

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Tuesday, 14 February 2023

Time: 13:00

Format: Hybrid Meeting

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 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)
Michelle McGinty (Vice Chair)
Martin Rooney (WDC)
Clare Steel (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 – Tom Reid

Date of issue: 7 February 2023

Audio Streaming

Please note the sound from this meeting will be recorded for live and subsequent audio streaming. All of this meeting will be audio streamed and will be published on West Dunbartonshire Council's host's webcast/audio stream platform.

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

TUESDAY, 14 FEBRUARY 2023

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 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.

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 5 - 8

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board Audit and Performance Committee held on 15 November 2022.

(b) ROLLING ACTION LIST 9 - 11

Submit for information the Rolling Action list for the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee.

6 AUDIT PLAN PROGRESS REPORT 13 – 28

Submit report by Andi Priestman, Chief Internal Auditor to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.

7/

7 WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) QUARTERLY PERFORMANCE REPORT 2022/23 QUARTER THREE 29 - 43

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation ensuring the 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.

8 2022/23 ANNUAL ACCOUNTS AUDIT PROCESS 45 – 48

Submit report by Julie Slavin, Chief Financial Officer providing an overview of the process for the preparation of the 2022/23 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

9 INSPECTION OF FOSTERING SERVICES IN WEST DUNBARTONSHIRE 49 - 55

Submit report by Lesley James, Head of Children’s Health, Care and Justice Services and Chief Social Worker providing an update on the improvement work undertaken in response to the inspection of Fostering Service in West Dunbartonshire.

10 CARE INSPECTORATE INSPECTION REPORTS FOR CROSSLET HOUSE WITHIN OLDER PEOPLE’S CARE HOME AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP 57 – 60

Submit report by Fiona Taylor, Head of Health and Community Care providing information regarding the most recent inspection report for Crosslet House.

11 REVIEW OF TERMS OF REFERENCE OF THE AUDIT AND PERFORMANCE COMMITTEE 61 - 79

Submit report by Julie Slavin, Chief Financial Officer providing a revised Terms of Reference (ToR) of the Audit and Performance Committee following a recent scheduled review.

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

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 15 November 2022 at 1.02 p.m.

Present: Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde Health Authority; and Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Work Officer; Fiona Taylor, Head of Health and Community Care; Val Tierney, Chief Nurse; Helen Little, Lead Allied Health Professional; Andi Priestman, Chief Internal Auditor and Ashley MacIntyre and Lynn Straker, Committee Officers.

Also Attending: Christopher Gardner and Jack Kerr, Senior Auditors, Audit 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 MEETING

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 27 September 2022 were submitted and approved as a correct record.

ROLLING ACTION LIST

A Rolling Action list for the Committee was submitted for information and relevant updates were noted and agreed.

ANNUAL AUDIT REPORT 2021 -2022 – WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD

A report was submitted by Julie Slavin, Chief Financial Officer presenting the Annual Audit Report and Auditor's letter, for the audit of the financial year 2021/22, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

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

- (1) to note the contents of the Annual Audit Report to the Board and the Controller of Audit for the financial year ended 31 March 2022;
- (2) to note the achievement of an unqualified audit opinion;
- (3) to note the key messages, the recommendations and agreed management actions contained in the appendices to the report relating to the audited Annual Accounts; and
- (4) to provide assurance to the HSCP Board that after consideration of both the Annual Audit Report and management's letter of representation to external audit, the 2021/22 final audited accounts be approved for final sign-off by the HSCP Board.

Julie Slavin, Chief Financial Officer wished to note her thanks to Audit Scotland and WDC HSCP finance team, specifically Jennifer Ogilvie for their hard work and collegiate approach to the audit process.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) QUARTERLY PERFORMANCE REPORT 2022/23 QUARTER TWO

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation ensuring the 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 Strategic Plan.

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

- (1) to note the contents of the HSCP Quarterly Performance Report 2022/23 Quarter Two and performance against the Strategic Plan 2019 - 2023 by exception;
- (2) to note that due to timing issues the report presented partial Quarter Two data; and
- (3) to note that Quarter One information previously unavailable to the Committee was also presented within the report.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation presenting the updated Strategic Risk Register.

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

- (1) to consider the recommendation of the Senior Management Team that the Financial Sustainability risk should be increased from 12 (Issue) to 16 (Unacceptable); and
- (2) to note the recommendations in respect of the updated Strategic Risk Register (Appendix A to the report) for consideration of the HSCP Board on 15 November 2022.

INTERNAL AUDIT REPORT – PERFORMANCE MANAGEMENT ARRANGEMENTS

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation providing an update on the findings of the recent internal audit review of high level processes and procedures in relation to the HSCP Board's Performance Management Arrangements.

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

- (1) to note the findings of the Audit report; and
- (2) to note the actions taken to meet one of the audit requirements and plans to meet the other within defined timescales.

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

A report was submitted by Val Tierney, Chief Nurse providing an update on Care Inspectorate inspection reports for Balquidder House Nursing Care Home and Strathleven Residential Care Home and noting that both are independent sector Care Homes located within West Dunbartonshire.

After discussion and having heard Val Tierney, Chief Nurse in further explanation of the report and in answer to a Member's questions, the Committee agreed to note the contents of the report.

INSPECTION OF ADOPTION SERVICES IN WEST DUNBARTONSHIRE

A report was submitted by Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Worker providing a progress update on the improvement work in relation to the Care Inspectorate inspection of Adoption Services in West Dunbartonshire 2022.

After discussion and having heard Lesley James, Head of Children's Health, Care and Justice Services Chief Social Work Officer in further explanation of the report and in answer to a Member's questions, the Committee agreed to note the report and the updated action plan (Appendix 1 to the report).

INSPECTION OF FOSTERING SERVICES IN WEST DUNBARTONSHIRE

A report was submitted by Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Worker providing a progress update on the improvement work in relation to the Care Inspectorate inspection of Fostering Services in West Dunbartonshire 2022.

After discussion and having heard Lesley James, Head of Children's Health, Care and Justice Services Chief Social Work Officer in further explanation of the report, the Committee agreed to note the progress and the content of this report including the action plan (Appendix 1 to the report).

The meeting closed at 3.09 p.m.

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

Agenda Item	Decision/ Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
ANNUAL PERFORMANCE REPORT	MSK Annual Report to be brought to a future meeting.	Helen Little	February 2023	Report now moved to Board meeting on 21 February 2023.	Agree to mark complete once the report has been considered.
ANNUAL PERFORMANCE REPORT	<p>Comments to be reflected in the Annual Performance Report:</p> <p>FT to accurately summarise the complexity of delayed discharges – strengthen the fact good work has been carried out to ensure a fair reflection. Make mention of the high proportion of adults with incapacity.</p> <p>Ensure the most up to date Local Government Benchmarking Framework data is included if available.</p>	<p>Fiona Taylor</p> <p>Margaret-Jane Cardno</p>	End of February 2023	<p>Work is advancing.</p> <p>The minutes don't capture comments. There has been a review of audio minutes and officer notes to try and capture all the actions.</p>	Open

	<p>'Subject to Audit' on Pg 52 to be moved to Pg 51.</p> <p>Summary be updated/ strengthened - be more specific and use data where we have it to ensure a stronger impact.</p>	<p>Margaret-Jane Cardno</p> <p>Margaret-Jane Cardno</p>			
REVIEW OF TERMS OF REFERENCE OF THE AUDIT AND PERFORMANCE COMMITTEE	To instruct the Chief Financial Officer and Chief Internal Auditor to schedule a formal members' session to review the Terms of Reference, after the upcoming local government elections to allow for the attendance of any new voting members.	Julie Slavin/ Andi Priestman	November 2022	The Audit and Performance Committee agreed to defer to 14 February meeting to allow consideration of the recently published CIPFA Guidance on Audit Committees. Report on the 14 February Audit and Performance Committee agenda	Consider the report and recommend it is remitted to the March HSCP Board for approval.
2021-22 ANNUAL ACCOUNTS AUDIT PROCESS	To note that additional meetings of the Audit and Performance Committee and HSCP Board may require to be scheduled close to the end of 31 October 2022 to conclude the approval of the 2021/22 Annual Accounts if the audit process extends beyond the end of September.	Julie Slavin	October 2022	The 2021/22 Annual Accounts were approved at the 15 November 2022 HSCP Board.	Closed

INSPECTION OF FOSTERING SERVICES IN WEST DUNBARTONSHIRE	That the improvement plan would remain as a standing item on the agenda for West Dunbartonshire HSCP Audit & Performance meetings enabling progress to be monitored.	Lesley James	Ongoing	Report on the 14 February Audit and Performance Committee agenda	Does this remain open?
INSPECTION OF ADOPTION SERVICES IN WEST DUNBARTONSHIRE	That the improvement plan would remain as a standing item on the agenda for West Dunbartonshire HSCP Audit & Performance meetings enabling progress to be monitored.	Lesley James	Ongoing	Report on the 14 February Audit and Performance Committee agenda	Does this remain open?
2021/22 LOCAL CODE OF GOOD GOVERNANCE AND GOVERNANCE STATEMENT	Initial due dates and revised due dates to be made visible.	Julie Slavin	June 2023	The 2022/23 Local Code Review will incorporate any initial and revised dates.	Open
INTERIM REPORT ON PHASES 1 AND 2 OF A JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM IN WEST DUNBARTONSHIRE	Developed action plan to be circulated to all Committee Members.	Lesley James	Ongoing	The action plan is being progressed, supported by Joint Inspection Development Sessions.	Open

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Internal Auditor****Audit and Performance Committee: 14 February 2023**

Subject: Audit Plan Progress Report**1. Purpose**

- 1.1 The purpose of this report is to enable WD HSCP Board Audit and Performance Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2 The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the Audit Committee meeting in September 2022 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1 It is recommended that the Audit and Performance Committee note the progress made in relation to the Internal Audit Annual Plan for 2022/23.

3. Background

- 3.1 In April 2022, the Audit and Performance Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2022/23.
- 3.2 This report provides a summary to the Audit and Performance Committee of recent Internal Audit activity against the annual audit plan for 2022/23. 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 2022/23 is now underway with both audits at fieldwork stage.
- 4.2 In relation to internal audit action plans, there were no actions due for completion by 31 December 2022. There is one current action point being progressed by officers. The current status report is set out at Appendix 1.

4.7 In relation to external audit action plans, there were no actions due for completion by 31 December 2022. The status report has been updated to reflect the agreed actions identified in the 2021/22 Annual Audit Report to the WD HSCP Board from external audit and there are 4 current actions which are being progressed by officers. The current status report is set out at Appendix 2.

4.8 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

4.9 Since the last IA Progress Report considered at the September meeting of the Audit and Performance Committee, there was one Internal Audit report issued to the Council which is relevant to the WD HSCP Board:

Report	Control Environment Opinion	Grading of Issues		
		Red	Amber	Green
Overtime (1)	Satisfactory	0	5	1
Total		0	5	1

(1) This was a risk-based audit review which identified 5 Amber issues as follows:

- Adequacy of Overtime Guidance
- Lack of common process/standard claim form
- Lack of evidence of pre-approval of overtime
- Adequacy of authorisation of overtime claims
- Non-compliance with working time directive

4.10 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

4.11 Since the last Audit Committee meeting in September 2022, there were 2 audits finalised which are relevant to the WD HSCP Board:

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Covid 19 Recovery – Annual Delivery Plan	Minor Improvement Required	-	-	2	-
Telecommunications Project – Post Implementation Review	Minor Improvement Required	-	-	3	-
Management Action Plan follow up Q3	N/A	N/A	N/A	N/A	N/A
Total		-	-	5	-

4.12 Internal Audit undertakes follow up work to confirm the implementation 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 2022/23 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.

12. Directions

12.1 This report does not require a Direction.

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

Date: 18 January 2023

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

Background Papers: Internal Audit Annual Audit Plan 2022-23

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

Summary: Section 1 Summary of Management Actions due for completion by 31/12/2022

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

Section 2 Summary of Current Management Actions Plans at 31/12/2022

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

Section 3 Current Management Actions at 31/12/2022

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

Section 4 Analysis of Missed Deadlines

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

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.12.2022

SECTION 1

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

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

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

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.12.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2023	1
Total Actions	1

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

CURRENT MANAGEMENT ACTIONS AS AT 31.12.2022

SECTION 3

Action	Owner	Expected Date
Performance Management Arrangements (July 2022)		
Adequacy of Procedures/Guidance for Statutory Reporting Process (Green) Procedures or guidance will be produced for data collection, collation and reporting for all statutory reporting such as Annual and Quarterly reports by the end of the Financial Year.	Head of Strategy and Transformation	31 March 2023

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

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
There are no current actions which have missed their original deadlines.				

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

Summary: Section 1 Summary of Management Actions due for completion by 31/12/2022

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

Section 2 Summary of Current Management Actions Plans at 31/12/2022

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

Section 3 Current Management Actions at 31/12/2022

At 31 December 2022 there were 4 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 December 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 EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.12.2022

SECTION 1

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

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

**WEST DUNBARTONSHIRE 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 31.12.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2023	1
Due for completion September 2023	2
Due for completion March 2026	1
Total Actions	4

**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 31.12.2022

SECTION 3

Action	Owner	Expected Date
2021/2022 Annual Audit Report (November 2022)		
<p>PY 19/20 Use of outcome data to shape future plans This action is well advanced. A recent internal audit of the performance management framework has been positive. Best practice events have been undertaken with the Strategic Planning Group (SPG) supported by Healthcare Improvement Scotland. The data captured by the SNAs has been analysed and considered by the SPG and used to draft the Strategic Plan 2023-2026. The IJB considered this draft at the November board.</p> <p>This will be followed by a period of engagement before final approval is sought in March 2023.</p>	Head of Strategy and Transformation	31.03.2023
<p>PY 18/19 Best Value The HSCP has drafted a Quality Improvement Framework based on the public sector improvement framework. Once implemented this will support a formal review of Best Value arrangements.</p> <p><u>Update</u> A meeting was held with Heads of Service on 11 January to consider the Audit Scotland BV self-evaluation template which was incorporated into the 2019/20 Annual Performance Report. This will be refreshed and used to demonstrate the how best value is supported within current structures and frameworks and identify where improvements can be made.</p>	Head of Strategy and Transformation	30.09.2023
<p>PY 20/21 Review of Standing Orders A pan-GGC working group has concluded the review and revision of the February 2020 version of the schemes. These will now be consulted on across local authority areas and NHSGGC. It is anticipated that the revised schemes will be approved by the end of March 2023. A full review of standing orders will follow this approval.</p> <p><u>Update</u> The consultation process has not yet commenced which will impact on the approval date of March 2023. This is now likely to be summer 2023.</p>	Head of Strategy and Transformation	30.09.2023

**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 31.12.2022

SECTION 3

Action	Owner	Expected Date
2021/2022 Annual Audit Report (November 2022)		
<p>Sustainability of Services In 2020/21 the IJB invested (through reserves) in the creation of 3 Service Improvement Leads. They have been supporting Heads of Service, including redesign plans for Care at Home (advanced), Learning Disability (just commenced) and Children & Families (being scoped).</p> <p>For the HSCP to progress redesign effectively improvement capacity needs substantiated.</p> <p>The IJB in approving the new Strategic Plan 2023-2026, will set clear priorities to address the demand for services that can be safely and effectively delivered within the financial resources available.</p>	Operational Heads of Service	31.03.2026

**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
There are no current actions which have missed the original due date.				

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

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

Audit and Performance Committee: 14 February 2023

Subject: West Dunbartonshire Health and Social Care Partnership (HSCP) Quarterly Performance Report 2022/23 Quarter Three

1. Purpose

- 1.1** The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2** This report presents the HSCP performance information reported against the strategic priorities for the period October to December 2022 (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

It is recommended that the Audit and Performance Committee:

- 2.1** Comment on the content of the HSCP Quarterly Performance Report 2022/23 Quarter Three and performance against the Strategic Plan 2019 - 2023 by exception.
- 2.2** Note that due to timing issues this report presents partial Quarter Three data.
- 2.3** Note that Quarter Two information previously unavailable to the Committee is contained within this report.

3. Background

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

4. Main Issues

- 4.1** The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2** It should be noted that due to timing issues this report presents partial Quarter Three data.
- 4.4** The HSCP have 45 performance indicators. Of the 23 reported on in Quarter Three, five indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5** Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6** Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7** It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

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:

27 January 2023

Person to Contact:

Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
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(*Working From Home*)

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Appendices:















West Dunbartonshire HSCP Performance Report
2022/23: Quarter Three October to December 2022

West Dunbartonshire Health and Social Care Partnership Performance Report 2022/23: Quarter 3 October - December 2022

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available. Targets for 2022/23 are currently under review.

It should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

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

Early Intervention							
Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published March	95%	Not yet available	Not yet available	95.4%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published March	95%	Not yet available	Not yet available	95.9%	
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	85.7%	95%			69.6%	
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	159	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A		Not yet available	35	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published February	0	Not yet available	Not yet available	5	
8	Number of bed days lost to delayed discharge 18+ All reasons	Published February	1,460	Not yet available	Not yet available	2,083	

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	Published February	N/A		Not yet available	1,337	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	Published February	1,104	Not yet available	Not yet available	2,676	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	Published February	N/A		Not yet available	1,030	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,186	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,179	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	69.9	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	19,783	
16	Unscheduled acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	13,936	
17	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	826.2	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,936	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	Not yet available	24%	Not yet available	Not yet available	17.4%	
20	Number of clients receiving Home Care Pharmacy Team support	281	258			280	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	37%	90%			30%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.3%	95%			91.8%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published March	90%	Not yet available	Not yet available	97.4%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	100%			67%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,903	2,200			1,912	
26	Number of patients with an eKIS record	20,045	N/A			20,205	

Access

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,436	N/A			1,454	

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,552	N/A		↓	10,637	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	523.3	570		↓	526.5	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	40.7%	35%		↓	41.9%	
31	Percentage of homecare clients aged 65+ receiving personal care	99.1%	95%		↓	99.3%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,210	20,945		↓	18,426	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	29.2%	30%		↑	30%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	28.9%	32%		↑	48.2%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69.8%	98%		↓	79.7%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.2%	80%		↑	75.3%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15.9%	80%		↑	3.3%	

Resilience

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	Not yet available	90%	Not yet available	Not yet available	98.9%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	Not yet available	18	Not yet available	Not yet available	8	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.3%	90%		↓	49.6%	

Assets

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	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	£172.20	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	77.79%	

Inequalities

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	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%			89.5%	
44	Percentage of looked after children being looked after in the community who are from BME communities	92%	N/A			81.8%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	75%			100%	

Please find July to September 2022 data below for those indicators we were unable to report on in our Quarter 2 2022/23 Performance Report.

Early Intervention

Ref	Performance Indicator	Q2 2022/23				Q1 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.4%	95%			93.9%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	95.9%	95%			98.3%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	159	N/A			119	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	35	N/A			34	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	5	0			15	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,083	1,460			2,924	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,337	N/A			1,506	
12	Number of emergency admissions 18+	2,186	2,295			2,211	
13	Number of emergency admissions aged 65+	1,179	1,134			1,189	
14	Emergency admissions aged 65+ as a rate per 1,000 population	69.9	68			70.5	
15	Number of unscheduled bed days 18+	19,783	17,735			22,160	
16	Unscheduled acute bed days (aged 65+)	13,936	12,156			16,125	
17	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	826.2	726			956	
18	Number of Attendances at Accident and Emergency 18+	5,936	4,720			5,789	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	97.4%	90%			96.1%	

Assets

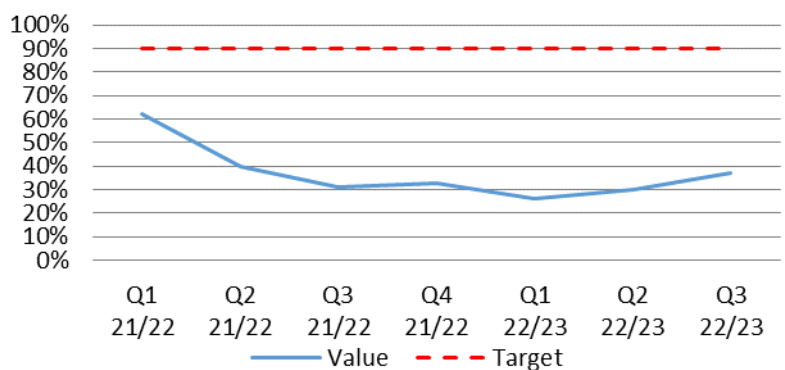
Ref	Performance Indicator	Q2 2022/23				Q1 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£172.20	GGC average	Not yet available	↓	£167.00	
42	Compliance with Formulary Preferred List	77.79%	78%	⚠	↑	77.17%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October to December 2022

Performance Area: Musculoskeletal Physiotherapy

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	37%	90%	⛔	↑	30%	

% of patients seen within 4 weeks for MSK physiotherapy services



Quarter	Value	Target
Q1 21/22	62%	90%
Q2 21/22	40%	90%
Q3 21/22	31%	90%
Q4 21/22	33%	90%
Q1 22/23	26%	90%
Q2 22/23	30%	90%
Q3 22/23	37%	90%

Key Points:

The number of patients waiting over the 4 week target has decreased over the quarter and the maximum wait for a routine appointment has improved by 3 weeks.

Improvement Actions:

Priority project work is being done within the service to try and address routine waiting times and the number of patients waiting for a routine appointment. Any urgent appointments not utilised are being converted to routine appointments and offered to those who have waited longest.

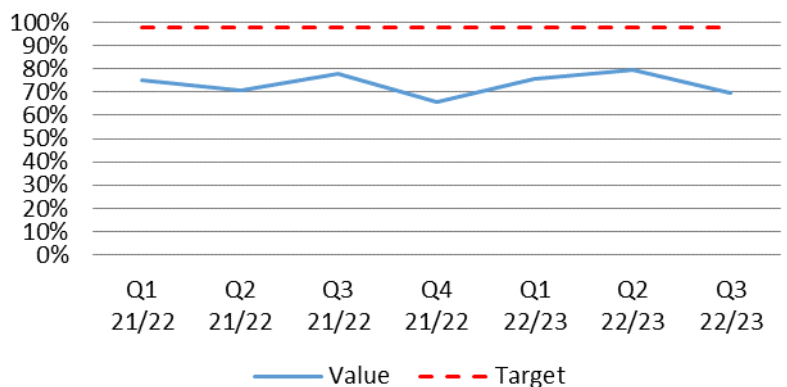
This included conversion of almost all urgent appointments to routine appointments in the second week of November. This was a test of change which realised improvement in the data and will be repeated again in early 2023.

Performance Area: Criminal Justice

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69.8%	98%			79.7%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15.9%	80%			3.3%	

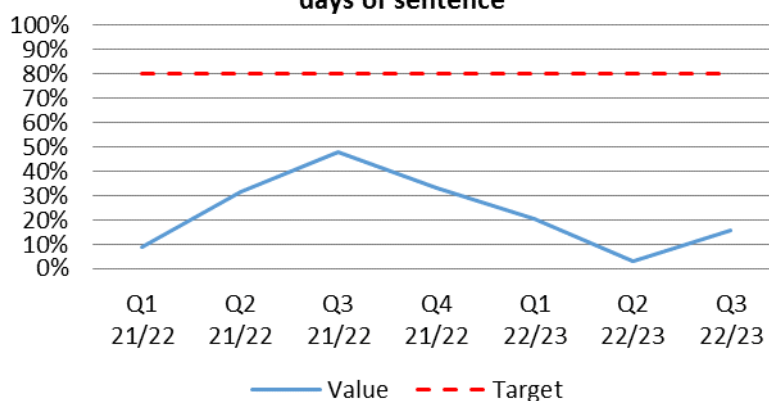
Quarter	Value	Target
Q1 21/22	75.0%	98%
Q2 21/22	70.5%	98%
Q3 21/22	78.0%	98%
Q4 21/22	65.9%	98%
Q1 22/23	75.5%	98%
Q2 22/23	79.7%	98%
Q3 22/23	69.8%	98%

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



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

Quarter	Value	Target
Q1 21/22	9.0%	80%
Q2 21/22	31.3%	80%
Q3 21/22	47.6%	80%
Q4 21/22	32.9%	80%
Q1 22/23	20.5%	80%
Q2 22/23	3.3%	80%
Q3 22/23	15.9%	80%



Key Points:

Of the 202 court reports submitted, 141 were submitted by the due date.

Unpaid work activity commenced within timescales for 11 of 69 payback orders.

Improvement Actions:

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

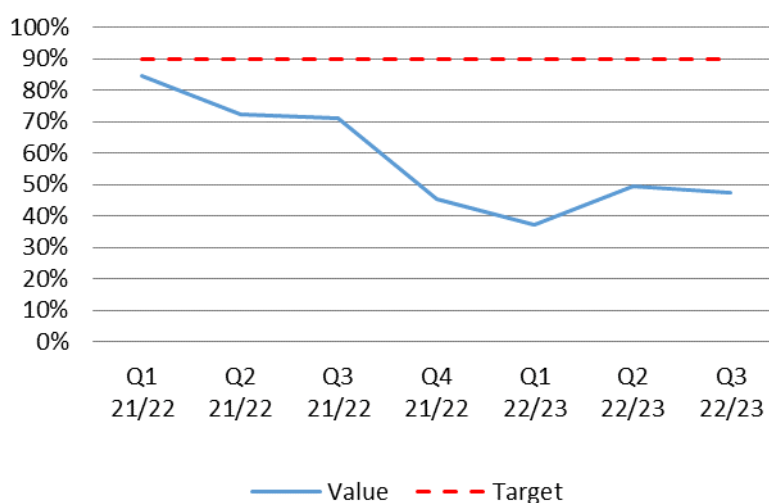
We continue to have commissioned third sector colleagues providing virtual workshops and addressing digital poverty to enable service users to complete their unpaid work hours within timescales.

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.3%	90%			49.6%	

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

Quarter	Value	Target
Q1 21/22	84.8%	90%
Q2 21/22	72.4%	90%
Q3 21/22	71.3%	90%
Q4 21/22	45.6%	90%
Q1 22/23	37.4%	90%
Q2 22/23	49.6%	90%
Q3 22/23	47.3%	90%



Key Points:

91 people started Psychological Therapies treatments between October and December: 43 waited less than 18 weeks from the point of referral.

Majority of psychological work delivered by Attend Anywhere with reintroduction of face to face contacts where appropriate.

Recruited to two Consultant Psychologist posts within Helensburgh CMHT and Primary Care Mental Health Team.

Full rollout of GP practice Wellbeing Service across West Dunbartonshire despite current recruitment issues, leading to a 30% reduction in referrals to PCMHT.




Introduction of local Psychological Therapies Monitoring Group to ensure consistency of recording and delivery across services.

Improvement Actions:

All waits over 26 weeks are within the Primary Care Mental Health Teams (PCMHT) and are due to staffing vacancies we are unable to fill. Conversion of Band 6 vacancies within PCMHT to Band 7 in line with the rest of NHS Greater Glasgow and Clyde will allow us to offer additional treatment sessions. Currently recruiting to 3.6 WTE Band 7 posts.

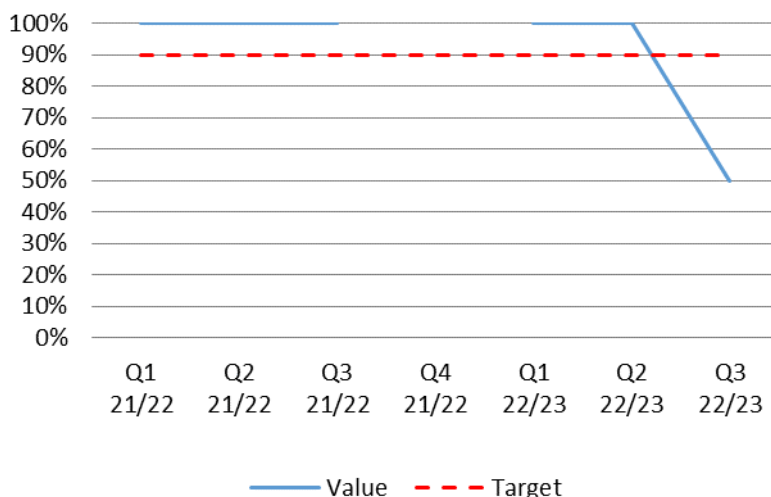
PCMHT staff and Psychology staff from Community Mental Health Teams are working additional sessions to increase access to treatment.

Performance Area: Looked After Children

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	75%			100%	

Percentage of 16 or 17 year olds in positive destinations at point of leaving care

Quarter	Value	Target
Q1 21/22	100%	90%
Q2 21/22	100%	90%
Q3 21/22	100%	90%
Q4 21/22	N/A*	90%
Q1 22/23	100%	90%
Q2 22/23	100%	90%
Q3 22/23	50%	90%



*No young people aged 16 or 17 left care in Q4 21/22

Key Points:

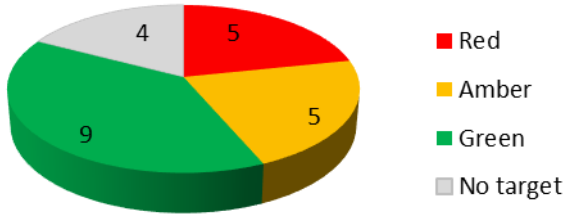
This relates to a very small number of young people and therefore percentages fluctuate more significantly. Numbers are also so low that they are potentially identifiable.

Improvement Actions:

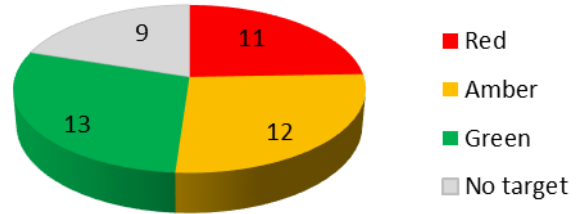
The HSCP's Throughcare and Aftercare service continue to support care experienced young people to access education, employment and training alongside a range of supports in relation to housing, finances and developing confidence and lifeskills.

Summary of Strategic Plan Key Performance Indicators

Quarter 3: October - December 2022
(Partial Data)



Quarter 2: July - September 2022 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October to December 2022

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 identifying good practice and areas for improvement on a local and national basis.

During October to December 2022 a detailed audit of Blue Badge was initiated in response to the investigation of complaints received by the HSCP.

SPSO Indicator	Measure	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21	13	16	13	23	16
	Number of complaints direct to Stage 2	8	7	6	10	7	11	13
	Total number of complaints	24	28	19	26	20	34	29
3	% closed within timescale - Stage 1	Not yet available*						
	% closed within timescale - direct to Stage 2	25%	29%	33%	20%	43%	36%	23%
	% closed within timescale - escalated to Stage 2	100%	N/A	N/A	N/A	N/A	N/A	N/A
4	Average response time - Stage 1	Not yet available*						
	Average response time - direct to Stage 2	25	23	23	24	29	22	25
	Average response time - escalated to Stage 2	18	N/A	N/A	N/A	N/A	N/A	N/A

*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.

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC*	WDC**	
Fully Upheld	0	0	0%
Partially Upheld	0	6	75%
Not Upheld	1	1	25%
Unsubstantiated	0	0	0%
Total	1	7	8

*4 complaints are still ongoing

**1 complaint was withdrawn (WDC Policy)

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Financial Officer****Audit and Performance Committee: 14 February 2023**

Subject: 2022/23 Annual Accounts Audit Process

1. Purpose

- 1.1 To provide the Audit and Performance Committee with an overview of the process for the preparation of the 2022/23 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

2. Recommendations

- 2.1 The members of the Audit and Performance Committee are asked to:
- a) Note the contents of the report; and
 - b) Approve that due to the Audit and Performance meeting schedule, External Audit's draft 2022/23 Annual Audit Plan will be presented to the 15 March HSCP Board for consideration.

3. Background

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

4. Main Issues

- 4.1 The annual accounts for the HSCP Board will be prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below. In the previous three financial years there have been amendments to some of the normal statutory deadlines due to the impact of the COVID-19 pandemic. The main ones being the completion of the work by external audit and the final accounts approval process. At this time it is anticipated that statutory dates will be adhered to.

- 4.2 Annual Audit Plan;** as part of the audit planning process, appointed auditors should prepare an Annual Audit Plan that documents how they intend to meet their responsibilities for the delivery of high-quality audits in 2022/23 in accordance with [audit-scotland planning guidance for annual audits 2223](#). Auditors should submit Annual Audit Plans to Audit Scotland as soon as they have been presented to those charged with governance, and no later than 31 March 2023. If it is not possible to present the plans to those charged with governance before 31 March, e.g. due to the scheduling of meetings, auditors should submit draft plans to Audit Scotland by the target date, indicating when the final version will be available, and submit those final plans as soon as possible.
- 4.3** The 2022/23 audit year is the first of the new five-year audit appointments, and the HSCP Board's new auditors are Mazars LLP. The first year of audit appointments are generally challenging as auditors become familiar with new audited bodies, and Audit Scotland has issued guidance (as per section 4.2 above) to auditors on managing the handover to 2022/23 audits. However, a change in appointments is also an opportunity to build new relationships, bring fresh perspectives, and create new avenues for public audit to have an impact in important areas.
- 4.4** An introductory meeting with the Audit Director of Mazars, the Chief Officer and Chief Financial Officer was held on the 2 February 2023 to begin to establish new relationships and discuss the 2022/23 proposed audit approach. The timing of this Audit and Performance Committee meeting was too early to have the 2022/23 draft annual audit plan on this agenda. Therefore it is recommended that the plan is considered by the HSCP Board on the 15 March 2023.
- 4.5 Financial Governance and Internal Control;** the regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the HSCP whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the HSCP Board. Under the approved Terms of Reference the Audit and Performance Committee will consider the 2022/23 Governance Statement as a standalone document before inclusion in the draft unaudited annual accounts.
- 4.6 Unaudited Accounts;** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. Scottish Government guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 4.7 Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.

- 4.8 Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the HSCP Board or a committee whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the “proper officer” i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30 September immediately following the financial year to which they relate. This is a return to the normal statutory deadline, as submission dates for the last three years were deferred as a result of the impact of the pandemic.
- 4.9** The Terms of Reference for the Audit and Performance Committee state that final approval and “sign-off” will be the responsibility of the HSCP Board. However, the Audit and Performance Committee will meet first to consider the audited annual accounts, the External Auditors report and proposed audit certificate (ISA 260 report).
- 4.10 Publication of the Audited Accounts:** the regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
- 4.11** The annual accounts of the HSCP Board must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.
- 4.12 Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

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

5. Options Appraisal

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

6. People Implications

- 6.1** The preparation of the annual accounts and the requirement to produce all required supporting documentation and explanation to external audit is a core function of the HSCP Finance Team.

7. Financial and Procurement Implications

7.1 There are no financial implications specific to this report.

8. Risk Analysis

8.1 It is not anticipated that COVID-19 (or related infections) will impact on this year's annual accounts process and audit. If a new risk emerges this will be added to the HSCP Board Risk Register and appropriate mitigating actions will be considered and reported to the Audit and Performance Committee and the HSCP Board.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

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

12. Strategic Assessment

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

13. Directions

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

Julie Slavin – Chief Financial Officer

Date: 14 February 2023

Person to Contact: Julie Slavin – Chief Financial Officer
Telephone: 07773 934 377
E-mail : julie.slavin@ggc.scot.nhs.uk

Appendices: None

Background Papers: audit-scotland.gov.uk/planning-audit-2223

Localities Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Lesley James, Head of Children's, Health, Care and Justice Services, Chief Social Work Officer

Audit and Performance Committee: 14 February 2023

Subject: Inspection of Fostering Services in West Dunbartonshire

1. Purpose

1.1 To provide an update to committee on the improvement work undertaken in response to the inspection of Fostering Service in West Dunbartonshire.

2. Recommendations

2.1 To note the contents of this report and the requirements and improvements that have been asked of the service following the short notice announced inspection that was completed in November 2022.

3. Background

3.1 West Dunbartonshire Council Fostering Service provides a fostering service for children and young people in the local authority area. This inspection considered 33 fostering families who were looking after 47 children.

3.2. The service recruits, assesses and supports fostering families in the West Dunbartonshire local authority area to provide care to children and young people in need of such a service.

3.3 The inspections evaluated three key areas across the Fostering Service:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How well is our care and support planned?

The inspection team evaluated the service utilising a range of mechanisms, including direct observations of practice, discussions with staff, carers and children. The inspectors met 6 young people and 4 of their carers. They spoke with 10 staff members, including managers and had the opportunity to observe care planning meetings, a fostering panel and a permanence panel.

Additionally, the inspectors were able to draw down information from documents provided to them by the service and through responses from a survey sent to all associated stakeholders.

Care Inspectorate	Published Jan 22	Published Jan 23
How well do you support wellbeing	2 weak	2 weak
How good is our Leadership	2 weak	3 adequate
How good is the Staff Team	not noted for 2022	5 very good
How well is our Care & Support planned	3 adequate	3 adequate

3.4 How well do we support people's wellbeing? - Evaluated Weak

Requirement

1. By 01 March 2023, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay.

To do this, at a minimum, ensure:

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Managers maintain an overview of all timescales taken when planning for children in need of permanent foster care and address any resource and delays.
- c) Assessments are carried out within timescales.

3.5 How good is our Leadership? – Evaluated adequate

Requirement

There were no requirements identified.

3.6 How good are our staff team? – Evaluated very good

Requirement

There were no requirements identified.

3.7 How well is our care and support planned? – Evaluated adequate

Requirement

Inspectors acknowledged improvements were evident, however it was recognised that there was still work to be carried out following the previous inspection and the requirement from the previous inspection was continued.

By 1st March 2023 the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service.

To do this the provider must, at a minimum, ensure:

- a) Regular audit of child's plans is undertaken to ensure they are outcome focused and SMART.
- b) The role of the fostering service is well articulated in the plan.
- c) A copy of the Child's Plan and any updates are received by foster carers.
- d) The format of the Child's Plan is accessible to children in foster care who wish a copy.
- e) The views of children and carers are contained within the minutes of planning meetings.
- f) Appropriate independent scrutiny is in place to ensure professional challenge to the service aimed at improving practice.

4. Key Messages from inspection

- Children and young people are offered a high standard of care, where they are loved, respected and supported
- Foster carers valued genuine trusting relationships with supervising social workers, stating they were responsive to their needs and skilled at supporting them
- The service have introduced mandatory training for all carers in key areas including child protection, which has been well received by carers
- Children, young people and carers receive a high quality of additional support from Young People in Mind, a mental health service for care experienced young people living in West Dunbartonshire
- For too many children, the local authority have made little progress with assessing and making plans for their future, meaning that they are spending long periods of time in temporary care arrangements
- The service have still to finalise their policy and procedure in relation to continuing care
- The service should take steps to ensure that all unplanned endings or breakdowns of children's foster placements are properly reviewed, in order to inform learning and service development
- The staff team were knowledgeable and skilled, well supported by their manager, and had access to good quality and relevant learning opportunities

- Children's plans do not reflect the day to day role of the foster carers and many carers feel that the views of children and themselves are not fully considered when plans are made for children

4.1 How well do we support people's wellbeing?

The recent inspection activity identifies a range of strengths across the service, however that these were compromised by identified weaknesses in the overall delivery. The services ability to meet the expectations of children by providing a high level of care is recognised including the benefits gained from our local fostering placements, including warm, nurturing and loving relationships. Care Inspectorate scrutiny validated that carers are well supported and feel valued members of the service, and that training for carers has been strengthened and in particular the requirement for Child Protection is now part of the mandatory training offered.

- 4.2** Inspectors identified that Carers recruited to be subject to robust assessment processes and that careful matching was utilised to assist with the best placement type for each child being considered, ensuring a consistency of care for every child. Acknowledgement was made in respect of the developments around nominated carers, offering a more familiar place for short breaks.
- 4.3** The service was recognised for supporting brothers and sisters to maintain relationships and that we were active in seeking solutions to ensuring children can have family time together. The report recognised that this was an area we needed to continue to build upon to reach our desired goals and have suggested this area for continued improvement work.
- 4.4** Progress around our continuing care policy was noted and the councils draft policy was reflective of the continuing care legislation and good practice. It was recognised that the service had registered their application as a continuing care service, however there was still work required around this area that would strengthen this area further, making it clearer to children, young people and carers on the expectations of this legislative requirement.
- 4.5** There continues to be delay in children's plans. There was acknowledgement that there had been some progress in setting up tracking systems and renewed monitoring arrangements. Independent chairs agreed by the IJB in June and approved by council in September 2022 had not yet been recruited and the tracking of children's plans although now overseen by Senior Manager's was not driving significant improvement in reducing time delay. The appointment of an independent Foster and Adoption panel chair was recognised however was not yet translating to a change in more children's permanency plans being timeously considered at panel.
- 4.6** The current demands of referral responses 'duty' compounded by staffing vacancies in locality teams have impacted negatively on planned permanency activity for children. A redesign of duty services is underway, and mitigating actions to address vacancies has included extending opportunities for staff to carry out overtime working, outsourcing reports to independent Social workers

and through a variety of staffing initiatives, including the extension of contracts and increased hours for temporary staff.

4.7 Operational Team Leaders who have an oversight and quality assurance role have taken responsibility for Chairing of the Legal Advice Meeting to ensure greater oversight of children permanency planning. Additional training and mentoring will ensure management oversight at a much earlier stage. Our permanency tracking and review process will continue to operate with quality assurance by senior managers.

4.8 It is recognised that this inspected area holds three areas for improvement and we can confirm that work streams around each of the identified areas has commenced, with two components being considered under The Promise action plan (brothers and sisters and continuing care).

5. How good is our Leadership?

5.1 This part of the inspection was identified as adequate, where it was accepted that strengths and progress contributed to good outcomes.

5.2 Inspectors recognised strength in the services, including areas of improvements from the last inspection reflected in the improved grade. Included was strengthening of independent chairing of fostering panels, with renewed structured agendas. It noted that children's views were being sought and that the service was developing work around seeking the views of much younger children (pre verbal).

5.3 Inspectors identified that carer reviews were being carried out and that all statutory checks were acknowledged within this process. Some reviews were noted to be out of timeframes and there was acknowledgement enhanced business support and improved tracking systems would further improve the carers reviewing function

5.4 Inspectors recognised that the service paid good attention to carer performance. The inspectors evidenced there was a need for the service to create further scrutiny around unplanned endings and have asked for this to be included as an area of improvement.

5.5 There was recognition that leaders across the council were aware of what was working well and where there was a need for improvement requirements were and this position has improved. Inspectors recognised there is a need for further consideration that fieldwork teams are in a position to meet the demands, against what was identified as insufficient capacity in the workforce, including some business support challenges. Improvement of data reporting in respect of permanence planning has been identified since the previous inspection. Due to capacity challenges this is only now being able to be supported by Service improvement lead within HSCP to work alongside Senior Managers. There is a need to develop further our improvement plan to focus and prioritise our improvement activity.

6. How good is our staff team?

6.1 Inspectors recognised the strengths within the service in respect of the staff in place. Staff were viewed as professional, accountable and supportive within their role. Staff were viewed as being able to challenge as well as support carers through difficult circumstances. Inspectors identified staff held good knowledge about their job and role and there was positive opportunities afforded to them to develop their individual learning and that staff were well supported with formal and informal supervision. This is reflected in the very good evaluation awarded.

7. How well is our care and support planned?

7.1 The requirement in this area has been continued and there is a timeframe identified.

The inspection report recognises there were a number of key stakeholders identified where they did not feel adequately engaged in the planning process. Report requests for meetings were not routinely requested and that there were occasions where children and carers were not invited to be a part of these meetings. Although reinstated post pandemic and in response to the last inspection findings, a formal minute or care plan were not routinely being produced.

7.2 Inspectors recognised that the service had developed assessment tools and SMART plans being implemented in January 2023. The recruitment of independent reviewing co-ordinators is currently taking place and it is anticipated by both inspectors and the service, that this will make a significant difference to the overall planning process for children. Each co-ordinator will be responsible for the care planning for each looked after child. They will be pivotal in creating plans within the agreed timelines that are linked to our Permanence and Care Excellence (PACE) programme, supported by the Service Improvement Lead within Strategy and Transformation

7.3 Updated Looked after Guidance for staff has not been concluded and a renewed timeline of May 2023 has been agreed, this will enable improved focus on areas of improvement, in particular the planning process and assurances around carer/children involvement.

7.4 As part of our Promise activity and aligned to 2021 inspection, the service has delivered training across a whole range of staff in respect of engagement and the voice of children. Staff have been introduced to the 'Viewpoint' training and hold a working knowledge of the benefits of using this media app to support the engagement of children and young people and strengthen the views of children in our planning and delivery of services with them.

8. People Implication

Based on the requirements and suggested improvements of this report there will be a requirement for the service to evaluate the current deployment of staff within the service. As stated a review of 'duty' services is underway and consideration regarding a model of a dedicated team is being consulted on with staff. A review of administrative support remains pending. In the interim a scoping of the deployment of admin staff aligned to key tasks is required to

ensure most effective use of current resourcing to deliver on identified priorities.

9. Financial and Procurement Implications

9.1 Independent Chairs are currently funded for 2 year fixed term, it is anticipated the post holder will be recruited by March 2023. The sustainability of the posts required to be considered at a future date aligned to the required improvement

10. Risk Analysis

10.1 Failure to deliver on the requirement and improvement areas identified within this report will result in statutory functions could cause reputational damage to the HSCP and wider corporate parents.

11. Equalities Impact Assessment (EIA)

11.1 No equalities impact assessment required at this time.

12. Environmental Sustainability

No current issues.

13. Consultation

No formal consultation is required at present.

14. Strategic Assessment

No strategic assessment is currently required.

Name	Lesley James
Designation	Head of Children's Health, Care and Justice Services Chief Social Work Officer
Date	23 rd January 2023

Person to Contact	Lesley James Lesley.james@west-dunbarton.gov.uk
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Appendices:

Background Papers	Care Inspection Report January 2023 – Fostering Service
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Health and Community Care

Audit and Performance Committee: 14 February 2023

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

1. Purpose

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

2. Recommendations

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

3. Background

3.1 This was a full inspection and covered 2 standards as below:-

1. How well do we support people's wellbeing?
2. How good is our leadership?

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

3.3

STANDARD	GRADES
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

4. Main Issues

4.1 This was an unannounced inspection which took place on 13 December 2022 from 09:30 until 18:30, and on 14 December from 09:15 until 16:00. The inspection was carried out by two inspectors.

4.2 The inspection was very positive.

4.3 The inspectors reported Crosslet was a well-managed service they found significant strengths in the care provided and how this supported positive outcomes for residents. They stated staff promoted a culture of respect and observed warm and friendly interactions between staff and residents, which created a homely atmosphere

The inspectors also highlighted the effective joint working with health professionals, which had a positive impact on resident's health and wellbeing. It was also found that residents were well supported to maintain contact with their family and friends, as the home was working in line with the Scottish Government 'Open with Care' guidance. The report stated residents also had the opportunity build up links with the community including great intergenerational work with a local primary school.

There was evidence that infection prevention and control procedures were in place. They noted the general environment was clean, tidy, and free from any offensive odours.

The report states the management team were committed to ensuring people were being well cared for and well supported by a very experienced staff team. The inspectors noted staff and management demonstrated that they had the skills and capacity to identify risks and drive improvement.

They observed several systems in place to monitor standards of care within the home and they observed audits for key areas including nutrition, care planning, and falls etc. any actions required were addressed Feedback from staff indicated that management were very approachable and supportive

4.4 There were no requirements or recommendations for this inspection.

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. This inspection is an indication we are meeting the expected standards and providing a high standard quality service. Poor grades awarded to any Care Home or Day Service would be of concern particularly in relation to the continued care and placement of older people in our services.

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 2019 -2022 priorities' are:

Commitment to the principles of Best Value and ensuring we are delivering high quality services in an environment of robust clinical and care governance and we are committed to working with the people of West Dunbartonshire to improve their health and well-being. Ensuring older people will have access to more opportunities to engage in meaningful activities within care homes and day services

- To improve the health and wellbeing of West Dunbartonshire residents.
- 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.

This report indicates we are fulfilling the objectives set out within the strategic plan

13. Directions

13.1

Name Fiona Taylor
Designation Head of Health & Community Care
Date 14 February 2023

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Appendices:

Background Papers

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Financial Officer****Audit and Performance Committee: 14 February 2023**

Subject: Review of Terms of Reference of the Audit and Performance Committee

1. Purpose

- 1.1 To provide the Audit and Performance Committee with a revised Terms of Reference (ToR) of the Audit and Performance Committee following a recent scheduled review.

2. Recommendations

- 2.1 The members of the Audit and Performance Committee are asked to:
- a) Note the updated CIPFA guidance for audit committees;
 - b) Approve the recommended changes to the current Terms of Reference of the Audit and Performance Committee; and
 - c) Remit to the HSCP Board for final approval, recognising that the Audit and Performance Committee is a formal committee of the Board.

3. Background

- 3.1 The current Terms of Reference (ToR) for the Audit and Performance Committee were approved by the HSCP Board in November 2019. The recommendations from that review were based on good practice guidance issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) – “Audit Committee – Practical Guidance for Local Authorities and Police 2018”. They were:
- Change of name from Audit Committee to “Audit and Performance Committee”; and
 - Extending the non-voting membership to include two representatives from the Strategic Planning Group, to support the committee in having an appropriate mix of knowledge and skills, and independent scrutiny.
- 3.2 There was a scheduled review of the current ToR at a meeting on the 21 February 2022 attended by the Chair of the Audit and Performance Committee along with the Chief Officer, Chief Financial Officer and the Chief Internal Auditor. The consensus of this high level review was that the current ToR aligned to the 2018 CIPFA’s good practice guidance, but there could be strengthening around membership and responsibilities.

4. Main Issues

4.1 CIPFA updated their 2018 guidance for Audit Committees in October 2022: “Audit Committees: Practical Guidance for Local Authorities and Police” (2022 Edition”). This guidance was also accompanied by a “Position Statement” (attached at Appendix 1) which set out the purpose, model, core functions and membership of the audit committee and CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective Audit Committee arrangements. Audit Committees are a key component of the HSCP Board’s governance framework.

4.2 The 2022 edition of the Guidance builds on previous editions but aims to better target the guidance at the most appropriate audience. It also includes a number of appendices that can support audit committee members as well as suggested terms of reference. The current HSCP Audit and Performance Committee ToR has been reviewed alongside this suggested terms of reference by the Chief Financial Officer and Chief Internal Auditor and similar to the February 2022 review (section 3.2 above) this review concluded that the current structure and content is consistent but there are sections requiring updating, expansion and clear direction. The main changes are summarised below.

4.3 **Section 1 – Purpose:** some presentational changes, an update of the HSCP Board’s vision statement and its duty to secure Best Value.

Section 2 – Membership: the November 2019 review extended the membership to include two additional non-voting members from another forum, i.e. members of the Strategic Planning Group. The 2022 guidance maintains while there is no legislative direction to include co-opted independent members, CIPFA recommends that each authority audit committee should include at least two co-opted independent members to provide appropriate technical expertise. It is recommended that this remains in place and that the tenure of such appointed members is in line with provisions of the Code of Conduct and Standing Orders, which reflect the provisions of membership contained within the Integration Scheme, which is currently a three year term.

Section 2 – Membership: at the time of establishment of both the HSCP Board and the Audit Committee (original title), it was agreed that the six voting members would be members on both bodies. It is more common that in a formal committee of the primary decision making board, the membership is reduced to a proportion of full voting membership. It is recommended that the number of voting members on the Audit and Performance Committee are reduced from six to four, with equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

Given a number of formal reports, such as review of the strategic risk register, the annual accounts and annual performance reports are considered by the

Audit and Performance Committee before being remitted to the HSCP Board, it can stifle debate and challenge by the Board as any concerns or issues have been addressed at the Audit and Performance Committee. Whilst the committee is a key component of the HSCP Board's governance framework and may be delegated some governance responsibilities the overall accountability remains with the HSCP Board.

Section 3 – Reporting: updated to reflect the availability of audio minutes.

Section 4 – Responsibilities and Core Functions: 4.1 (a) – (j) are consistent with the CIPFA Position Statement. There has been the expansion of paragraph 4.2 to highlight best practice that the Audit and Performance Committee should periodically review its own effectiveness and report the results of that review to the Partnership Board. The Chief Financial Officer and Chief Internal Auditor will use the 2022 Guidance supporting appendices to support this review and discuss with the Chair of the Committee an appropriate timescale to undertake this work.

There has also been the addition of paragraph 4.3 reinforcing the independence of the committee and their right to meet privately with both internal and external audit as they deem appropriate.

Section 6 – Access: to complement the addition of paragraph 4.3, the Chief Internal Auditor and External Audit also have the right to request confidential access to the Chair of the committee.

Section 7 – Meeting: quorate within the 2019 ToR was deemed to be “at least half of the voting membership”. To reflect the recommendation to reduce the number of voting members on the Audit and Performance Committee from six to four, the number of voting members to secure quorate would change from three to two, with equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

5. Options Appraisal

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

6. People Implications

6.1 None.

7. Financial and Procurement Implications

7.1 There are no financial implications specific to this report.

8. Risk Analysis

8.1 It is the responsibility of the Partnership Board to establish adequate and proportionate arrangements for review of the adequacy for risk management,

governance and control of the delegated resources. The Audit and Performance Committee supports the Board in the discharge of these responsibilities, therefore regular review of the ToR and the effectiveness of the Committee are essential.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

11.1 This report was written in consultation with the HSCP Board's Chief Internal Auditor and will be shared with the HSCP Board's new external auditors.

12. Strategic Assessment

12.1 The Chief Financial Officer is responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council.

12.2 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Audit and Performance Committee is provided with necessary technical and corporate support in relation to its remit.

13. Directions

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

Julie Slavin – Chief Financial Officer

Date: 14 February 2023

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Appendices: **Appendix 1:** CIPFA Position Statement 2022
Appendix 2: Revised Terms of Reference for HSCP's Board: Audit and Performance Committee

Background Papers: HSCP Board Reports 13 November 2019 and Audit and Performance Committee Report 11 December 2019

CIPFA Publication: "Audit Committees: Practical Guidance for Local Authorities and Police" (2022 Edition).
Copies circulated to members.

Localities Affected: All



CIPFA's Position Statement: Audit Committees in Local Authorities and Police 2022

Scope

This position statement includes all principal local authorities in the UK, corporate joint committees in Wales, the audit committees for PCCs and chief constables in England and Wales, PCCFRAs and the audit committees of fire and rescue authorities in England and Wales.

The statement sets out the purpose, model, core functions and membership of the audit committee. Where specific legislation exists (the Local Government & Elections (Wales) Act 2021 and the Cities and Local Government Devolution Act 2016), it should supplement the requirements of that legislation.

Status of the position statement

The statement represents CIPFA's view on the audit committee practice and principles that local government bodies in the UK should adopt. It has been prepared in consultation with sector representatives.

CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective audit committee arrangements. This will enable those bodies to meet their statutory responsibilities for governance and internal control arrangements, financial management, financial reporting and internal audit.

The 2022 edition of the position statement replaces the 2018 edition.

The Department for Levelling Up, Housing and Communities and the Home Office support this guidance.

CIPFA's Position Statement 2022: Audit committees in local authorities and police

Purpose of the audit committee

Audit committees are a key component of an authority's governance framework. Their purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. The committee's role in ensuring that there is sufficient assurance over governance risk and control gives greater confidence to all those charged with governance that those arrangements are effective.

In a local authority the full council is the body charged with governance. The audit committee may be delegated some governance responsibilities but will be accountable to full council. In policing, the police and crime commissioner (PCC) and chief constable are both corporations sole, and thus are the individuals charged with governance.

The committee has oversight of both internal and external audit together with the financial and governance reports, helping to ensure that there are adequate arrangements in place for both internal challenge and public accountability.

Independent and effective model

The audit committee should be established so that it is independent of executive decision making and able to provide objective oversight. It is an advisory committee that has sufficient importance in the authority so that its recommendations and opinions carry weight and have influence with the leadership team and those charged with governance.

The committee should:

- be directly accountable to the authority's governing body or the PCC and chief constable
- in local authorities, be independent of both the executive and the scrutiny functions
- in police bodies, be independent of the executive or operational responsibilities of the PCC or chief constable
- have rights of access to and constructive engagement with other committees/functions, for example scrutiny and service committees, corporate risk management boards and other strategic groups
- have rights to request reports and seek assurances from relevant officers
- be of an appropriate size to operate as a cadre of experienced, trained committee members. Large committees should be avoided.

The audit committees of the PCC and chief constable should follow the requirements set out in the Home Office Financial Management Code of Practice and be made up of co-opted independent members.

The audit committees of local authorities should include co-opted independent members in accordance with the appropriate legislation.

Where there is no legislative direction to include co-opted independent members, CIPFA recommends that each authority audit committee should include at least two co-opted independent members to provide appropriate technical expertise.

Core functions

The core functions of the audit committee are to provide oversight of a range of core governance and accountability arrangements, responses to the recommendations of assurance providers and helping to ensure robust arrangements are maintained.

The specific responsibilities include:

Maintenance of governance, risk and control arrangements

- Support a comprehensive understanding of governance across the organisation and among all those charged with governance, fulfilling the principles of good governance.
- Consider the effectiveness of the authority's risk management arrangements. It should understand the risk profile of the organisation and seek assurances that active arrangements are in place on risk-related issues, for both the body and its collaborative arrangements.
- Monitor the effectiveness of the system of internal control, including arrangements for financial management, ensuring value for money, supporting standards and ethics and managing the authority's exposure to the risks of fraud and corruption.

Financial and governance reporting

- Be satisfied that the authority's accountability statements, including the annual governance statement, properly reflect the risk environment, and any actions required to improve it, and demonstrate how governance supports the achievement of the authority's objectives.
- Support the maintenance of effective arrangements for financial reporting and review the statutory statements of account and any reports that accompany them.

Establishing appropriate and effective arrangements for audit and assurance

- Consider the arrangements in place to secure adequate assurance across the body's full range of operations and collaborations with other entities.
- In relation to the authority's internal audit functions:
 - oversee its independence, objectivity, performance and conformance to professional standards
 - support effective arrangements for internal audit
 - promote the effective use of internal audit within the assurance framework.

- Consider the opinion, reports and recommendations of external audit and inspection agencies and their implications for governance, risk management or control, and monitor management action in response to the issues raised by external audit.
- Contribute to the operation of efficient and effective external audit arrangements, supporting the independence of auditors and promoting audit quality.
- Support effective relationships between all providers of assurance, audits and inspections, and the organisation, encouraging openness to challenge, review and accountability.

Audit committee membership

To provide the level of expertise and understanding required of the committee, and to have an appropriate level of influence within the authority, the members of the committee will need to be of high calibre. When selecting elected representatives to be on the committee or when co-opting independent members, aptitude should be considered alongside relevant knowledge, skills and experience.

Characteristics of audit committee membership:

- A membership that is trained to fulfil their role so that members are objective, have an inquiring and independent approach, and are knowledgeable.
- A membership that promotes good governance principles, identifying ways that better governance arrangement can help achieve the organisation's objectives.
- A strong, independently minded chair, displaying a depth of knowledge, skills, and interest. There are many personal skills needed to be an effective chair, but key to these are:
 - promoting apolitical open discussion
 - managing meetings to cover all business and encouraging a candid approach from all participants
 - maintaining the focus of the committee on matters of greatest priority.
- Willingness to operate in an apolitical manner.
- Unbiased attitudes – treating auditors, the executive and management fairly.
- The ability to challenge the executive and senior managers when required.
- Knowledge, expertise and interest in the work of the committee.

While expertise in the areas within the remit of the committee is very helpful, the attitude of committee members and willingness to have appropriate training are of equal importance.

The appointment of co-opted independent members on the committee should consider the overall knowledge and expertise of the existing members.

Engagement and outputs

The audit committee should be established and supported to enable it to address the full range of responsibilities within its terms of reference and to generate planned outputs.

To discharge its responsibilities effectively, the committee should:

- meet regularly, at least four times a year, and have a clear policy on those items to be considered in private and those to be considered in public
- be able to meet privately and separately with the external auditor and with the head of internal audit
- include, as regular attendees, the chief finance officer(s), the chief executive, the head of internal audit and the appointed external auditor; other attendees may include the monitoring officer and the head of resources (where such a post exists). These officers should also be able to access the committee members, or the chair, as required
- have the right to call on any other officers or agencies of the authority as required; police audit committees should recognise the independence of the chief constable in relation to operational policing matters
- support transparency, reporting regularly on its work to those charged with governance
- report annually on how the committee has complied with the position statement, discharged its responsibilities, and include an assessment of its performance. The report should be available to the public.

Impact

As a non-executive body, the influence of the audit committee depends not only on the effective performance of its role, but also on its engagement with the leadership team and those charged with governance.

The committee should evaluate its impact and identify areas for improvement.

West Dunbartonshire
Health & Social Care Partnership

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

Policy version Number:	Draftv3.0	Owner:	Chief Financial Officer
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Document Management Details

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Rationale for Introduction/driver for Change	CIPFA Good Practice Guidance 2022
Summary of Substantive Changes (if applicable)	Number & Tenure of members, Access, Audio Minutes, Review of Effectiveness
Summary of Technical changes (if applicable)	As above
Consultation and Approval Process	Chief Internal Auditor, Chief Officer, Chair Audit & Performance Committee
Financial consultation (if applicable)	Chief Financial Officer
Legal consultation (if applicable)	HSCP Board Monitoring Officer
Audit and Fraud consultation (if applicable)	Chief Internal Auditor
Trades Union consultation (if applicable)	N/A
Date of approval at HSCP Board	15 March 2023
Date when the Equalities Impact Assessment was approved	N/A

1. PURPOSE

- 1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The West Dunbartonshire Health & Social Care Partnership Board's vision is **“Improving lives with the people of West Dunbartonshire”** which is implemented through the delivery of our Strategic Plan.
- 1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.
- 1.4 The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. It has established the Audit and Performance Committee has an essential component of the governance framework of the Health & Social Care Partnership Board.
- 1.5 The Audit and Performance Committee purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements through a process of constructive challenge. By ensuring there is sufficient assurance over governance, risk and control this provides the Partnership Board with greater confidence in discharging their responsibilities. These Terms of Reference for the Audit and Performance Committee reflect the span of responsibilities of the Partnership Board.
- 1.6 The Health & Social Care Partnership Board has a duty to secure Best Value. The scrutiny role undertaken by the Audit and Performance Committee supports the robust framework for service delivery supporting the HSCP's drive for continuous improvement in performance.

2. MEMBERSHIP

- 2.1 The Audit and Performance Committee will be composed of the four voting members of the Partnership Board, with equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and two co-opted independent members with relevant knowledge, skills and experience. These co-opted members will be non-voting members.
- 2.2 The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to Standing Orders, Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.3 The Audit and Performance Committee will be chaired by the Vice-Chair of the Partnership Board.

- 2.4 Two members of the Strategic Planning Group (a sub-committee of the Partnership Board) will be co-opted as non-voting members of the Audit and Performance Committee. The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to Standing Orders, Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.5 As the Audit and Performance Committee will be responsible for overseeing and providing independent assurance on the adequacy of the risk management framework, the internal control environment and the financial governance arrangements of the Partnership Board, other non-voting members of the Partnership Board shall also have the right to attend. A schedule of meetings will be published for all Partnership Board members, and those non-voting members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.6 The Chief Financial Officer will nominate an Internal Audit Service, led by a named Chief Internal Auditor, to work on behalf of the Audit and Performance Committee.
- 2.7 The external auditors for the Partnership Board will be appointed by the Accounts Commission.
- 2.8 The appointed Chief Internal Auditor will normally attend meetings of the Audit and Performance Committee.
- 2.9 A representative of the external auditors will normally attend meetings of the Audit and Performance Committee.
- 2.10 The Chief Officer and Chief Financial Officer of the Health & Social Care Partnership Board will normally attend meetings of the Audit and Performance Committee.
- 2.11 The Audit and Performance Committee will be provided with a secretariat function by West Dunbartonshire Council.
- 2.12 Other officers of the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde may also be invited to attend meetings.

3. REPORTING

- 3.1 To discharge its responsibilities effectively, the Audit and Performance Committee will meet at least four times a year. Every meeting shall be open to the public but the provisions in relation to disclosure of information will be those which apply to the Partnership Board. (See "Section 7- Meetings" below for further explanation)
- 3.2 The Audit and Performance Committee will formally provide a copy of its minutes to the Partnership Board for inclusion on the agenda's of its subsequent meetings. These minutes will be made publicly available on the Health & Social Care Partnership Board's website (wdhscp.org.uk) and the audio minutes will be made publically available on West Dunbartonshire Council's website ([Audiominutes](#)).
- 3.3 The Audit and Performance Committee will provide the Partnership Board with an Annual Statement, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

4. RESPONSIBILITIES & CORE FUNCTIONS

- 4.1 The Audit and Performance Committee will advise the Partnership Board, the Chief Officer and its Chief Financial Officer on:
- a) The strategic processes for risk, control and governance and the governance statement;
 - b) The annual compliance of the Partnership Board against the Local Code of Good Governance, to inform the governance statement;
 - c) The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
 - d) The planned activity and results of both internal and external audit as they relate to the activities of the Partnership Board;
 - e) The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
 - f) The effectiveness of the internal control environment, the arrangements for ensuring value for money and managing exposure to the risks of fraud and corruption;
 - g) The effectiveness of risk management arrangements, ensuring existence of and compliance with an appropriate risk management strategy;
 - h) The adequacy of management response to reports concerned with the delivery of performance and quality of key elements of the Strategic Plan, including review of the Quarterly Performance Report;
 - i) Assurances relating to the corporate governance requirements for the Partnership Board; and
 - j) Appointment of the internal audit service or for purchase of non-audit services from contractors who provide audit services.
- 4.2 The Audit and Performance Committee will also periodically review its own effectiveness, how it has discharged its responsibilities and how it has complied with relevant professional guidance, including CIPFA's Position Statement (Chartered Institute of Public Finance and Accountancy) and report the results of that review to the Partnership Board.
- 4.3 The Audit and Performance Committee will also be able to meet privately and separately with the external auditor and the chief internal auditor if considered appropriate.

5. RIGHTS

- 5.1 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In doing this, the Chief Financial Officer will be reliant on both the Health Board's and Council's systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.
- 5.2 The Audit and Performance Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the appointed Internal Audit service, external auditor (as appointed by the Accounts Commission), Audit Scotland and Inspectorate bodies. The Chief Financial Officer will ensure that follow-up reports on actions required will be provided to the Audit and Performance Committee as agreed.
- 5.3 The Chief Financial Officer will prepare an Annual Governance Statement for the Audit and Performance Committee prior to its being presented to the Partnership Board.

- 5.4 The Chief Internal Auditor for the Partnership Board will report to the Chief Financial Officer and the Audit and Performance Committee on an annual risk-based audit plan in respect of the activities of the Partnership Board; delivery of the plan and recommendations; and will provide an annual internal audit report, including the audit opinion.
- 5.5 The Audit and Performance Committee may procure specialist ad-hoc advice at the expense of the Partnership Board, subject to budgets agreed by the Chief Financial Officer and confirmed by the Partnership Board.

6. ACCESS

- 6.1 The appointed Chief Internal Auditor and the representative of External Audit (as appointed by the Accounts Commission) will have free and confidential access to the Chair of the Audit and Performance Committee.

7. MEETINGS

- 7.1 The Audit and Performance Committee will meet quarterly, with a provision for additional meetings if required as the discretion of the Chair of the Audit and Performance Committee; and with meetings scheduled at regular intervals between the meetings of the Partnership Board.
- 7.2 The meetings will be conducted in accordance with the Standing Orders of the Partnership Board, including:
- At least one half (i.e. two) of the four voting members of the Audit and Performance Committee will be present for the meeting to be deemed quorate. If only two members are available, there must be equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde.
 - Members of the Audit and Performance Committee must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Audit and Performance Committee, before taking part in any discussion on that item. Where an interest is disclosed, the other members present at the meeting in question shall decide whether the member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.
- 7.3 Audit and Performance Committee meetings will normally be attended by the Chief Officer, the Chief Financial Officer, appointed Chief Internal Auditor and a representative of the External Auditor.
- 7.4 The Audit and Performance Committee may ask any other officers from the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde to attend to assist it with its discussions on any particular matter.
- 7.5 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the Audit and Performance Committee shall be open to the public (as per the Standing Orders of the Partnership Board). The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Audit and Performance Committee.
- 7.6 The Audit and Performance Committee may by resolution at any meeting exclude the press and public there from during consideration of an item of business where it is likely in

view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence. The Audit and Performance Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

- 7.7 Every meeting of the Audit and Performance Committee shall be open to the public but these provisions shall be without prejudice to the Audit and Performance Committee's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Audit and Performance Committee may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Audit and Performance Committee.
- 7.8 The Partnership Board or the Chief Financial Officer may ask the Audit and Performance Committee to convene further meetings to discuss particular issues on which they want the Audit and Performance Committee's advice.