use strengthening the links between Community Councils,	Overdue	10%	Christine Anderson	31-Mar-2021	This work will be included in the 2021/22 delivery plan

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
	Community Planning and Licensing					
ADP/SUPS/35	-Coordinate **whole local authority community engagement/consultation** of a community consultation on alcohol aiming to influence the next Licensing Board Overprovision Statement due for publication November 2022.	In Progress	5%	Christine Anderson	31-May-2022	Discussions are beginning across GG&C and locally in WD on the approach to this
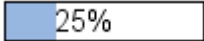
4. Supported Parents and Families

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/41	**ADP/SUPS/41** Review the potential contribution of existing parenting support opportunities on preventing substance use	Overdue	45%	Helen Douse	31-Mar-2021	Progressing being made. New timescales need to be agreed 2021/2022. Potentially end of Q1.
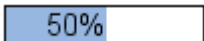
5. Resilient Individuals Across the Life Course

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/51	Coordinate linked reporting on contributory actions to and from Community Planning West Dunbartonshire Nurtured DIG (Delivery and Improvement Group) action plan (report quarterly)	In Progress	50%	Ailsa King	31-Mar-2022	Pentana reports on SUPS work now available to both Safe and Nurtured DIG. January 2021 meeting agreed that ADP would now report to Safe DIG through HoS MH, LD and Addictions. Action is underway to establish reciprocal reporting to/from Nurtured DIG.

6. Accurate Public Information

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/61	Coordinate social marketing activity and a communications strategy in relation to alcohol, tobacco, and other drugs as well as activity to explain and promote the Substance Use Prevention Strategy itself	Overdue	25%	Allison Miller	31-Mar-2021	Ongoing work to promote activity through social marketing. Alcohol Awareness Week November 2020 complete.
ADP/SUPS/62	Update and implement the education approach and policy in relation to alcohol, tobacco and other substances in schools in line with Curriculum for Excellence (Report for Academic Year 2020-21)	In Progress	40%	Claire Hubler	30-Sep-2021	this will be carried into April to be completed before end of academic year (June 2021)
ADP/SUPS/63	Coordinate and evaluate workforce development for appropriate Tier 1 & 2 staff in relation to alcohol, tobacco and other drugs by enabling needs analysis and release of staff to undertake learning opportunities proportionate to identified requirements for their role, prioritising those working with groups at greatest risk	Overdue	10%	Allison Miller	31-Mar-2021	online training under review

7. Supported Individuals

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/SUPS/71	Update and promote clear pathways for information, signposting and referral to specialist support. E.g. Alcohol Brief Interventions in Primary Care and other priority settings, Referrals to "Quit Your Way" stop-smoking support, Appropriate referrals to specialist addictions services	In Progress	50%	Helen Douse	31-Mar-2022	Pathway Mapping for Children and YP complete. Service and referral pathways information gathered for action 2.6 (Employer Info). Website text has been drafted ready for publication. Alcohol Brief Intervention reports continue to be produced quarterly awaiting update to LDP

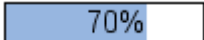| Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						Standard (on hold due to COVID).

2. Treatment and Support Sub-Group

1. Alcohol Related Deaths

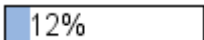| Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/11	We will develop a comprehensive data set that will be used to benchmark our current service provision, identifying areas for improvement.	In Progress	50%	Barry Sheridan	31-Jul-2021	A comprehensive performance management framework will be developed following publication of the RRR MER framework. A draft version has been developed. All Commissioned services will be asked to contribute to this also.
ADP/TSG/12	Explore opportunities for patients to access community based detox ensuring Glasgow Addiction Services policies and protocols are met.	In Progress	50%	Jacquelyn McGinley	30-Sep-2021	Continue to link in with GAS for changes to current practice.

2. Drug Related Deaths

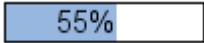| Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/21	Continue to provide and monitor targeted distribution and use of naloxone across West Dunbartonshire.(report quarterly)	In Progress	70%	Jacquelyn McGinley	31-Mar-2022	Scottish Government target met with over 70% of coverage achieved.

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/22	We will continue to work alongside GG&C and Scottish Ambulance Service developing an immediate-response pathway for non-fatal overdose.	In Progress	60%	Jacquelyn McGinley	31-Jul-2021	West Dun has involvement in Non Fatal overdose GGC steering group. Local pathway will be development over the next 9-12 months. Currently no ISA in place yet, 1 meeting to take this forward.
ADP/TSG/23	We will develop a health and social care rapid response service for those who require medication assisted treatment.	In Progress	70%	Jacquelyn McGinley	31-Dec-2021	Rapid access currently available within 48hrs, goal is for same day. Additional medical resource time will need to be reviewed to be 100% achieved in means of same day.
ADP/TSG/24	We will develop services to undertake assertive outreach to the most marginalised and vulnerable in our community, we will provide a two year's Navigator's project during 2020/2021 and 2021/22 (report quarterly)	Completed	100%	Barry Sheridan	31-Mar-2022	*Confirmation of the award of the DDTF funding to West Dunbartonshire was received from Scottish Government on 27/10/2020 and work is underway to procure this activity in line with HSCP guidance to ensure project initiation as soon as possible"*
ADP/TSG/25	All drug related warnings from public health surveillance to all members of the ADP via electronic communications.(report quarterly)	Completed	100%	Barry Sheridan	31-Mar-2022	This action is carried out on an ad hoc basis. As soon as information is received this is communicated to ADP partner agencies.
ADP/TSG/26	Explore opportunities to review local drug related death groups processes and learning outcomes.	Completed	100%	Jacquelyn McGinley	31-Mar-2021	Drug Deaths coordinator, Team Leads, Police have regular meetings. Meeting

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						with Third Sector colleagues to consider wider forum to be considered.
ADP/TSG/27	Explore the opportunity of holding a drug related deaths forum to share learning with Addiction Services and 3rd Sector partners.	Overdue	85%	Jacquelyn McGinley	31-Mar-2021	Any local learning will be shared with 3rd sector partners, this will take place at a strategic DRD/alcohol learning group which will include 3rd sector partner. In addition the DRD group are in negotiation with police Scotland to develop an ISA where 3rd sector partners are included.

3. Quality Principles

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/31	Continue to monitor waiting times ensuring that the national target of 95% of patients are seen within 21 days of referral for all local alcohol and drug services.(report quarterly)	Completed	100%	Jacquelyn McGinley	31-Mar-2022	Meeting target with last quarterly score of 97%
ADP/TSG/32	Each service will review the findings of the Client/Service User Survey (completed Jan-March 2020) across all local alcohol and drugs services and **identify specific improvement actions** in relation to Quality Principles as required.	In Progress	31%	Barry Sheridan	31-Dec-2021	Note already provided on 24th March.
ADP/TSG/33	Take action to achieve improvements in relation to Quality Principles as identified through ongoing dialogue with those with lived experience and continue to build a recovery community.	In Progress	12%	Barry Sheridan	31-Dec-2021	A LE group will be established when the Recovery Coordinator is in post. A paper will be presented to the ADP in May with recommendations for improvement

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/34	We will ensure community recovery plans are created in a patient centred way; these will be subjected to a casefile audit process to ensure Quality Principles are met. (report quarterly)	In Progress	55%	David Buchan	31-Mar-2022	Meeting 09/03/21 with Barry Sheridan (ADP, Strategy Coordinator). Agreed writer would clarify current care plans being utilised within the team.

Two different care plans being used within the team, with varying degrees of person centeredness. Paper care plan more service user friendly that CF Care Plan.

Standardised approach indicated. It may be useful for Care Plans to be reviewed at the same time as ASA is to be reviewed this year. Suggestion to be forwarded to Jacqueline McGinley (Operations Manager)

Case file audit completed on 31/03/21. 20 cases reviewed across the team. Reviews conducted by different disciplines across the team. Await outcome of audit. This could inform future planning of care plans.

It may be useful to consider a service user consultation around care plans to promote person centred goal. Suggestion to be forwarded to Barry |

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						Sheridan (ADP Strategy Coordinator). Claire Murray(Interim Senior Social Worker, Addiction worker)

4. Advocacy

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/41	We will promote increased availability and use of advocacy and monitor usage. (report quarterly)	In Progress	30%	David Buchan	31-Jul-2021	Meeting held with ADP Strategy Coordinator Barry Sheridan on 09/03/21. Decision taken that this action going forward will sit with Barry and strategy. Barry has made links with Lomond Advocacy Service and a plan is in place with regard to training and promotion of increased access to advocacy for Service Users of Addiction Services. Barry to provide written update and review progress bar.

5. Recovery

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/51	Map and review local recovery opportunities across West Dunbartonshire.	In Progress	50%	Barry Sheridan	30-Sep-2021	Update already provided on 24th March

6. DAISy

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/61	Prepare for the introduction of the new Drug and Alcohol Information System (DAISy).	Completed	100%	Jacquelyn McGinley	31-Dec-2020	Super users identified. Statutory Superuser has attended trainer. Process requires Council and NHS Caldicott Guardian sign off.

7. Involving People with Lived Experience

Action Code	Action Description	Status	Progress Bar	Due Date	Notes & History Latest Note
ADP/TSG/71	Complete annual client/service user survey.	Assigned	0%	30-Sep-2021	
ADP/TSG/72	Develop an ADP approach to involving people with lived experience in line with the ethos of RRR and the WD HSCP Participation and Engagement Strategy (building on the community engagement work carried out Nov 2019-Feb 2020).	In Progress	1%	31-Dec-2021	Meeting with Barry Sheridan (ADP Strategy Coordinator) on 09/03/21 agreed that moving forward this action will sit with Barry and strategy.

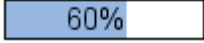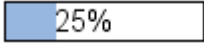Engagement strategy in motion. Barry to provide update note and assess progress bar. |

8. Joint Protocols

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/81	Review Mental Health and Addictions Joint Protocol in the light of RRR.	In Progress	50%	Jacquelyn McGinley	31-Jul-2021	Mental Health will be included in the Rights based advocacy workshops commissioned by Addiction Services. Delivered by REACH advocacy.
ADP/TSG/82	Review of Housing and Homelessness and Addictions Protocol in light of RRR.	Overdue	85%	Joanne Sutherland	31-Mar-2021	Claire has completed draft for consideration and finalization. Meeting on 20th Jan to ratify
ADP/TSG/83	Enhance reciprocal working arrangements between substance use services and employability support organisations.	In Progress	50%	Jacquelyn McGinley	31-Jul-2021	Enhance stronger links with Employability sector. Recruitment of a Recovery Co-ordinator. Commissioning of Right based Advocacy training will allow for 3 SVQ L3 advocates. 2 will be employed for the Navigator project and the other solely for Addiction Services.

9. Whole Family Approach

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/91	Where appropriate, ADP partners implement Tier 1 and Tier 2 Carer's Assessments/Young Carer Statement.	Overdue	25%	David Buchan	31-Mar-2021	Allocated to Senior Social Worker on Pentana

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						16/03/21. Addiction Services Carers strategy submitted to Val Tierney (16/02/21) following agreement from Jacqueline McGinley (Interim Operations Manager Addiction Services) on 15/02/21. This has been integrated into wider WDC strategy. Recommendations of basic changes to Carers assessment to improve data collection have been made, to be discussed with Operations Manager on 16/04/21. Full review of Carers Assessment will take place as part of review of ASA being undertaken by operations manager approximately within next 6 months. Carer statement remains outstanding at this time.
ADP/TSG/92	Ensure GIRFEC principles are embedding into services, ensuring that all adults having regular contact with children are assessed through implementation of Parenting Assessment across statutory services.	In Progress	80%	Jacquelyn McGinley	31-Jul-2021	Child protection training is mandatory for all staff. The implementation of the new parenting assessment went live in April 2021 and all staff have now completed the training. This will be embedded in to practice.

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/TSG/93	Work required to take forward joint work with children's services to ensure child protection legislation is met.	In Progress	60%	Jacquelyn McGinley	31-Jul-2021	Nurse Team Leader preparing report on the number case conferences that Addiction Services staff attend in line with Child Protection guidance
ADP/TSG/94	We will develop and explore approaches to increased family inclusive practice.	In Progress	35%	Jacquelyn McGinley	31-Jul-2021	Enhance links with Scottish families. Needs assessment will look at all aspects of what is available for families in WDC.
ADP/TSG/95	We will carry out a training needs analysis with ADP partners.	In Progress	25%	Jacquelyn McGinley	31-Dec-2021	Strategic needs assessment will take place over the next 6 months. This will inform what service provision is required and influence what additional funding is required to improve outcomes for the population.

3. ADP Justice Settings Working Group

National Outcome A: Improve treatment in justice settings in line with the appropriate standards and guidelines

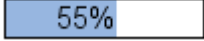| Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/JS/001	Develop the project plan for Clydebank Custody Suite, Arrest Referral Substance Use service, including needs, demand, capacity assessment and performance framework.	Overdue	10%	Mary Holt	31-Mar-2021	Drug Deaths Task Force Funding for Priority 6 (Ensure Equivalence of Support for People in the Criminal Justice System) has been awarded. Work

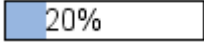| Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
						to commission the Arrest Referral Scheme is in progress in line with WDC procurement guidelines.
ADP/JS/002	Establish the substance use service within Clydebank Custody Suite.	Overdue	10%	Mary Holt	31-Mar-2021	Drug Deaths Task Force Funding for Priority 6 (Ensure Equivalence of Support for People in the Criminal Justice System) has been awarded. Work to commission the Arrest Referral Scheme is in progress in line with WDC procurement guidelines.
ADP/JS/003	Produce a 'needs, demand and capacity for delivery' assessment for specialist substance use services within Justice Social Work across all 'Order' types.	Overdue	30%	Laura Smith	31-Mar-2021	As before Court business has been greatly reduced. Due to recommence at increased capacity from 22-03-21. We are able to identify drug/alcohol requirements via court orders however we require referrals to be counted to WDAS, third sector partners capture the full picture of need/demand
ADP/JS/004	Develop the draft performance framework, aligning Rights, Respect and Recovery & Community Justice Indicators, for inclusion in local Community Justice Outcome Improvement Plan from 2021.	Overdue	0%	Mary Holt	31-Jan-2021	Update due end Jan 2021

National Outcome B: Increase use of diversion from prosecution and alternatives to custody wherever appropriate

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
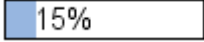
Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/JS/005	Monitor the numbers and types of Diversion received from Crown Office & Procurator Fiscal to create an understanding of need, demand and capacity for substance use services.	Overdue	55%	Laura Smith	31-Mar-2021	Due to court business reduced, require further period of time to assess needs/demands

National Outcome C: Increase the effective and consistent use of justice through care services

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/JS/006	Contribute to the developing community justice model for prison through care, ensuring a proactive and planned approach to problem drug and alcohol use and citizens associated through care arrangements.	Overdue	20%	Mary Holt	31-Mar-2021	Processes have been established within justice and addictions services to ensure service users subject to long term sentences have appropriate pathways to interventions and treatment. This will continue to be further developed to enable all service users to access these regardless of their term of imprisonment.

National Outcome D: Increase the number of people who come into contact with justice agencies and receive the right support from the appropriate services and sources

Action Code	Action Description	Status	Progress Bar	Assigned To	Due Date	Notes & History Latest Note
ADP/JS/007	Deliver and evaluate implementation of ABI (Alcohol Brief Intervention) training for Justice Social Work and Clydebank Custody Suite.	Overdue	15%	Allison Miller	31-Mar-2021	Work with GCA to allow online delivery complete.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Audit and PerformanceCommittee

Report by Head of Health and Social Care

24 June 2021

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Subject: **Care Inspectorate Inspection report for an Older People's Care Home operated by the Independent Sector in West Dunbartonshire**

1.   Purpose

1.1   To provide the Audit and Performance Committee with an update on a Care Inspectorate inspection report for one independent sector residential older people's 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 use 5 Key Questions rather than the previous 4 Quality Themes in their inspections. They continue to use the six point scale of 1 – Unsatisfactory to 6 – Excellent in grades awarded.

3.2   The Care Inspectorate has temporarily amended the focus of their inspections. Currently inspections focus only on how well people are being supported during the COVID-19 pandemic rather than the range of Key Questions.

3.3   The 6th Standard in the Care Standards is the principle of Human Rights that is embedded in all the other questions and principles graded in inspections. As part of the UK Infection Prevention remobilisation, an addendum was made to the community Health and Care Standards relating to Covid 19. The Care Inspectorate developed Standard 7 to address this and currently this is used as the basis of all their inspections. 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 care home based on key areas vital to the support and wellbeing of people experiencing care during the pandemic. The inspection is focussed on infection control measures, PPE, staffing and the impact on individuals' well-being.

3.4   Key Question 7 has 3 quality indicators:

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:

- Kingsacre Luxury Suites.

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

Kingsacre Luxury Suites

4.1   Kingsacre Luxury Suites is owned and managed by Kingsacre Care Limited which is part of the Care Concern Group. The home is registered with the Care Inspectorate for a maximum of 66 residents. As of 1 June 2021, there are 35 residents in Kingsacre – 20 from West Dunbartonshire and 15 from other authority areas.

4.2   The home was inspected on 18 February 2021 and the report issued on 04 March 2021.   This was a follow up inspection assessing progress the service had made on addressing requirements detailed in their inspection on 18 January 2021. The table below summarises the grades awarded to Kingsacre Luxury Suites over their last 3 inspections:

Inspection date	How good is our care and support during the COVID-19 pandemic
18.02.21	3
18.01.21	2
16.09.20	3

4.3   The grade awarded is an improvement on the lower grade previously awarded. Inspectors re-evaluated each quality indicator within key question 7 upwards from weak to adequate to reflect the improvements they found had been made during their inspection.

4.4 The Inspectors reviewed progress achieved on the six requirements detailed in the January 2021 inspection. The requirements were as follows:

Requirement 1

Ensure all elements of infection prevention and control are fully implemented as per guidance. This is to include:

- Decontamination of reusable care equipment must be carried out between each use and/or after any body fluid contamination. Reliable systems should be in place to provide assurance that all care equipment is clean and fit for use. This may be care cleaning schedules that are monitored, signed and up to date.
Spacing
- Cleaning schedule for frequently touched areas should be in place to provide assurance that these areas are being cleaned at least twice per day as per requirements.

- Alcohol based hand rub must be available/accessible for staff in resident areas to ensure staff can safely sanitise their hands when moving between resident rooms and other areas of the home. This must be carried out after leaving rooms where residents are in isolation to prevent cross infection.

Requirement 2

Overhaul, as a matter of urgency, the quality assurance systems to verify that good quality care is being provided, that staff are appropriately trained and that all required infection control procedures linked to COVID-19 are fully in place and implemented in accordance with good practice, provider guidance and Scottish Government directives.

Requirement 3

Improve the quality of and access to the information that staff at all levels require to be able to work safely, competently, and consistently to ensure that residents experience the best possible outcomes. This should include but not limited to:

- Improve information within the shift handover.
- Develop a plan to update care plans to include information staff require to support residents during an outbreak of covid-19.
- Develop a plan to improve the quality of information within personal plans in consultation with the individual and their representative reflecting choices and preferences of the person and include details of end of life wishes to ensure peoples rights and choices are known and respected.
- Provide information that staff require to be able to support safe care during Covid -19 pandemic to include when there is an outbreak of covid-19.
- Ensure sufficient provision of handheld devices.

Requirement 4

Managers to ensure there are systematic and effective internal and external quality management and quality assurance systems in place to drive infection prevention and control improvements in the service. This should include but not be limited to:

- Regular observations of the use and disposal of PPE to ensure staff are compliant with the most up to date guidance.
- Lidded bins are in situ in bedrooms of residents who are in isolation for the safe disposal of PPE.
- Cleaning records are accurate, evaluative and evidence that frequently touched surfaces are cleaned regularly.
- Regular infection prevention and control audits.

Requirement 5

Ensure there is sufficient practical assistance and support available for the Registered Manager, Management Team and Care staff. This is to ensure that staff have the opportunity to reflect on their practice, discuss changes in guidance and identify any development and support needs they have.

Requirement 6

Ensure that the skill mix and deployment of staff at all times reflects the needs of residents.

4.5 The Inspectors, which included a Health Improvement Scotland Inspector, found that sufficient progress had been made in addressing all areas and so agreed all requirements to have been met within the timescale given of 17 February 2021.

4.6 Since the inspection took place in February a new Manager has taken up post in the care home. Weekly meetings are ongoing between the new Manager and staff from WDHSCP to offer support to the individual, ensure any changes required have been implemented and improvements made. The Head of Community Health and Care and Chief Nurse have been frequent participants in these ongoing meetings.

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 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 Strategic Plan for 2019 – 22 priorities are:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

12.2   The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP commitment to work with providers within an agreed assurance framework.

13.   Directions

13.1 Not required for this report.

Name:	Jo Gibson
Designation:	Head of Community Health and Care
Date:	25 May 2021

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