Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date:	Tuesday, 14 November 2023
Time:	10:00
Format:	Hybrid Meeting, Civic Space,16 Church Street, Dumbarton G82 1QL
Contact:	Lynn Straker, Committee Officer lynn.straker@west-dunbarton.gov.uk committee.admin@west-dunbarton.gov.uk

Dear Member

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

Members will have the option to attend the meeting in person at the Civic Space, 16 Church Street, Dumbarton G82 1QL or remotely via Zoom Video Conference.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer
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 / Cameron Waddell – Mazars

Date of Issue: 7 November 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 NOVEMBER 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 **7 - 11**

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 19 September 2023.

(b) ROLLING ACTION LIST **13**

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

6 QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER TWO **15 - 34**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing information to support the HSCP Audit and Performance Committee to fulfil 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 2023-2026: Improving Lives Together.

7/

7 AUDIT PLAN PROGRESS REPORT **35 - 49**

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

8 EXTERNAL AUDIT ANNUAL REPORT ON ACCOUNTS **To Follow**

Submit report Julie Slavin, Chief Financial Officer, providing detail on the External Audit Annual Report on Accounts.

9 REVIEW OF 2022/23 AUDITED ANNUAL ACCOUNTS **To Follow**

Submit report by Julie Slavin, Chief Financial Officer, providing detail on the above.

10 REVIEW OF STRATEGIC RISK REGISTER **51 - 80**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

11 RISK APPETITE STATEMENT **81 - 92**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking HSCP Audit and Performance Committee agreement in respect of the amount of risk that the Partnership is prepared to accept, tolerate, or be exposed to at any point in time.

12 CARE INSPECTORATE INSPECTION REPORT FOR COMMISSIONED REGISTERED SERVICES IN WEST DUNBARTONSHIRE **93 - 105**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 April 2023 – 30 September 2023 (Quarter One to end of Quarter Two).

For information on the above agenda please contact: Lynn Straker, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.
Tel: 07814553595. Email: lynn.straker@west-dunbarton.gov.uk

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, 19 September 2023 at 1.09 p.m.

Present: Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde Health Authority; 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; Gillian Gall, Head of Human Resources; 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; Andi Priestman, Chief Internal Auditor; Jennifer Ogilvie, HSCP Finance Manager Michael McDougall, Manager of Legal Services; and Ashley MacIntyre and Lynn Straker, Committee Officers.

Also Attending: Tom Reid, Audit Director - Mazars.

Apologies: Apologies for absence were intimated on behalf of lay member Mrs Anne MacDougall, Chair of the Locality Engagement Network, Clydebank and Saied Pourghazi, Associate Clinical Director and General Practitioner.

Rona Sweeney in the Chair

STATEMENT BY CHAIR

Rona Sweeney, Chair advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback.

ADJOURNMENT

The Chair adjourned the meeting for a short recess in order to resolve technical issues. The meeting reconvened at 1.18 p.m. with all those listed in the sederunt present.

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 20 June 2023 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.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER 1

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing support to Members to fulfil their ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the new West Dunbartonshire HSCP Strategic Plan 2023-2026: Improving Lives Together.

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

(1) to note the content of the HSCP Quarterly Performance Report 2023/24 Quarter One and performance against the Strategic Plan 2023 - 2026 by Exception; and

(2) to note that due to timing issues the report presents partial Quarter One data.

AUDIT PLAN PROGRESS REPORT

A report was submitted by Andi Priestman, Chief Internal Auditor, providing an update to enable Members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.

After discussion and having heard the Chief Internal Auditor in further explanation and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2023/24.

GOVERNANCE OF HEALTH AND SOCIAL CARE PARTNERSHIP COMMISSIONED SERVICES

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update to Members on matters relating to West Dunbartonshire Health and Social Care Partnership's (HSCP) current governance process and its plan for improving its governance of externally commissioned health and social care services.

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

(1) that the Contracts, Commissioning and Quality Assurance team would continue to develop the way in which externally commissioned health and social care services are monitored. This would be in the form of a Quality Assurance Framework, which would be brought to a future Audit and Performance Committee for consideration; and

(2) that in order to develop a robust reporting tool for the Audit and Performance Committee, the Contracts, Commissioning and Quality Assurance team propose to work with members of the Audit and Performance Committee along with colleagues from Internal Audit, Finance, Procurement Teams and Legal Services. This partnership approach would ensure that a fit for purpose report is delivered, providing the Audit and Performance Committee with assurances around the HSCP's governance of externally commissioned health and social care services.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE: MEASURING PROGRESS UNDER INTEGRATION

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update to Members on the status of the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan" [the Action Plan].

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

(1) to note the contents of the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan", September 2023 (Appendix 1 of the report), and

(2) that a further update report would be brought to a future meeting of the Audit and Performance Committee.

ADJOURNMENT

At this point in the meeting, Ms Sweeney, Chair, left the meeting due to technical issues. The meeting reconvened at 2.26 p.m. and Michelle McGinty, Vice Chair, assumed the chair.

Michelle McGinty in the Chair

CARE INSPECTION OF WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) SHELTERED HOUSING: SUMMARY OF THE INSPECTION REPORT

A report was submitted by Fiona Taylor, Head of Health and Community Care, summarising the Care Inspectorate report following an unannounced inspection of West Dunbartonshire HSCP Sheltered Housing Service between the 17th and 21st April 2023.

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

(1) to note that the Care Inspectorate graded West Dunbartonshire Sheltered Housing with an overall grade three – Adequate; and

(2) to note that an action plan is in place to monitor completion of the actions required to address the Requirements and Areas for Improvement identified by the Care Inspectorate.

Note:- during consideration of this item, Ms Sweeney re-joined the meeting and assumed the chair.

Rona Sweeney in the Chair

CARE INSPECTION OF WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) CARE AT HOME SERVICE: SUMMARY OF THE INSPECTION REPORT

A report was submitted by Fiona Taylor, Head of Health and Community Care, summarising the Care Inspectorate report following an unannounced inspection of West Dunbartonshire HSCP Care at Home Services between 15 and 24 March 2023. The paper will also provide assurance to Members that there is an action plan in place to address the three requirements and eight areas for Improvement (AFI) which must be completed by 30 September 2023.

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

(1) to note that the Care Inspectorate graded the West Dunbartonshire Care at Home Service an overall grade 3 – adequate; and

(2) to note that an action plan is underway to demonstrate the activities in place to address the requirements and the Afl's identified by the Care Inspectorate.

CARE INSPECTORATE REPORT – CLYDE COURT CARE HOME

Michelle McGinty declared an interest in this item as a family member was a resident in Clyde Court Care Home at the time of the inspection and intimated that she would not take part in any decisions relating to this item.

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on Care Inspectorate reporting for Clyde Court Care Home which is an independent, private sector residential older peoples' Care Home located within West Dunbartonshire.

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

Note:- Martin Rooney left the meeting during consideration of this item.

The meeting closed at 3.06 p.m.

WEST DUNBARTONSHIRE HSCP AUDIT AND PERFORMANCE COMMITTEE
ROLLING ACTION LIST

Agenda Item	Decision/ Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
AUDIT PLAN PROGRESS REPORT	Martin Rooney questioned the expected date of 31/03/26 against "Sustainability of Services" after some discussion it was requested by Rona that the 3 projects to be separated and a detailed timeline for each to be brought to a future meeting of the Committee (standard format required): (1) Care at Home (2) Learning Disability (3) Children and Families	 Fiona Taylor Sylvia Chatfield Lesley James	Ongoing	Update: The progress of the 3 Service Redesign Reviews are progressing with Care at Home Redesign presented on 19 September 2023 meeting. The Financial Performance Report will track the progress made on savings attached to these reviews. The Chief Officer will agree a timescale with the Chair and Vice Chair.	**Open**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE

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

14 November 2023

Subject: **West Dunbartonshire Health and Social Care Partnership (HSCP) Quarterly Performance Report 2023/24 Quarter Two**

1. Purpose

1.1 The purpose of this report is to support the West Dunbartonshire HSCP Audit and Performance Committee to fulfil 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 2023-2026: Improving Lives Together.

1.2 This report presents the HSCP performance information reported against the strategic priorities for the period July to September 2023 (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 2023/24 Quarter Two and performance against the Strategic Plan 2023 - 2026 by exception.

2.2 Note that due to timing issues this report presents partial data.

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.

3.3 Performance information and targets have been reviewed alongside the development of the new Strategic Plan and reflect our aims to improve

or sustain performance using 2022/23 as a baseline. The report includes narrative showing key highlights and challenges within the services.

4. Main Issues

4.1 The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. Following the publication of the Strategic Plan 2023 – 2026: Improving Lives Together, informal sessions were held with the HSCP Senior Management Team and HSCP Board members to develop a new framework and agree targets for each of the measures.

4.2 It should be noted that due to timing issues this report presents partial data.

4.3 The HSCP have 46 performance indicators. Of the 28 reported on in Quarter Two, three indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix 1 together with information about improvement actions currently being taken to address these performance issues.

4.4 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.

4.5 Importantly they help to demonstrate how the HSCP is securing 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.

4.6 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 The recommendations within this report do not require the completion of an options appraisal.

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

11. Consultation

11.1 The HSCP Senior Management Team, The Chief Finance Officer and the Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.

12.2 Good governance, which includes performance management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 This report does not require a Direction to be issued.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	1 November 2023

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Appendices:	Appendix 1: West Dunbartonshire Health and Social Care Partnership (HSCP) Quarterly Performance Report 2023/24 Quarter Two

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Performance Report 2023/24: Quarter 2 July to September 2023

This report will outline the HSCP's performance against the priorities set out in our new Strategic Plan 2023-2026: Improving Lives Together.

Local targets set in 2019/20 were retained in 2020/21 through to 2022/23 in light of the unpredictability of the pandemic. These targets have been reviewed alongside the development of the new Strategic Plan and reflect our aims to improve or sustain performance using 2022/23 as a baseline.

Key Highlights/Challenges

All children and young people waiting for treatment from CAMHS have been waiting less than 18 weeks with an average wait of 6 weeks.

Acute bed days lost to delayed discharge for people aged 65 and over below our local targets.

Almost 98% of people starting drug or alcohol treatment within 3 weeks of referral.

West Dunbartonshire Justice Services hosted the inaugural training for trainers for unpaid work event in September 2023 at our Levengrove training facility.

Significant increases in Community Payback Orders and those with Unpaid Work Orders on the same period in 2022/23.

Priority project work to tackle MSK Physiotherapy waiting times continues with several tests of change both ongoing and in the planning stage.

Maximum wait for a routine MSK appointment reduced from 13 to 12 weeks.

Some improvement in Psychological Therapies waiting times although still below target.

Lack of fully validated emergency admission and unscheduled bed days data from Public Health Scotland from June 2023.

Strategic Plan Performance Indicators

Due to timing issues some data is not yet available and it should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

PI Status	
	Alert – Target missed by 15% or more
	Warning – Target narrowly missed
	OK – Target achieved
	Data Only – no target set

Short Term Trends	
	Improving*
	No Change
	Getting Worse*

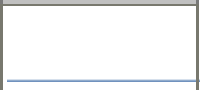
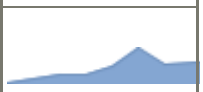
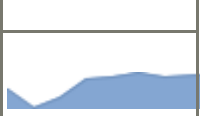
*Where an indicator is Data Only with no target set, the up and down arrows denote whether the number or percentage is increasing (up) or decreasing (down).

Caring Communities

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
1	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	93.2%	95%			97%	91.8%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	95.5%	95%			98.5%	98.5%	
3	Number of Adult Carer Support Plans completed	46	N/A			67	51	
4	Balance of Care for looked after children: % of children being looked after in the Community	88.3%	90%			89%	89.5%	
5	Number of Looked After Children	477	N/A			474	466	
6	Number of Looked After children looked after in a residential setting	56	N/A			52	49	
7	Number of Looked After children looked after at home with parents	65	N/A			63	78	
8	Number of Looked After children looked after by foster carers	119	N/A			117	107	
9	Number of Looked After children looked after in other community settings	237	N/A			242	232	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%			98.6%	98.9%	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	18			9	8	

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	64.3%	90%			52.9%	49.6%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published December	90%	Not yet available	Not yet available	97.8%	97.4%	

Safe and Thriving Communities

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	100%	
15	Percentage of child protection investigations to case conference within 21 days	71.4%	95%			90.5%	69.6%	
16	Number of Child Protection investigations	57	N/A			71	59	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	45	N/A			60	41	
18	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	179	159	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A		Not yet available	37	35	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	Not yet available	100%	Not yet available	Not yet available	Not yet available	67%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published November	0	Not yet available	Not yet available	19	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	Published November	2,781	Not yet available	Not yet available	3,581	3,420	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	Published November	1,406	Not yet available	Not yet available	1,568	1,337	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,115	2,278			2,996	2,676	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	668	983			1,387	1,030	
26	Number of clients receiving Home Care Pharmacy Team support	445	312			285	280	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,863	1,942			1,856	1,912	

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
28	Number of people receiving homecare - All ages	1,440	1,200			1,429	1,454	
29	Number of weekly hours of homecare - All ages	10,408	9,000			10,535	10,637	
30	Percentage of people who receive 20 or more interventions per week	40.6%	40%			40.2%	New PI	
31	Percentage of homecare clients receiving personal care	99.4%	99%			99.2%	New PI	

Equal Communities

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
32	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	66.9%	98%			63.3%	75.9%	
33	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	76.9%	80%			92.2%	81.3%	
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	21.4%	80%			41.7%	19.4%	
35	Percentage of children from BME communities who are looked after that are being looked after in the community	85.7%	90%			88%	76.5%	
36	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	80%			67%	100%	

Healthy Communities

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
37	Number of emergency admissions 18+	Not yet available	1,990	Not yet available	Not yet available	Not yet available	2,186	
38	Number of emergency admissions aged 65+	Not yet available	1,066	Not yet available	Not yet available	Not yet available	1,178	
39	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	62	Not yet available	Not yet available	Not yet available	68.7	
40	Number of unscheduled bed days 18+	Not yet available	20,094	Not yet available	Not yet available	Not yet available	22,379	
41	Unscheduled acute bed days (aged 65+)	Not yet available	14,566	Not yet available	Not yet available	Not yet available	15,904	
42	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	850	Not yet available	Not yet available	Not yet available	927.8	

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
43	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	Not yet available	Not yet available	5,937	5,936	
44	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	44%	90%			46%	30%	
45	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	Not yet available	Not yet available	Not yet available	£172.20	
46	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	Not yet available	77.79%	

Please find April to June 2023 data below for indicators we were unable to report on in our Quarter 1 2023/24 Performance Report. Health Board data has yet to be fully validated to allow reporting of Quarter 1 emergency admissions and unscheduled bed days.

Caring Communities

Ref	Performance Indicator	Q1 2023/24				Q4 2022/23	Q1 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	97.8%	90%			96.4%	95.7%	

Healthy Communities

Ref	Performance Indicator	Q1 2023/24				Q4 2022/23	Q1 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
43	Number of Attendances at Accident and Emergency 18+	5,937	5,005			5,225	5,789	

Financial Update

The HSCP Board meeting on 21 November 2023 will consider the financial position to 30 September 2023 and a revised projection to 31 March 2024 based on Quarter 2 activity and performance. This is still being finalised at the time of writing.

The initial financial projection based on Quarter 1 data reported an overspend of £2.983m (1.59%) mainly due to continuing demand for both supporting children and young people in community placements and other residential accommodation, and care at home and care home services for older people.

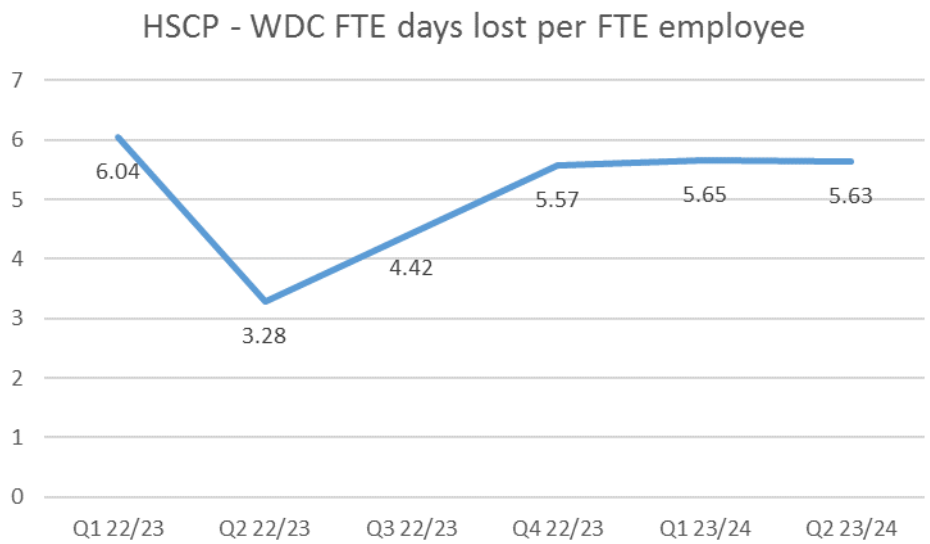
The Senior Management Team have continued to make progress to mitigate elements of this pressure through weekly scrutiny of all vacancies, a programme of reviews across all care packages and, where appropriate, the application of earmarked reserves.

The November Financial Performance Report will provide more detail on these actions and demonstrate the progress made in reducing the projected overspend. The key risk around the progress made continues to remain within Prescribing and the lack of robust and timeous data being made available by National Services Scotland.

Absence

West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde report staff absence for West Dunbartonshire HSCP staff in different ways: WDC by Full Time Equivalent (FTE) lost per FTE employee each quarter and NHS by the percentage of rostered hours lost to staff absence.

WDC HSCP staff absence was slightly lower in July to September 2023 than in the previous quarter but higher than the same period in 2022.

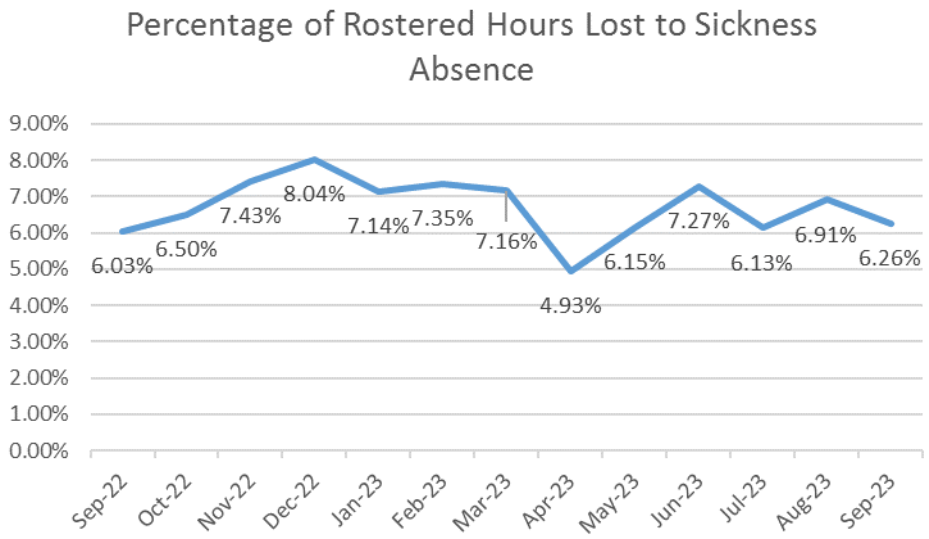


Nationally, West Dunbartonshire Council (all non-teaching staff) absence is published by the Improvement Service through the Local Government Benchmarking Framework. Latest figures are for 2021/22 where

WDC had a higher number of Full Time Equivalent (FTE) days lost per employee than the Scotland figure and had dropped from 8th lowest number of days in 2020/21 to the 23rd lowest (or 10th highest) in Scotland.

	WDC	Scotland	Ranking 1 - lowest to 32 - highest FTE days lost per employee
2019/20	11.4	11.9	13
2020/21	8.38	9.58	8
2021/22	13.28	12.19	23

NHS HSCP staff absence is reported monthly. While the percentage of rostered hours lost to sickness absence dipped in July 2023 to 6.13%, it rose again in August to 6.91% and ended the quarter slightly lower at 6.26%. This was an improvement on the June 2023 figure but higher than September 2022.



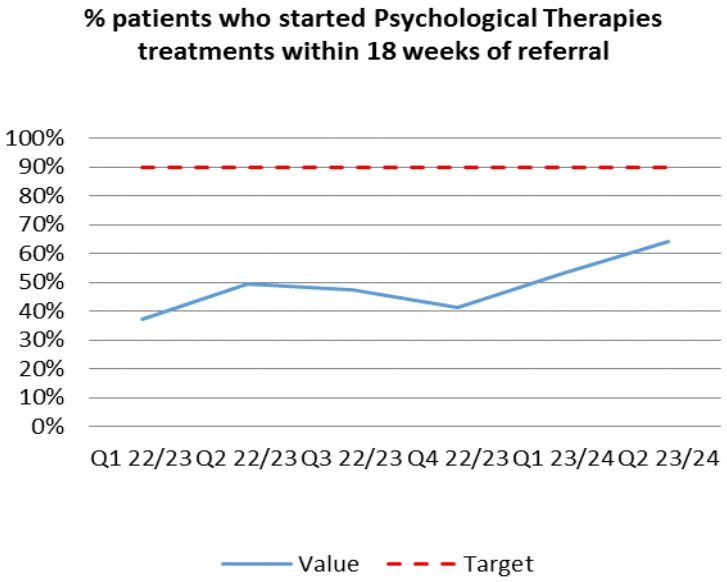
Latest available data at national and health board level is for July 2023 where West Dunbartonshire's figure is higher than both NHS Scotland (5.78%) and NHS Greater Glasgow (5.96%).

West Dunbartonshire Health and Social Care Partnership
Exceptions Reporting: Quarter 2 July to September 2023

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	64.3%	90%			52.9%	49.6%	

Quarter	Value	Target
Q1 22/23	37.4%	90%
Q2 22/23	49.6%	90%
Q3 22/23	47.3%	90%
Q4 22/23	41.4%	90%
Q1 23/24	53.2%	90%
Q2 23/24	64.3%	90%



Key Points:
The percentage of people starting treatment within 18 weeks has seen an improving trend since March 2023 and is significantly higher during July to September 2023 than in the same period in 2022.

As at 30 September 2023 there were 194 people waiting to start treatment: 101 had been waiting less than 12 weeks; 139 waiting less than 18 weeks.

Increasing case complexity, due to change in referral criteria, means many cases require longer term work which reduces throughput.

Improvement Actions:
Small number of referrals accepted by the Digital Psychology Service.

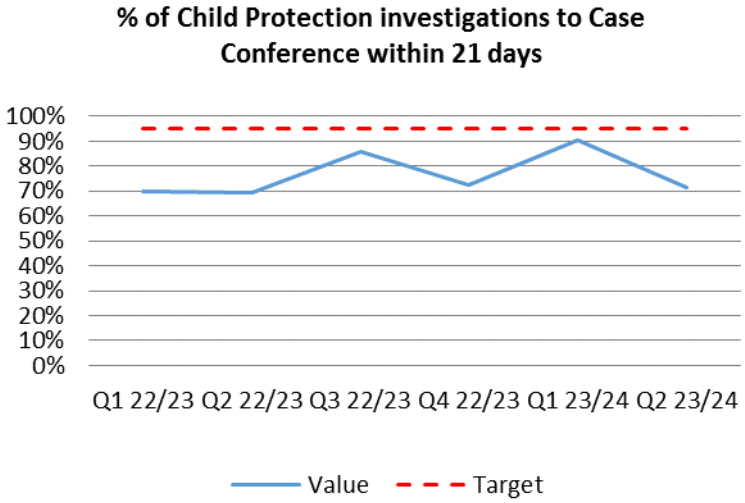
Teams being encouraged to use Psychological Therapies Group Services where appropriate.

Exploring potential uses of previous NHS Education Scotland funding to reduce waiting times.

Performance Area: Child Protection

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
15	Percentage of child protection investigations to case conference within 21 days	71.4%	95%			90.5%	69.6%	

Quarter	Value	Target
Q1 22/23	70.0%	95%
Q2 22/23	69.6%	95%
Q3 22/23	85.7%	95%
Q4 22/23	72.7%	95%
Q1 23/24	90.5%	95%
Q2 23/24	71.4%	95%



Key Points:
There was a significant drop in the number of case conferences in Quarter 2: from an average of 22 per quarter since April 2022 to 7 in this quarter. The timescale of 21 days from investigation was met for 5 of these 7.

Improvement Actions:
Review decision making thresholds from IRD to CP investigation and requirement for case conference in Quarter 2 23/24.

The drop in case conferences appears quite significant however this is the school holiday period during which referrals from education largely cease. However, this may not fully explain the reduced level of conferences during this period and requires further interrogation.

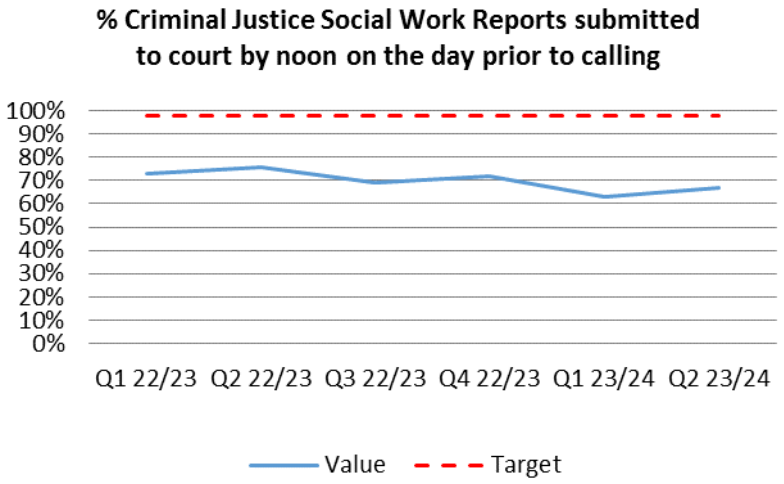
There is a risk that timescales are impacted by staffing capacity at present regarding completion of investigations and progress to case conference. Ten day meetings (during the 21 day completion period) are in place, with chairs ensuring children requiring a conference are prioritised.

We plan to move to the new national guidance of 28 days in the New Year and systems will require to be adjusted to support this change.

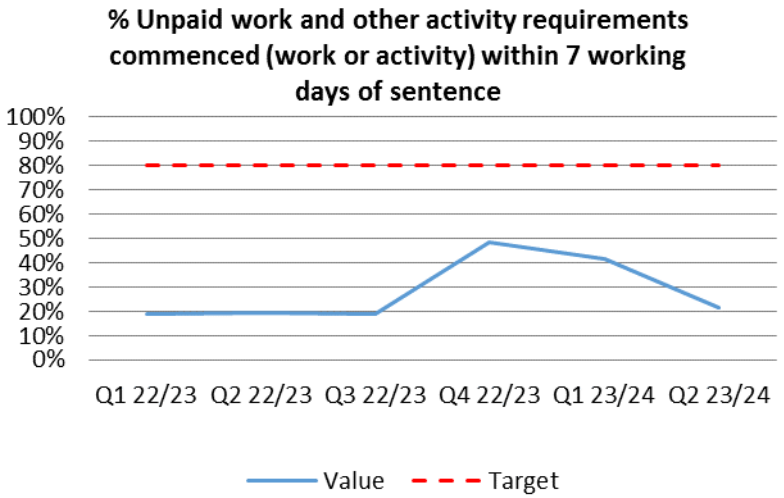
Performance Area: Criminal Justice Social Work

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
32	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	66.9%	98%			63.3%	75.9%	
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	21.4%	80%			41.7%	19.4%	

Quarter	Value	Target
Q1 22/23	73.0%	98%
Q2 22/23	75.9%	98%
Q3 22/23	69.2%	98%
Q4 22/23	71.7%	98%
Q1 23/24	63.3%	98%
Q2 23/24	66.9%	98%



Quarter	Value	Target
Q1 22/23	19.0%	80%
Q2 22/23	19.4%	80%
Q3 22/23	18.8%	80%
Q4 22/23	48.4%	80%
Q1 23/24	41.7%	80%
Q2 23/24	21.4%	80%



Key Points:
Report requests peaked in August during Quarter 2, with 94 reports being requested by sentencers: 105 when including supplementary requests. The Performance Indicators reported do not reflect the

additional reports to Court such as Progress Reports and Supplementary Court Reports which saw an increase of 21.6% on the same quarter in 2022/23.

The impact of sickness and annual leave also meant only 36% of letters to Court were completed in August: our poorest performance in the quarter. Sheriffs' leave and shortened timescales for reports also played a part in these figures.

Quarter 2 saw a 40% increase in all Community Payback Orders and a 33.3% increase in those with Unpaid Work requirements on the same period in 2022/23. Induction of those on orders is sitting at 76.9%.

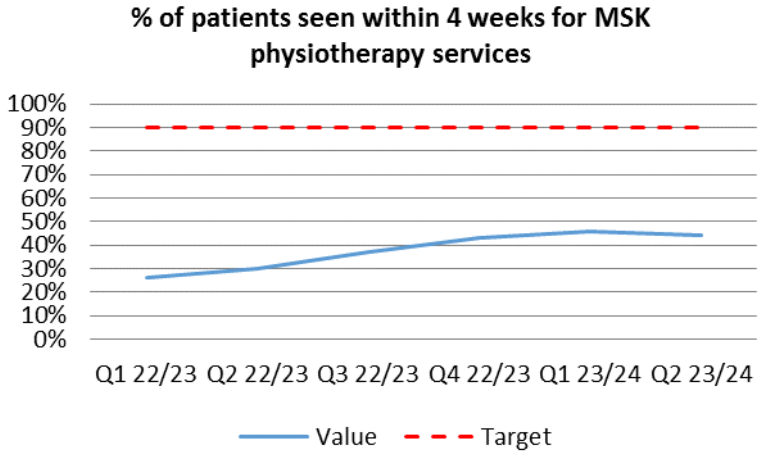
Community Justice Officers have also been utilised in the bail and diversion services. Both these services have seen numbers rise exponentially, reducing capacity for allocation of unpaid work orders.

Improvement Actions:
West Dunbartonshire has been part of the training for trainers for unpaid work, para professional staff and hosted the inaugural event in September 2023 at our Levengrove training facility. Unpaid work staff from across North Strathclyde participated in this event. This week-long national training for unpaid work officers and supervisors has now been rolled out nationally.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
44	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	44%	90%			46%	30%	

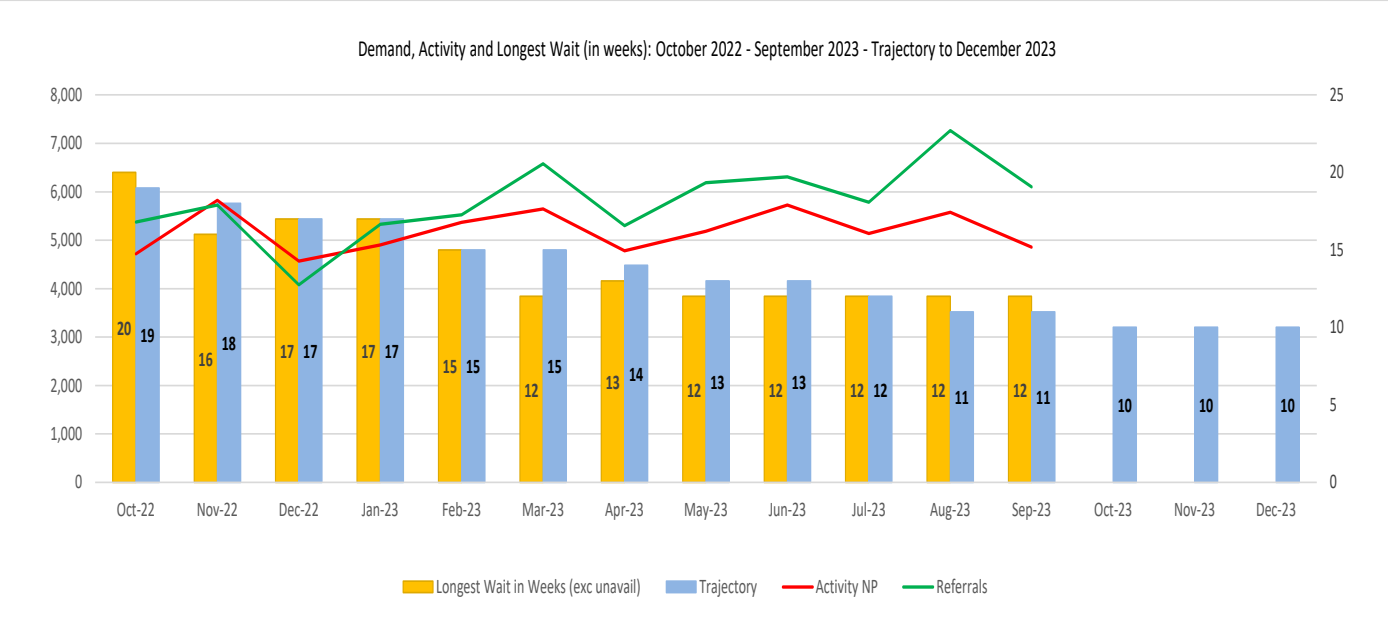
Quarter	Value	Target
Q1 22/23	26%	90%
Q2 22/23	30%	90%
Q3 22/23	37%	90%
Q4 22/23	43%	90%
Q1 23/24	46%	90%
Q2 23/24	44%	90%



Key Points:
Demand for MSK service provision has seen an ongoing rise within Quarter 2, especially in August when referral rates across Greater Glasgow and Clyde peaked to over 7,000 which is exceptional for the service. Typically prior to Quarter 2 referral rates were 5,000 – 5,500. There is a general upwards trend in demand. There were 1,462 West Dunbartonshire referrals.

There has been an increase in the number of patients waiting over the 4 week target within Quarter 2. This is in part due to increased demand, peak summer holiday period and, in September, and the loss of agency staff across the service. However the maximum wait for a routine appointment has reduced from 13 weeks to 12 weeks at the end of Quarter 2 despite the increase in referral rate.

Routine waiting times; demand; activity and trajectory MSK Physiotherapy

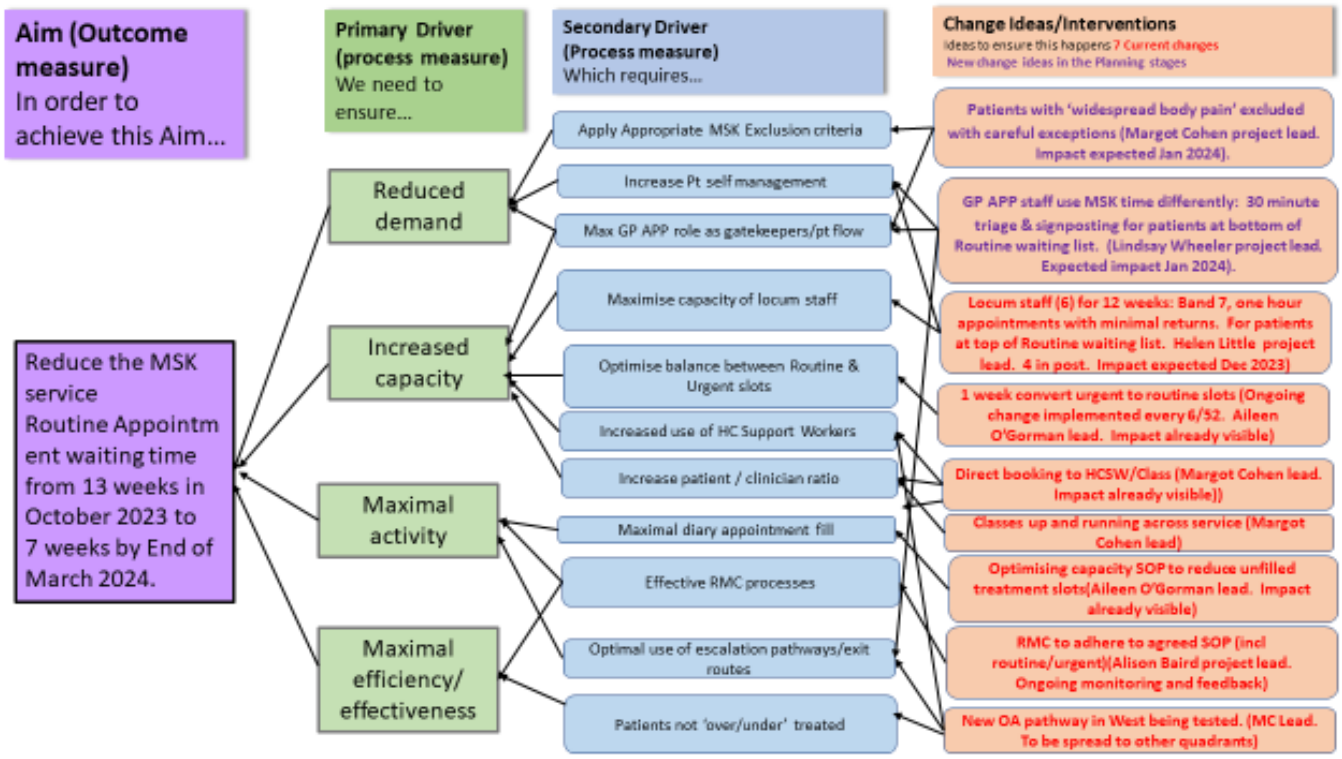


Improvement Actions:
Priority project work to tackle waiting times continues. There are several tests of change, both ongoing and in the planning stage. An updated driver diagram showing these tests of change is below.

There are plans to use identified reserves budget for agency staff (6-7) to commence waiting list initiative clinics within October and November 2023.

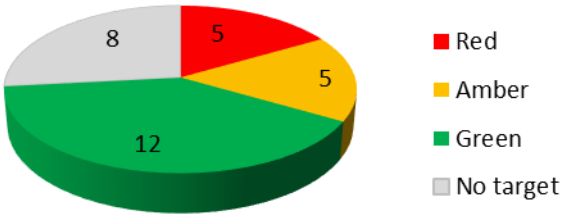
There are also plans to utilise GP Advanced Practice Physiotherapists to assess routine patients at point of referral to the waiting list to increase the percentage seen within the 4 week target.

Every 6-8 weeks, for one week, the majority of urgent new patient slots are converted to routine slots to support those patients waiting longest.

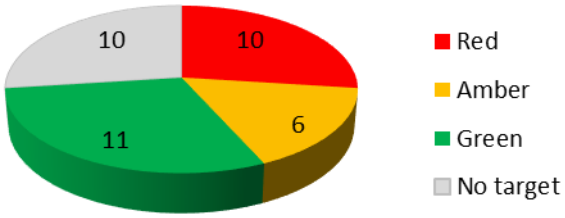


Summary of Strategic Plan Key Performance Indicators

Quarter 2: July to September 2023 (Partial Data)



Quarter 1: April to June 2023 (Partial Data)



West Dunbartonshire Health and Social Care Partnership
Complaints Reporting: Quarter 2 July to September 2023

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.

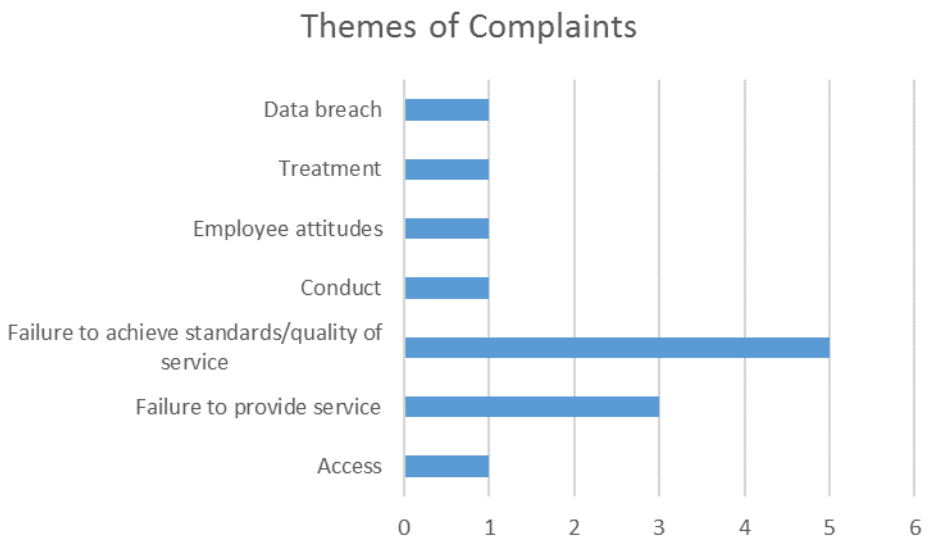
SPSO Indicator	Measure	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	13	23	16	29	47	45
	Number of complaints direct to Stage 2	7	11	13	9	16	15
	Total number of complaints	20	34	29	38	63	60
3	% closed within timescale - Stage 1	Not available					
	% closed within timescale - direct to Stage 2	43%	36%	23%	33%	31%	40%
	% closed within timescale - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	N/A
4	Average response time - Stage 1	Not available					
	Average response time - direct to Stage 2	29	22	25	25	24	20
	Average response time - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	N/A

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 2 2023/24

	Model Complaints Handling Procedure		
Outcome	NHSGGC	WDC*	% of total
Fully Upheld	0	1	8.3%
Partially Upheld	0	1	8.3%
Not Upheld	4	6	83.3%
Unsubstantiated	0	0	0%
Total	4	8	

*3 complaints are still ongoing


Themes of Complaints
Data breach
Treatment
Employee attitudes
Conduct
Failure to achieve standards/quality of service
Failure to provide service
Access
0
1
2
3
4
5
6

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Andi Priestman, Chief Internal Auditor

Audit and Performance Committee - 14 November 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 2023 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 2023/24.

3. Background

3.1 In June 2023, the Audit and Performance Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2023/24.

3.2 This report provides a summary to the Audit and Performance Committee of recent Internal Audit activity against the annual audit plan for 2023/24. 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 2023/24 is now underway. One audit is at draft report stage and the remaining audit is at fieldwork stage.

4.2 In relation to internal audit action plans, the current status report is set out at Appendix 1.

4.3 In relation to external audit action plans, the current status report is set out at Appendix 2.

4.4 In relation to internal audit work undertaken at West Dunbartonshire Council, there were no Internal Audit reports issued to the Council which are relevant to the WD HSCP Board.

4.5 In relation to internal audit work undertaken at NHSGGC, there were 4 Internal Audit reports issued to the NHSGGC Board which are relevant to the WD HSCP Board as follows:

Audit Title	**Rating**	**Number and Priority of Issues**			
		4	**3**	**2**	**1**
Public Protection Arrangements (1)	Substantial Improvement Required	-	3	4	1
Workforce Planning	N/A Consultancy Review				
Property Transactions Monitoring	Effective	-	-	-	-
Management Action Plan follow up Q2 2023/24	N/A	N/A	N/A	N/A	N/A
Total		**-**	**3**	**4**	**1**

(1) Specific control weaknesses were identified in relation to monitoring the completion of mandatory training for new starts; monitoring the completion of level 3 public protection training and 3-yearly refresher training; and concern logging and reporting.

4.6 Internal Audit at West Dunbartonshire Council and NHSGGC undertake follow up work in accordance with agreed processes to confirm the implementation of agreed actions and report on progress to their respective Audit Committees. Any matters of concern will be highlighted to the 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 2023/24 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: **19 October 2023**

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

Appendices: Appendix 1 – Status of Internal Audit Action Plans at 30 September 2023
Appendix 2 – Status of External Audit Action Plans at 30 September 2023

Background Papers: Internal Audit Annual Audit Plan 2023-2024

WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS AT 30 SEPTEMBER 2023

Summary:

Section 1 **Summary of Management Actions due for completion by 30/09/2023**

There were 2 actions due for completion by 30 September 2023. One action has been reported as completed by management and the completion date for one action has been revised.

Section 2 **Summary of Current Management Actions Plans at 30/09/2023**

At 30 September 2023 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 **Current Management Actions at 30/09/2023**

At 30 September 2023 there were 4 current audit action points.

Section 4 **Analysis of Missed Deadlines**

At 30 September 2023 there was one audit action point where the agreed deadline had been missed.

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
2	1	1	0

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

Details of the completed action at 30 September is as follows:

Action	Owner	Completion Date
IJB Recovery and Response Arrangements (April 2023)		
Formalisation of Business Continuity Management Arrangements with CCS (Green) Management to finalise the arrangements for the provision of Civil Contingencies Services to the IJB and for the financial provision for the WD HSCP proportion of the costs involved.	**Head of Strategy and Transformation**	**30 September 2023**

CURRENT ACTIONS

Month	No of actions
Due for completion 31 March 2024	3
Due for completion 30 June 2024	1
Total Actions	**4**

Action	Owner	Expected Date
IJB Recovery and Response Arrangements (April 2023)		
Provision of Assurance to the Board on Business Continuity Arrangements (Green) As a control improvement and example of good practice, management to consider presenting members with an annual Business Continuity Assurance Statement.	**Head of Strategy and Transformation**	**30 June 2024***
IJB Workforce Planning Arrangements (August 2023)		
Adequacy of Succession Planning Arrangements (Amber) All Heads of Service will work with the Head of HR to embed succession planning through service planning structures and through annual performance reviews. Additionally, the Head of HR will consider any additional leadership resource requirements to enable visibility across services and create the conditions for engagement.	**Head of HR**	**31 March 2024**
Adequacy of Risk Management Arrangements (Amber) The Head of HR will consider any additional requirements to enable risk management reporting to be undertaken within workforce planning activities.	**Head of HR**	**31 March 2024**
Adequacy of Monitoring and Reporting Arrangements (Amber) The Head of HR will ensure a clear roll out of an action plan to support the delivery of the themes contained within the HSCP Integrated Workforce Plan 2022-25, reporting on the progress across the four pillars.	**Head of HR**	**31 March 2024**

Report	Action	Original Date	Revised Date	Management Comments
IJB Recovery and Response Arrangements (April 2023)	**Provision of Assurance to the Board on Business Continuity Arrangements (Green)** As a control improvement and example of good practice, management to consider presenting members with an annual Business Continuity Assurance Statement.	**30.09.23**	**30.06.24**	The annual report will be provided at the end of the financial year in line with the reporting of other governance statements.

WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 30 SEPTEMBER 2023

Summary:

Section 1 **Summary of Management Actions due for completion by 30/09/2023**

There was one action due for completion by 30 September 2023 which has missed the deadline set by management.

Section 2 **Summary of Current Management Actions Plans at 30/09/2023**

At 30 September 2023 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 **Current Management Actions at 30/09/2023**

At 30 September 2023 there were 2 current audit action points.

Section 4 **Analysis of Missed Deadlines**

At 30 September 2023 there was one audit action point where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 30.09.2023

SECTION 1

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

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

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 30.09.2023

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion June 2024	1
Due for completion March 2026	1
Total Actions	**2**

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 30.09.2023

SECTION 3

Action	Owner	Expected Date
2021/2022 Annual Audit Report (November 2022)		
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.	**Head of Strategy and Transformation**	**30.06.2024***
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). For the HSCP to progress redesign effectively improvement capacity needs substantiated. 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.	**Operational Heads of Service**	**31.03.2026**

* See Section 4 - analysis of missed deadlines

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
2021/2022 Annual Audit Report (November 2022)	**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.	**30.09.23**	**30.06.24**	The Quality Improvement Framework is complete and will be presented to WD HSCP Board for approval on 21 November 2023. As in 2023 a Best Value review is diarised for January 2024 and will form part of the year end process. The outcome of this work will be formally reported to HSCP Audit and Performance Committee on 19 March 2024 and the Annual Report 2023/24 reported to HSCP Audit and Performance Committee on 25 June 2024 will note its completion.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE (HSCP) AUDIT AND PERFORMANCE COMMITTEE

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

14 November 2023

Subject: West Dunbartonshire HSCP Strategic Risk Register

1. Purpose

1.1 The purpose of this report is to present the six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

2. Recommendations

It is recommended that the HSCP Audit and Performance Committee:

2.1 Note and comment on the presentation of the report;

2.2 Recommend that the HSCP Board agree the Strategic Risk Register as outlined in Appendix I; and

2.3 Recommend that the HSCP Board approve the addition of two new Strategic Risks as outlined in Appendix II.

3. Background

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

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

3.3 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management Policy and supporting strategy, the current version was approved by the HSCP Board on the 20 September 2021.

4. Main Issues

4.1 The HSCP Strategic Risk Register is maintained for all services, it identifies strategic risks, risks which stand to do the most damage to the HSCP because they cut right to the heart of our ability to execute our strategy or continue our business operations.

4.2 A lead is identified for each risk and mitigations impacting on those risks are identified. A risk matrix model is used to define impact, likelihood and an overall risk score for pre and post mitigation. This is reported in the first instance to the HSCP Audit and Performance Committee on a six monthly basis for review. The Audit and Performance Committee then make a recommendation to the HSCP Board in respect of whether or not the Strategic Risk Register can be agreed, or if there are any points the HSCP Board may wish to consider further.

4.3 On the 16 May 2023 the HSCP provided some helpful feedback on the format of the Risk Report. As such color has been added to the current risk level for ease of reference. Work is ongoing with the Datix team to also include the scoring matrix for each risk. It is anticipated that this will be provided in the next round of reports.

4.4 In order to assess likelihood the Risk Lead will consider the following:

Likelihood Score and Descriptor (with examples)	
1 Extremely Unlikely	Unlikely to happen except in very rare circumstances. Less than one chance in 1,000 (< 0.1% probability). No gaps in control. Well managed.
2 Quite Unlikely	Unlikely to happen except in specific circumstances. Between one chance in 1,000 and one in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.
3 Reasonably Likely	Likely to happen in a relatively small number of circumstances. Between one chance in 100 and one in 10 (one - 10% probability). Evidence of potential threats with some gaps in control.
4 Quite Likely	Likely to happen in many but not the majority of circumstances. Between one chance in 10 & one in two (10 - 50% probability). Evidence of substantial threats with some gaps in control.
5 Extremely Likely	More likely to happen than not. Greater than one chance in two (>50% probability). Evidence of substantial threats with significant gaps in control.

1.1 The HSCP Senior Management Team (SMT) have reviewed the Strategic Risk Register. Although no changes to the existing risks have been identified the SMT have agreed that the Audit and Performance Committee should consider recommending to the HSCP Board that two new strategic risks be added to the register. These can be found in Appendix II and are Workforce Planning (Children and Families Social Work) and Care Home Viability.

2. Options Appraisal

2.1 An options appraisal is not required in respect of the recommendations within this report.

3. People Implications

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

4. Financial and Procurement Implications

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

5. Risk Analysis

5.1 It is the responsibility of the HSCP Board to ensure adherence to the local Risk Management Policy and supporting strategy, through the establishment of adequate and proportionate risk management arrangements. The implementation of such arrangements by the HSCP Board will be subject to scrutiny.

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

6. Equalities Impact Assessment (EIA)

6.1 An EIA is not required as the recommendations within this report do not impact on those with protected characteristics.

7. Environmental Sustainability

7.1 A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report.

8. Consultation

8.1 The HSCP Senior Management Team reviewed and agreed this report and the supporting risk registers on 27 April 2023. The Monitoring Solicitor, the Chief Finance Officer and the Internal Auditor have all be consulted in the production of this report and their comments incorporated accordingly.

9. Strategic Assessment

9.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.

9.2 Good governance, which includes risk management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 The recommendations within this report do not require a Direction to be issued.

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Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 24 October 2023

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Appendix 1: West Dunbartonshire HSCP Strategic Risk Register
Appendix 2: New Strategic Risks

Background Papers: None

Risk Level (Current)
Very Low
Low
Medium
High
Very High

STRATEGIC RISK REGISTER **APPENDIX I**

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low

		9. Trend analysis and reporting by exception programmed into HSCP Board reports.					

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low
Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Head of Strategy & Transformation	1. Restructure and implementation of a Transactional Team. 2. Training on financial regulation and standing orders.	Open	1. Reputational damage. 2. Financial losses. 3. Increased financial costs.	High	Medium	Very Low

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.	Head of Strategy & Transformation	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. There remains an ongoing risk that despite procedures a breach may occur. 4. Ongoing monitoring and management required including relevant training. 5. Records management plan in place and lodged with National Records of Scotland.	Tolerated	1. Financial losses. 2. Breach of legislative requirements. 3. Harm and distress to service users. 4. Reputational damage	Medium	Low	Very Low

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.	Head of Strategy & Transformation	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. There remains an ongoing risk that despite procedures a breach may occur. 4. Ongoing monitoring and management required including relevant training. 5. Records management plan in place and lodged with National Records of Scotland. 6. Contingency planning underway in respect of planned power outages and black start events.	Tolerated	1. Financial losses. 2. Breach of legislative requirements. 3. Harm and distress to service users. 4. Reputational damage.	Medium	Low	Very Low

Performance Management	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
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.	Head of Strategy & Transformation	1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2. Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC. 3. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 4. NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives. 5. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	Medium	Low	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Quality Assurance reporting to HSCP Board and relevant sub committees for example Clinical & Care Governance. 10. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs. 8. Harm to service users.	High	Medium	Low

Financial Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
The risk of being financially unsustainable, i.e. failure to operate within the approved budget in the short and medium term is due to one or more of the following: **1. Unable to deliver on all approved savings from current and previous years.** **2. Insufficient funding allocations from partner bodies that fail to reflect demographic pressures, the impacts of poverty, the impacts of heath inequalities or inflationary cost of**	Chief Officer and Chief Financial Officer	The regular financial reports to the HSCP Board are prepared and informed by the range of actions, controls and mitigations summarised below. These reports support the HSCP Board to agree on any corrective actions required to maintain financial sustainability. All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board. Progress on delivery is supported by Service Redesign Programmes governed by Project Boards. Regular analysis of performance and financial data with updates to SMT. Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required. Incorporated into MTFP and supported by Reserves Policy and specific earmarked reserves. Active engagement with all partner bodies in budget planning process and throughout the year.	Open with some tolerance built into risk impact	1. Unable to deliver on all approved savings from current and previous years. 2. Failure to deliver on strategic priorities. 3. Unable to manage new demand. 4. Unsustainable services. 5. Volatility of decision making due to unexpected shocks. 6. Reputational Risk. 7. Financial losses. 8. Service disruption as potential difficulty securing robust commissioned services if unable to pay required hourly rates. 9. Negative consequences on the quality of services. 10. Commissioned services not fit for purpose. 11. Harm to service users.	Very High	High	Medium

delivering health and social care services. **3. Unable to fully mitigate within budget estimates for the financial impacts of wider economic issues, in particular UK and global inflation. Financial risks to staffing costs, commissioning of care services, GP prescribing costs (inflation, import challenges and short supply), utilities, food and equipment costs.** **4. Unable to manage new demand across services e.g. legacy impacts of COVID-19 on general health, increase in secure placements and impact of cost of living pressures on families.** **5. In-year changes to funding allocations, in particular late allocations from the Scottish Government to deliver on a range of policy**		This includes HSCP senior officers being active members of both council and health board corporate management teams. Working in partnership across the 6 GGC HSCPs. Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups. The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices. Local and NHSGGC Prescribing Efficiency Programmes. Robust commissioning processes linked to strategic priorities and eligibility and self-directed support. Strengthening of governance processes including a refreshed Area Resource Group. Robust application of Eligibility Criteria in completion of new My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy. Active engagement with partners as above. CIPFA CFO Section working with Scottish Government and COSLA officials on the					

commitments and requirement to use earmarked reserves for core delivery.		importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies.					

Workforce Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services.	Head of HR	Workforce Plan. HR/strategic policy mirrors national guidance and policy on terms and conditions. Workforce planning oversight locally. Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps. Recruitment stats monitored through workforce team and assessed through vacancy control group.	Open	If we do not recruit the required staff within the appropriate timelines then the ability to deliver planned capacity within timeline will be compromised. Use of supplementary staff carries financial cost in addition to wider issues associated with ongoing use.	Medium	High	Medium
Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge.	Head of HR	Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated. A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given.	Open	Improvement in ways of working to ensure sufficient capacity and capability. Support has been put in place to provide spiritual care and mental health and wellbeing support for staff including guidance/self-help information and structured support sessions.	Low	Medium	Low

Delayed Discharge and Unscheduled Care	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care	Head of Health and Community Care	Quality improvement activities are ongoing to address a range of issues impacting on the ability to discharge people in a timely manner. Includes: Partnership working with Vale of Leven Hospital for high referral wards; staff awareness in identified areas such as AWI legislation; effective leadership.	Open		High	Medium	Low
Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care	Head of Health and Community Care	Business Continuity Plans in place for all Health and Community care Services, inclusive of adverse weather events. Annual leave monitored to reduce risk of lack of staff availability at key points. Integrated approach across Health and Community Care services to target shared care opportunities if increased demand is experienced. Communication to relatives/carers if unexpected challenges are faced in safe delivery of care to seek their support in care delivery.	Tolerated	Risk to essential service delivery with subsequent risk of harm to service users	Low	Low apart from Care at Home pending redesign, in this area the risk is medium	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.	Head of Health and Community Care	Care Home review team led by a SSW with robust processes to manage annual reviews. Mandatory ASP training for Local Authority Residential Care staff. 6 monthly HSCP quality assurance visits to Independent Care Homes by Nursing and SW staff. Care Home Collaborative and Clinical care Governance process have oversight of risks Care Homes accountability to the Care Inspectorate.	Tolerated	1. Recruitment and retention of staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Low	Low	Low

Waiting Times	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet waiting times targets - Psychological Therapies	Head of Mental Health, Learning Disability and Addictions	Full data cleanse has taken place with ongoing admin support around accurate data recording. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session. Impact has been substantially due to vacancies and absence however staffing position is improving.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	High	Medium	Low
Failure to meet waiting times targets - Drug and Alcohol Treatment.	Head of Mental Health, Learning Disability and Addictions	Target continues to be reached and maintained. Only impact would be due to substantial absences. Staff team stable with minimum vacancies	Close	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data.	Low	Low	Low

				8. Increased financial costs. 9. Harm to service users.			

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
There is a risk that failure to ensure compliance with relevant assessments such as My Life Assessments and My Assessment and plan will cause disparity within service user groups and in service access and result in incomplete assessments of risk's and needs.	Head of Children's Health, Care and Justice	The Area Resource Group improvement project is documenting the end to end process for adult assessments along with a new Adult Area Resource Group standard operational guide which defines the roles and responsibilities across the team and ensures there is consistence governance across the adult services. In addition, the project is reviewing any common tasks across the services which could be centralised. The ARG is being reinstated in Children's in addition to the social work Education panel for screening of shared placement provision service. An evaluation is being set up of roll out of My life Assessment and Plan within Children's services	Open	1. Reputation harm to WDC and HSCP if assessments are not updated or a service user has never had one. 2. Declining inspection results as a result of lack of evidence and quality of written assessment and planning 3. Increase in packages of care as packages are not being reviewed regularly 4. Inconsistent approach to assessments cases inequality across the services 5. Service users are not always being offered SDS packages	Very High	High	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work	Head of Children's Health, Care and Justice	Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported on within social work and social care. The appointment of a learning and developments officer and learning and quality manager will ensure this can be effectively progressed. The learning and development officer is currently being recruited to and will align with workforce development	Open	1. Lack of professional competency result in standards of practice not met	High	High	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to child protection.	Head of Children's Health, Care and Justice	Oversight by the Child Protection Committee is currently in place with an independent chair to ensure objective support and challenge. The national data set for CP is in place and a data analysis groups meets regularly to consider local performance. Time scales aligned to national guidance are routinely reported on as part of children's services data set. Visits to children on the CP register. With required timescales are routinely reported. Self-evaluation activity in relation to areas for improvement are informed by the data. Mechanisms for recording staff core and mandated training is an early stages of developments and this requires to be strengthened to ensure oversight and assurance	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	High	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to adult support & protection.	Head of Children's Health, Care and Justice	A national data set is being implemented by April 2023 and routine reporting to the Adult Protection Committee is in place with an independent chair to ensure objective scrutiny. Performance and conversion rates in relation to case conferencing is regularly reported and identified improvement in timescales is progressing. Further development is required to report on staff core and mandated training to ensure training compliance in ASP is in place for Social Work and Social Care.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	Medium	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA).	Head of Children's Health, Care and Justice	West Dunbartonshire is part of the North Strathclyde partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPA activity where reporting of MAPPA activity and the associated risk register is in place .MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. Training to all staff in relation to risk management is supported nationally with justice services. strengthening of reporting is required to ensure improved oversight of learning and development including completion mandatory training is met	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	Low	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.	Head of Children's Health, Care and Justice	Clinical and Care Governance oversight is being strengthened in this area with Guardianship oversight data to be reported form CareFirst with performance being reported quarterly. The data set is in early stages of development to ensure effective assurance is in place as is data to ensure effective reviewing timeline are in place. Data has been collated and reported to the Mental Welfare Commission who have an external scrutiny role.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	High	Low	Low

KEY

Risk Level (Current)
Very Low
Low
Medium
High
Very High

NEW RISK: Workforce Planning (Children and Families Social Work)

NEW RISK: Workforce Planning (Children and Families Social Work)	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
High vacancy rates across children and families social work are having a disproportionate impact on the management and throughput of allocated work and the assessment of work entering the service daily for example Child Protection concerns.	Head of Children's, Health, Care and Criminal Justice (Chief Social Work Officer)	○ Scope permanence work in drift and allocate equivalent SW hours to case management. ○ Move posts to permanence team temporarily for a period of one year. ○ Ensure job description (temp) clear re role and expectations ○ Permanence SSW to oversee all work for these children including reviews SCRA and court work. ○ Ensure role of SW currently in perm team are focussed on this work also – outsource adoption assessments. ○ Consider role of through care SSW and staff in taking on all housing support / through care and CC cases.	Open	An increasingly high risk position in respect of the management and throughput of allocated work and assessment of work entering the service. The movement of staff and re prioritisation of cases creates a significant challenge in managing plans consistently and in addressing drift. While the additional reviewing coordinators will free up time for SSWs to focus on caseload and unallocated management along with the Team Leaders, the issue of a lack of QSW to	Medium	Very High	Medium

		○ Possible additional transfer of additional QSW temp for one year from area team or grade 8 youth service officer post which has a different job spec (requires updated if maintaining) into this area. ○ Scope assistance from adult services for generic support. ○ Commission facility support contract for one year to bolster what is currently available. ○ Scope external recruitment via agency or other for SWA role within area teams. ○ Negotiate with agencies preferred provider status. ○ Recruit into mentoring and sessional home support posts to increase internal support capacity. ○ Formal communication to partners regarding lack of capacity and requirement to fulfil GIRFEC criteria for SW / multi agency requirements. ○ Ensure all support staff out with SW service are being utilised to maximum capacity. ○ Develop MASH as part of duty redesign to support triage of RFA / NOC (non CP) to support tier three access.		carry out the work remains high. The implications are for example. The capacity to hold complex or CP work being located in a significantly reduced number of experienced staff. Due to excessive workloads (managing duty cases and allocated work) combined with relative inexperience and an increasingly complex profile of cases, decisions and recommendations in relation to assessments and plans may not be given the time and consideration required. The creation of a culture of professional vulnerability and low morale; staff retention locally has always been good however the cumulative impact of the ongoing uncertainty requires to be acknowledged, given the impact this position is having on workloads, and significantly outcomes for children. There is a significant financial risk in relation to this service with (as at 7/7/23) the annual projected overspend being in			

				the region of £2 million. The lack of internal capacity to undertake reviews and unallocated casework has the impact of children in young people remaining in for example residential placements far longer than is in their best interests, which not only results in poorer outcomes for the child but significantly increases costs for the HSCP.			

NEW RISK: Care Home Viability

NEW RISK: Care Home Viability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
The fragility of the National Care Home Contract (NCHC), funding and workforce issues continue to contribute to the fragility of the care home sector creating an increased risk that providers may exit the market.	Head of Strategy and Transformation	○ Improved oversight of the financial viability of care home providers. ○ Where necessary financial oversight arrangements are augmented by working with other local authorities to annually monitor the financial viability of service providers. ○ Enhanced reporting to IJB in respect of the independent monitoring of the standard of care. ○ The production of timely information and bills to residents. ○ Care Assurance visits demonstrating a supported drive for continued improvements in care standards. ○ Daily huddles to manage the risk associated with the national care home contract. ○ Improved financial modelling. ○ Development of contingency plan. ○ Engagement with Cosla via the national contingency planning arrangements.	Open	The loss of the NCHC would result in the closure of many more care homes across the country this will cause huge damage and distress to hundreds of care home residents. Unaffordably high rates negotiated out with the auspices of the NCHC would result in fewer bed spaces available to the HSCP. Service users may be displaced with significant impacts on the quality of care, poor outcomes for service users and greatly increased delayed discharge figures.	Medium	Very High	Medium

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) AUDIT AND PERFORMANCE COMMITTEE

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

14 November 2023

Subject: Risk Appetite Statement

1. Purpose

1.1 The purpose of this report is to seek HSCP Audit and Performance Committee agreement in respect of the amount of risk that the Partnership is prepared to accept, tolerate, or be exposed to at any point in time.

2. Recommendations

It is recommended that the Audit and Performance Committee:

2.1 Agree the risk appetite statement as shown in Appendix I of this report.

2.2 Agree to review the risk appetite statement annually, when the HSCP Boards strategic plan is reviewed or more frequently if required.

3. Background

3.1 On the 16 May 2023 the Integration Joint Board (IJB), known locally as the HSCP Board, considered a six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire HSCP Risk Management Policy.

3.2 The HSCP Board agreed that in order to supplement this policy a risk appetite statement was required, this report seeks to address that requirement.

3.3 In June 2017 the Good Governance Institute in partnership with the Aberdeen City HSCP developed and published the following document Risk Appetite for Health and Social Care Partnership: A maturity matrix to support better use of risk in partnership decisions. The recommendations within this report are based on the matrix within this guidance document.

4. Main Issues

4.1 West Dunbartonshire HSCP delivers children's and adult's community health and social care services, some of which are delivered with partners in other sectors. As well as our local services such as Social Work, Community Nursing and Allied Health Professionals, the partnership "hosts"

Greater Glasgow and Clyde wide services such as Musculosketal (MSK) services and Diabetic Retinopathy Screening. The Integration Joint Board (IJB), known locally as the HSCP Board, governs and directs the work of the partnership.

4.2 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". This strategic plan demonstrates that the HSCP delivers a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources.

4.3 This reports seeks to support the HSCP Board to prioritise risk in relation to the strategic outcomes, priorities and enablers as outlined in the Strategic Plan.

4.4 The concept of a 'risk appetite' is key to achieving effective risk management. The concept may be looked at in different ways depending on whether the risk being considered is a threat or an opportunity:

- When considering threats the concept of risk appetite embraces the level of exposure which is considered tolerable and justifiable should it be realised.
- When considering opportunities the concept embraces consideration of how much one is prepared to actively put at risk in order to obtain the benefits of the opportunity.

4.5 The concept of risk appetite was introduced to public sector organisations in the Orange Book by HM Treasury in 2004. It was reiterated by Scottish Government in its online public sector resources which gives guidance on the basic principles of risk management. The guidance is aimed at all organisations to which the Scottish Public Finance Manual (SPFM) is directly applicable. This includes health boards, local government and integrated health and social care partnerships.

4.6 Risk appetite is "The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time" (HM Treasury Orange Book definition 2004). It can be influenced by personal experience, political factors, and external events. Risks need to be considered in terms of both opportunities and threats and are not usually confined to money, they will invariably also impact on the capability of the HSCP, its performance and its reputation.

4.7 We need to know about risk appetite because:

- If we do not know what the Partnerships collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking, exposing the Partnership to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development.

- If our leaders do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient and service user outcomes affected.

4.8 Risk tolerances reflect the boundaries within which the HSCP Board are willing to allow the true day-to-day risk profile of the Partnership to fluctuate, while they are executing strategic objectives in accordance with the Board's strategy and risk appetite. It is the level of residual risk below which the Board expects sub-committees to operate and management to manage. Breaching the tolerance requires escalation to the Board for consideration of the impact on other objectives, competing resources, and timescales.

4.9 The Board should be aware of and influence the risk appetite of delegated tolerances for parent, partner, and host organisations seeking assurance that the services to users for whom we have responsibility are not being compromised.

4.10 At least once a year, the Board should set specific limits for the levels of risk the Partnership is able to tolerate in the pursuit of its strategic outcomes. The HSCP Board should also review these limits during periods of increased uncertainty or adverse changes in the context in which it operates.

4.11 The perception of the public to risk and confidence in the Partnerships ability to identify and mitigate risk successfully can shift quickly in the light of publicity and risk failures often outside the direct control of the HSCP. As such, risk awareness and communications play an important part in protecting the reputation of the Partnership.

5. Options Appraisal

5.1 An options appraisal is not required in relation to the recommendations within 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 The recommendations within this report do not necessitate the development

of a risk assessment. The purpose of the risk appetite statement is to define the level of risk the Partnership is prepared to accept in pursuit of its strategic priorities before action is deemed necessary to reduce the risk. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required for the recommendations within this report as the recommendations do not have an impact on those with protected characteristics.

10. Environmental Sustainability

10.1 The recommendations within this report do not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

11.1 The HSCP Senior Management Team, the HSCP Chief Finance Officer, the HSCP Board Monitoring Solicitor and the Internal Auditor have been consulted in the production of this report and their comments incorporated accordingly. An informal session was held with HSCP Board members on 17 October 2023 and comments from that session have also been incorporated into this report.

12. Strategic Assessment

12.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.

12.2 Good governance, which includes risk management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 The recommendations within this report do not require the production of a Direction.

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Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 31 October 2023

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Appendices:	Appendix 1: Risk Appetite Statement Appendix 2: Risk Appetite Matrix

West Dunbartonshire HSCP Board
Risk Appetite Statement

West Dunbartonshire Health and Social Care Partnership (HSCP) Integration Joint Board (IJB) known locally as the HSCP Board, approved its Strategic Plan 2023 – 2026 "Improving Lives Together" on the 15 March 2023.

The Plan recognises that the HSCP Board is operating in, and directly influencing, a collaborative health and social care partnership, delivering a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources. This sustained challenge and change within health and social care bring a host of governance implications: cultural, operational, structural, ethical and clinical.

The HSCP Board also recognise that its appetite for risk will change over time, reflecting a longer-term aspiration to promote best practice, commit to improving and meeting standards, and encouraging evidence-based innovation across all health and social care services.

The HSCP Board acknowledges that the achievement of its strategic priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities.

The risk appetite approach is intended to be helpful to the HSCP Board in decision making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them.

The HSCP Board has identified several broad dimensions of risk which will affect the achievement of its strategic priorities and will set a level of appetite ranging from "none" up to "significant" (none, low, moderate, high, significant) for these different dimensions.

Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages in respect of the delivery of strategic priorities. The dimensions of risk and corresponding risk appetite are:

Dimension of Risk	**Corresponding Risk Appetite**	**Commentary**
Financial Sustainability	Low. The Board will have zero tolerance of instances of fraud.	Whilst acknowledging the challenges regarding financial certainty, the Board will focus on service improvement to ensure service delivery is as efficient and effective as possible, securing best value and ensuring existing

		resources are used to best effect.
Legislative / Regulatory Compliance	None.	The Board will accept none or low risk in relation to breaches of regulatory and statutory compliance. This cautious stance towards compliance seeks a preference for adhering to responsibilities and safe delivery options with little residual risk. The Board will receive annual assurance that compliance regimes are in place.
Risks to quality and innovation outcomes	Significant.	The HSCP Board recognises that major change and innovation is required to deliver its strategic outcomes by 2026.
Risk of harm to service users and staff	Low.	It is acknowledged that major changes requires careful forward planning in order to safeguard staff and service users. The change agenda necessarily introduces some degree of risk which can be sensitively managed.
Reputational Risk	Low.	It is acknowledged that major change programmes attract a higher degree of risk. The pressure to deliver services within the constraints related to demographic pressures and a reduction in public funds will generate a degree of residual risk. All decisions should ultimately support the ambition to successfully deliver high quality, cost effective services to the public. However, the Board has a low tolerance for risk in this area and therefore

		this must be considered in the context outlined above.
Risks relating to commissioned and hosted services	Low. (Patient and service user safety and service quality). Low. (Risks relating to service redesign or improvement where as much risk as possible has been mitigated).	The HSCP Board recognises the complexity of planning and delivering commissioned and hosted services.
Information Risks	Moderate.	The Boards position in relation to Information risks is cautious. The HSCP Board takes seriously its responsibility for ensuring the integrity of personal data which it holds. Innovation is required in relation to how data is used however caution is required in respect of how information is managed and stored.
Business Continuity Risks	Moderate.	The Board has adopted a cautious stance for incident management and business continuity and will receive regular assurance in respect of testing of business continuity plans.

The HSCP Board does not have an appetite to take decisions which may expose the Partnership to additional scrutiny and interest. The Board are committed to a culture of co-production with communities of interest and communities of geography.

Decision making will be clear, transparent, and inclusive and all efforts will be made to explain reasons for decisions taken to the public in a way which is accessible and easy to understand.

This risk appetite statement will be reviewed annually, when the HSCP Boards strategic plan is reviewed and more often if required.

Good Governance Institute

Risk Appetite for Health & Social Care Partnerships
A maturity matrix to support better use of risk in partnership decision taking

Aberdeen City Health & Social Care Partnership
A caring partnership

DEVELOPED WITH ABERDEEN CITY H&SCP
V 1.1 OCT 2015

RISK LEVELS / KEY ELEMENTS	0 AVOID Avoidance of risk and uncertainty is a Key Organisational objective; No consensus by partners	1 MINIMAL (ALARP) (as little as reasonably possible) Partners have reference for ultra-safe delivery options that have a low degree of inherent risk and therefore potential for only limited reward	2 CAUTIOUS Partners have preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	3 OPEN All parties willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 SEEK All parties eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	5 MATURE Partnership confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
FINANCIAL /VFM	Avoidance of financial loss is a key objective. Only willing to accept the low cost option. VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept the possibility of some limited financial loss. VfM still the primary concern but willing to also consider other benefits or constraints. Resources generally restricted to existing commitments	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on potential opportunities.	Prepared to invest for the best possible return and accept the possibility of financial loss (with controls and assurances in place). Resources allocated without firm guarantee of return – 'investment capital' type approach	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself
COMPLIANCE / REGULATORY	Avoid anything which could be challenged, even unsuccessfully. Play safe	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation
INNOVATION/ QUALITY / OUTCOMES	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems / technology developments	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations	Tendency to stick to the status quo, innovations generally in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
REPUTATION	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management encouraged to distance themselves from any chance of exposure to attention	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Proactive management of organisation's reputation	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweigh the risks. New ideas pursued
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

Based on the Risk Appetite Matrix developed initially by HMT, 2005 and subsequently by GGI and Southwark BSU, 2011

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
AUDIT AND PERFORMANCE COMMITTEE

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

14 November 2023

Subject: Care Inspectorate Inspection Report for Commissioned Registered Services in West Dunbartonshire

1. Purpose

1.1 To provide the Audit and Performance Committee with an update on Care Inspectorate inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 April 2023 – 30 September 2023 (Quarter One to end of Quarter Two).

2. Recommendations

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

3. Background

3.1 The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six point scale of one – Unsatisfactory to six – Excellent in grades awarded.

3.2 During the COVID-19 pandemic the Care Inspectorate amended the focus of their inspections. They focused only on how well individuals were being supported during the COVID-19 pandemic rather than the full range of Key Questions.

3.3 They amended their quality framework to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has three quality indicators:

- People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic;
- Infection control practices support a safe environment for both people experiencing care and staff; and
- Staffing arrangements are responsive to the changing needs of people experiencing care.

3.4 The Care Inspectorate have resumed looking at the Key Questions which now include elements from the COVID-19 Key Question in their inspections.

3.5 The commissioned registered service providers which were inspected during the period 1 April 2023 – 30 September 2023 and reported within this report are:

- Clyde Court Care Home – Older Adult Residential Services (subject to a separate report)
- Castle View Care Home – Older Adult Residential Services
- Hillview Care Home – Older Adult Residential Services
- Kingsacre Care Home – Older Adult Residential Services
- Edinbarnet Care Home – Older Adult Residential Services
- Alltogether Care – Older Adults Care at Home Services
- The Richmond Fellowship – Adult Community Services (Mental Health)
- Capability Scotland – Adult Community services (Learning Disability and Physical Disability)
- Neighbourhood Networks – Adult Community Services (Learning Disability)
- Stepping Stones – Adult Community Services (Mental Health)
- Alzheimer Scotland – Older Adult Day Services

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

4. Main Issues

Castle View Nursing Home

4.1 Castle View Nursing Home is owned by HC-One Limited. Castle View Nursing Home is registered with the Care Inspectorate for a maximum of 60 residents – including 10 residents under the age of 65 with physical disabilities. At the time of inspection there were 54 residents being supported in Castle View Nursing Home.

4.2 This Care Home has been inspected twice during this reporting period. The first inspection took place between 20 and 22 July 2023 and the report issued in August 2023. The second inspection took place over three visits; 25 July, 23 August and 21 September 2023 with the report issued on 16 October 2023. The table below summarises the grades awarded to Castle View Nursing Home over their last three inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
21.09.23	4	4	4	4	4
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**

27.06.23	3	3	3	3	3
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**
31.01.23	3	4	3	4	4

4.8 The inspection in June 2023 was a full inspection focussing on all five Key Questions. The grade of 'three – Adequate' received in Key Questions two, four and five saw a decrease from the previous inspection. In this inspection report there were seven requirements highlighted for remedial action by the service with timescales of 25 July, 22 August and 22 September 2023, these were:

1. Starting immediately and by 25 July 2023, to support the health, wellbeing and dignity of people regular personal care tasks must be evidenced in accordance with their wishes and preferences. In order to do this, the provider must:

    (a) Ensure records are completed accurately and are cross referenced with daily notes;
    (b) There is an overview in place of personal care records to identify any concerns or lapses in practice;
    (c) That methods to support people who are not accepting personal care are explored fully to support health and dignity.

2. By 22 August 2023, to avoid risk of missed care and treatment, wound care plans should be in place in all instances and clearly indicates how the wound is being treated. In order to do this the provider should:

    (a) Evidence the outline of treatment to be provided and the frequency in which this has to be carried out;
    (b) Ensure that any records completed and kept by external health professionals are shared and transferred to the resident's care plan.

3. By 22 August 2023, the provider must ensure medicines are managed safely and in accordance with legislation and good practice. In order to do this, the provider must, at a minimum:

    (a) ensure a contemporaneous and complete record is in place of all medicines received, given or not given, and disposed of or leaving the service.

4. Starting immediately and by 22 August 2023, in order to provide assurance of any action taken to support people and reduce risk, relevant

and accurate reportable information must be shared with the care inspectorate timeously.

4. By 22 September, 2023, the service must demonstrate that people are receiving responsive care and support at the right time and there is sufficient deployment of staff within the home to support this. In order to achieve this, the service must evidence/action/undertake the following:

    (a) All staff should be consulted with regard to duties including those that are not direct care provision. This should include, but is not limited to; reviews, supervision, meetings and training;
    (b) The deployment of staff and current numbers of staff should be reviewed with action to be taken after (a) has been completed;
    (c) Explore various methods of encouraging and responding to continuous feedback from staff delivering care

5. Starting immediately and by 22 August 2023, the provider must ensure that the physical environment is fresh and equipment is kept clean and hygienic. In order to achieve this the service must:

    (a) Ensure that auditing and monitoring of cleaning measures are put in place in accordance with Infection Prevention and Control Manual in Adult Care Homes 2021/22;
    (b) Develop and implement cleaning schedules for equipment in the home;
    (c) Review the domestic staffing to ensure that adequate domestic staff are employed to enable the home's daily and weekly cleaning schedules will be fully implemented;
    (d) Take action to remedy any shortfalls in domestic staffing including interim periods;
    (e) Refresh/replace unsightly areas such as walls, ceilings and worn carpeting.

6. By 22 August 2023, in order to ensure peoples' needs are met regarding their independence, care and leisure preferences, the provider must undertake the following:

    (a) Put in place the aims and objectives in consultation with the younger adults living in the home;
    (b) Ensure people are supported to achieve their potential;
    (c) Work collaboratively with other health care professionals and organisations to achieve both (a) and (b).

4.9 The Care Home Management team put a robust action plan in place to ensure that all requirements highlighted were met within the allocated timescales.

4.10 At the follow-up visits Inspectors confirmed that all requirements were met resulting in the increase to grades for all Key Questions published in the report on 16 October 2023. Key messages highlighted by Inspectors were:

- The needs of people are being met in accordance with their wishes and preferences.
- Staffing levels have improved with positive outcomes for residents as a result.
- People are supported with personalised and group activity to support social inclusion.
- Repairs to the environment have been completed and all space within the home is available for residents to use.

4.11 Management and staff continue to work to improve the service in collaboration with the HSCP and associated agencies.

Kingscare Care Home

4.12 Kingsacre Care Home is owned by Kingsacre Care Limited which is part of the Care Concern Group. Kingsacre Care Home is registered with the Care Inspectorate for a maximum of 66 residents. At the time of inspection there were 55 residents being supported in Kingsacre Care Home.

4.13 This Care Home was inspected between 13 and 15 June 2023 and the report issued in July 2023. The table below summarises the grades awarded to Kingscare Care Home over their last three inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
19.06.23	4	4	4	5	3	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
12.07.21	4	4	4	4	4	4
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
18.02.21	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	3

4.14 The inspection in June 2023 was a full inspection focussing on all five Key Questions. The grade of 'three – Adequate' received in Key Questions five saw a decrease from the previous inspection. In this inspection report there were no requirements highlighted for remedial action by the service.

4.15 The reduction in the grade for Key Question five was in relation recordings and the need to improve the quality of care plans. The service is moving to a new electronic recording system and this is schedule to commence early in 2024. In the meantime management and staff have begun to improve the current care plans which Inspectors comments were of a better standard. Care plans audits will be carried out by management.

4.16 Management and staff continue to work to improve the service in collaboration with the HSCP and associated agencies.

Hill View Care Home

4.12 Hill View Care Home is owned by Advinia Care Homes Limited. Hill View Care Home is registered with the Care Inspectorate for a maximum of 150 residents – including eight under the age of 65 with physical disabilities. At the time of inspection there were 139 residents being supported in Hill View Care Home.

4.13 This Care Home was inspected between 1 and 2 August 2023 and the report issued on 10 October 2023. The table below summarises the grades awarded to Hill View Care Home over their last three inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
07.08.23	4	3	Not Assessed	Not Assessed	4	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	
13.03.23	3	4	4	4	3	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
01.04.22	3	3	Not Assessed	Not Assessed	Not Assessed	3

4.14 This inspection focused on Key Questions one, two and five. The grade of 'four – Good' received for the Key Question one was an increase from the previous inspection and the grade of 'three - Adequate' received for Key Question two was a decrease from the previous inspection. In this inspection report there was one requirement highlighted for remedial action which is:

1. By 17 November 2023, the provider must demonstrate that its care system is capable of providing accurate, up-to-date and immediately accessible information on personal plans. This must include confirmation of all care given at the time it is provided.

   This requirement is due to Management staff being unable to provide Inspectors with some information on their quality assurance systems. This was due, in large part, to the provider's electronic care system, which was difficult for staff to navigate, not always reliable in terms of being available and not user-friendly. The electronic care system is also used by care and nursing staff to record the supports they give to people. This provides reassurance that key care tasks are completed at the times they are scheduled for. It was reported by staff that the system, on occasions, does not update immediately.

4.15 The Care Home Manager has escalated this concern Senior Management as this is an issue with the connectivity within the service.

4.16 Management and staff continue to work to improve the service in collaboration with the HSCP and associated agencies.

Edinbarnet

4.17 Edinbarnet is owned by Edinbarnet Estates Ltd. Edinbarnet is registered with the Care Inspectorate for a maximum of 44 residents. At the time of inspection there were 41 residents being supported in Edinbarnet.

4.18 This Care Home was inspected between 28 August and 1 September 2023 and the report issued at end of September 2023. The table below summarises the grades awarded to Edinbarnet over their last three inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
04.09.23	4	4	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
26.11.20	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	4
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
05.08.19	5	Not Assessed	Not Assessed	Not Assessed	5	

4.19 This inspection focused on Key Questions one and two. The grade of 'four – Good' received in Key Questions one saw a decrease from the previous inspection of the area in August 2018. In this inspection report there were no requirements highlighted for remedial action by the service.

4.20 Key messages highlighted by Inspectors:

- People who live within the home experience support from a compassionate and respectful staff team;
- Feedback from relatives of people was positive. Relatives were confident that their loved ones were well looked after;
- The staff team were seen to engage well with residents and are responsive to their needs;
- The home is well managed and there was evidence of feedback being sought from people, family members and external professionals;
- There is a need for improvement by staff in the area of recording practice including daily notes and updating care plans.

4.21 Management and staff continue to work to improve the service in collaboration with the HSCP and associated agencies.

<u>The Richmond Fellowship Scotland</u>

4.22 The Richmond Fellowship Scotland is registered with the Care Inspectorate to support adults under the age of 65 with mental health challenges to live independently in their own home.

4.23 The service was inspected during the 4, 5 and 6 April 2023, this inspection also covered services delivered in East Dunbartonshire. The table below summarises the grades awarded to The Richmond Fellowship over their last three inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
04.04.2023	5	4	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
01.07.2019	5	5	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
19.07.2017	5	5	Not Assessed	Not Assessed	Not Assessed	

4.24 This inspection focused on Key Questions one and two. The grade of 'four – Good' received in Key Question two saw a decrease from the previous inspection of the area in July 2019. In this inspection report there were no requirements highlighted for remedial action by the service.

Capability Scotland

4.25 Capability Scotland is registered with Care Inspectorate to support adults under the age of 65 with learning and/or physical disabilities in a day service setting.

4.26 The service was inspected during the 11, 12 and 13 April 2023, the table below summarises the grades awarded to Capability Scotland over their last three inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
17.04.2023	5	5	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
02.11.2018	4	4	4	Not Assessed	Not Assessed	Not Assessed
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
13.12.2017	4	3	Not Assessed	Not Assessed	Not Assessed	

4.27 This inspection focused on Key Questions one and two. The grade of 'five – Very Good' received in Key Question one and two saw an increase from the previous inspection of the area in November 2018, showing continuous improvement. In this inspection report there were no requirements highlighted for remedial action by the service.

Neighbourhood Networks

4.28 Neighbourhood Networks is registered with Care Inspectorate to support adults under the age of 65 with learning and/or physical disabilities and/or mental health challenges.

4.29 The service was inspected during the 18 and 20 April 2023, the table below summarises the grades awarded to Neighbourhood Networks over their last three inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	[redacted]
20.04.2023	6	5	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
14.02.2020	6	5	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
08.01.2019	6	6	Not Assessed	Not Assessed	Not Assessed	

4.30 This inspection focused on Key Questions one and two. In this inspection report there were no requirements highlighted for remedial action by the service.

Stepping Stones

4.31 Stepping Stones is registered with Care Inspectorate to support adults under the age of 65 with mental health challenges.

4.32 The service was inspected during the 3 and 4 of May 2023, the table below summarises the grades awarded to Stepping Stones over their last three inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	[redacted]
12.05.2023	5	5	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
30.10.2019	5	5	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
30.10.2018	5	5	5	Not Assessed	Not Assessed	

4.33 This inspection focused on Key Questions one and two. In this inspection report there were no requirements highlighted for remedial action by the service.

Alzheimer Scotland

4.34 Alzheimer Scotland is registered with Care Inspectorate to support adults over the age of 65.

4.32 The service was inspected during the 25 May 2023, the table below summarises the grades awarded to Alzheimer Scotland over their last three inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	[redacted]
25.05.2023	5	4	Not Assessed	Not Assessed	Not Assessed	
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	**How good is our care and support during COVID**
16.12.2016	5	4	Not Assessed	Not Assessed	Not Assessed	Not Assessed
Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**	[redacted]
07.10.2015	4	4	5	5	Not Assessed	

4.33 This inspection focused on Key Questions one and two. In this inspection report there were no requirements highlighted for remedial action by the service.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 There are no personnel issues associated with this report.

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 Grades awarded to a Care Home after a Care Inspectorate inspection are an important performance indicator for registered services. For any Care Home assessed by the Care Inspectorate, failure to meet requirements within time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any Care Home would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of older people in such establishments.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this request.

11. Consultation

11.1 None required for this report.

12. Strategic Assessment

12.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities' are:

- Caring Communities;
- Safe and thriving communities;
- Equal Communities;
- Healthy Communities;

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

13. Directions

13.1 Not required for this report.

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Appendices: None

Background Papers: All the inspection reports can be accessed from https://www.careinspectorate.com/