

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Monday, 7 March 2022

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

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

Date of issue: 24 February 2022

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

MONDAY, 7 MARCH 2022

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 MEETING 5 - 9

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 15 November 2021.

5 REVISE TOR FOR AUDIT & PERFORMANCE COMMITTEE To Follow

Submit report by Julie Slavin, Chief Financial Officer in relation to the above.

6 STRATEGIC RISK REGISTER SIX MONTH REVIEW 11 - 21

Submit report by Margaret-Jane Cardno, Head of Service - Strategy and Transformation presenting the updated Strategic Risk Register.

**7 WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE 23 - 38
PARTNERSHIP (HSCP) QUARTERLY PERFORMANCE REPORT
2021/22 - QUARTER THREE**

Submit report by Margaret-Jane Cardno, 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.

**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 Monday, 15 November 2021 at 10.02 a.m.

Present: Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde Health Board; Jonathan McColl and John Mooney, West Dunbartonshire Council and lay member Anne MacDougall, Chair of the Locality Engagement Network, Clydebank.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Jo Gibson, Head of Community Health & Care Services*; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Audrey Slater, Head of People and Change; Margaret-Jane Cardno, Head of Strategy and Transformation; Jennifer Ogilvie, HSCP Finance Manager; Val Tierney, Chief Nurse; Fiona Taylor, Senior Nurse; 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.

* Arrived later in the meeting

Also Attending: Jack Kerr, Auditor – Audit Scotland

Apologies: Apologies for absence were intimated on behalf of Denis Agnew, West Dunbartonshire Council and John Paterson, Chief Constable, Police Scotland.

Rona Sweeney in the Chair

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

The Committee agreed that all votes taken during the meeting would be done by roll call vote to ensure an accurate record.

MINUTES OF PREVIOUS MEETINGS

The Minutes of Meetings of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 24 June 2021 and 16 September 2021 were submitted and approved as a correct record.

AUDIT SCOTLAND: VACCINATIONS PROGRAMME

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

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

WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE 2021/22 QUARTER ONE

A report was submitted by the Head of Service Strategy and Transformation ensuring 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, the Committee agreed:-

- (1) to note the content of the HSCP Quarterly Performance Report 2021/22 Quarter One 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 presents partial Quarter One data;
- (3) to 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; and
- (4) to note that this report has been deferred from the planned Audit and Performance Committee dated 16 September 2021.

WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE 2021/22 QUARTER TWO

A report was submitted by the Head of Service Strategy and Transformation ensuring 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 2021/22 Quarter Two and performance against the Strategic Plan 2019 - 2022 by exception;
- (2) to note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Two data; and
- (3) to note that Quarter One information previously unavailable to the Committee is contained within the report.

WEST DUNBARTONSHIRE DELAYED DISCHARGES

A report was submitted by the Acting Head of Service Community Health and Care presenting current measures of performance in relation to delayed discharges within West Dunbartonshire.

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

* Jo Gibson and Helen Little joined the meeting during consideration of this item.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

A report was submitted by the Head of Strategy and Transformation presenting the updated Strategic Risk Register for the West Dunbartonshire Health and Social Care Partnership (HSCP).

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 recommend to the HSCP Board approval of the reviewed and updated Strategic Risk Register (Appendix A);
- (2) to select the strategic risks of waiting times and procurement and commissioning to be presented in greater detail to the HSCP Board on the 24 March 2022;
- (3) to 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;
- (4) to note that the Strategic Risk Register will be presented to HSCP Board on 22 November 2021 for final approval; and
- (5) to note that this report was deferred by the Audit and Performance Committee on the 16 September 2021.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor 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.

After discussion and having heard the Shared Service Manager – Audit & Fraud in further explanation of the report, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2021/22.

MENTAL WELFARE COMMISSION REPORT ON FRUIN AND KATRINE LOCALITIES

A report was submitted 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.

After discussion and having heard the Head of Service Mental Health, Learning Disability and Addiction in further explanation of the report, the Committee agreed to note the content of the Mental Welfare Commission Report.

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

A report was submitted 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.

After discussion and having heard the Contracts & Commissioning Officer in further explanation of the report, the Committee agreed to note the content of this report.

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

A report was submitted 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.

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

The meeting closed at 11.13 a.m.

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE

Report by: Head of Strategy and Transformation

HSCP Audit and Performance Committee: 7 March 2022

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) Audit and Performance Committee.

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 updated Strategic Risk Register (Appendix A).

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.

- 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. The current Risk Management Policy and Strategy was approved by the HSCP Board 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. The HSCP Senior Management Team (SMT) reviewed all operational risk registers on 10 February 2022 and agreed that:
 - 4.5.1** Upon, review of the operational risk registers, SMT should further monitor risk pertaining to ICT infrastructure specifically in relation to an integrated hybrid working environment. The SMT did not consider this risk to be out with operational tolerance levels at this time but did consider further operational scrutiny to be required during the next six month period.
 - 4.5.2** In relation to the strategic risk "Procurement and Commissioning", SMT recognised that due to vacancies and recruitment challenges this team is currently seriously depleted. This has been impacted by a recent retiral, budget constraint and an inability to appoint a suitable Commissioning Manager. In mitigation the budget for this team will be revisited with the HSCP Board as part of the March 2022 budget setting process which may enable the recruitment of an enhanced post to progress. In addition the role of Commissioning Manager will be re-

advertised on the 14 February 2022. As the impact of these mitigations have yet to reveal themselves, SMT agreed to upgrade this risk to “unacceptable”.

4.5.3 In relation to the strategic risk “Performance Management Information” SMT recognised that important improvements had been implemented over the last two years. SMT agreed that although classified as an acceptable risk this indicator should remain on the strategic risk register as further work is required to enhance the use of data across the HSCP.

4.5.4 In relation to the strategic risk “Brexit” SMT agreed that this should be removed from the strategic risk register but the finance operational risk register updated to show the potential for a Brexit related impact in respect of the cost of prescribing.

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 Chief Officer and Senior Management Team reviewed the Strategic Risk Register on the 10 February 2022, 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 Senior 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: 10 February 2022

Person to Contact: Margaret-Jane Cardno
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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 the 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 Unacceptable		Probably – Major Unacceptable
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. The service will re-advertise the post of Commissioning Manager in February 2022.					
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.					
A growth bid has been developed for the IJB to be considered as part of the March 2022 budget setting process. If successful this would enable the appointment of a WTE Commissioning Officer.					

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 Adequate		Unlikely - Minor 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		Possible - Major		Possible - Moderate
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		Probably - Major		Probably - Moderate
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
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Audrey Slater		<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 Polices and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
Direct Controls					

Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.
Agency / overtime reports
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.					

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</p>	Beth Culshaw		Almost Certain - Catastrophic		Almost Certain - Major
			Unacceptable		Unacceptable

<p>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 happened 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>					
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 (MAPPA).</p> <p>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</p> <p>2. Service risk and delivery requirements Public Protection Co-ordinator post (vacant from January 2020) provides</p>	Chief Social Work Officer		Probable - Major		Possible - Major
			Unacceptable		Issue

<p>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>					
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Coordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate) processes are acted upon timeously and appropriately, including 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
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

Report by: Head of Service Strategy and Transformation

HSCP Audit and Performance Committee: 7 March 2022

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

1. Purpose

- 1.1 The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2 This report presents the HSCP performance information reported against the strategic priorities for the period October 2021 to December 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 Three and performance against the Strategic Plan 2019 - 2022 by exception.
 - Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Three data.
 - Note that Quarter Two information previously unavailable to the Committee is contained within this report.
 - Comment on the enhancement to the format of report in the form of additional information pertaining to complaints.

3. Background

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

4. Main Issues

- 4.1** The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2** It should be noted that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter Three data. This is reflective of a similar position in terms of previous reporting on Quarter Two. However, the indicators which were incomplete in Quarter Two have been incorporated into this report.
- 4.4** The HSCP have 45 performance indicators. Of the 30 reported on in Quarter Three, seven 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: 10 February 2022









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Appendices: West Dunbartonshire HSCP Performance Report
2021/22: Quarter Three October - December 2021

**West Dunbartonshire Health and Social Care Partnership
Performance Report 2021/22: Quarter 3 October-December 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. Community Health and Care targets are still under review in the absence of Scottish Government guidance in relation to Unscheduled Care targets. Targets for 2020/21 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	Q3 2021/22				Q2 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 March	95%	Not yet available	Not yet available	96.6%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late March	95%	Not yet available	Not yet available	97.2%	
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	78.1%	95%			84.2%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	Not yet available	N/A	Not yet available		85	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A	Not yet available		27	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	Not yet available	0	Not yet available		11	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,280	1,460			2,505	

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,363	N/A			1,210	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,429	1,104			1,575	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	584	N/A			662	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,213	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,090	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	64.6	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	17,951	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,157	Not yet available	Not yet available	12,117	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	718.3	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,692	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.5%	24%			26.2%	
20	Number of clients receiving Home Care Pharmacy Team support	297	257			315	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	31%	90%			40%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97.6%	95%			97.5%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery*	Not yet available	90%	Not yet available	Not yet available	Not yet available	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,933	2,200			1,955	
26	Number of patients with an eKIS record	20,636	N/A			20,819	

*Publication of waiting times for drug or alcohol treatment has been delayed by Public Health Scotland due to the move to a new IT system.

Access							
Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,443	N/A			1,445	

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,987	N/A		↑	10,801	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	541	570		↑	533	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	40.6%	35%		↑	39.8%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.6%	95%		↓	98.7%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,482	20,945		↓	18,763	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	20.5%	30%		↓	6.9%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	28.1%	32%		↑	45.5%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	78%	98%		↑	70.5%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79.7%	80%		↓	84.5%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	47.6%	80%		↑	31.3%	

Resilience

Ref	Performance Indicator	Q3 2021/22				Q2 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	98.9%	90%		↓	100%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	5	18		↑	6	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	71.3%	90%		↓	72.4%	

Assets

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	Not yet available	GGC average	Not yet available	Not yet available	£166.88	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available		76.05%	

Inequalities

Ref	Performance Indicator	Q3 2021/22				Q2 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	89.9%	90%			89.7%	
44	Percentage of looked after children being looked after in the community who are from BME communities	75%	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 July to September 2021 data below for those indicators we were unable to report on in our Quarter 2 Performance Report. Please note that Drug and Alcohol Waiting Times have not been published for any quarter in 2021-22 due to the implementation of a new IT system.

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	96.6%	95%			94.7%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.2%	95%			99.2%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	85	N/A			51	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	27	N/A			25	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	11	0			6	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,505	1,460			2,726	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,210	N/A			1,598	
12	Number of emergency admissions 18+	2,213	2,295			2,463	
13	Number of emergency admissions aged 65+	1,090	1,134			1,217	
14	Emergency admissions aged 65+ as a rate per 1,000 population	64.6	68			72.1	
15	Number of unscheduled bed days 18+	17,951	17,735			19,540	
16	Unplanned acute bed days (aged 65+)	12,117	12,156			13,508	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	718.3	726			800.8	
18	Number of Attendances at Accident and Emergency 18+	5,692	4,720			5,862	

Access

Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	6.9%	30%	✓	↑	23%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	45.5%	32%	✗	↓	26%	

Assets

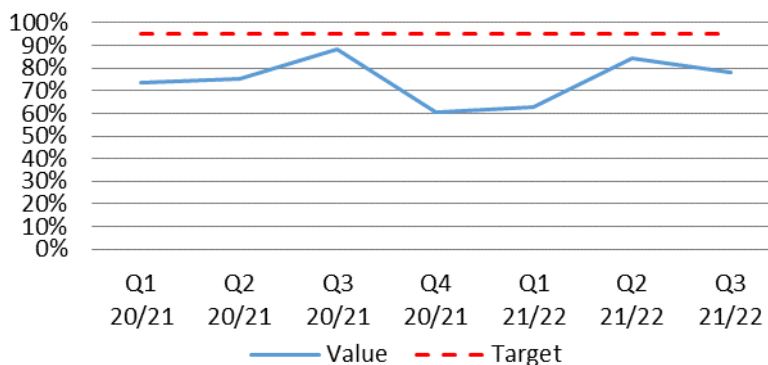
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£166.88	£158.57	⚠	↓	£165.48	
42	Compliance with Formulary Preferred List	76.05%	78%	⚠	↓	79.16%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October-December 2021

Performance Area: Child Protection

Quarter	Value	Target
Q1 20/21	73.3%	95%
Q2 20/21	75.0%	95%
Q3 20/21	88.0%	95%
Q4 20/21	60.5%	95%
Q1 21/22	62.5%	95%
Q2 21/22	84.2%	95%
Q3 21/22	78.1%	95%

% of Child Protection investigations to Case Conference within 21 days



Key Points:

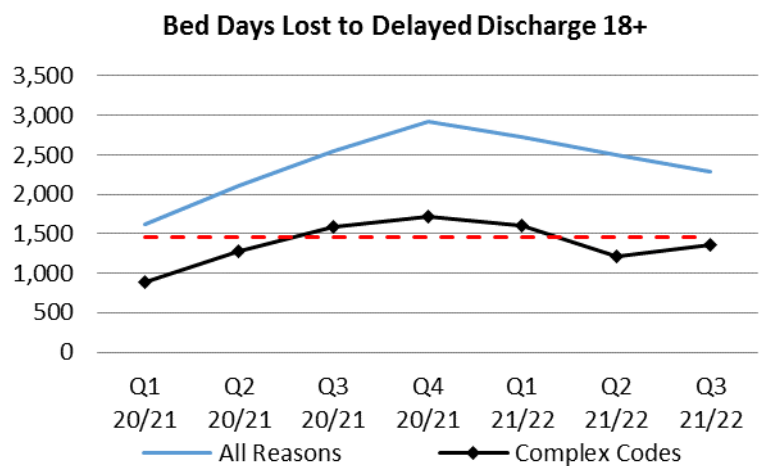
Of the 32 case conferences due to take place during October to December, 25 were carried out within the 21 day timescale. While still below the 95% target and dipping slightly on the previous quarter, the trend for 2021/22 has been one of improvement.

Improvement Actions:

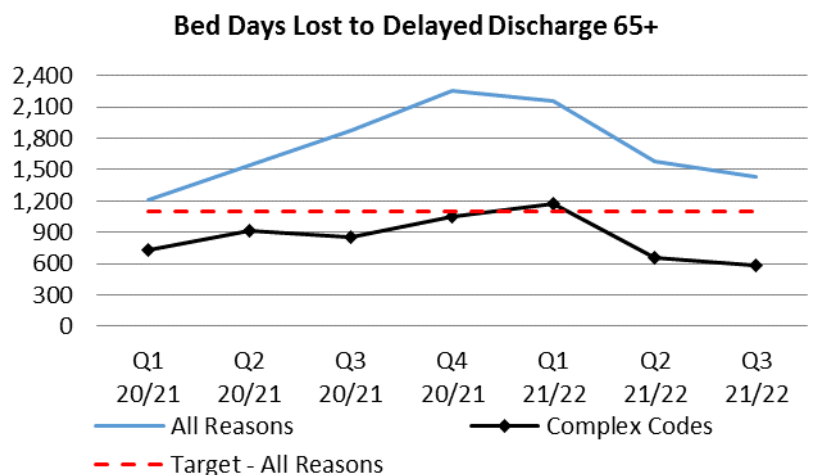
Timescales for a number of key stages in the Child Protection journey are now being routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to identify trends, areas for improvement and any recording gaps.

Performance Area: Delayed Discharge

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
Q2 21/22	2505	1210
Q3 21/22	2280	1363



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
Q3 21/22	1429	584



Key Points:

Focused efforts to facilitate hospital discharges in a safe and timely way continue to show progress during this quarter. A reduction in Adults with Incapacity delays has been seen, as well as a significant reduction in number of bed days lost due to delayed discharge.

The number of daily delays in the quarter was brought down to 18 mid-October and as at the 31st of December 24 people were experiencing a delay.

Improvement Actions:

Daily meetings between all 6 Health and Social Care Partnerships and the Health Board have commenced this quarter. These meetings provide supportive inputs from peers and senior figures, as well as provide transparency and accountability across the HSCPs and Health Board.

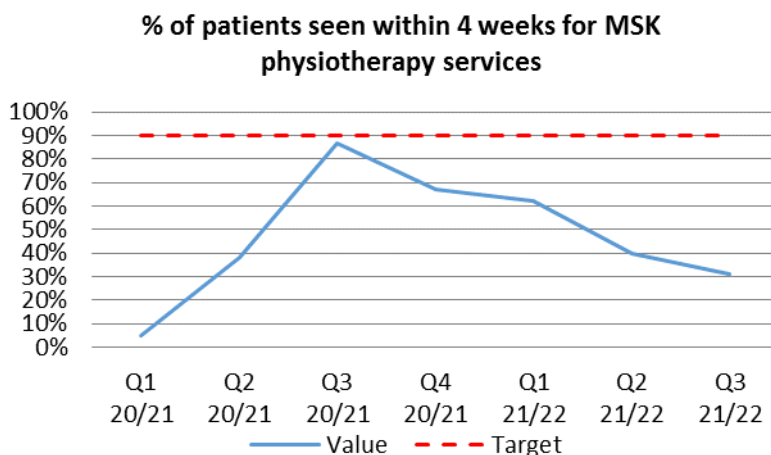
Weekly meetings with a focus on all West Dunbartonshire delays continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

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

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

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%
Q2 21/22	40%	90%
Q3 21/22	31%	90%



Key Points :

Referrals to the MSK service continue to be high and consistent with pre-Covid levels. There were 1,079 referrals during October to December. Performance improved significantly to 39% in November as staff returned temporarily from redeployment to Acute where they were supporting the pandemic effort.

In December, in common with other services, MSK Physiotherapy services experienced greater than normal staffing problems through sick leave, Covid-related absence and vacancy levels.

Improvement Actions

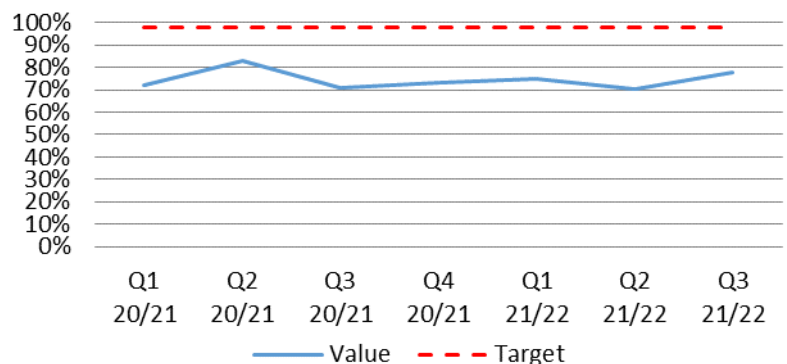
All patients requiring a first appointment continue to predominately be managed by Virtual Patient Management in the first instance. We are continuing to remobilise face to face provision based on clinical decision making/clinical need and orthopaedic post-operative patients are now escalated for face to face 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.

Further redeployment of MSK staff to assist with the anticipated impact of the Omicron variant on Acute Services is planned for January.

Performance Area: Criminal Justice Social Work

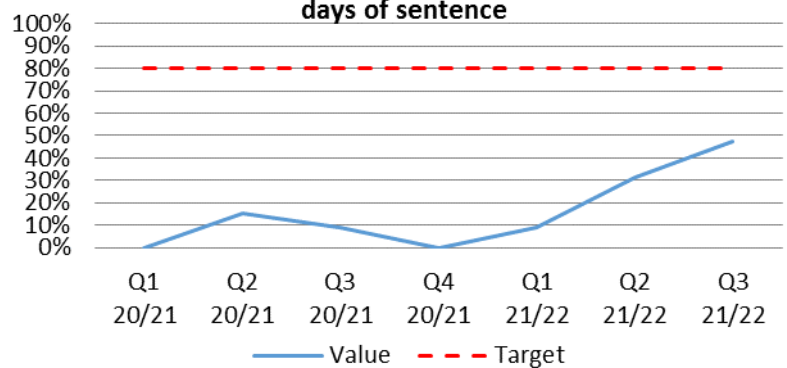
Quarter	Value	Target
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%
Q4 20/21	73%	98%
Q1 21/22	75%	98%
Q2 21/22	71%	98%
Q3 21/22	78%	98%

% 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%	80%
Q3 21/22	48%	80%

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



Key Points:

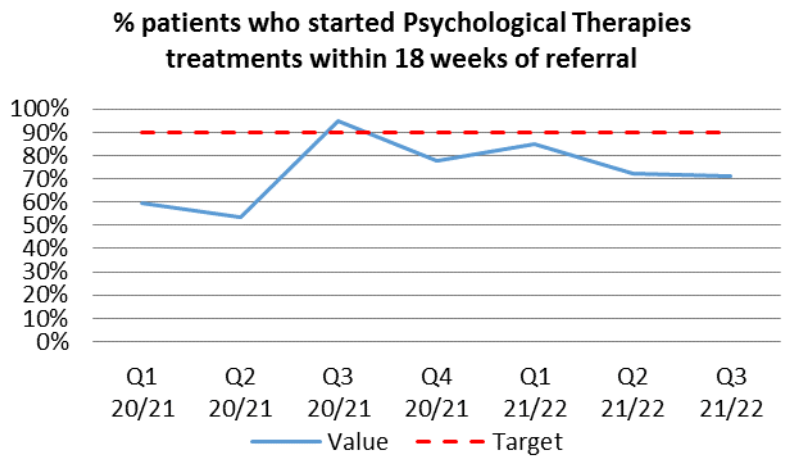
The recruitment of additional Community Payback Supervisors has increased capacity and as a result we have seen a significant increase in service users commencing their unpaid work hours within timescales. Criminal Justice Social Work reports have also increased, reflective of the reduction in levels of staff absence.

Improvement Actions:

The forthcoming refurbishment of the unpaid work workshop will facilitate further opportunities to both expand the service and increased opportunities for service users.

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%
Q3 21/22	71.3%	90%



Key Points:

101 people started Psychological Therapies treatments between October and December: 72 waited less than 18 weeks from the point of referral.

There are a number of vacancies across the teams which is impacting on caseload capacities.

Improvement Actions:

We are actively processing vacancies as quickly as possible to ensure as little impact on waiting times as possible and longest waits are being offered appointments across the area as space becomes available.

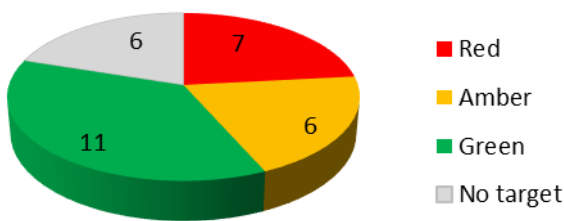
Three members of staff within the Primary Care Mental Health Team are working additional hours between December 2021 and March 2022 to ensure some cover for team vacancies.

Wellbeing Nurse rollout continuing: a full time Wellbeing Nurse is now in post and we are aiming for the service to be fully up and running by the end of February 2022.

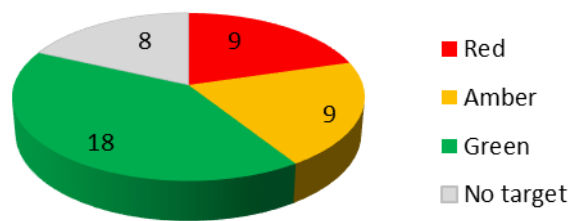
We have also reactivated the local Psychological Therapies monitoring group and are currently targeting erroneous data on the dashboard.

Summary of Strategic Plan Key Performance Indicators

Quarter 3: October to December 2021
(Partial Data)



Quarter 2: July to September 2021 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October-December 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 October-December 2021 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
MSK Physiotherapy	<ul style="list-style-type: none"> • Waiting areas to be checked more frequently. • Patients should be seen for the remainder of the appointment time in line with the MSK Physiotherapy Standard Operating Procedure. • The MSK Physiotherapy Team Lead will request that a brief explanatory is added to cancellations where possible.

SPSO Indicator	Measure	Q1	Q2	Q3
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21	13
	Number of complaints direct to Stage 2	8	7	6
	Total number of complaints	24	28	19
3	% closed within timescale - Stage 1	Not yet available		
	% closed within timescale - direct to Stage 2	2	1	2
	% closed within timescale - escalated to Stage 2	1	None recorded as escalated	None recorded as escalated
4	Average response time - Stage 1	Not yet available		
	Average response time - direct to Stage 2	25	23	23
	Average response time - escalated to Stage 2	18	None recorded as escalated	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 2 2021/22

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld			0%
Partially Upheld	2	1	50%
Not Upheld		3	50%
Unsubstantiated			0%
Total	2	4	6

Stage 2 – Quarter 3 2021/22

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld			0%
Partially Upheld	1		25%
Not Upheld	1	2	75%
Unsubstantiated			0%
Total	2	2	4

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Internal Auditor****HSCP Audit and Performance Committee: 7 March 2022**

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 November 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 fieldwork stage.
- 4.2 In relation to internal audit action plans, there is one current internal audit action relating to the WD HSCP Board which is being progressed by officers. The status report is set out at Appendix 1.

4.3 In relation to external audit action plans, there are 5 current actions relating to the WD HSCP Board which are being progressed by officers. The status report is set out at Appendix 2.

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 November 2021, there were no Internal Audit reports issued to the Council, which are relevant to the IJB.

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 3 audit reports finalised since the last update to Audit Committee in November 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
Financial Systems Health Check – Procurement and Tendering (1)	Substantial Improvement Required	-	3	4	-
HEPMA – Project Governance	Minor Improvement Required	-	-	2	-
Management Action Follow up	N/A	-	-	-	-
Total		-	3	6	-

(1) Areas for improvement were identified including: ensuring compliance with processes for both competitive and non-competitive tendering activity; improving arrangements for ensuring the completeness and accuracy of the contracts register; and refining processes for ensuring that procurement activity is subject to appropriate approval in line with the NHSGGC Scheme of Delegation. A new Head of Procurement started in July 2021 and progress has already started in addressing issues identified.

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.

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Chief Internal Auditor – West Dunbartonshire HSCP Board

Date: 2 February 2022

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Appendices: Appendix 1 – Status of Internal Audit Action Plans at 31 January 2022
Appendix 2 – Status of External Audit Action Plans at 31 January 2022

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 31 JANUARY 2022**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2022

There was one action due for completion by 31 January 2022 which has been reported as completed by management.

In addition, one action with a completion date of 28 February 2022 has also been reported as completed.

Section 2 Summary of Current Management Actions Plans at 31/01/2022

At 31 January 2022 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2022

At 31 January 2022 there was one current audit action point.

Section 4 Analysis of Missed Deadlines

At 31 January 2022 there were no audit action points where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.02.2022

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
1	1		

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

In addition, one action due to be completed by 28 February 2022 has been reported as completed by management.

Action	Owner	Expected Date
Risk Management Process (March 2021)		
Monitoring of completion of risk management training (Green) Whilst there are reports that are generated for both NHS and WDC online risk assessment module(s), this can benefit from being further strengthened. This will be achieved by reviewing current approach to monitoring risk management training across the partnership, improving management reporting and monitoring of completion.	HR, HSCP	28.02.2022

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

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2022	1
Total Actions	1

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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2022

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.B.</p>	<p>Head of Strategy and Transformation/ HSCP Heads of Service</p>	<p>31.03.2022</p>

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

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
There are no current actions which have missed the deadline set by management.				

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 31 JANUARY 2022**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2022

There were no actions due for completion by 31 January 2022.

Section 2 Summary of Current Management Actions Plans at 31/01/2022

At 31 January 2022 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2022

At 31 January 2022 there were 5 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 January 2022 there was one audit action point where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2022

SECTION 1

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

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

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

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2022	1
Due for completion May 2022	1
Due for completion June 2022	1
Due for completion September 2022	2
Total Actions	5

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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2022

SECTION 3

Action	Owner	Expected Date
2019/2020 Annual Audit Report (September 2020)		
<p>Use of outcome data to shape future plans Actions to be taken to ensure IJB are well informed in its decision making. This will include how teams use data to inform operational decision making whilst also seeking to improve the quality of appropriate information to the IJB.</p> <p>Steps will be taken to consider national best practice in order to support good decision making in line with the delivery of the HSCP Strategic Plan.</p>	Head of Strategy and Transformation	30.09.2022
<p>Savings Targets The IJB should continue to improve on its mechanism for monitoring and reporting on its progress against efficiency savings targets on a regular basis.</p>	Chief Financial Officer	31.05.2022*
<p>Best Value The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.</p>	Head of Strategy and Transformation	30.09.2022
2020/2021 Annual Audit Report (November 2021)		
<p>Management Commentary Revised financial plans to reflect Covid-19 The response to the Covid-19 pandemic impacted on every service delivered by the HSCP throughout 2020/21 and still continues to shape service delivery. This year's Management Commentary tried to reflect both the positive response as well as the more challenging impacts. The content and layout for the 2021/22 Management Commentary will aim to tell the West Dunbartonshire story in a more reader friendly format.</p>	Chief Financial Officer/ Head of Strategy and Transformation	30.06.2022
<p>Review of Standing Orders The current version of the revised scheme requires formal approval by NHSGGC before submission to the Scottish Government. This can be used as the starting point for a review of Standing Orders.</p>	Head of Strategy and Transformation	31.03.2022

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

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
2019/2020 Annual Audit Report (September 2020)	<p>Savings Targets The IJB should continue to improve on its mechanism for monitoring and reporting on its progress against efficiency savings targets on a regular basis.</p>	31.03.21	31.05.22	The Board receives an update on the progress of savings and efficiencies as part of the suite of appendices attached to the regular Financial Performance Reports. After confirmation from the Scottish Government in early February 2021 that all unachieved savings would be covered by Covid-19 funding the year-end position was broadly unchanged from the February update. However, this could have been displayed more clearly. In future the savings appendix will form part of the Outturn Report.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by: Chief Internal Auditor****HSCP Audit and Performance Committee: 7 March 2022**

Subject: Indicative Internal Audit Annual Strategy and Plan 2022-2023**1. Purpose**

- 1.1 The purpose of this report is to provide the indicative Internal Audit Strategy and Plan for 2022-2023 to Audit Committee for approval.

2. Recommendations

- 2.1 It is recommended that the Audit Committee approve the indicative Internal Audit Plan for 2022-2023.

3. Background

- 3.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives.
- 3.2 As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.
- 3.3 The Public Sector Internal Audit Standards include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 3.4 The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the IJB Audit Committee.
- 3.5 The provision of Internal Audit services for the IJB is delivered by West Dunbartonshire Council through a directly employed in-house team. From 2018/19 onwards, a recharge of £10,000 has been made from the Council to the IJB to reflect the cost of services provided by the Council's Internal Audit Team. It is proposed that the same recharge be applied in 2022-2023.

4 Main issues

- 4.1 Internal Audit follows a risk-based approach and it is intended that audit work will be focused on areas of greater risk taking into account management's

own view of risk, previous audit findings and any other internal or external factors affecting the West Dunbartonshire Integration Joint Board.

- 4.2 The indicative Internal Audit Strategy and Plan for 2022-2023 is set out at Appendix 1.
- 4.3 The total budget for the Internal Audit Annual Audit Plan for 2022-2023 has been provisionally set at 45 days. The plan does not contain any contingency provision. Where there are any unforeseen work demands that arise eg special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.
- 4.4 The Public Sector Internal Audit Standards require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the WD HSCP Board Audit and Performance Committee for approval.
- 4.5 The Internal Audit Strategy and Plan for 2022-23 relating to West Dunbartonshire Council will be presented for approval at the Audit Committee in June 2022. This plan sets out the operational audits for West Dunbartonshire Council and includes an allocation of staff days to carry out audit work for the West Dunbartonshire Partnership Board.

5. People Implications

- 5.1 There are no personnel issues with this report.

6. Financial Implications

- 6.1 There are no financial implications with this report.

7. Professional Implications

- 7.1 None.

8. Locality Implications

- 8.1 None.

9. Risk Analysis

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

10. Impact Assessments

10.1 None.

11. Consultation

11.1 Discussions have taken place with the IJB's Chief Officer and Chief Financial Officer in relation to the proposed annual audit plan coverage for 2022-2023.

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

12. Strategic Assessment

12.1 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 WD HSCP Board Strategic Plan.

Author: **Andi Priestman**
Chief Internal Auditor – West Dunbartonshire HSCP Board

Date: **2 February 2022**

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Appendices: Appendix 1 – Internal Audit Annual Strategy and Plan 2022-2023

Background Papers: None

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2022-2023

1. Introduction

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

2. Internal Audit Objectives

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

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

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

3. Risk Assessment and Audit Planning

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

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2022-2023

4 Service Delivery

- 4.1 The provision of the internal audit service is through a directly employed in-house team from West Dunbartonshire Council.
- 4.2 In relation to the total staff days allocated to the 2022-2023 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 45 days which will be resourced as follows:

Team Member

Internal Auditor – 45 days

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

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

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2022-2023

5 Proposed Audit Coverage 2022-2023

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

Risk Register Reference	Previous Assurance Work	Planned Assurance Work 2022-23	Other Assurance Work 2022/23
IJB Risk 1 – Financial Sustainability I 3 L 4 Risk Score 12	External Audit Annual Audit Plan 20/21 NHSGGC Internal Audit Plan: 19/20 – IJB Financial Information and Reporting	None	External Audit Annual Audit Plan 21/22
IJB Risk 2 – Procurement and Commissioning I 4 L 4 Risk Score 16	West Dunbartonshire Council Internal Audit Plan: 15/16 – Procurement – Approved Contractors List 18/19 – Social Work Tendering and Commissioning 21/22 – Learning Disabilities Contract Monitoring NHSGGC Internal Audit Plan: 21/22 – IJB Strategic Planning and Commissioning 21/22 – Procurement and Tendering	None	West Dunbartonshire Council Internal Audit Plan: 22/23 – Procurement – Supplier Management NHSGGC Internal Audit Plan 22/23 – Follow Up Exercises
IJB Risk 3 – Performance Management Information I 2 L 2 Risk Score 4	WD HSCP Board Audit Plan: 21/22 - Performance Management Arrangements	None – Within the Board’s risk appetite	
IJB Risk 4 – Information and Communication I 3 L 3 Risk Score 9	West Dunbartonshire Council Internal Audit Plan: 16/17 – ICT Disaster Recovery/ Business Continuity Controls 17/18 –Data and Information Governance 19/20 – Cyber Security NHSGGC Internal Audit Plan: 18/19 - GDPR Compliance 18/19 - Digital Strategy 18/19 - Information Sharing 19/20 – IT Security 20/21 – Digital Strategy	None – Within the Board’s risk appetite	

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2022-2023

Risk Register Reference	Previous Assurance Work	Planned Assurance Work 2022-23	Other Assurance Work 2022-23
IJB Risk 5 – Outcomes of External Scrutiny I 3 L 4 Risk Score 12	West Dunbartonshire Council Audit Plan: 21/22 – Review of Local Code of Governance (20/21)	None	West Dunbartonshire Council Audit Plan: 22/23 – Review of Local Code of Governance (21/22)
IJB Risk 6 – Delayed discharge and unscheduled care I 4 L 4 Risk Score 16	NHSGGC Internal Audit Plan: 21/22 – Delayed Discharges 21/22 – Time of Day Discharge 21/22 – Bed Management	None	NHSGGC Internal Audit Plan 22/23 – follow up exercises
IJB Risk 7 – Workforce Sustainability I 4 L 4 Risk Score 16	West Dunbartonshire Council Audit Plan: 19/20 – Social Work Attendance Management 19/20 – Social Work Case Management	WD HSCP Board Internal Audit Plan: 22/23 – Workforce Planning Arrangements	
IJB Risk 8 – Waiting Times I 4 L 4 Risk Score 16	NHSGGC Internal Audit Plan: 18/19 – Waiting Times Audit 19/20 – Mental Health Waiting Times 20/21 – Consultancy Review	None	West Dunbartonshire Council Internal Audit Plan: 22/23 – OT Waiting Times NHSGGC Internal Audit Plan 22/23 – follow up exercises
IJB Risk 9 – Risk of Future Pandemic – Covid 19 variations I 4 L 5 Risk Score 20	New Risk for 21/22	WD HSCP Board Internal Audit Plan: 22/23 – Pandemic Response and Recovery Arrangements	
IJB Risk 10 – Public Protection – Legislation and Service Risk I 4 L 3 Risk Score 12	New Risk for 21/22	None	Risk will be considered as part of the planning process for West Dunbartonshire Council's Internal Audit Plan for 22/23

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2022-2023

Other Work	
Action Plan Follow Up	To monitor the progress of implementation of agreed internal audit action plans by management.
Audit Planning and Management	Review and update of the audit universe and attendance at HSCP Board Audit and Performance Committee.
Internal Audit Annual Report 2021-2022	Annual report on 2021-2022 audit activity will be provided to CFO to inform the Annual Governance Statement for the IJB.
Total Staff Days	45

6 Quality and Performance

- 6.1 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.
- 6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2022-2023 targets have been set as follows:

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

- 6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2022-2023.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by: Head of Health and Community Care

HSCP Audit and Performance Committee: 7 March 2022

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

1. Purpose

To provide the Audit Committee with information regarding the most recent inspection report for Queens Quay on House a local authority care home for older people within West Dunbartonshire.

2. Recommendations

2.1 Members of the IJB are asked to note the report.

3. Background

3.1 The Care Inspectorate conducted a full inspection on 09.12.21 which covered all 5 standards as below:-

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high quality environment if the organisation provides the premises.

3.2 In addition to this they also inspected under key question 7, which is required to be reported to Parliament for openness and transparency. A new tool on wellbeing, infection prevention and control and staffing that has been agreed with Health Protection Scotland and Healthcare Improvement Scotland and has been used to carry out this inspection.

3.3 Key question 7 inspection is focussed around infection control measures, PPE and staffing and the impact on individual's well-being. The Care inspectorate has amended its quality framework for care homes to support this process.

3.4 Inspection report continues to evaluate and report the quality using a six point scale from **1- weak to 6 – excellent**.

3.5

STANDARD	GRADES
How well do we support people's wellbeing?	5 - Very Good

How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	6- Excellent
How well is our care and support planned?	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	5 - Very Good

4. Main Issues

4.1 Queens Quay inspection was carried out on 13th and 14th December 2021.

4.1.1 The inspection was very positive.

4.1.2 This was the first inspection since the opening of Queens Quay.

4.2 The inspectors reported Queens Quay was a well led service and stated throughout their visit, they observed staff delivering kind and compassionate care. They noted staff had a detailed knowledge of their residents' likes, dislikes and preferences and staff were very considerate treating all residents with dignity and respect.

Five care plans were examined, which evidenced person centred planning and were outcome focused. They spoke about how care plans were developed around the residents' particular interests and preferences and it was evident staff used a person-centred approach. They acknowledged the focus of all of the service's operations was to achieve good outcomes for the residents. The inspectors stated they witnessed residents experiencing safe and kind care being delivered. Staff were observed to be very warm, caring and compassionate in their interactions with residents.

The inspectors also highlighted the effective joint working with health professionals and the excellent links with their local health centre, which had a positive impact on resident's health and care.

They stated the care home was spotless and free of odours and informed residents, relatives and staff had expressed how much they enjoyed the new facilities. They found the service to be fully compliant with pandemic infection control measures and The Scottish Government's 'Open with Care' directives had been enthusiastically followed to enable residents to be reunited with their families.

4.3 There was one area of improvement

4.3.1 Area for improvement

The provider should have their quality assurance systems reviewed and brought up to date. Staff should have training on the benefits of quality assurance and audits, so they understand how this helps them provide high levels of good quality care. This should include a full audit of all personal plans prior to transferring information to their new electronic 'I-care' system.

The inspectors stated they had confidence in the management and leadership of Queens Quay, but reported systems for quality assurance needed to be fully implemented and were confident that this area for improvement will be addressed and that future evaluations of the service would reflect that improvement.

5. Options Appraisal

5.1 N/A.

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 implications associated with this report.

8. Risk Analysis

8.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any Care Home or Day Service would be of concern to the Audit 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 N/A.

11. Consultation

11.1 None required.

12. Strategic Assessment

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

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

13. Directions

13.1

Name: Fiona Taylor
Designation: Head of Health and Community Care
Date: 05.02.2022

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

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