

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Monday, 15 November 2021

Time: 10:00

Format: Zoom video conference

Contact: Ashley MacIntyre, Committee Officer
ashley.macintyre@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee** as detailed above.

The Convener has directed that the meeting will be held by way of video conference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health and Social Care Partnership

Distribution:-

Voting Members

Rona Sweeney (Chair)
Denis Agnew (Vice Chair)
Jonathan McColl (WDC)
John Mooney (WDC)
Lesley Rousselet (GGC)
Michelle Wailes (GGC)

Non-Voting Members

Anne MacDougall
John Paterson

Chief Officer – Beth Culshaw
Chief Financial Officer – Julie Slavin
Chief Internal Auditor – Andi Priestman
External Audit Representatives – Christopher Gardner, Zahrah Mahmood, Jack Kerr

Date of issue: 10 November 2021

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

MONDAY, 15 NOVEMBER 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3 RECORDING OF VOTES

The Committee is asked to agree that all votes taken during the meeting will be done by roll call vote to ensure an accurate record.

4 MINUTES OF PREVIOUS MEETINGS 7 - 15

Submit, for approval as correct records, the Minutes of Meetings of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on:-

- (a) 24 June 2021; and
- (b) 16 September 2021.

5 AUDIT SCOTLAND: VACCINATIONS PROGRAMME 17 - 39

Submit report by the Acting Head of Service - Community Health and Care summarising the Audit Scotland Covid Vaccination Programme briefing paper (September 2021).

6 WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE 2021/22 QUARTER ONE 41 - 53

Submit report by the Head of Service - Strategy and Transformation ensuring the West Dunbartonshire HSCP Board 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 HSCP's Strategic Plan.

- 7 WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE 2021/22 QUARTER TWO 55 - 69**
- Submit report by the Head of Service - Strategy and Transformation ensuring the West Dunbartonshire HSCP Board 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 HSCP's Strategic Plan.
- 8 WEST DUNBARTONSHIRE DELAYED DISCHARGES 71 – 75**
- Submit report by the Acting Head of Service - Community Health and Care presenting current measures of performance in relation to delayed discharges within West Dunbartonshire.
- 9 STRATEGIC RISK REGISTER SIX MONTH REVIEW 77 - 88**
- Submit report by the Head of Service - Strategy and Transformation presenting the updated Strategic Risk Register for the West Dunbartonshire Health and Social Care Partnership.
- 10 AUDIT PLAN PROGRESS REPORT 89 - 97**
- Submit report by the Chief Internal Auditor to enable WD HSCP Board Audit and Performance Committee members to monitor the performance of Internal Audit and gain an overview of the Board's overall control environment.
- 11 MENTAL WELFARE COMMISSION REPORT ON FRUIN AND KATRINE LOCALITIES 99 - 101**
- Submit report by the Head of Service - Mental Health, Learning Disability and Addiction advising on the Mental Welfare Commission visit and report to Fruin and Katrine Localities Older People Mental Health Localities, Vale of Leven Hospital.
- 12 CARE INSPECTORATE INSPECTION REPORT FOR AN OLDER PEOPLE'S CARE HOME OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 103 - 106**
- Submit report by the Acting Head of Service - Community Health and Care providing an update on a Care Inspectorate inspection report for an independent sector residential older peoples' Care Home located within West Dunbartonshire.

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

107 - 110

Submit report by the Acting Head of Service - Community Health and Care providing an update on a Care Inspectorate inspection report for an independent sector residential older peoples' 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 Thursday, 24 June 2021 at 10.00 a.m.

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

*Arrived later in the meeting.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Jonathan Hinds, Head of Children's Health, Care and Criminal Justice; Andi Priestman, Chief Internal Auditor; Val Tierney, Chief Nurse; Barry Sheridan, Strategy Officer; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.

Also Attending: Christopher Gardner, Senior Audit Manager, and Jack Kerr, Audit Manager, Audit Scotland.

Apology: An apology for absence was intimated on behalf of Chief Superintendent John Paterson, Police Scotland.

Bailie Denis Agnew in the Chair

VALEDICTORY – COUNCILLOR MARIE MCNAIR

Bailie Denis Agnew, Chair, congratulated Councillor Marie McNair on her election to Member of Scottish Parliament and thanked her on behalf of the Health and Social Care Partnership Board Audit and Performance Committee for her hard work and commitment throughout her role as Chair. Other Members were heard in similar terms and, commending her hard work and dedication over the years, the Committee wished her well in her new role.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 25 February 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

A note of the Audit and Performance Committee's Rolling Action List was submitted for information. After discussion, and having heard an update on the one action within the Rolling Action List from Chief Financial Officer, the Committee agreed to close and remove this item as no further action was required.

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

A report was submitted 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.

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

- (1) to record its thanks to Councillor 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;
- (2) to note that West Dunbartonshire Council Leader, Councillor Jonathan McColl, was West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Councillor John Mooney and Bailie Denis Agnew;
- (3) to note that until the 30 June 2021 Bailie Agnew would 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; and
- (4) to note that a further report would be brought to the next meeting of the Health and Social Care Partnership Board Audit and Performance Committee detailing formal Voting Members going forward for the next three year period.

Q4 PERFORMANCE REPORT

A report was submitted 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.

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

- (1) to note the content of the HSCP Quarterly Performance Report 2020/21 Quarter Four 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 this report presented partial Quarter Four data;
- (3) to note that Quarter Three information previously unavailable to the Committee was contained within this report; and
- (4) to agree to postpone the publication of the Annual Performance Report until 30 September 2021 to allow for more detailed information to be available.

RISK MANAGEMENT POLICY

A report was submitted by Head of Strategy and Transformation presenting the findings of the desktop review and internal audit of the Risk Management Policy and supporting strategy for the Health and Social Care Partnership.

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

- (1) to note the content of this report;
- (2) to recommend approval of the Risk Management Policy (Appendix A) for the Health and Social Care Partnership to the HSCP Board; and
- (3) to note the supporting strategy for Risk Management.

AUDIT PLAN PROGRESS REPORT

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

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the progress made in relation to the Internal Audit Annual Plan for 2020/21; and
- (2) to a meeting being arranged between Rona Sweeney and Councillor John Mooney in relation to sharing knowledge with West Dunbartonshire Council's Audit Committee and actions going forward.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2021

A report was submitted by Chief Internal Auditor providing details based on the internal audit work carried out for the year ended 31 March 2021, and containing an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

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

2020/21 LOCAL CODE OF GOOD GOVERNANCE ANNUAL REVIEW AND ANNUAL GOVERNANCE STATEMENT

A report was submitted by Chief Financial Officer providing detail on the 2020/21 Local Code of Good Governance Annual Review and Annual Governance Statement.

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

- (1) to approve the minor changes to the current West Dunbartonshire Health and Social Care Partnership Board Local Code of Good Governance;
- (2) to note the outcome of the annual self-evaluation, the issues identified and the update of the improvement actions; and
- (3) to approve the 2020/21 Annual Governance Statement.

2020/21 UNAUDITED ANNUAL REPORT AND ACCOUNTS

A report was submitted by Chief Financial Officer detailing the 2020-21 Unaudited Annual Report and Accounts.

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

- (1) to approve the 2020/21 unaudited Annual Report and Accounts; and
- (2) to note that the unaudited Accounts should be presented for final approval no later than 30 November 2021, prior to submission to the Accounts Commission.

*Note: Rona Sweeney joined the meeting in discussion of this item.

ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE – SCOTTISH GOVERNMENT PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS

A report was submitted by Head of Mental Health, Addictions and Learning Disabilities informing 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 ADPs.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disabilities and Strategy Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress in relation to Section 4 of the report and noted that a more detailed report would be brought back to the Board in six months time.

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

A report was submitted 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.

After discussion and having heard the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of this report.

STATEMENT BY CHAIR

Bailie Denis Agnew, Chair, wished to put on record his thanks, on behalf of the Health and Social Care Partnership Board Audit and Performance Committee, to those members who would be moving on from their role within the Committee, Mr Allan MacLeod and Audrey Thomson, and noted the exceptional hard work and dedication they had shown throughout their time and that their exceptional knowledge and experience would be greatly missed.

The meeting closed at 11.34 a.m.

DRAFT

**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 Thursday 16 September 2021 at 10.30 a.m.

Present: Rona Sweeney, NHS Greater Glasgow and Clyde Health Board.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Audrey Slater, Head of People and Change; Jacqui McGinn, Health Improvement & Inequalities Manager; Fiona Taylor, Senior Nurse; Lyn Slaven, Strategy Lead; Andi Priestman, Shared Service Manager – Audit and Fraud; Anne MacDougall, Chair of the Locality Engagement Network, Clydebank; Helen Little, Lead Allied Health Professional; Nigel Ettles, Principal Solicitor; Ashley MacIntyre and Lynn Straker, Committee Officers.

Also Attending: Zahrah Mahmood and Jack Kerr, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Denis Agnew, Jonathan McColl and John Mooney, West Dunbartonshire Council; Margaret-Jane Cardno, Head of Strategy and Transformation and Chief Superintendent John Paterson, Police Scotland.

Rona Sweeney in the Chair

QUORUM

Having heard the Principal Solicitor it was noted that the meeting was inquorate in terms of the Health and Social Care Partnership Board's Standing Orders as only one Voting Member was in attendance.

After hearing the Chief Officer it was noted that two items of business on the agenda, 'Item 6 – External Annual Audit Report 2020/21' and 'Item 7 – Audited Annual Accounts 2020/21' required urgent consideration. In the circumstances, Ms Sweeney, Chair, requested that attempts be made to secure a quorum and to reconvene the meeting today if this was possible.

ADJOURNMENT

The meeting was adjourned to allow the Clerk to contact other Voting Members with the aim of securing a quorum to allow the urgent business to be considered.

The meeting reconvened at 11.20 a.m. with two additional Voting Members in attendance and therefore the meeting being quorate.

The voting members in attendance were:

Denis Agnew, West Dunbartonshire Council; Rona Sweeney and Michelle Wailes NHS Greater Glasgow and Clyde Health Board.

The officers in attendance were:

Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Audrey Slater, Head of People and Change; Jacqui McGinn, Health Improvement & Inequalities Manager; Lyn Slaven, Information Lead; Andi Priestman, Shared Service Manager – Audit and Fraud; Helen Little, Lead Allied Health Professional; Nigel Ettles, Principal Solicitor; Ashley MacIntyre and Lynn Straker, Committee Officers.

Also in attendance:

Zahrah Mahmood and Jack Kerr, Audit Scotland.

It was noted that an attempt had been made to notify all attendees of the reconvening of the meeting but it was acknowledged that not all would be able to re-join.

It was agreed that only the undernoted items of business would be considered at the meeting and that all other business on the agenda would be continued to a future meeting of the Committee.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in relation to either of the items of business that were to be considered.

MINUTES OF PREVIOUS MEETING

The Committee agreed that the Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 24 June 2021 would be submitted for approval to the meeting to be held on Monday 15 November 2021.

EXTERNAL ANNUAL AUDIT REPORT 2020/21

A report was submitted by Chief Financial Officer presenting the Annual Audit Report and Auditor's letter, for the audit of the financial year 2020/21, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

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

- (1) to note the contents of the Annual Audit Report to the Board and the Controller of Audit for the financial year ended 31 March 2021;
- (2) to note the achievement of an unqualified audit opinion; and
- (3) to note the key messages, the recommendations and agreed management actions contained in the appendices attached to the report relating to the audited Annual Accounts.

AUDITED ANNUAL ACCOUNTS 2020/21

A report was submitted by Chief Financial Officer presenting for consideration the audited Annual Accounts for the year ended 31 March 2021.

After discussion and having heard the Chief Financial Officer in further explanation of the report, the Committee agreed the audited Annual Accounts for the period 1 April 2020 to 31 March 2021 and recommended their approval to the HSCP Board for further discussion as required and signature by the Chair, Chief Officer and Chief Financial Officer.

The meeting closed at 11:39 a.m.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE

Report by Acting Head of Service - Community Health and Care

HSCP Audit and Performance Committee: 15 November 2021

Subject: Audit Scotland: Vaccinations Programme

1. Purpose

1.1 This report summarises the Audit Scotland Covid Vaccination Programme briefing paper (September 2021).

2. Recommendations

2.1 The Committee is asked to note the contents of this paper.

3. Background

3.1 Audit Scotland have published a report into the Covid Vaccination Programme in Scotland. The Programme commenced on the 8th December 2020, and to date of all those aged 18 years and over, 91.7 per cent had received their first dose of a vaccine, and 85.7 per cent had received their second dose. This is considerably higher than the target of 80 per cent. The programme has been effective in reducing the number of people getting severely ill and dying from Covid-19.

4. Main Issues

4.1 The Key Messages within this briefing paper acknowledge the myriad challenges that have been overcome to enable the speedy implementation and success of the most significant Public Health vaccination programme in many years.

4.2 The Joint Committee on Vaccination and Immunisation (JCIV) adapted clinical advice as new research evolves in terms of vaccine effectiveness in specific population groups has also posed operational challenges. This necessitated flexibility and responsiveness from Health Boards as existing programmes and plans were adapted to meet these changing directives.

4.3 The Scottish Government agreed that the UK Government should lead on the purchase and supply of the vaccines on a four nations basis. Related costs for the Covid-19 vaccination programme in Scotland. NHS boards and Health and Social Care Partnerships (HSCPs) are predicted to be £223.2 million in 2021/22 and the Scottish Government has confirmed that vaccination costs will be fully funded for the 2021/22 financial year.

- 4.4** The Programme has, up till now, relied on a temporary workforce, and the Scottish Government has recognised that a longer-term solution is needed for future phases of the rollout to be sustainable.
- 4.5** The success of the Vaccination Programme has been due to collaboration and partnership working across Scottish Government, Health Boards and IJB's. The digital tool that have been developed thus far will be further embedded and developed within vaccination programmes.
- 4.6** Recognition is given to the challenges faced in terms of targeting specific population groups such as those from minority ethnic backgrounds and people living in deprived areas where uptake of the vaccination has been lower than the national average. Interventions have included targeted social media campaigns and mobilisation of mobile vaccination units and additional drop in centres. Data analysis has allowed better understanding of trends by collecting data on uptake by characteristics such as ethnicity and deprivation.

DNA rates have also fluctuated; in February 2021, DNAs accounted for eight per cent of scheduled appointments, increasing to 36 per cent in July 2021 and decreasing to 23 per cent in August. This may be attributed to the availability and accessibility of drop in clinics.

The Health Boards have worked with Scottish Government to minimise wastage, and between February and August 2021, the proportion of vaccines wasted was just 0.65 per cent.

- 4.7** The vaccines have helped to reduce the incidence of severe illness and death from Covid-19. The rate of cases and hospitalisations is significantly lower among vaccinated people than for those who are unvaccinated. As new variants of the virus continue to emerge however, there is a risk that the current Covid-19 vaccines will become less effective.

4.8 West Dunbartonshire statistics:

Age Band	West Dunbartonshire		NHS GGC	
	First Dose	Second Dose	First Dose	Second Dose
12-15	39.4%	0.8%	47.8%	1%
16-17	67.9%	15.9%	70.9%	17.3%
18-29	76.5%	65.3%	73.3%	62.8%
30-39	85.4%	76.5%	80.4%	72.6%
40-49	95.0%	89.8%	92.8%	87.5%
50-54	94.4%	91.3%	95.5%	92.2%
55-59	98.8%	96.1%	99.8%	97.3%
60-64	100.0%	99.8%	100.0%	100.0%
65-69	100.0%	100.0%	100.0%	100.0%
70-74	100.0%	100.0%	100.0%	99.9%
75-79	100.0%	100.0%	100.0%	100.0%
80+	100.0%	100.0%	100.0%	97.0%
Total 18+ vaccinated	93.3%	89.7%	89.9%	84.3%

5 Next Steps

- 5.1** Scottish Government started planning to provide booster vaccines from September 2021. It established a programme board for Tranche Two: the flu vaccine and Covid-19 booster programme. This board is intended to increase focus and the pace of planning and delivery of Covid-19 booster and flu vaccinations that is taking place over autumn and winter 2021/22.
- 5.2** The Scottish Government has also started planning for the longer-term, business-as-usual approach to providing vaccinations in future across Scotland: Tranche Three of the Covid-19 vaccination programme. It plans to establish a new National Vaccinations Partnership portfolio board to provide oversight and direction across all three tranches of the vaccination programme.

6. People Implications

6.1 There are no people implications within this paper.

7. Financial and Procurement Implications

7.1 There are no financial and/or procurement implications.

8. Risk Analysis

8.1 Not applicable

9. Equalities Impact Assessment (EIA)

9.1 Not applicable

10. Environmental Sustainability

10.1 Not applicable.

Name Fiona Taylor

Designation; Acting Head of Health and Community Care

Date: 1st November 2021

Person to Contact: Fiona Taylor, Fiona.taylor2@ggc.scot.nhs.uk.

Appendices: Audit Scotland: Vaccination Programme

Wards Affected: All

Covid-19

Vaccination programme



Briefing prepared by Audit Scotland
September 2021

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Audit team

The core audit team consisted of: Leigh Johnston, Eva Thomas-Tudo and Claire Tennyson with support from other colleagues and under the direction of Angela Canning.

Links

-  PDF download
 -  Web link
-

Key messages



- 1** The Covid-19 vaccination programme has made excellent progress in vaccinating a large proportion of the adult population. More than 90 per cent of people aged 18 and over have received at least one Covid-19 vaccine. The programme has been effective in reducing the number of people getting severely ill and dying from Covid-19. Vaccines have been delivered in a variety of ways to make it easier for more people to access them, and the level of vaccine wastage has been low.
- 2** Engagement with the vaccination programme is lower in some groups of the population. A smaller proportion of younger people, those living in the most deprived areas and people from some ethnic groups have been vaccinated. The Scottish Government is taking action to encourage people to take up the offer of a Covid-19 vaccination.
- 3** The Covid-19 vaccination programme is being implemented under uncertain and challenging circumstances. Clinical advice from the Joint Committee on Vaccination and Immunisation (JCVI) continues to evolve and has needed to be implemented quickly. The Scottish Government and NHS boards are responding quickly to new clinical advice and are planning for future stages of the programme.
- 4** The Scottish Government has agreed that the UK Government should lead on the purchase and supply of the vaccines on a four nations basis. The Scottish Government and NHS Scotland are responsible for delivering the Covid-19 vaccination programme in Scotland. NHS boards and Health and Social Care Partnerships (HSCPs) have predicted that the programme will cost £223.2 million in 2021/22. The expenditure needed will depend on advice issued by the JCVI, so it could differ substantially from current predicted costs. The Scottish Government has confirmed that vaccination costs will be fully funded for the 2021/22 financial year.
- 5** The vaccination programme has relied on temporary staffing to date. The Scottish Government has recognised that a longer-term solution is needed for future phases of the rollout to be sustainable.
- 6** The delivery of the vaccination programme has been a success so far, with good collaboration, joint working and new digital tools developed at pace. There are opportunities for the Scottish Government to use the learning from this programme to inform the implementation of further stages of the vaccine programme and the wider delivery of NHS services.

Introduction



1. The Covid-19 vaccination programme has been a crucial part of the UK and Scottish governments' responses to the pandemic and has helped to protect Scotland's population from Covid-19. It is the largest vaccination programme that NHS boards have ever carried out. The vaccines have helped to reduce the incidence of severe illness and death from Covid-19 and have eased pressure on stretched NHS services. The vaccines have also allowed restrictions across Scotland to be lifted more safely, supporting economic recovery.

2. The first doses of Covid-19 vaccines in Scotland were administered on 8 December 2020, following the approval of the first Covid-19 vaccine by the Medicines and Healthcare Products Regulatory Agency (MHRA).¹ By September 2021, four vaccines had been approved by the MHRA. These were Pfizer-BioNTech, Oxford-AstraZeneca, Moderna and Janssen. The JCVI has not yet provided guidance on the use of the Janssen vaccine, but the remaining three vaccines are in use ([Exhibit 1, page 5](#)).²

3. This briefing paper looks at progress of the Covid-19 vaccination programme to September 2021 and what plans are in place for the next phase of the rollout and for the longer term. We will also report on further progress of the programme in our NHS in Scotland 2021 report, which will be published in early 2022.


4. We would like to acknowledge the support and assistance provided by the Scottish Government and NHS boards that has enabled us to prepare this briefing paper.

5. This paper is in three sections:

- **[Part one \(Management of the programme\)](#)** sets out the aims and objectives of the Covid-19 vaccination programme. It covers how the vaccination programme has been managed, the staffing and infrastructure put in place and costs so far.
- **[Part two \(Progress so far\)](#)** covers the progress of the Covid-19 vaccination programme. It covers how many people have been vaccinated, variation in uptake, and what impact the vaccination programme has had.
- **[Part three \(Next steps\)](#)** sets out the next steps of the programme. It covers how the Scottish Government is preparing to deliver a booster programme from autumn 2021, and the longer-term role of the Covid-19 vaccination programme.

Exhibit 1

Timeline of major milestones in the Covid-19 vaccination programme

2020 	2 December	MHRA approval of Pfizer-BioNTech vaccine
	8 December	First Covid-19 vaccine administered in Scotland
	30 December	MHRA approval of Oxford-AstraZeneca vaccine
2021 	8 January	MHRA approval of Moderna vaccine
	14 January	Publication of the Scottish Government's first Covid-19 vaccine deployment plan
	24 March	Publication of the Scottish Government's second Covid-19 vaccine deployment plan
	7 May	Everyone in JCVI priority groups 1-9 has been offered the first dose of a vaccine
	28 May	MHRA approval of Janssen vaccine
	30 June	JCVI publishes interim advice on a potential Covid-19 booster programme for vulnerable and older people from Autumn 2021
	18 July	Everyone aged 18 and over has been offered the first dose of a vaccine
	19 July	JCVI publishes advice that children aged 12 and over who are at increased risk from Covid-19 should be offered the Pfizer BioNTech vaccine
	23 July	Publication of the Scottish Government's third Covid-19 vaccine deployment plan
	4 August	JCVI announces the Pfizer-BioNTech vaccine should be offered to all 16 and 17 year olds
	1 September	JCVI announces that a third dose should be offered to people aged 12 and over who were severely immunosuppressed at the time of their first or second dose
	12 September	Everyone aged 18 years and over has been offered the second dose of a vaccine
	13 September	The four UK Chief Medical Officers advise that all 12-15 year olds should be offered one dose of the Pfizer-BioNTech vaccine
	14 September	JCVI announces that priority groups 1-9 should be offered a booster vaccine dose
	20 September	The Covid-19 booster programme starts.

Source: Audit Scotland

Management of the programme



The Scottish Government is responsible for the vaccination programme, and has prioritised Covid-19 vaccinations in accordance with JCVI guidance

6. The Scottish Government has agreed that the UK Government should lead on the purchase and supply of the vaccines on a four nations basis. The Scottish Government and NHS Scotland are responsible for the management and delivery of the Covid-19 vaccination programme in Scotland.

7. Scotland's allocation of the total supply of vaccines arriving in the UK is based on the Barnett formula.³ The main factor determining the speed of the first phase of the rollout was the availability of vaccines. As the programme progressed, the Scottish Government made changes to more effectively allocate the available supply of vaccines across Scotland. NHS boards now plan the deployment of vaccines on a weekly basis, based on the expected supply of vaccines. The Scottish Government reviews these plans weekly alongside national modelling of predicted demand to manage the allocation of vaccines.

8. The Scottish Government has based its decisions on which groups should be prioritised for receiving Covid-19 vaccinations on advice from the JCVI. This approach has been taken by all four UK nations.

9. The JCVI developed nine priority groups for receiving Covid-19 vaccinations based on those who are most at risk from contracting Covid-19 ([Appendix](#)). The JCVI recommended that those living in care homes, older people, clinically vulnerable people and patient-facing health and social care staff should be the first groups to receive Covid-19 vaccinations.

10. The JCVI has since published advice about how the remaining adult population should be prioritised, based on age. It has also published advice about vaccinating children and young people and on a booster programme in autumn and winter 2021/22.

The Scottish Government set out its priorities in three vaccine deployment plans

11. The Scottish Government has published three vaccine deployment plans since the start of the Covid-19 vaccination programme. These plans set out the high-level priorities of the programme, how it will be managed and summarise progress.

- First plan – published January 2021. This set out the Scottish Government's aim to vaccinate everyone in Scotland over the age of 18 and those aged 16 and 17 years who are frontline health and social care workers, young carers or have underlying health conditions. These groups amount to 4.5 million people.⁴

- Second plan – published in March 2021. This provided a summary of progress to date, highlighting that the programme was progressing faster than planned and with high uptake. It set out plans for the next phase of the programme and outlined some of the measures being taken to ensure that the vaccine programme is inclusive.⁵
- Third plan – published in July 2021. This provided a summary of progress and achievements since the start of the vaccination programme. It also outlined priorities for the next phase of the programme, including vaccinating eligible children and young people, and planning for a potential vaccine booster programme in autumn 2021.⁶

The Scottish Government and NHS boards have worked closely to deliver the Covid-19 vaccination programme

12. The Covid-19 vaccination programme is categorised into three tranches. More information on the priorities of Tranches Two and Three can be found on [pages 15 and 16](#).

- Tranche One consisted of vaccinating all adults in Scotland with two doses of a Covid-19 vaccine.
- Tranche Two consists of the autumn and winter 2021/22 flu vaccinations and Covid-19 booster programme.
- Tranche Three focuses on the longer-term, business-as-usual approach to providing vaccinations in future across Scotland.

13. The Scottish Government set up a Flu Vaccination and Covid-19 Vaccination (FVCV) programme board to provide strategic direction and oversight of the planning and delivery of Tranche One of the Covid-19 vaccination programme. The board met fortnightly, and membership included senior officials from Scottish Government, NHS boards and other partners.

14. Several other groups reported to the FVCV programme board, including groups focused on clinical governance; programme delivery; planning; and communication and engagement. An Executive Group was also established for decisions that had to be taken between board meetings. All such decisions were recorded and reported at the next FVCV board meeting.

15. NHS National Services Scotland (NSS) has played a key role in the rollout of the Covid-19 vaccination programme in Scotland. It administers the allocation process for vaccines across Scotland and manages a contract for the storage and distribution of vaccines and sundries. It also developed and manages the National Vaccination Scheduling System (NVSS) and vaccination call centre.

Vaccines have been administered in a range of locations

16. NHS boards have been delivering vaccines in a range of locations to reach as many people as possible. Vaccines have been administered in mass vaccination centres set up in conference centres and stadiums, and in local venues such as GP practices, town halls and community treatment centres. The Scottish Ambulance Service (SAS) has also set up mobile vaccination units to support the delivery of the vaccine programme. By the end of July 2021, 10,000 vaccines had been administered from SAS mobile vaccination units.⁷

17. As the economy reopened, the availability of some venues, such as stadiums and conference centres, decreased. The Scottish Government and NHS boards will need to consider how and where they deliver vaccines in the future.

The vaccine programme has relied on temporary staffing, and a longer-term, sustainable workforce is needed

18. The vaccine programme has so far been reliant on temporary staff and volunteers. By July 2021, more than 14,000 vaccinators had administered vaccines.⁸ Vaccinators consist of nurses, GPs, dentists, optometrists, pharmacists, allied health professionals, healthcare students and healthcare support workers (HCSWs). This diverse workforce has enabled the rollout of the vaccine programme to progress at pace, but it is an expensive model. Like other parts of the UK, NHS boards have also received support from the armed forces to increase vaccine workforce capacity when required.

19. As restrictions ease and NHS services recover, the availability of the temporary workforce will be reduced as staff return to their substantive posts. The Scottish Government has determined that a permanent, sustainable vaccine workforce will be needed in future. Work is currently taking place to establish the size of the workforce needed. This will depend on clinical advice about how vaccines should be delivered in future. The Scottish Government plans to recruit HCSW vaccinators as far as possible, working alongside registered nurses.

New digital tools were developed at pace to support the vaccination programme

20. To support the rollout of the Covid-19 vaccination programme, new digital tools were developed quickly. These digital developments have enhanced NHS Scotland's ability to coordinate and manage the rapid rollout of the vaccines and required close collaboration and partnership working. NHS boards, such as NHS Education for Scotland, NHS NSS, Public Health Scotland (PHS) and NHS Greater Glasgow and Clyde, worked with the Scottish Government to develop new systems to support the deployment of the vaccines, including:

- the National Vaccine Management Tool – a web-based application that enables frontline health and social care staff to view and record patient vaccination data at the point of care
- the National Clinical Data Store – holds the Covid-19 vaccination records for everyone in Scotland, which can be securely shared with healthcare staff when required
- the NVSS – used to allocate and reschedule appointments and will continue to be used for the next phase of the programme, including giving people the option to book appointments online
- a self-registration portal – initially allowed unpaid carers to self-register for the vaccine before being rolled out to everyone aged under 30 years, and subsequently to all adults.

21. NHS boards developed vaccine programme delivery plans in January and March 2021. In these plans, NHS boards identified risks related to the NVSS. There were concerns about the functionality of the tool before its launch, and challenges around the flexibility to schedule second doses.

22. Risks and issues relating to the NVSS were monitored regularly, and the NVSS was adapted to improve its functionality. Most NHS boards have used the NVSS and there are plans to continue using it in future stages of the vaccine programme. Some NHS boards have opted for local scheduling arrangements to better meet the needs of the local population.

Vaccination costs for the 2021/22 financial year will depend on advice issued by the JCVI

23. Covid-19 vaccines are procured by the UK Government, so the costs in Scotland are associated with the management, distribution, and delivery of the Covid-19 vaccination programme.

24. In 2020/21, NHS Scotland spent £58.9 million on the Covid-19 vaccination programme. Territorial NHS boards account for the majority of this (£42.7 million), and NHS NSS spent £16.1 million.

25. In August 2021, NHS boards and HSCPs predicted that the Covid-19 vaccination programme for the 2021/22 financial year will cost £223.2 million. NHS boards account for the majority of this (£209.9 million). Of this, NHS NSS has predicted that its costs will amount to £61 million.

26. NHS boards have based their predicted costs on planning assumptions provided by the Scottish Government. The expenditure needed will depend on advice issued by the JCVI, so could differ substantially from current predicted costs. The Scottish Government has confirmed that vaccination costs will be fully funded for the 2021/22 financial year.

27. As part of the initial Covid-19 funding allocations for 2021/22, the Scottish Government allocated £76.8 million for the extended flu and Covid-19 vaccination programme.⁹ Costs are being reviewed quarterly and further allocations will be made later in the year.

Progress so far



Excellent progress has been made in rolling out the Covid-19 vaccination programme

28. The Covid-19 vaccination programme is making excellent progress, with most of the adult population having received their first and second doses. By 21 September 2021, 7,979,142 doses of the Covid-19 vaccine had been administered in Scotland. Of all those aged 18 years and over, 91.7 per cent had received their first dose of a vaccine, and 85.7 per cent had received their second dose.¹⁰ This is considerably higher than the target of 80 per cent.

29. The Scottish Government aimed to offer first doses to everyone in JCVI priority groups 1-9 by early May 2021, and to all adults by the end of July 2021. This deadline was originally September 2021, but it was revised because of the good progress being made. First doses of the vaccine had been offered to all adults by 18 July 2021.¹¹

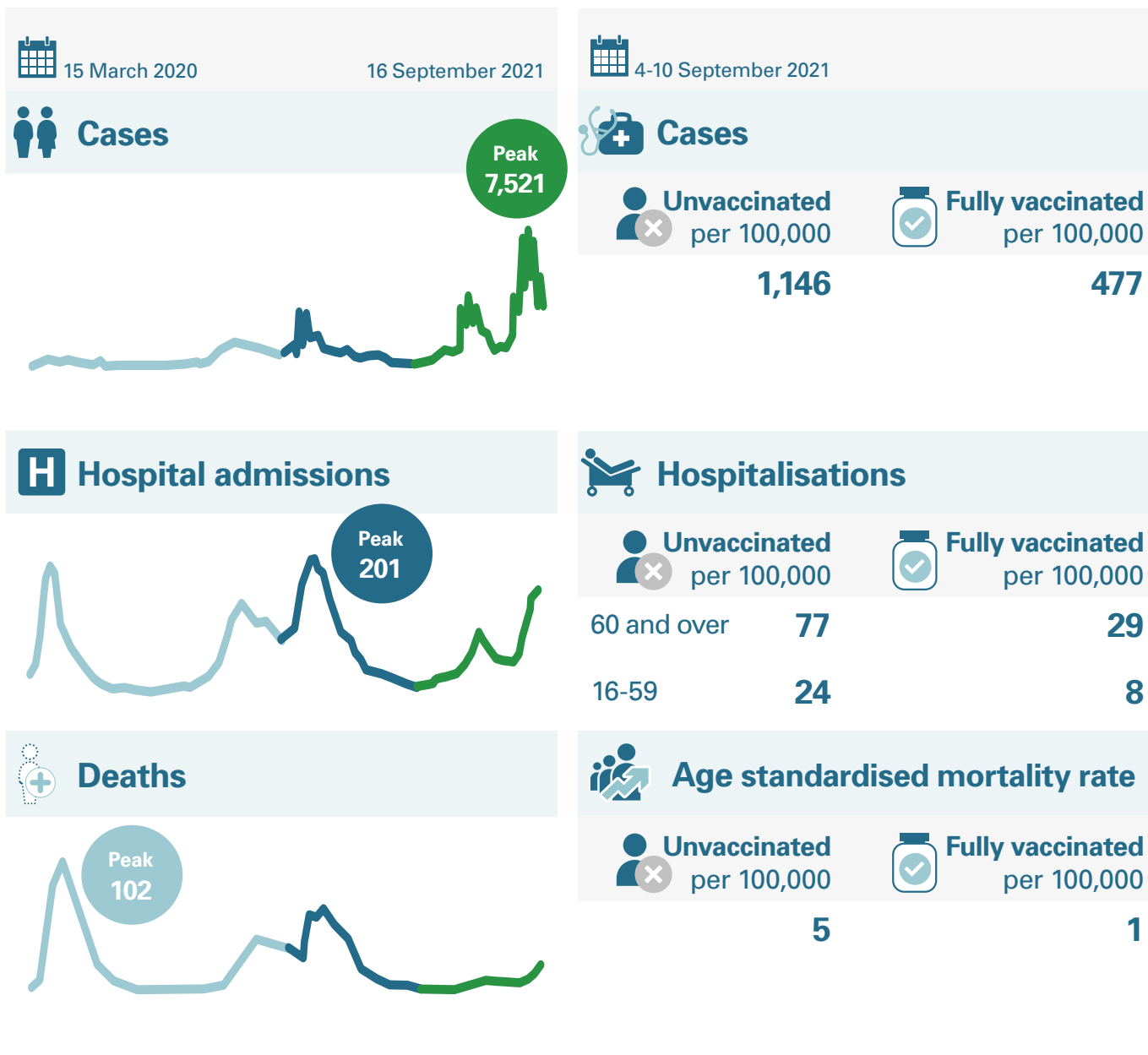
The vaccines have helped to reduce the number of people getting severely ill and dying from Covid-19

30. The vaccines have helped to reduce the incidence of severe illness and death from Covid-19. The rate of cases and hospitalisations is significantly lower among vaccinated people, than for those who are unvaccinated. The most recent increase in Covid-19 cases during summer 2021 did not result in as significant an increase in hospitalisations and deaths as the previous waves of Covid-19 ([Exhibit 2, page 11](#)). As new variants of the virus continue to emerge however, there is a risk that the current Covid-19 vaccines will become less effective.

Exhibit 2

Covid-19 cases, hospitalisations and deaths, March 2020 to September 2021

The vaccination programme has helped to reduce the number of people needing hospital treatment or dying from Covid-19.



- Before the vaccination programme
- Vaccination programme began from 8 December 2020
- 98% of priority groups 1-9 had received their first dose of the Covid-19 vaccine by 7 May 2021

Note. Cases, hospitalisations and the age standardised mortality rate per 100,000 by vaccine status between 4 and 10 September 2021. Hospital admissions and deaths trend lines are based on the seven day averages.

Source: Public Health Scotland and National Records of Scotland

The rate of people not attending their vaccination appointments has increased, but the proportion of vaccine wasted remains low

31. The rate of people not attending their vaccination appointments (DNAs) has been higher in recent months. In February 2021, DNAs accounted for eight per cent of scheduled appointments. This increased to a high of 36 per cent in July 2021, before decreasing to 23 per cent in August ([Exhibit 3](#)).

32. It is important not to look at DNA rates in isolation. The uptake of Covid-19 vaccinations is very high, and there are factors that could account for the increasing rate of DNAs. For instance, all mainland NHS boards introduced drop-in clinics from early July 2021. This meant that people could be vaccinated when it is most convenient for them, instead of at their scheduled appointment time.

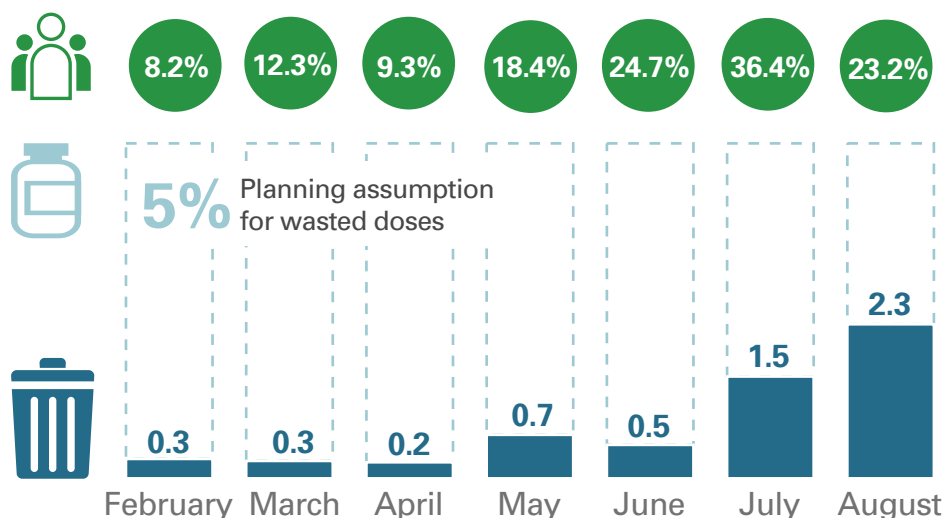
33. The proportion of Covid-19 vaccine doses being wasted has remained consistently low throughout the vaccination programme, although it has increased slightly in recent months, with 2.3 per cent of vaccines wasted in August 2021.

34. The Scottish Government published guidance in March 2021 to help NHS boards to minimise the number of vaccine doses wasted. Some wastage is unavoidable and to be expected: for instance, depending on the equipment being used, or if there is a malfunction in the cold storage of the vaccines. In its planning assumptions, the Scottish Government anticipated that around five per cent of vaccines would be wasted. Between February and August 2021, the proportion of vaccines wasted was just 0.65 per cent ([Exhibit 3](#)).

Exhibit 3

Rates of non-attendance at appointments and vaccine wastage between February and August 2021

Did not attend appointment



■ % Doses wasted

Source: Scottish Government

Engagement with the vaccination programme is lower in some groups of the population

35. Despite high uptake of Covid-19 vaccines overall, there is variation in uptake between different groups of the population. A smaller proportion of younger people, those living in the most deprived areas and people from some ethnic groups have been vaccinated ([Exhibit 4](#)). These trends are also evident in other parts of the UK.

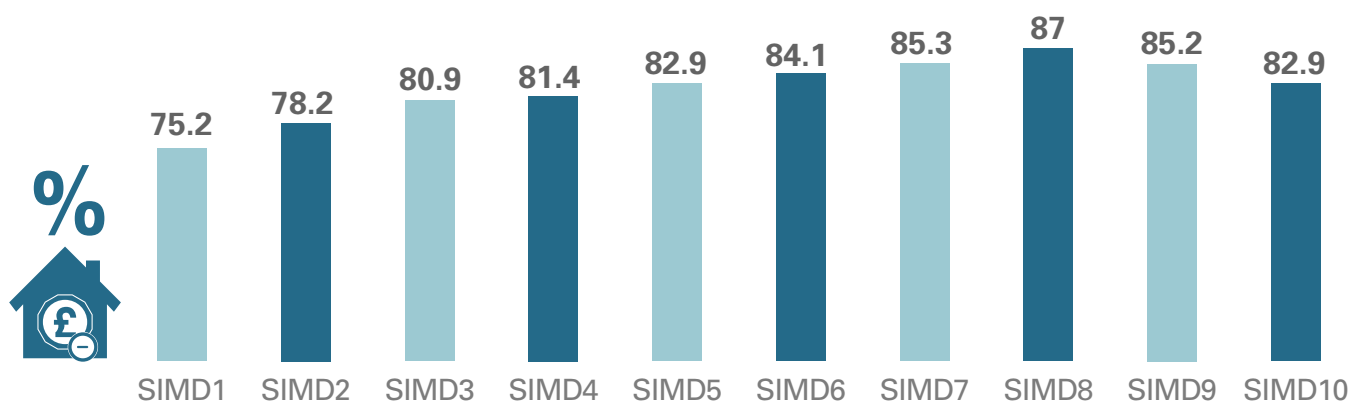
Exhibit 4

The rate of Covid-19 vaccination uptake varies

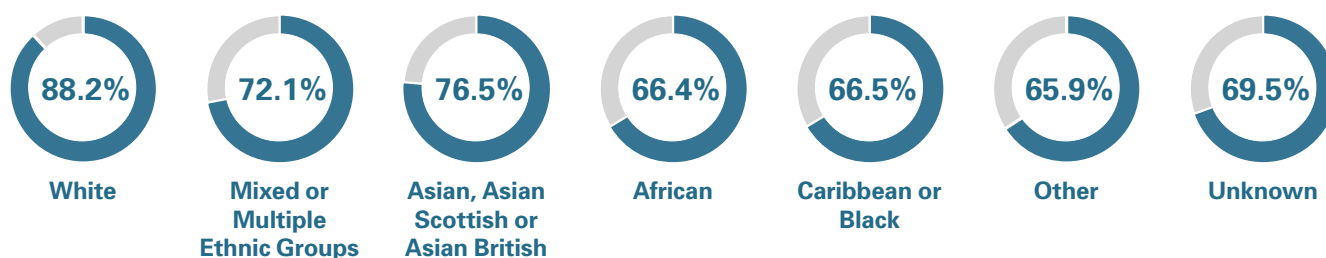
Age – At 20 September 2021, the uptake of first doses for adults aged 18 years and over was 91.7 per cent. **Uptake was lowest in younger age groups.**



Deprivation – At 24 August 2021, uptake was lowest among people living in the most deprived areas.



Ethnic group – At 24 August 2021, uptake was highest in the white ethnic group at 88.2 per cent.



Notes:

1. The Scottish Index of Multiple Deprivation (SIMD) is a relative measure of deprivation across small areas known as data zones, from the most deprived – SIMD1 to the least deprived – SIMD10. If an area is identified as deprived, this can relate to people having low incomes, but it can also relate to people with fewer resources or opportunities.
2. Denominator populations for age groups and area breakdowns are sourced from National Records of Scotland mid-2020 estimates.

Source: Public Health Scotland

The Scottish Government and NHS boards are taking action to improve uptake of Covid-19 vaccinations

36. The Scottish Government and NHS Scotland recognised that there would be challenges in vaccinating the entire adult population with a new vaccine, and that some groups would be more reluctant or less able to engage with the programme.

37. In November 2020, PHS led a health inequalities impact assessment (HIIA) for an extended flu and Covid-19 vaccination programme.¹² This identified potential barriers to the uptake of flu and Covid-19 vaccines across different population groups, such as those from minority ethnic backgrounds and people living in deprived areas. The HIIA identified recommendations for the Scottish Government and NHS boards to consider when planning the vaccination programme. It was shared with the Scottish Government, NHS NSS and local NHS boards to inform planning and help them to develop their own equality impact assessments. PHS should publish the HIIA to share the findings more widely.

38. Throughout the vaccine programme, the Scottish Government and NHS boards have worked with partners to increase uptake and reduce vaccine hesitancy through a variety of methods, such as:

- improving data collection – to better understand trends by collecting data on uptake by characteristics such as ethnicity and deprivation
- working with organisations, such as Young Scot and the Minority Ethnic Health Inclusion Service, to tailor messaging for young people and those from ethnic minority backgrounds
- improving accessibility of information – for example, NHS Inform has published vaccine information in more than 30 different languages¹³
- a national inclusive steering group has been established to encourage vaccine uptake and reduce barriers to engagement with the programme. It has engaged with groups including African and Polish communities, where uptake has been low¹⁴
- outreach work – has targeted groups that may be less likely to come forward for vaccinations, such as Gypsy/Travellers, asylum seekers, those experiencing homelessness and seasonal migrant workers.

Next steps



The Scottish Government and NHS Scotland are preparing for future stages of the vaccination programme

39. Tranche One of the vaccine programme has been effective in reducing the number of people getting severely ill and dying from Covid-19. It met its target to have offered both doses to the remaining adult population by mid-September 2021.

40. The next stages of the vaccine programme bring further challenges. The Scottish Government has committed to continuing to follow advice from the JCVI in prioritising vaccine deployment beyond September 2021. In recent months, the JCVI has published a range of guidance on the next steps that the Scottish Government and NHS Scotland have needed to operationalise quickly, including:

- 30 June 2021 – interim advice on a potential Covid-19 booster programme starting in the autumn for vulnerable and older adults; final advice was issued in September 2021
- 19 July 2021 – advice that children aged 12-15 years at increased risk from Covid-19, and those aged 12-17 years living with someone who is immunosuppressed, should be offered the Pfizer-BioNTech vaccine
- 4 August 2021 – advice that all 16 and 17 year-olds should be offered a first dose of the Pfizer-BioNTech vaccine
- 1 September 2021 – advice that a third dose should be offered to people aged 12 and over who were severely immunosuppressed at the time of their first or second doses
- 14 September 2021 – advice that people in priority groups 1-9 should be offered a booster vaccine dose, no earlier than six months after having received their second dose of the vaccine.

41. The Scottish Government has responded quickly to JCVI advice, with vaccines for eligible groups being offered within days of the advice being published. In many instances, the Scottish Government and NHS boards have had to plan for future stages of the vaccine programme with formal clinical advice from the JCVI yet to be confirmed.

42. Final advice from the JCVI on the booster programme was issued in September following the results of clinical trials. This made planning particularly challenging, as it is the same month that the JCVI suggested in its interim guidance that a booster programme should begin.

43. In advance of final JCVI advice, the Scottish Government started planning to provide booster vaccines from September 2021. It established a programme board for Tranche Two: the flu vaccine and Covid-19 booster programme. This board is intended to increase focus and the pace of planning and delivery of Covid-19 booster and flu vaccinations that is taking place over autumn and winter 2021/22. It has been meeting fortnightly since the end of June 2021.

44. The Scottish Government developed a central planning scenario, informed by the JCVI's interim advice and by discussions at the Tranche Two programme board. The Scottish Government has asked NHS boards to develop delivery plans for the flu vaccine and Covid-19 booster programme based on this planning scenario. There was a risk that changes would need to be made at short notice, once the JCVI issued its final advice. Some elements of the central planning scenario that were subject to that final advice included:

- eligibility for booster vaccines and how boosters would be prioritised
- whether flu vaccinations and Covid-19 booster jabs could be administered at the same time – this has a particular impact on the staff and infrastructure needed to deliver the vaccines
- the dosage and type of vaccines that would be used for Covid-19 boosters, including whether the vaccine should be the same as that given for the first two doses, a different vaccine, or if either case could apply.

45. The Scottish Government has also started planning for the longer-term, business-as-usual approach to providing vaccinations in future across Scotland: Tranche Three of the Covid-19 vaccination programme. It plans to establish a new National Vaccinations Partnership portfolio board to provide oversight and direction across all three tranches of the vaccination programme, but its primary focus will be on Tranche Three. This board will link with existing groups, such as the Scottish Immunisation Programme and the Vaccine Transformation Programme, to ensure that the strategies and directions of the groups are aligned.

Endnotes



- 1 The Medicines and Healthcare Products Regulatory Agency is an executive agency sponsored by the UK Department of Health and Social Care. It regulates medicines, medical devices, and blood components for transfusion in the UK.
- 2 The Joint Committee on Vaccination and Immunisation advises UK health departments on immunisation programmes.
- 3 The Barnett formula is used to allocate resources to Scotland, Wales and Northern Ireland when the UK Government spends money in areas that are devolved to the relevant administrations, such as health or local government. The funds received by devolved administrations are known as Barnett consequentials.
- 4 [Coronavirus \(COVID-19\): vaccine deployment plan](#),  Scottish Government, January 2021.
- 5 [Coronavirus \(COVID-19\): vaccine deployment plan](#),  Scottish Government, March 2021.
- 6 [Coronavirus \(COVID-19\): vaccine deployment plan](#),  Scottish Government, July 2021.
- 7 [10k vaccines delivered from SAS mobile vaccine clinics](#),  Scottish Ambulance Service, July 2021.
- 8 Coronavirus (COVID-19): vaccine deployment plan, Scottish Government, July 2021.
- 9 [NHS Covid-19 funding increased](#),  Scottish Government, July 2021.
- 10 [Daily trend of total vaccinations in Scotland](#),  Public Health Scotland, September 2021.
- 11 Coronavirus (COVID-19): vaccine deployment plan, Scottish Government, July 2021.
- 12 Extended flu and COVID-19 vaccination health inequalities impact assessment (HIIA) Engagement and consultation report, Public Health Scotland, November 2020.
- 13 NHS Inform is Scotland's national health information service. It provides information to the public on health services, national health campaigns and other topics to help them make informed decisions about their health.
- 14 Vaccination Strategy: inclusive programme board papers, June 2021.

Appendix

JCVI Priority Groups 1–9



1. Residents in care homes for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, and unpaid carers
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

Covid-19

Vaccination Programme

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along with a podcast summary at:

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

Report by Head of Service - Strategy and Transformation

HSCP Audit and Performance Committee: 15 November 2021

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2021/22 Quarter One**

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 April to June 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:
- Comment on the content of the HSCP Quarterly Performance Report 2021/22 Quarter One and performance against the Strategic Plan 2019 - 2022 by exception.
 - Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter One data.
 - Note that Quarter Four information previously unavailable to the Committee, although referred to in this report, is contained within the 2020/21 Annual Performance Report which was approved by the HSCP Board on Monday 20 September 2021.
 - Note that this report has been deferred from the planned Audit and Performance Committee dated 16 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 One data. This is reflective of a similar position in terms of previous reporting on Quarter Four. However, the indicators which were incomplete in Quarter Four have been incorporated into the 2020/21 Annual Performance Report. This should have been a separate report for the Committees scrutiny, however due to the deferral of the 16 September 2021 Audit and Performance Committee, by necessity due to statutory reporting timeframes, the Annual Performance Report went directly to the HSCP Board for approval and subsequent publication.
- 4.4** The HSCP have 45 performance indicators. Of the 31 reported on in Quarter One, seven indicators are in Red Status which is out with target tolerances (no reduction since the previous quarter). These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5** Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6** Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7** It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

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.

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Date: 28 September 2021

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Appendices: West Dunbartonshire HSCP Performance Report
2021/22: Quarter One April to June 2021

West Dunbartonshire Health and Social Care Partnership
Performance Report 2021/22: Quarter 1 April-June 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. Targets for 2021/22 are yet to be agreed and 2020/21 targets have been retained meantime.

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Short Term Trends	
	Improving
	No Change
	Getting Worse

Early Intervention							
Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late Sep	95%	Not yet available	Not yet available	94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late Sep	95%	Not yet available	Not yet available	97.6%	
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	62.5%	95%			60.5%	
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				
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	6	0			14	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,726	1,460			2,913	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,598	N/A			1,718	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,163	1,104			2,256	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,180	N/A			1,053	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,137	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,042	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	67	Not yet available	Not yet available	62.3	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	19,185	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	13,677	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	726	Not yet available	Not yet available	817	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	4,393	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	24.1%	24%			25.9%	
20	Number of clients receiving Home Care Pharmacy Team support	377	257			390	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	62%	90%			67%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	93.9%	95%			97%	
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 Sep	90%	Not yet available	Not yet available	96.5%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,938	2,200			1,986	
26	Number of patients with an eKIS record	20,984	N/A			21,101	

Access

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,400	N/A		N/A	1,340	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,678	N/A		N/A	10,309	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	531	570			515	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	39.2%	35%			38.5%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.9%	95%			98.3%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,524	20,945			19,220	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	23%	30%			13.7%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	26%	32%			41.4%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	75%	98%			73%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	80%			85%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	9%	80%			0%	

Resilience

Ref	Performance Indicator	Q1 2021/22				Q4 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	98.6%	90%			98.4%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	2	18			7	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	84.8%	90%			77.6%	

Assets

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	Not yet available	£158.57	Not yet available	Not yet available	£153.40	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.14%	

Inequalities

Ref	Performance Indicator	Q1 2021/22				Q4 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	89.7%	90%			89.2%	
44	Percentage of looked after children being looked after in the community who are from BME communities	78.9%	N/A			73.3%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			100%	

Please find January to March 2021 data below for those indicators we were unable to report on in our Quarter 4 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	Q4 2020/21				Q3 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.5%	95%			94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	95%			97.3%	
12	Number of emergency admissions 18+	2,137	2,295			2,186	
13	Number of emergency admissions aged 65+	1,042	1,135			1,087	
14	Emergency admissions aged 65+ as a rate per 1,000 population	62.3	68			64.9	
15	Number of unscheduled bed days 18+	19,185	17,735			18,358	
16	Unplanned acute bed days (aged 65+)	13,677	12,157			13,585	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	817	727			812	
18	Number of Attendances at Accident and Emergency 18+	4,393	4,720			4,480	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	96.5%	90%			96%	

Assets

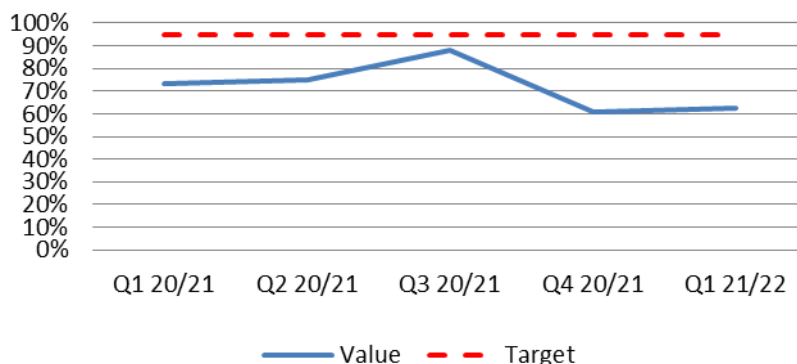
Ref	Performance Indicator	Q4 2020/21				Q3 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	£153.40	£158.57	✓	↑	£163.32	
42	Compliance with Formulary Preferred List	78.14%	78%	✓	↓	79.94%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April-June 2021

Performance Area: Child Protection

% of Child Protection investigations to Case Conference within 21 days

Quarter	Value	Target
Q1 20/21	73.30%	95%
Q2 20/21	75.00%	95%
Q3 20/21	88.00%	95%
Q4 20/21	60.53%	95%
Q1 21/22	62.50%	95%



Key Points:

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. An additional factor at present is that all Child Protection meetings are by teleconference due to the restrictions on public access to offices and available meeting space. Teleconference takes longer: approximately double the time a face to face meeting would take. Thus the pressure on Chairs (Team Leaders) diaries is more significant.

Improvement Actions:

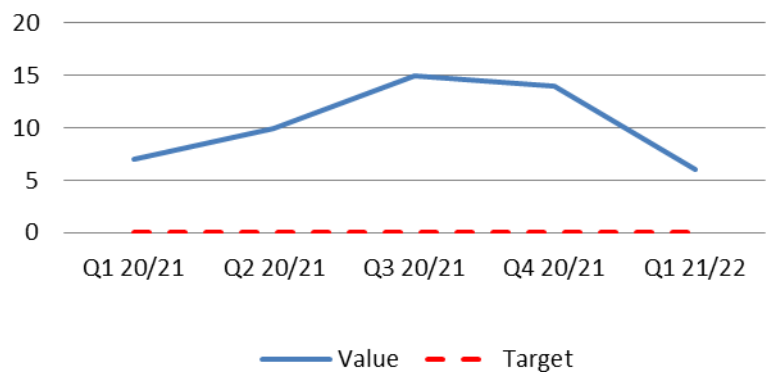
We are about to commence piloting conferences using Microsoft Teams with service users and social work staff present and other professionals dialling in. There will still be some limitations on availability of space and occupancy of meeting rooms but this may improve to a degree.

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

Cases are 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.

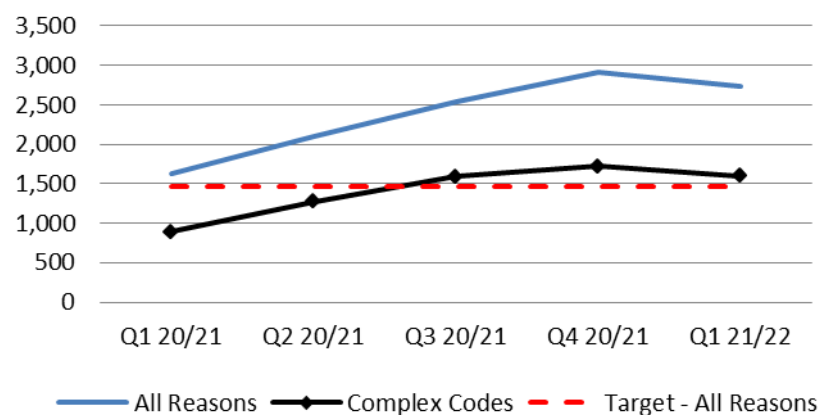
Performance Area: Delayed Discharge

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



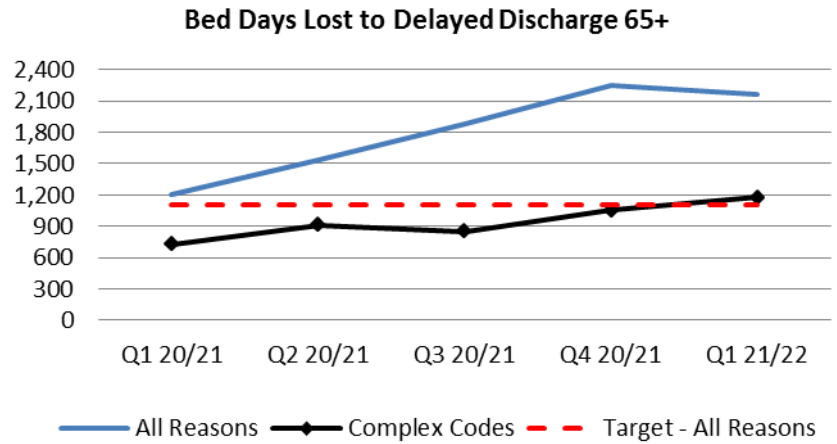
Quarter	Value	Target
Q1 20/21	7	0
Q2 20/21	10	0
Q3 20/21	15	0
Q4 20/21	14	0
Q1 21/22	6	0

Bed Days Lost to Delayed Discharge 18+



Quarter	All Reasons	Complex Codes
Q1 20/21	1621	893
Q2 20/21	2101	1276
Q3 20/21	2542	1594
Q4 20/21	2913	1718
Q1 21/22	2726	1598

Quarter	All Reasons	Complex Codes
Q1 20/21	1210	727
Q2 20/21	1541	910
Q3 20/21	1878	848
Q4 20/21	2256	1053
Q1 21/22	2163	1180



Key Points:

The number of daily delays in the quarter peaked at 35 in early May and was 30 at the end of June. While the courts have re-opened there are still significant backlogs. 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:

Delayed Discharge Action Plan continues to be monitored by the senior management team on a weekly basis.

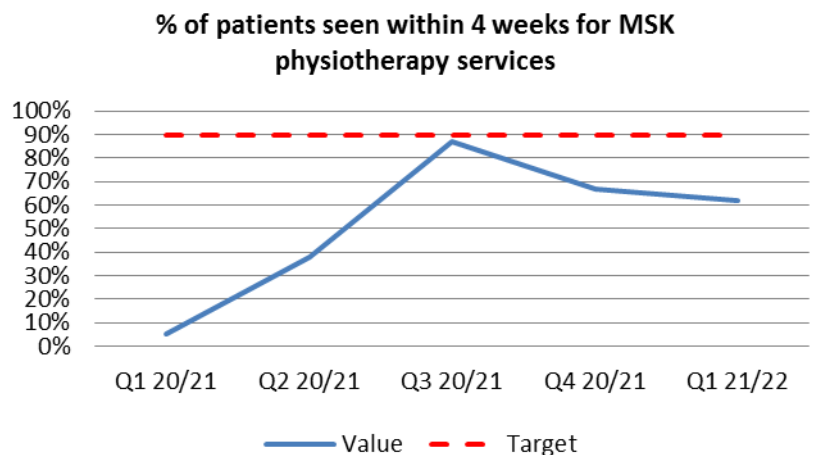
Chronology data gathering complete on long term Adults with Incapacity (AWI) cases. This work will be used to evidence and identify any bottlenecks or delays in processes.

Work is underway to ensure sufficient Mental Health Officer capacity.

Campaign within West Dunbartonshire to raise awareness of the importance of setting up Power of Attorney in early planning stages.

Performance Area: Musculoskeletal (MSK) Physiotherapy

Quarter	Value	Target
Q1 20/21	5%	90%
Q2 20/21	38%	90%
Q3 20/21	87%	90%
Q4 20/21	67%	90%
Q1 21/22	62%	90%



Key Points :

Referral figures for Quarter 1 reflect that MSK demand is increasing, with the figures consistent with demand pre-COVID. The total number of patients waiting over the 4 week target has decreased significantly since the start of the pandemic. However there is an increase in this figure month on month within Q1 as demand rises. The percentage of patients seen within the 4 week waiting time target is much higher than it was prior to the pandemic (due to lower referral rates and remobilisation of services) but this figure is decreasing as demand has returned.

Within Greater Glasgow and Clyde all patients requiring a first appointment continue to predominately be managed by Virtual Patient Management in the first instance. Due to ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde is around 30% of normal service provision.

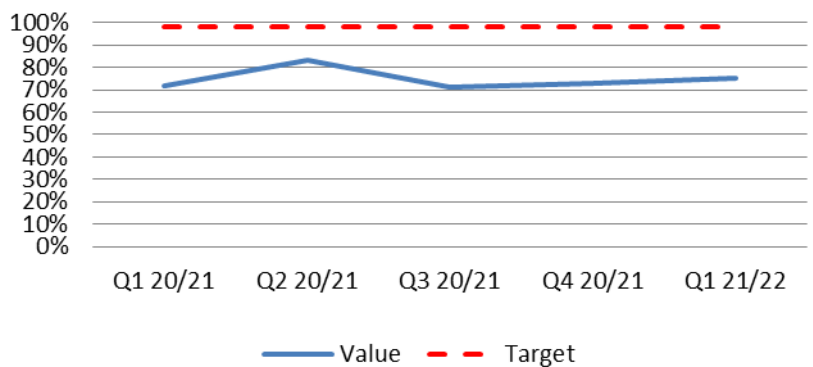
Improvement Actions

We are continuing with Virtual Patient Management but remobilising face to face provision based on clinical decision making/clinical need.

New patient appointment capacity has increased each month within Quarter 1 as the service remobilises and staff have fully returned from redeployment. All staff finally returned to the service in May 2021.

Performance Area: Criminal Justice Social Work

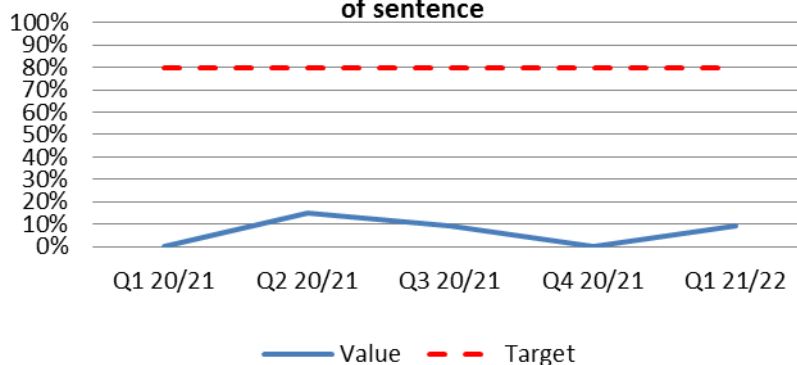
% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



Quarter	Value	Target
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%
Q4 20/21	73%	98%
Q1 21/22	75%	98%

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

Quarter	Value	Target
Q1 20/21	0%	80%
Q2 20/21	15%	80%
Q3 20/21	9%	80%
Q4 20/21	0%	80%
Q1 21/22	9%	80%



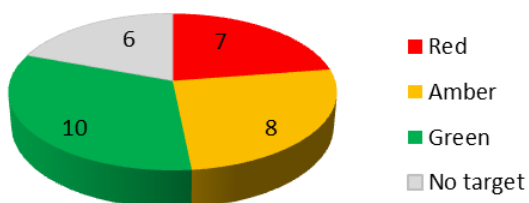
Key Points:

Following recruitment creating increased capacity within the team, we are starting to see an increase in the percentage of reports being returned to Court. Following the lifting of restrictions, we are now able to increase capacity within the squad placements of unpaid work enabling an increased number of service users to commence unpaid work within timescale.

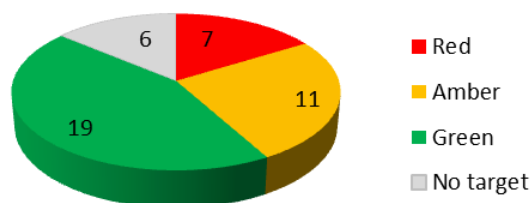
Improvement Actions:

With additional government funding received, we are continuing the recruitment of staff to enable us to tackle the backlog of orders created by the pandemic and ensuing restrictions placed on the service. 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.

Quarter 1: April to June 2021 (Partial Data)



Quarter 4: January to March 2021 (Full Data)



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

Report by Head of Service - Strategy and Transformation

HSCP Audit and Performance Committee: 15 November 2021

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2021/22 Quarter Two**

1. Purpose

- 1.1** The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2** This report presents the HSCP performance information reported against the strategic priorities for the period July 2021 to September 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:
- Comment on the content of the HSCP Quarterly Performance Report 2021/22 Quarter Two and performance against the Strategic Plan 2019 - 2022 by exception.
 - Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Two data.
 - Note that Quarter One information previously unavailable to the Committee is contained within this report.

3. Background

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

4. Main Issues

- 4.1** The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2** It should be noted that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Two data. This is reflective of a similar position in terms of previous reporting on Quarter One. However, the indicators which were incomplete in Quarter One have been incorporated into this report.
- 4.4** The HSCP have 45 performance indicators. Of the 26 reported on in Quarter Two, five indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5** Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6** Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7** It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.
- 4.8** The HSCP Board are also asked to note the inclusion of enhanced complaints reporting data. Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and

publicly on an annual basis in line with the SPSO's Model Complaints Handling Reporting Framework. As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

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: 2 November 2021









Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
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Appendices: West Dunbartonshire HSCP Performance Report
2021/22: Quarter Two July - September 2021

West Dunbartonshire Health and Social Care Partnership Performance Report 2021/22: Quarter 2 July-September 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. Targets for 2021/22 are yet to be agreed and 2020/21 targets have been retained meantime.

PI Status		Short Term Trends	
	Alert		Improving
	Warning		No Change
	OK		Getting Worse
	Unknown		
	Data Only		

Early Intervention							
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late December	95%	Not yet available	Not yet available	94.7%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late December	95%	Not yet available	Not yet available	99.2%	
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	84.2%	95%			62.5%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) grounds*	Not yet available	N/A		Not yet available	51	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds*	Not yet available	N/A		Not yet available	25	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	Not yet available	0	Not yet available	Not yet available	6	

Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
8	Number of bed days lost to delayed discharge 18+ All reasons	Not yet available	1,460	Not yet available	Not yet available	2,726	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	Not yet available	N/A		Not yet available	1,598	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,575	1,104			2,163	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	662	N/A			1,180	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,449	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,207	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	71.6	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	18,437	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	12,623	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	726	Not yet available	Not yet available	748.3	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,862	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	26.2%	24%			24.1%	
20	Number of clients receiving Home Care Pharmacy Team support	376	257			377	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	40%	90%			62%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97.5%	95%			93.9%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late December	90%	Not yet available	Not yet available	Publication has been delayed	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,955	2,200			1,938	
26	Number of patients with an eKIS record	20,819	N/A			20,984	

*The Scottish Children's Reporter Administration have changed their reporting to the Academic Year (August-July) therefore Qtr1 and 2 above relate to February – April 2021 and May – July 2021 respectively. The performance indicators have also been changed from number of referrals to the number of children referred in line with the national Child Protection Minimum Dataset.

Access							
Ref	Performance Indicator	Q2 2021/22		Q1 2021/22		Trend over 8 Qtrs	
		Value	Target	Status	Short Trend		Value
27	Number of people receiving homecare - All ages	1,445	N/A			1,400	
28	Number of weekly hours of homecare - All ages	10,801	N/A			10,678	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	533	570			531	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	39.8%	35%			39.2%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.7%	95%			98.9%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,763	20,945			18,524	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	Not yet available	30%	Not yet available	Not yet available	23%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	Not yet available	32%	Not yet available	Not yet available	26%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	70.5%	98%			75%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	84.5%	80%			79%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	31.3%	80%			9%	

Resilience							
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%			98.6%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	18			2	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	72.4%	90%			84.8%	

Assets							
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	Not yet available	£158.57	Not yet available	Not yet available	£165.48	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	79.16%	

Inequalities							
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	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	89.7%	90%			89.7%	
44	Percentage of looked after children being looked after in the community who are from BME communities	78.9%	N/A			78.9%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			100%	

Please find April to June 2021 data below for those indicators we were unable to report on in our Quarter 1 Performance Report. Please note that Drug and Alcohol Waiting Times have not yet been published for Quarter 1 2021-22. These have recently been transferred to a new IT system and this may account for the delay in publication.

Early Intervention							
Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.7%	95%			94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	99.2%	95%			97.6%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	51	N/A			76	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	25	N/A			25	
12	Number of emergency admissions 18+	2,449	2,295			2,137	

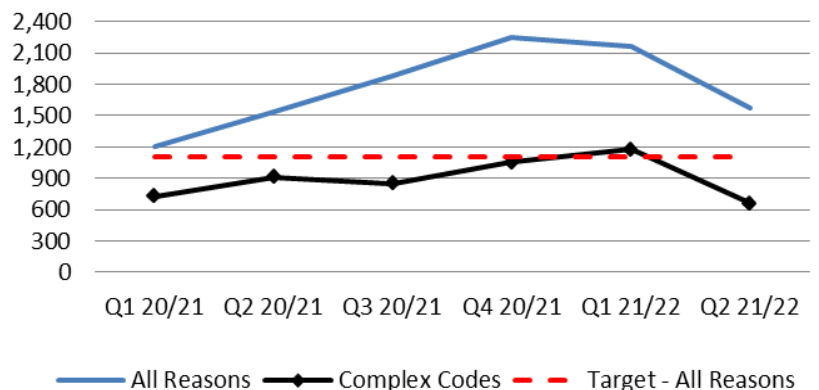
Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
13	Number of emergency admissions aged 65+	1,207	1,134	⚠	↓	1,042	
14	Emergency admissions aged 65+ as a rate per 1,000 population	71.6	67	⚠	↓	62.3	
15	Number of unscheduled bed days 18+	18,437	17,735	⚠	↑	19,986	
16	Unplanned acute bed days (aged 65+)	12,623	12,156	⚠	↑	13,677	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	748.3	726	⚠	↑	839.6	
18	Number of Attendances at Accident and Emergency 18+	5,862	4,720	🛑	↓	4,408	

Assets							
Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£165.48	£158.57	⚠	↓	£153.40	
42	Compliance with Formulary Preferred List	79.16%	78%	✅	↑	78.14%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 2 July-September 2021

Performance Area: Delayed Discharge

Bed Days Lost to Delayed Discharge 65+



Quarter	All Reasons	Complex Codes
Q1 20/21	1210	727
Q2 20/21	1541	910
Q3 20/21	1878	848
Q4 20/21	2256	1053
Q1 21/22	2163	1180
Q2 21/22	1575	662

Key Points:

The continued efforts to facilitate hospital discharges have begun to show some real progress during this quarter. The number of daily delays in the quarter peaked at 33 early September but was reduced down to 17 towards the end of September and as at the 30th of September, 22 people were experiencing a delay. While the courts have re-opened there are still significant backlogs.

Improvement Actions:

Delayed Discharge Action Plan continues to be monitored by the senior management team on a weekly basis.

Weekly meetings continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

Local data is continually monitored and analysed to identify areas for improvement.

Chronology data gathering complete on long term Adults with Incapacity (AWI) cases. This work will be used to evidence and identify any bottlenecks or delays in processes.

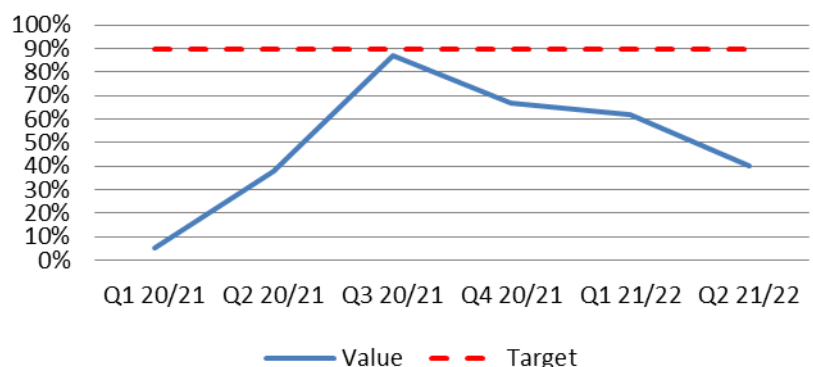
Work is underway to ensure sufficient Mental Health Officer chair capacity.

A campaign within West Dunbartonshire to raise awareness of the importance of setting up Power of Attorney is in early planning stages.

Performance Area: Musculoskeletal (MSK) Physiotherapy

% of patients seen within 4 weeks for MSK physiotherapy services

Quarter	Value	Target
Q1 20/21	5%	90%
Q2 20/21	38%	90%
Q3 20/21	87%	90%
Q4 20/21	67%	90%
Q1 21/22	62%	90%
Q2 21/22	40%	90%



Key Points :

Referral figures during July - September reflect that MSK Physiotherapy demand is back to pre-Covid levels and remobilisation of service provision continues. Increased demand has come at a time when there has been decreased capacity due to further redeployment of staff to support pressures within Acute Hospital

services. This increased demand and decreased capacity has had a detrimental impact on waiting times and the number of patients waiting over target within this quarter.

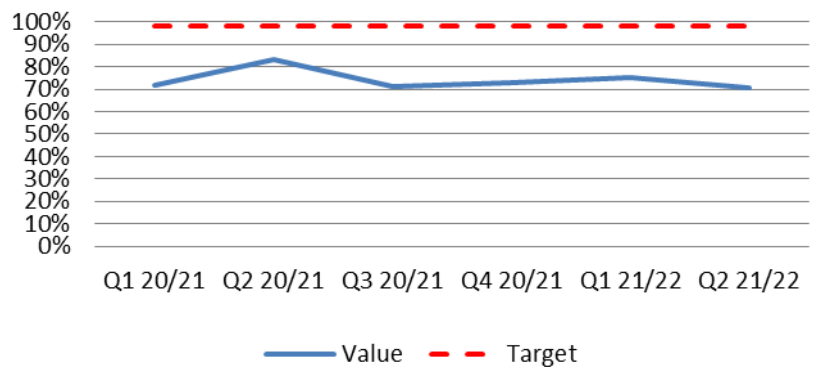
Improvement Actions

We are continuing with Virtual Patient Management but remobilising face to face provision based on clinical decision making/clinical need. Orthopaedic post-operative patients are now escalated for face to face appointments at first point of contact. Due to the ongoing infection control and social distancing requirements, face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde is around 30% of normal service provision.

Performance Area: Criminal Justice Social Work

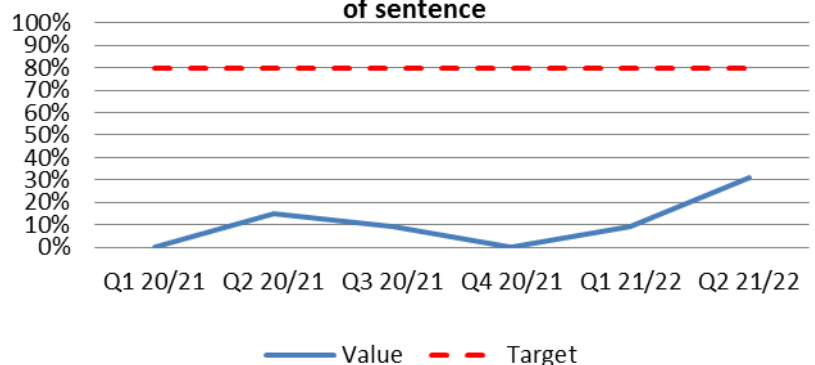
Quarter	Value	Target
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%
Q4 20/21	73%	98%
Q1 21/22	75%	98%
Q2 21/22	70.5%	98%

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



Quarter	Value	Target
Q1 20/21	0%	80%
Q2 20/21	15%	80%
Q3 20/21	9%	80%
Q4 20/21	0%	80%
Q1 21/22	9%	80%
Q2 21/22	31.3%	80%

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



Key Points:

Following recruitment creating increased capacity within the team, we were starting to see an increase in the percentage of reports being returned to Court. Quarter 2 evidenced a decrease in Criminal Justice

Social Work Reports and a correlating increase in Letters to Court which was reflective of the higher than average levels of sickness absence recorded within the team.

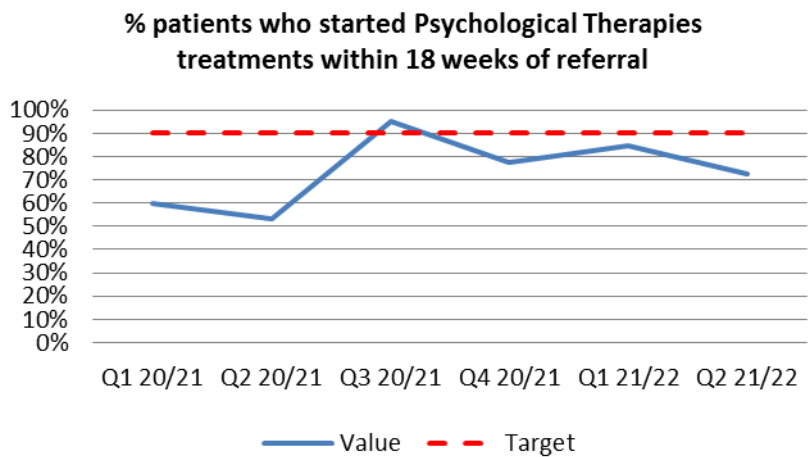
Following the lifting of restrictions, we are now able to increase capacity within the squad placements of unpaid work enabling an increased number of service users to commence unpaid work within timescale.

Improvement Actions:

With additional government funding received, we are continuing the recruitment of staff to enable us to tackle the backlog of orders created by the pandemic and ensuing restrictions placed on the service. 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 service users on statutory supervision.

Performance Area: Psychological Therapies

Quarter	Value	Target
Q1 20/21	59.6%	90%
Q2 20/21	53.4%	90%
Q3 20/21	95.1%	90%
Q4 20/21	77.6%	90%
Q1 21/22	84.8%	90%
Q2 21/22	72.4%	90%



Key Points:

The impact of the pandemic, staff absence and recruitment issues have meant we continue to experience challenges in meeting waiting times, although performance is improved on the same period last year. Rollout of our Wellbeing Nurses situated in GP Practices has paused, meaning the Primary Care Mental Health Team and Community Mental Health teams are continuing to provide an assessment and signposting service to some patients who may have been diverted from Mental Health specific services. Staff absence and vacant posts have resulted in staff carrying larger caseloads and an increase in the use of bank and agency staff to maintain minimum staffing levels.

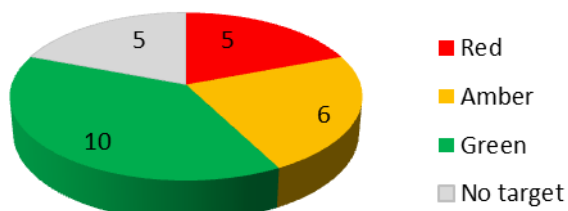
Improvement Actions:

We have prioritised recruitment, ensuring the turnaround for vacant posts is as quick as it can be.

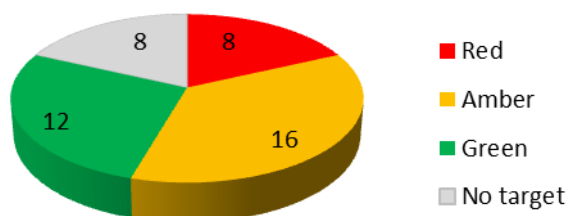
We have successfully bid for additional money from Action 15 and Covid recovery money to recruit additional staff to Community Services and are currently in the process of recruiting to these posts.

Summary of Strategic Plan Key Performance Indicators

Quarter 2: July to September 2021
(Partial Data)



Quarter 1: April to June 2021 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 2 July-September 2021

Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and publicly on an annual basis in line with the SPSO's Model Complaints Handling Reporting Framework.

As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

These indicators are set by the SPSO and should provide opportunities for benchmarking and identify good practice and areas for improvement on a local and national basis.

Indicator 1: Learning from complaints

During April – September 2021 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
Children's Health, Care & Criminal Justice	<ul style="list-style-type: none"> Multi Agency Risk Assessment Conference (MARAC) steering group is developing guidance for staff on recording against MARAC decisions. Improved communication /explanations particularly for families whose first language is not English.

Community Health and Care Services	<ul style="list-style-type: none"> • Reflective practice continues to be ongoing with staff. • Proposal with Carers Centre to develop pathway and funding to improve speed of access to support for carers whilst awaiting full assessment via Social Work. Proposal for temporary additional staff to address waiting lists and allow more timeous allocation of cases. • Information in a service user's file should make it clear if support is being provided from more than one funding source. • Work is being undertaken to ensure that all service agreements are updated in our client system CareFirst. This will enable the sharing of important information between different teams. • The process for contacting next of kin will be formally reviewed. • The service is developing a more simplified client profile which will allow clients to share how they wish their care to be managed in an emergency.
Mental Health, Learning Disability and Addiction Services	<ul style="list-style-type: none"> • Community Mental Health Team to review discharge planning process to ensure inclusion of updated Staying Well Plan and longer term planning of phased discharge where appropriate.

A complaint considered by the SPSO but not taken on to investigation stage highlighted to the HSCP that the Model Complaint Handling Procedure states that an authority's stage 2 responses to a complaint should 'address all the issues raised and demonstrate that each element has been fully and fairly investigated'.

SPSO Indicator	Measure	Q1	Q2
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21
	Number of complaints direct to Stage 2	8	7
	Total number of complaints	24	28
3	% closed within timescale - Stage 1	Not yet available	
	% closed within timescale - direct to Stage 2	2	1
	% closed within timescale - escalated to Stage 2	1	None recorded as escalated
4	Average response time - Stage 1	Not yet available	
	Average response time - direct to Stage 2	25	23
	Average response time - escalated to Stage 2	18	None recorded as escalated

The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages.

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 1 2020/21

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld	0	0	0%
Partially Upheld	1	5	75%
Not Upheld	1	1	25%
Unsubstantiated	0	0	0%
Total	2	6	8

Outcomes for Stage 2 – Quarter 2 will be reported in the Quarter 3 Performance Report/

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

Report by Acting Head of Service - Community Health and Care

HSCP Audit and Performance Committee: 15 November 2021

Subject: West Dunbartonshire Delayed Discharges

1. Purpose

1.1 This report presents current measures of performance in relation to delayed discharges within West Dunbartonshire.

2. Recommendations

2.1 The Committee is asked to note the contents of this paper.

3. Background

3.1 In August 2021 a paper was presented to the HSCP Board to inform them of the current performance in relation to delayed discharges in West Dunbartonshire, and the actions being taken to minimise these. At this time the Board requested further updates and an update paper was presented at the September Board meeting. It has subsequently been agreed that Delayed Discharges should be monitored via the Audit Committee.

3.2 Under the remit of the Greater Glasgow and Clyde: Unscheduled Care Design and Delivery Group, HSCP Chief Officers have been asked to set targets for both Standard and Mental Health delays. Daily meetings were established, chaired by the Board Nurse Director (BND), which require each HSCP Chief Officer (or deputy) to attend and state the planned discharges expected each day. This meeting also reviews delayed relating to Adults with Incapacity (AWI's) and non AWI delays which are over 80 days.

3.3 Any HSCP innovations to improve the flow of people through hospital and minimise delays are shared at these meetings, and they also facilitate discussion with Acute colleagues to ensure all appropriate actions are considered / actioned to further reduce delays.

3.4 Within West Dunbartonshire an Action Plan was developed and quickly progressed. One important component of the Plan was to compile a daily report using trak care codes relating to delays. This report clearly identifies the chronology of each person's journey, from point of being coded as 'fit for discharge' to the point of discharge.

3.5 The Community Hospital Discharge Team are to be commended for their progress during challenging times in the pandemic as the number of delays

has been steadily reducing over the past few months; with some fluctuation relating to Care Home Covid outbreaks which has delayed discharges and therefore out with our control.

- 3.6 Within WD, the target was to reduce 'acute' delays to 16 and 'mental health' delays to 4 by the end of October 2021, with an ongoing drive to continue to reduce this number.
- 3.7 By the end of October 2021 our acute delays were at 18 and our mental health delays at 8.

It should be noted that the average number of acute delays in October 2021 was 15 and the average of mental health was 8. The complexity within each mental health delay means it is difficult to find any commonalities. It is also affected by limitations of having appropriate places / services in the community to allow a safe discharge for these people.

4. Main Issues

- 4.1 Each 'delay' is a person, and as such brings complexities that are specific to each person's circumstance.
- 4.2 The majority of delays are due to the identification of a concern around the person's capacity to make decisions and this triggers procedures as per the Adult with Incapacity Act (2000). If the person does not already have a Power of Attorney (welfare and financial) in place then a lengthy legal process is initiated to allow powers to be granted to a named individual or the Local Authority before decisions around the most appropriate place of care can be made. During this process the person must remain within Acute care as movement is contradictory to the Act.
- 4.3 A Mental Health Officer (MHO) works with the CHDT to ensure that all legislative requirements are fulfilled and also to liaise with Solicitors to try to facilitate speedy resolution of cases.

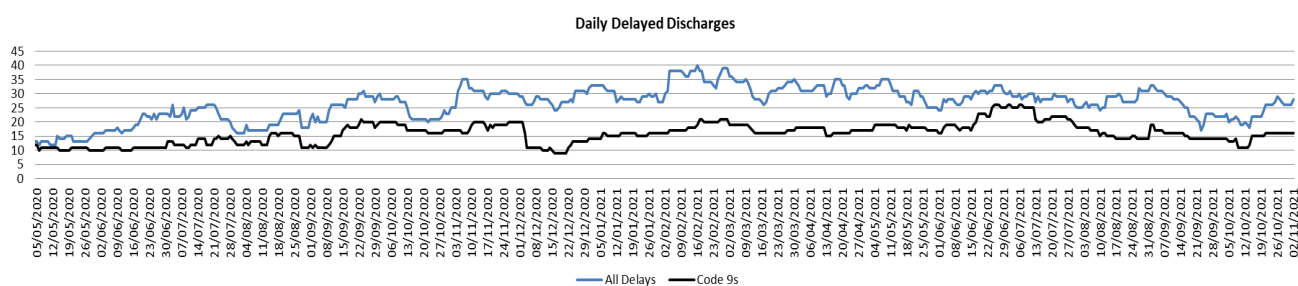
The pandemic caused a backlog of cases being heard at Court, and while these are now progressing there remains some delay in Court dates being set. There can also be delays relating to Legal Aid and also Medical Reports.

- 4.4 Recently implemented coding within Trakcare now allows further categorisation of delays due to AWI. The ability to sub categorise AWI related delays will allow HSCP's to identify causal factors in delays and review potential actions to rectify these.
- 4.5 Delays can also occur if, once admitted, the condition of the person's home is realised to require cleansing / repair before it is fit for habitation. Discussions are actively underway between the report author and a senior member of the Housing Team to review potential barriers to any housing related requirements that are required to facilitate a discharge.

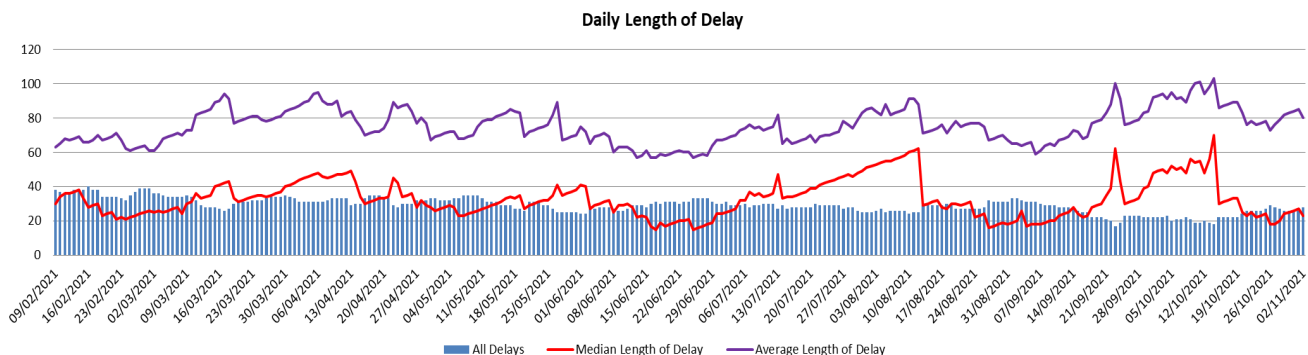
- 4.6 Care Homes have been a vital HSCP partner in reducing delays and we are working closely with each manager to support them in the safe discharge of vulnerable people to their Homes. Challenges relating to staffing and also to closures due to Covid outbreaks have hampered delays, but recent Public Health guidance has been published to support Managers to make informed risk assessments when deciding if they can admit to their homes.
- 4.7 The current format of the WD daily delays report presents a summary narrative of the daily position for each person listed. It also includes a chronology to allow monitoring and scrutiny of each delay. Glasgow City has developed a similar tracker which also populates also dashboard that identifies key dates.
- 4.6 This dashboard is to be shared across all HSCP's once the new Trak care AWI codes have been incorporated. This will allow each HSCP to use this as a standard format. The dashboard can be used to assure HSCP's that each delay is being processed, and also identify quickly any cases that are delayed at a particular step to allow the instigation of targeted interventions.
- 4.7 The Scottish Government have recently published 'Discharge without Delay', a best practice discussion paper to be implemented across Scotland. This paper sits within the 'Transforming Urgent and Unscheduled Care' agenda and incorporates all discharges, not just those defined as 'delays'.
- 4.8 As this paper has just been published its implementation has still to be discussed across the Board and HSCP's.

5 Current Position from existing measures

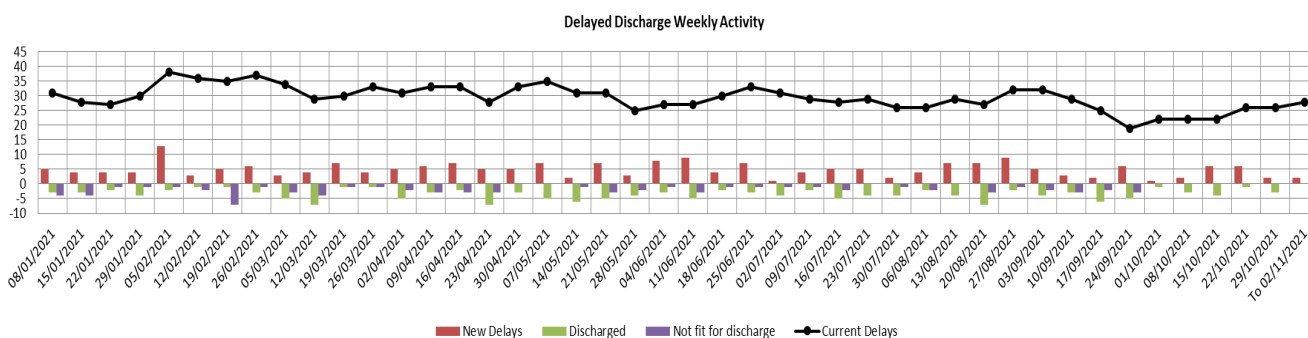
5.1 Daily delayed discharges



5.2 Daily length of delay



5.3 Delayed discharge weekly activity



5.4 As referenced in 4.6, the aim is that the existing tracker within WD will be amended to incorporate sections that will in turn populate a dashboard. From this we will be able to identify delays and target interventions accordingly. Equally, this system will also evidence good practice and all timeous interventions that facilitate discharges.

5.5 To allow context and comparison, there is a need also to measure the number of people who are discharged without a delay. We currently measure the number of referrals from hospitals via the Single Point of Access (SPoA). It should also be highlighted that some discharges do not come though SPoA or the HDT e.g. those referred directly to the District Nursing service who do not need any other health and social care services.

A next step is to review alternative data sources to ascertain if this is an achievable, reliable and valid measure.

6. People Implications

6.1 There are no people implications within this paper.

7. Financial and Procurement Implications

7.1 There are no financial implications in this paper

8. Risk Analysis

8.1 Not applicable

9. Equalities Impact Assessment (EIA)

9.1 Not applicable

10. Environmental Sustainability

10.1 Not applicable.

Name Fiona Taylor

Designation; Acting Head of Health and Community Care

Date: 1st November 2021

Person to Contact: Fiona Taylor, Fiona.taylor2@ggc.scot.nhs.uk.

Appendices: None

Wards Affected: All

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

Report by Head of Strategy and Transformation

HSCP Audit and Performance Committee: 15 November 2021

Subject: Strategic Risk Register Six Month Review

1. Purpose

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

2. Recommendations

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

2.1.1 Recommend to the HSCP Board approval of the reviewed and updated Strategic Risk Register (Appendix A).

2.1.2 Select two current strategic risks to be presented in greater detail to the HSCP Board on the 24 March 2022.

2.1.3 Note that this review has been undertaken in line with the West Dunbartonshire HSCP Risk Management Policy approved by the HSCP Board on the 20 September 2021.

2.1.4 Note that the Strategic Risk Register will be presented to HSCP Board on 22 November 2021 for final approval.

2.1.5 Note that this report was deferred by the Audit and Performance Committee on the 16 September 2021.

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 Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership. On the 25 March 2021 the HSCP Board approved the Strategic Risk Register including a new pandemic strategic risk.

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

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. This policy and strategy was approved by the HSCP Board at its August 2015 meeting and internally reviewed in November 2017. A review of the Risk Management Policy and Strategy was presented to the HSCP Audit and Performance Committee on 24 June 2021 where it was recommended to the HSCP Board for approval. Final HSCP Board approval was secured on the 20 September 2021.

4. Main Issues

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.

4.2 The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

4.3 Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.

4.4 The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.

4.5 Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.

4.6 The mitigating actions for the strategic risks have been updated to reflect Covid-19 response, recovery and rebuild. A new risk of pandemic has been included reflecting Covid-19 response and impact. All other risks within the

Strategic Risk register have been further strengthened through additional mitigating actions.

- 4.7 The HSCP Audit and Performance Committee are also asked to select two current strategic risks to be presented in greater detail to the HSCP Board on the 24 March 2022.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

- 6.1 Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

- 6.2 The Risk Management Policy and supporting strategy affirms that risk management needs to be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.

- 6.3 Individuals have a responsibility to make every effort to be aware of situations, which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas

7. Financial and Procurement Implications

- 7.1 Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

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

8. Risk Analysis

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

- 8.2 The HSCP Audit and Performance Committee reviewed, scrutinised and approved the Strategic Risk Register on the 25 February 2021.

- 8.3 The Chief Officer and Strategic Management Team reviewed the Strategic Risk Register on the 1 September 2021, and now present this to the HSCP Audit and Performance Committee for further scrutiny.

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 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

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

11.2 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

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

13. Direction

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 28 September 2021

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Appendices: Strategic Risk Register (Appendix A)

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

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

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Margaret-Jane Cardno		Probably - Major		Probably - Moderate
			Unacceptable		Issue

Mitigating Actions

- Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit Committee and HSCP Clinical and Care governance Forum
- Regular Complaints reports are presented to the HSCP Audit Committee, following scrutiny at SMT and HSCP Clinical and Care Governance Forum
- Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.
- Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.
- The HSCP is in the process of recruiting additional capacity in to this service with a view to further improving commissioning, quality and contract management processes.
- All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.
- 7.6% improvement in compliance in the first half of financial year 2020/21. Improvement from 80.2% in 19/20 – 87.8% in 20/21.

Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
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.	Margaret-Jane Cardno		Possible - Moderate		Unlikely - Minor
			Adequate		Acceptable

Mitigating Actions

- Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.
- Improved performance management reporting presentation, including detailed analyses of those performance indicators that are red and underperforming. Focused scrutiny and challenge
- Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.
- Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.

The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.
Additional performance reports have been introduced to support the recovery and renewal process.
Quarterly and Annual Performance reporting has been more closely aligned with HSCP Board meeting schedule to improve the timeous updates on performance across the Partnership, strengthening scrutiny and challenge by the HSCP Board members.
NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives.

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.</p> <p>Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.</p>	Margaret-Jane Cardno		<p>Possible - Major</p> <p>Issue</p>		<p>Possible - Moderate</p> <p>Adequate</p>
Mitigating Action					
Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.					
Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.					
Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.					
Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's iLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					
Autocomplete email address option has been disabled for West Dunbartonshire Council staff, this is an additional safeguard introduced to mitigate data breaches.					
Records Management Plan in place and lodged with National Records of Scotland.					

Outcomes of external scrutiny: Inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Chief Social Work Officer		<p>Probably - Major</p> <p>Unacceptable</p>		<p>Probably - Moderate</p> <p>Issue</p>
Mitigating Action					
Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.					
Steps have been taken to recruit an SDS Lead in order to embed SDS activity across the HSCP.					
The My Life Assessment tool has been fully implemented and is subject to ongoing evaluation.					
Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.					
Regular performance and monitoring reports are presented to the HSCP Board/Audit Committee /HSCP Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.					
Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.					
New 20/21 – Additional external scrutiny has been introduced in response to Covid 19 – reporting to HSCP board and ongoing monitoring through the internal quality assurance team and external bodies.					

The HSCP Boards has agreed additional investment from reserves to support operational managers to deliver on improvement action plans.

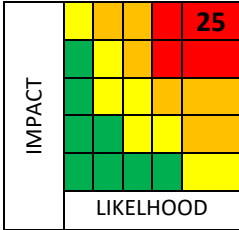
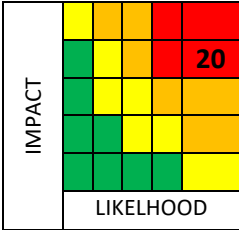
Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care.</p> <p>Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.</p>	Jo Gibson		<p>Almost Certain - Major</p> <p>Unacceptable</p>		<p>Probably - Major</p> <p>Unacceptable</p>
Mitigating Action					
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.					
A weekly performance report is provided to the Integrated Operations Managers and Senior Management Team; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.					
An NHS GGC Corporate Vaccination Plan is in place supported by a local vaccination group alongside the local Flu Management and Covid Vaccination Plan; this reflects the HSCP unscheduled care plan for community services which addresses the critical areas outlined in the national Preparing for Winter Guidance.					
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.					

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .</p>	Audrey Slater		<p>Probably-Catastrophic</p> <p>Unacceptable</p>		<p>Probably - Major</p> <p>Unacceptable</p>
Mitigating Action					
Preventative Controls					
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.					
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.					
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.					
Attendance Management Policies and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
Direct Controls					
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.					
Agency / overtime reports					
Measures in place to provide additional emotional and psychological support to help HSCP staff through stressful times. This includes the information and resources which can be accessed via the National Wellbeing Hub.					
HR reports provided to SMT and Joint Staff Forum on HR metrics.					
Workforce reporting integrated into HSCP Performance report to IJB					

Statutory and Mandatory Training reports
I Matter reports
KSF/ PDP and Be the Best Conversations

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

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw		Possible - Major		Possible - Minor
			Issue		Adequate
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.					
New 20/21 National Services Scotland (NSS) has significantly increased their stock levels and secured the supply chain for consumables in response to Covid 19 and Brexit challenges					
New 20/21 After some initial delays in the first few days imports and exports seem to be operating well and no major shortages identified, this will continue to be monitored.					
New 20/21 Continue to work with our corporate partners, strong representation at local authority, health and Scottish government groups is essential to help mitigate ongoing risks arising from Brexit					
The formation of a senior Pharmacy Incident Response Team has been identified to address urgent and emerging issues with medicines supply.					
Facilities Services continue to maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced. In addition, catering managers and cooks have their own procurement cards, which they presently use to purchase provisions via Scot Exel Suppliers however, the cards can also be used elsewhere if necessary.					

Risk of future Pandemic – Covid 19 variations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>New 20/21 Risks across services from a future pandemic include difficulty in resourcing medications, medical devices (instruments and equipment in Hospital) and clinical consumables including PPE, disposable and short life goods. There will be an impact on patients and service users and on recruitment to and workforce.</p> <p>Financial Impact – rapid response, prescribing costs, commissioning and procurement impact.</p> <p>Human diseases can take a variety of forms and consequently their impacts can vary considerably both in scale and nature. The main types of human disease that represent new or additional risks to the UK are outlined below. The examples have been chosen to give an impression of the range of possible diseases that would have a significant disruptive effect, but are by no means exhaustive.</p> <p>Pandemic - Influenza pandemics are natural phenomena that have occurred from time to time for centuries. Including Covid 19, this has happen four times in the last century. The symptoms are similar to those of seasonal influenza but may be significantly more severe.</p> <p>Influenza pandemics arise as a result of a new influenza virus that is markedly different from recently circulating influenza viruses and therefore to which few people, if any, have immunity. As a result of rapid spread from person to person, pandemics have significant global human health consequences. In addition to the severe health effects, a pandemic is also likely to cause significant wider social and economic damage and disruption.</p>	Beth Culshaw		<p>Almost Certain - Catastrophic</p> <p>Unacceptable</p>		<p>Almost Certain - Major</p> <p>Unacceptable</p>
Mitigating Action					
Develop, implement and monitor recovery plans for each service –reported to HSCP Board on a regular basis throughout pandemic.					
Develop and monitor pandemic risk framework based on reflection, experience and learning from Covid 19.					
Pandemic objectives that focus on service continuity - workforce health, workforce effectiveness, essential service delivery continuity, citizen/community engagement, financial continuity, partner continuity (both commissioned and third sector), security – physical and digital, reputational monitoring community, workgroups and stakeholder (are the framework elements effective)					
Agile response to monitor continuity of operations and relationships including decision logs and resilience					
Normal life is likely to face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.					
Individual organisations may suffer from the pandemic's impact on staff absenteeism therefore reducing the services available					
The post- pandemic years provide a very important opportunity to develop and strengthen preparations for the potentially serious impact of an influenza pandemic. The Government is collaborating actively with international partners on prevention, detection and research, and is taking every practical step to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. This includes purchasing and stockpiling appropriate medical countermeasures.					
Apply and comply with Scottish Government and Public Health Scotland guidance and advice – for example Covid-19 the Scottish Government Covid19 Advisory Group, Scientific Advisory Group for Emergencies (SAGE)					
Follow NHS and Social Care mobilisation and planning guidance in Scotland and link this to funding requirements.					

Apply integrated emergency management principles, develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen. This will be informed in future by Covid 19 reflection and recovery work.

The delivery of Risk Management table top exercises in order to ensure preparedness for further major incidents.

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

IMPACT OF RISK	(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						

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT
AND PERFORMANCE COMMITTEE****Report by Chief Internal Auditor****HSCP Audit and Performance Committee: 15 November 2021**

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 September 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 2021/22.

3. Background

- 3.1 In April 2021, the Audit Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2021/22.
- 3.2 This report provides a summary to the Audit Committee of recent Internal Audit activity against the annual audit plan for 2021/22. 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 2021/22 is now underway. Both audits are at planning stage.
- 4.2 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.
- 4.3 In relation to external audit action plans, there are no current external audit action plans. Any new actions identified in the external auditors annual audit report for 2020/21 will be included in the update to the next Audit Committee.

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

West Dunbartonshire Council

- 4.5 Since the last Audit Committee meeting in September 2021, there was one Internal Audit reports issued to the Council, which is relevant to the IJB:

Audit Title	Number and Grading of Issues		
	Red	Amber	Green
Homelessness – Performance Indicators (1)	0	1	0
Total	0	1	0

(1) Lack of Independent Check of Performance Indicators (AMBER)

There is no independent check carried out on the performance indicators produced to ensure that the information reported was complete and accurate. However, audit testing of 4 PI measures identified that 3 had been correctly calculated but there was a small difference in the PI calculated for the 4th indicator due to rounding which was not material (less than 1%).

Where an independent check is not in place there is a risk that PIs are not completely and accurately measured, calculated and reported.

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

NHS Greater Glasgow and Clyde

- 4.7 There were 2 audit reports finalised since the last update to Audit Committee in June 2021 as set out in the undernoted table. There were no Grade 4 recommendations raised (very high exposure) and no control objectives assessed as red.

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Property Transaction Monitoring	Minor Improvement Required	-	-	2	-
Q2 audit follow up	N/A	-	-	-	-
Total		-	-	2	-

- 4.8 Internal Audit undertakes follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the 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 2021/22 was constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were considered.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Environmental Impact Assessment

9.1 There are no issues.

10. Consultation

10.1 The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.

11. Strategic Assessment

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

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

Date: 19 October 2021

Person to Contact: Andi Priestman – Shared Service Manager – Audit & Fraud
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Appendices: Appendix 1 – Status of Internal Audit Action Plans at 30
September 2021
Appendix 2 – Status of External Audit Action Plans at 30
September 2021

Background Papers: Internal Audit Annual Audit Plan 2021-22

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
AT 30 SEPTEMBER 2021**

Summary: Section 1 Summary of Management Actions due for completion by 30/09/2021

There were no actions due for completion by 30 September 2021.

Section 2 Summary of Current Management Actions Plans at 30/09/2021

At 30 September 2021 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 30/09/2021

At 30 September 2021 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 30 September 2021 there were 2 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 30.09.2021

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
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 30.09.2021

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion December 2021	1
Due for completion February 2022	1
Due for completion March 2022	1
Total Actions	3

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

CURRENT MANAGEMENT ACTIONS AS AT 30.09.2021

SECTION 3

Action	Owner	Expected Date
Risk Management Process (March 2021)		
<p>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.</p> <p>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 HSCP.</p>	Head of Strategy and Transformation/ HSCP Heads of Service	31.03.2022
<p>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.</p>	Head of Strategy and Transformation	31.12.2021*
<p>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.</p>	HR, HSCP	28.02.2022*

**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
Risk Management Process (March 2021)	<p>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.</p>	31.07.21	31.12.21	Although progress has been made in respect of updating both strategic and operational risk registers, this action remains incomplete as we continue to seek options for the electronic recording and management of risk registers, ensuring a clear and consistent approach across the HSCP. Due to significant staffing shortages within the team and competing priorities it would be reasonable to expect this to be complete by 31 December 2021.
Risk Management Process (March 2021)	<p>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.</p>	31.08.21	28.02.22	Implementation of this action has been impacted by COVID. In the short term this is being monitored by line managers as part of "Be the Best" conversations. In the longer term the aim is for this to be automated.

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

Report by Head of Service - Mental Health, Learning Disability and Addiction

HSCP Audit and Performance Committee: 15 November 2021

Subject: Mental Welfare Commission Report on Fruin and Katrine Localities

1. Purpose

- 1.1** To advise the Audit Committee on the Mental Welfare Commission visit and report to Fruin and Katrine Localities Older People Mental Health Localities, Vale of Leven Hospital.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee note the content of the Mental Welfare Commission Report.

3. Background

- 3.1** Mental Welfare Commission for Scotland's purpose is to safeguard the rights and welfare of everyone with a learning disability, mental illness or other mental disorder. In this capacity they carried out an announced visit to Fruin and Katrine Localities, Vale of Leven Hospital on the 30th of June 2021.

- 3.2** Fruin and Katrine localities are mental health assessment and treatment inpatient facilities in West Dunbartonshire for people over 65 years of age. The wards are co-located on the third floor of Vale of Leven Hospital. Fruin is a 12-bedded facility for patients with dementia; Katrine is a six-bedded locality for patients with functional mental illness.

4. Main Issues

- 4.1** The report authors were impressed with the level of detail and the quality of information within the chronological nursing notes. These contained detailed information around the individual's mental and emotional state on a daily basis and what may be affecting this.
- 4.2** Where individuals exhibited stressed and distressed behaviours, staff clearly put a great deal of thought and effort into identifying actual and potential triggers and provided clear information on effective strategies for distraction and de-escalation.
- 4.3** The authors particularly liked the "Guide to my day" which provided a short, accessible summary of the individual's routine, care needs and preferences.

- 4.4** The report describes being told that senior management had been very supportive during two Covid outbreak periods, and that additional medical support from the general hospital and support from the palliative care team had been invaluable.
- 4.5** Relatives that were spoken to were very positive about the availability and quality of communication from both nursing and medical staff.
- 4.6** Risk assessments were documented and reviewed regularly.
- 4.7** Care plans were person-centred and addressed risk and mental health needs.
- 4.8** Quality of care plans varied; for some individuals the mental health care plan attempted to cover too broad a range of needs and issues in one plan. As a result, some of these lacked focus and did not fully reflect the high quality care which was being provided.
- 4.9** Mental health care plans would benefit from the inclusion of more detailed information on interventions and treatment goals, which was contained in the chronological notes.
- 4.10** Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 ('the AWI Act') legislation must be completed by a doctor. The report noted completed section 47 certificates and treatment plans in the notes of the patients they reviewed who lacked capacity, and consultation with proxy decision makers/relatives was recorded.
- 4.11** There was one recommendation in the report that:
1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.

5. Options Appraisal

- 5.1** There is no requirement for an options appraisal.

6. People Implications

- 6.1** There are no people implications

7. Financial and Procurement Implications

- 7.1** There are no financial and procurement implications

8. Risk Analysis

- 8.1** Not required.

9. Equalities Impact Assessment (EIA)

9.1 Not required.

10. Environmental Sustainability

10.1 No issues.

11. Consultation

11.1 The Chief Officer has been consulted on the contents of the report.

12. Strategic Assessment

12.1 None required

13. Directions

13.1 None required.

Name **Sylvia Chatfield**

Designation **Head of Service Mental Health, Learning Disability and Addiction**

Date **November 2021**

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Email CHATFSY399@ggc.scot.nhs.uk

Appendices Appendix 1 - Mental Welfare Commission Scotland

Background Papers

Localities Affected

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Acting Head of Service - Community Health and Care

HSCP Audit and Performance Committee: 15 November 2021

Subject: Care Inspectorate Inspection reports 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 up-date on a Care Inspectorate inspection report for an independent sector residential older peoples' Care Home located within West Dunbartonshire.

2. Recommendations

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

3. Background

- 3.1 The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six point scale of 1 – Unsatisfactory to 6 – Excellent in grades awarded.
- 3.2 During the last eighteen months the Care Inspectorate temporarily amended the focus of their inspections. They focused only on how well Care Home residents were being supported during the COVID-19 pandemic rather than the full range of Key Questions.
- 3.3 They amended their quality framework for Care Homes to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has 3 quality indicators:
- People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic;
 - Infection control practices support a safe environment for both people experiencing care and staff; and
 - Staffing arrangements are responsive to the changing needs of people experiencing care.
- 3.4 Recently the Care Inspectorate has resumed looking at the other Key Questions in addition to the Covid Key Question in their inspections. The care home included in this report was inspected on more than just the Covid 19 Key Question.

3.5 The independent sector Care Home reported within this report is:

- Kingsacre Luxury Suites.

A copy of their inspection report has been published and can be accessed on the Care Inspectorate website: www.careinspectorate.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 15 October 2021, there are 23 residents being supported in Kingsacre Luxury Suites from West Dunbartonshire.
- 4.2** This was the care home’s first full inspection by the Care Inspectorate since it opened in July 2019. Previously they had been inspected against the Covid-19 Key Question ‘How good is our care and support during the Covid-19 Pandemic’.
- 4.3** The home was inspected on 12 July 2021 and the report issued in September 2021. The table below summarises the grades awarded to Kingsacre Luxury Suites over their last 3 inspections:

Inspection date	How well do we support people’s wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	How good is our care and support during the COVID-19 pandemic
12.07.21	4	4	4	4	4	4
Inspection date	How good is our care and support during the COVID-19 pandemic					
18.02.21	3					
Inspection date	How good is our care and support during the COVID-19 pandemic					
18.01.21	2					

- 4.4** The grades of ‘4 – Good’ received for the all Key Questions, show a continued improvement from the grades of ‘3 – Adequate’ and ‘2 – Weak’ awarded in their previous inspections. In this recent inspection report there were no requirements highlighted for remedial action by the service.

4.5 Kingsacre Luxury Suites has undergone a number of changes in Management since it opened in 2019. After their February inspection a new Manager took up post in the care home. In the report Inspectors noted that overall, the care home had further progressed under the new manager and were confident that the service would continue to further improve.

4.6 Regular contact with the new Care Home Manager and external Management of the care home took place with staff from WDHSCP after their February inspection until the July 2021 inspection. Meetings, visits and conference calls happened on a weekly basis with WDHSCP staff offering support to the service to ensure changes required were implemented and improvements made. The Head of Community Health and Care and Chief Nurse frequently participated in these 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 Care Home after a Care Inspectorate inspection are an important performance indicator for registered services. For any Care Home assessed by the Care Inspectorate, failure to meet requirements within 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's 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's commitment to work with providers within an agreed assurance framework.

13. Directions

13.1 Not required for this report.

Name: Fiona Taylor
Designation: Acting Head of Community Health and Care
Date: 15 October 2021

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Report by Acting Head of Service - Community Health and Care****HSCP Audit and Performance Committee: 15 November 2021**

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 up-date on a Care Inspectorate inspection report for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

2. Recommendations

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

3. Background

- 3.1** The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six point scale of 1 – Unsatisfactory to 6 – Excellent in grades awarded.
- 3.2** During the last eighteen months the Care Inspectorate temporarily amended the focus of their inspections. They focused only on how well Care Home residents were being supported during the COVID-19 pandemic rather than the full range of Key Questions.
- 3.3** They amended their quality framework for Care Homes to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has 3 quality indicators:
- People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic;
 - Infection control practices support a safe environment for both people experiencing care and staff; and
 - Staffing arrangements are responsive to the changing needs of people experiencing care.
- 3.4** Recently the Care Inspectorate have resumed looking at the other Key Questions in addition to the Covid Key Question in their inspections. Castle View Nursing Home was inspected on more than the Covid 19 Key Question.

3.5 The independent sector Care Home reported within this report is:

- Castle View Nursing Home.

A copy of their inspection report has been published and can be accessed on the Care Inspectorate website: www.careinspectorate.com

4. Main Issues

Castle View Nursing Home

- 4.1** Castle View Nursing Home is owned and managed by HC-One Limited. They are registered with the Care Inspectorate for a maximum of 60 residents. As of 14 October 2021 there are 53 residents being supported in Castle View, 45 of which are residents of West Dunbartonshire.
- 4.2** The Care Home was inspected on 23 August 2021 and the report issued on 09 September 2021. The table below summarises the grades awarded to Castle View Nursing Home over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	How good is our care and support during the COVID-19 pandemic
23.08.21	4	Not Assessed	Not Assessed	Not Assessed	Not Assessed	4
Inspection date	How good is our care and support during the COVID-19 pandemic					
27.08.20	3					
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	How good is our care and support during the COVID-19 pandemic
21.06.19	3	3	4	4	3	Not Assessed

- 4.3** The grades of '4 – Good' received for the 2 Key Questions, show continued improvement from the grades of '3 – Adequate' awarded in their previous Inspections. In this recent inspection report there were no requirements highlighted for remedial action by the service.
- 4.4** Castle View Nursing Home has undergone a number of changes in Management in recent years. Prior to the August inspection another new Manager took up post in the Care Home. Regular contact with the new Care Home Manager and staff from WDHSCP has taken place since they took up

post. In this inspection report the Inspectors commented that the Care Home has progressed under the new Manager and were confident that the Care Home would continue to further improve.

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 Care Home after a Care Inspectorate inspection are an important performance indicator for registered services. For any Care Home assessed by the Care Inspectorate, failure to meet requirements within 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's 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's commitment to work with providers within an agreed assurance framework.

13. Directions

13.1 Not required for this report.

Name: Fiona Taylor

Designation: Acting Head of Community Health and Care

Date: 14 October 2021

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Appendices: None

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

Wards Affected: All