Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date:	Tuesday, 19 March 2024
Time:	14:00
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: 12 March 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, 19 MARCH 2024

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 14 November 2023.

(b) ROLLING ACTION LIST 13- 15

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

6 REVIEW OF HSCP BOARD FINANCIAL REGULATIONS 17 - 35

Submit report by Julie Slavin, Chief Financial Officer, presenting for review, amendments to the current Financial Regulations of the West Dunbartonshire Health and Social Care Partnership Board.

7/

7 2023/24 ANNUAL ACCOUNTS AUDIT PROCESS 37 - 50

Submit report by Julie Slavin, Chief Financial Officer, providing an overview of the process for the preparation of the 2023/24 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

8 Q3 PERFORMANCE REPORT 51 - 72

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing information 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.

9 AUDIT PLAN PROGRESS REPORT 73 - 90

Submit report by Andi Priestman, Chief Internal Auditor, providing detail to enable members to monitor the performance of Internal Audit and gain an overview of the West Dunbartonshire Health & Social Care Partnership Board's overall control environment.

10 RISK APPETITE STATEMENT 91 - 107

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

11 BEST VALUE STATEMENT 109 - 119

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation providing a statement in relation to how the HSCP Board has delivered Best Value during the previous financial year.

12 CARE INSPECTORATE INSPECTION REPORT FOR COMMISSIONED REGISTERED SERVICES IN WEST DUNBARTONSHIRE 121 - 137

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing members with an update on Care Inspectorate inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 October 2023 – 31 December 2023 (Quarter Three).

13 CARE HOME VIABILITY (STRATEGIC RISK UPDATE) 139 - 144

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing members with an update on care home viability, an area of emerging risk for the Health and Social Care Partnership.

14 CARE INSPECTORATE INSPECTION REPORTS FOR OLDER PEOPLE'S CARE HOME AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP 145 - 160

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

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, 14 November 2023 at 10.00 a.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; Fiona Taylor, Head of Health and Community Care; Val Tierney, Chief Nurse; Helen Little, MSK Physiotherapy Partnership Manager; Andi Priestman, Chief Internal Auditor; Jennifer Ogilvie, HSCP Finance Manager; Michael McDougall, Manager of Legal Services and Nicola Moorcroft and Lynn Straker, Committee Officers.

Also Attending: Tom Reid, Audit Director - Mazars.

Apologies: Apologies for absence were intimated on behalf Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Gillian Gall, Head of Human Resources and Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Work Officer.

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.

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 19 September 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.

QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER TWO

A report was submitted 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.

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

(1) the content of the HSCP Quarterly Performance Report 2023/24 Quarter Two and performance against the Strategic Plan 2023 – 2026 by exception; and

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

AUDIT PLAN PROGRESS REPORT

A report was submitted 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.

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

EXTERNAL AUDIT ANNUAL REPORT ON ACCOUNTS

A report was submitted by Julie Slavin, Chief Financial Officer, providing detail on the External Audit Annual Report on Accounts.

After discussion and having heard from the Chief Financial Officer and the Audit Director (Mazars) in further explanation and in answer to Members' questions, the Committee agreed:-

(1) to provide assurance to Mazars that the responses made, in the information requests to management and those charged with governance, remain unchanged since their submission on 1 August 2023;

(2) the contents of the proposed Annual Audit Report to the HSCP Board and the Controller of Audit for the financial year ended 31 March 2023;

(3) to note the achievement of an unqualified audit opinion;

(4) the key messages, the recommendations and agreed management actions; and

(5) to provide assurance to the HSCP Board that after consideration of both this annual audit report and management's letter of representation to external audit, the 2022/23 final audited accounts can be approved for final sign-off by the HSCP Board.

REVIEW OF 2022/23 AUDITED ANNUAL ACCOUNTS

A report was submitted by Julie Slavin, Chief Financial Officer, providing detail on the above.

After discussion and having heard from the Chief Financial Officer in further explanation, the Committee agreed:-

(1) to consider the audited Annual Accounts for 2022/23; and

(2) to remit the audited Annual Accounts and the associated Annual Audit Report from the external auditor,

REVIEW OF STRATEGIC RISK REGISTER

A report was submitted 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.

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

(1) to note and comment on the presentation of the report;

(2) that the HSCP Board agree the Strategic Risk Register as outlined in Appendix I with further detail on risks levels to be provided by Risk Leads; and

(3) to recommend that the HSCP Board approve the addition of two new Strategic Risks as outlined in Appendix 2 of the report.

RISK APPETITE STATEMENT

A report was submitted 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.

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 some of the data within current risk appetite statement as shown in Appendix 1 of the report required to be updated and brought back to the next meeting of the HSCP Audit and Performance Committee with the following changes required:

- Risks to quality and innovation outcomes – remove the term 'outcomes'

- Information Risks and Business Continuity Risks – require clarity on definition of risks levels and the inclusion of an additional column in Appendix 2 titled 'Operational Risks'; and

(2) to continually review the risk appetite statement annually, when the HSCP Board's Strategic Plan is reviewed or more frequently if required going forward.

CARE INSPECTORATE INSPECTION REPORT FOR COMMISSIONED REGISTERED SERVICES IN WEST DUNBARTONSHIRE

A report was submitted 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).

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

The meeting closed at 11.35 p.m.

WEST DUNBARTONSHIRE HSCP AUDIT AND PERFORMANCE COMMITTEE
ROLLING ACTION LIST

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER TWO	Equal Communities: Cllr McGinty requested information as to reasons why figures for 'Looked after Children' had increased and plans in place for any sharp increases. Chief officer to request Briefing Note to be provided to members with this information.	Lesley James	28 March 2024 – HSCP Board meeting	Update: This information will be provided in a report to HSCP Board on 28 March 2024.	**Open**
	Absence: Cllr Rooney requested further information on absence/long term sickness figures. Chief Officer to provide members with the information requested.	Gillian Gall	w/c 25 March 2024	Briefing Note will be provided to Audit and Performance Committee w/c 25 March 2024	**Open**

	Complaints: Cllr McGinty requested further information/detail on nature of complaints. Cllr Rooney requested rolling performance figures (with regards to the outcome of Complaints) to be included in future reports.	Margaret-Jane Cardo Margaret-Jane Cardo	To be included in the next quarterly performance Report. To be included in the next quarterly performance Report	Update: 28/02 – included in Q3 Performance Report for March Committee meeting and Briefing Note sent to Members on 28/02 detailing nature of Complaints	**Now Closed**
REVIEW OF STRATEGIC RISK REGISTER	Further detail within the Strategic Risk Register on risks levels to be provided by Risk Leads going forward.	Margaret-Jane Cardo	Revised Strategic Risk Register to be presented at 6 monthly Risk Register updates	Update: This will be provided at June 2024 Audit and Performance Committee meeting.	**Open**

RISK APPETITE STATEMENT	The risk appetite statement as shown in Appendix I of the report with the following changes: Risks to quality and innovation outcomes – remove 'outcomes' Information Risks and Business Continuity Risks – require clarity on definition of risks levels and the inclusion of an additional column in Appendix 2 titled 'Operational Risks'	Margaret-Jane Cardo	Revised Risk Appetite statement to be presented to next meeting of HSCP Audit and Performance	Update: Risk Appetite statement updated and brought to March Committee meeting	**Now Closed**
CARE INSPECTORATE INSPECTION REPORT FOR COMMISSIONED REGISTERED SERVICES IN WEST DUNBARTONSHIRE	Details of operational base for organisations/services listed Definitions for scoring/scores to be included in future reports	Margaret-Jane Cardo/ Chief Officer Margaret-Jane Cardo/ Val Tierney	To be presented to next meeting of HSCP Audit and Performance	Update: Q3 report brought to March Committee with details of operational base and definitions for scoring/scores included.	**Now Closed**

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

Report by Julie Slavin, Chief Financial Officer

19 March 2024

Subject: Review of HSCP Board Financial Regulations

1. Purpose

1.1 To present for review, amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

2. Recommendations

2.1 The HSCP Audit and Performance Committee is recommended to:

a) Approve the revised Financial Regulations; and
b) Remit to the HSCP Board for further consideration and final sign-off.

3. Background

3.1 Under Scottish Government Regulations, the Integrated Joint Board's Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of the Board's financial affairs.

3.2 At the initial meeting of the Partnership Board on 1 July 2015, the HSCP Board approved a report establishing its "Financial Processes and Procedures" which laid out the governance arrangements for a range of matters in relation to financial management and accountability. These were based on the model regulations developed jointly by the national health and social care Technical Finance Working Group.

3.3 The Financial Regulations are a key component of the HSCP Board's governance arrangements. They set out the expectations on and the responsibilities of the Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Partnership Board.

3.4 It is a requirement of the Chief Financial Officer to review the Financial Regulations and present initially to the Audit and Performance Committee and then to the HSCP Board any recommended changes.

3.5 The Financial Regulations were last reviewed and amendments approved at the 5 August 2020 HSCP Board.

3.6 Both the West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC) operate under their own Financial Regulations/Standing Financial Instructions as part of the governance framework supporting the operational delivery of delegated services. As the HSCP Board commission services (via Directions) from both the WDC and the NHSGGC, all operational and transactional finance matters for the delivery of services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate. As the HSCP Board's Financial Regulations relate specifically to the affairs of the Board itself, they are therefore more limited and focussed in scope. In addition, they set out the responsibilities of the Chief Officer and the Chief Financial Officer within the context of the West Dunbartonshire HSCP Board's financial management framework.

3.7 The Financial Regulations of the HSCP Board will not supersede those of WDC or the Standing Financial Instructions of NHSGGC; it is an overarching document which will operate alongside Partners regulations.

4. Main Issues

4.1 The review of the Financial Regulations took cognisance of the current Financial Regulations of West Dunbartonshire Council and the Standing Financial Instructions of NHS Greater Glasgow & Clyde as well as those of other Integrated Joint Boards.

4.2 It is the Chief Financial Officer's opinion that the current Financial Regulations require some change and updating to reflect the current review of the Integration Scheme (currently being reviewed to reflect consultation feedback), the recent review of the Terms of Reference of the Audit and Performance Committee, the updated guidance on Directions, publication of the CIPFA Financial Management Code of Practice and current reporting processes within the Council and the Health Board. Subject to the recommendations made below, the regulations remain sufficiently robust and provide the HSCP Board with a written framework which governs its financial affairs.

4.3 The main recommended changes are referenced below for consideration:

a) Section 2.2 to 2.5 - New sections added detailing the responsibilities of the HSCP Board to comply with the Financial Management Code of Practice.
b) Section 2.10 – Updated section to strengthen overall budget responsibility to include the production of a Medium Term Financial Plan.
c) Section 2.14 – Updated section to strengthen the level detail included within the financial performance updates reported to each meeting of the HSCP Board.
d) Section 3.2 – Updated section related to financial planning and the continuing limitations of both partners in only providing single year funding allocation in light of the current financial climate. The ambition should

remain for the HSCP Board to receive indicative three year rolling budgets to better inform the Medium Term Financial Plan assumptions.

e) Section 3.5 – Updated section to reflect impact on expenditure limits where additional funding has been provided by the Scottish Government for a specific purpose.
f) Section 3.6 to 3.7 – Updated section to strengthen the definition of virements to show the distinction between virements and budget reallocations.
g) Section 3.12 – Updated to confirm ownership of capital (non-current) assets remain with either the Council or the Health Board.
h) Section 9.1 to 9.3 – Updated to confirm all contracts required to deliver delegated services will adhere to the procurement regulations of either the Council or Health Board.
i) Section 10.6 – Updated section to reflect the scope of internal audit plans

5. Options Appraisal

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

6. People Implications

6.1 There are no people implications in relation to the content of this report.

7. Financial and Procurement Implications

7.1 The Financial Regulations are a key component of the Board's governance arrangements. They set out the expectations on and the responsibilities of the HSCP Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the HSCP Board.

8. Risk Analysis

8.1 The approval of the attached Financial Regulations will ensure the HSCP Board complies with the requirements of Section 95 of the Local Government (Scotland) Act 1973, which states that relevant authorities “shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs”.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

11.1 The proposed revisions will be shared with the Health Board Director of Finance and the Council Section 95 Officer.

12. Strategic Assessment

12.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the HSCP Board and officers to pursue the strategic priorities of the HSCP Strategic Plan.

12.2 This report links to the strategic financial governance arrangements of both the Health Board and the Council.

13. Directions

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

Julie Slavin – Chief Financial Officer
Date: 10 March 2024

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: Revised Financial Regulations

Background Papers: HSCP Board Reports August 2020 and July 2015

Financial Regulations of West Dunbartonshire Council

Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board

Schemes of Delegation for West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board

Localities Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Financial Regulations

CONTENTS

The Health and Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. These Financial Regulations are an essential component of the governance of the Health and Social Care Partnership Board.

WHAT THE REGULATIONS COVER

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of health and social care in Scotland. The Integration Joint Board (IJB), known locally as the West Dunbartonshire Health and Social Care Partnership (HSCP) Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health and Social Care Partnership. The HSCP Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership.

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

1.3 Both the Health Board and the Council operate under their own Financial Regulations/Standing Financial Instructions, as part of the governance frameworks supporting the operational delivery of delegated services. As the HSCP Board commission services (via Directions) from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, all operational and transactional finance matters for the delivery of services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate. These Financial Regulations relate specifically to the affairs of the HSCP Board itself and therefore are more limited and focussed in scope.

1.4 These financial regulations should be read in conjunction with the Integration Scheme, the HSCP Board's Financial Processes and Procedures (July 2015); Local Code of Good Governance; Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board; and relevant policies of West Dunbartonshire Council.

1.5 The Regulations set out the respective responsibilities of the HSCP Board, the Chief Officer, and the Chief Financial Officer of the HSCP Board.

1.6 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons

within the HSCP Board; and to ensure that they are adhered to. All actions which affect the HSCP Board's finances should only be carried out by properly authorised employees. The Chief Officer and other authorised persons will ensure that all expenditure within the delegated budget meets proper accounting standards.

1.7 The HSCP Board will issue directions to West Dunbartonshire Council and Greater Glasgow and Clyde Health Board that are designed to ensure resources are spent in accordance with the Strategic Plan and Integration Scheme.

1.8 If is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, Health Board Chief Executive, Council Chief Executive, Health Board Director of Finance or Council Section 95 Officer as appropriate to decide what action to take.

1.9 These Regulations will be the subject of regular review by the Chief Financial Officer in consultation with the Health Board Director of Finance and the Council Section 95 Officer; and where necessary, subsequent adjustments will be submitted to the HSCP Board for approval.

CORPORATE GOVERNANCE

2.1 Corporate governance is about the structures and processes for decision-making, accountability, controls and behaviour throughout the HSCP Board. The HSCP Board positively promotes the principles of good governance within all areas of its affairs and this is laid out within the WDHSCP Local Code of Good Governance[1]. These principles are summarised below:

a) Behaving with integrity, demonstrating strong commitment to ethical values, and representing the rule of law.
b) Ensuring openness and comprehensive stakeholder engagement,
c) Defining outcomes in terms of sustainable economic, social and environmental benefits.
d) Determining the interventions necessary to optimise the achievement of intended outcomes.
e) Developing the entity's capacity, including the capability of its leadership and the individuals within it.
f) Managing risk and performance through robust internal control and strong public financial management.
g) Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

[1] http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf

FINANCIAL MANAGEMENT CODE OF PRACTICE

2.2 Local government finance in the UK is governed by legislation, regulation, and professional standards.

2.3 The Chartered Institute of Public Finance and Accountancy (CIPFA) Financial Management Code (hereafter referred to as the FM Code) was published in October 2019 and is the first professional code for general financial management in local government bodies designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability.

2.4 The HSCP Board will undertake regular self-evaluation to assess compliance with the CIPFA FM Code and recognises that self-regulation is the preferred response to potential financial management failures.

2.5 The HSCP Board recognises that demonstrating compliance is the collective responsibility of all voting and non-voting members, including the Chief Officer, the Chief Financial Officer, and professional colleagues in the leadership team.

RESPONSIBILITIES UNDER THESE FINANCIAL REGULATIONS

2.6 The HSCP Board will continuously work to secure best value for money, and economy, efficiency, and effectiveness in how the organisation directs its resources.

2.7 The Chief Financial Officer (in consultation with the Chief Officer) will advise the HSCP Board on the financial implications of the Board's activities. The Chief Financial Officer will ensure that budget holders receive impartial advice, guidance and support and proper information to enable them to affect control over expenditure and income.

Strategic Plan and Integrated Budget

2.8 In accordance with its Integration Scheme, the HSCP Board is responsible for the production, approval and monitoring of a Strategic Plan which sets out the arrangements for planning and directing the functions delegated to it by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. The Strategic Plan covers a three year period and will determine the budgets allocated to each operational partner for the operational service delivery in line with the Plan, recognising that these may need to be indicative for years two and three.

2.9 The resources within scope of the Strategic Plan are:

a) The payment made by the Council to the HSCP Board in respect of all the functions delegated by Council to the HSCP Board.
b) The payment made by the Health Board to the HSCP Board in respect of all the functions delegated by the Health Board to the HSCP Board.
c) The amount set aside by the Health Board to the HSCP Board in respect of NHS acute hospital services for the West Dunbartonshire population.

2.10 The Chief Officer and Chief Financial Officer will develop an integrated budget based on the Strategic Plan and agreed funding from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board for consideration and agreement as part of the annual budget setting process and Medium-Term Financial Plan. While the Strategic Plan covers a three-year period the Medium Term Financial covers a longer period (up to ten years) and details future year budget gaps in a best, likely, and worst-case scenario.

Responsibilities of the Chief Officer

2.11 The Chief Officer is the accountable officer of the HSCP Board in all matters except finance.

2.12 The Chief Officer will discharge their duties in respect of the delegated resources by:

a) Ensuring that the Strategic Plan meets the requirement for economy, efficiency, and effectiveness.
b) Giving directions to the Health Board and the Council that are designed to ensure resources secure value for money and are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

Responsibilities of the Chief Financial Officer

2.13 The Chief Financial Officer is the accountable officer for financial management and administration of the HSCP Board. The Chief Financial Officer will be line managed by the Chief Officer, and receive support and advice from the Council Section 95 Officer and the Health Board Director of Finance.

2.14 The Chief Financial Officer will discharge their duties in respect of the delegated resources by:

a) Establishing financial governance systems for the proper use of the delegated resources.
b) Ensuring that the Strategic Plan meets the requirement for best value in the use of the Partnership Board's resources.
c) Working with both organisation's financial information systems to produce

financial reports and forecasts to monitor the overall financial performance of the approved HSCP Board's revenue budget.

d) Providing each meeting of the HSCP Board with financial update reports which provides detail on:

- Budget reconciliations detailing movements on partner funding from the approved budgets to the reporting period.
- Monitoring of approved management efficiencies and approved savings options.
- Consolidated and partner forecast spend for both the year to date and the anticipated year end position.
- Variance analysis to provide explanations for any significant variations from budget and actions planned to deal with them.
- Update on anticipated additions to and/or drawdowns from unearmarked and earmarked reserves.
- Details of any bad debt write off within the reporting period.
- Update on capital expenditure plans.
- Directions back to the Health Board and the Council.

Responsibilities of Budget Holders

2.15 Budget holders within the Health Board and Council will be accountable for all budgets within their control as directed by the HSCP Board in line with its Strategic Plan. The HSCP Board will ensure proper arrangements are in place to support good financial management and planning.

FINANCIAL PLANNING AND BUDGET MANAGEMENT

3.1 The Integration Scheme sets out the details of the integration arrangement agreed between NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council in relation to all areas of finance.

3.2 The Health Board and Council will continue to explore the possibility of providing indicative, three year rolling funding allocations to the HSCP Board. The current financial climate is such that both partners only provide single year funding allocations to the HSCP Board to support its strategic planning process, by March each year. For the Health Board this remains an indicative allocation subject to approval, until all recurring funding is finalised. Single year funding allocations leads to future uncertainty and the inclusion of a number of assumptions within the Medium Term Financial Plan.

3.3 The Chief Officer and the Chief Financial Officer will develop revenue estimates (including efficiencies) for the integrated budget based on the Strategic Plan and present it for consideration to both Health Board and Council Chief Executives and Director of Finance/Section 95 Officer. This will align to each organisation's annual budget setting process as well as informing any revisions to Medium-Term Financial Plans. The Integration Scheme sets out the

requirement for due diligence and that revenue estimates will be evidence based, with full transparency on its assumptions and take account of:

- **Activity Changes**. The impact on resources in respect of increased demand (e.g., demographic pressures and increased prevalence of long-term conditions) and for other planned activity changes.
- **Cost Inflation**. Pay and supplies cost increases.
- **Efficiencies**. All savings options (including increased income opportunities and service redesign).
- **Performance against outcomes**. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
- **Legal requirements**. Legislation may entail expenditure commitments that should be taken into amount in adjusting the payment.
- **Transfers to/from the amounts set aside for hospital services**. Based on actual activity.

3.4 The HSCP Board will approve a budget and provide direction to the Health Board and Council by 31 March each year. The Strategic Plan will determine the allocation of resources with respect to operational delivery of integrated services. The Strategic Plan will take account of all resources available to the Chief Officer, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

Limits on Expenditure

3.5 No expenditure will be incurred by the HSCP Board unless it has been included within the approved integrated budget and Strategic Plan except:

- Where additional funding has been provided by the Scottish Government for a specific purpose; and the integrated budget and Strategic Plan has been updated appropriately.
- Where additional funding has been approved by the Health Board and/or Council; and the integrated budget and Strategic Plan has been updated appropriately.
- Where a supplementary budget has been approved by the HSCP Board.
- In emergency situations as defined in the terms of the Council and Health Board's schemes of delegation.
- Where the application of reserves (as defined within the reserves policy) has been approved by the HSCP Board; and
- Is provided in paragraph 3.6 below (Virement).

3.6 Virement is defined by CIPFA as "the transfer of an under-spend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations". In effect virement is the transfer of budget from one main budget heading (e.g., employee costs, supplies and services) to another; or

a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the integrated budget this will require in-year balancing adjustments to the allocations from the HSCP Board to the Council and the Health Board, i.e., a reduction in the allocation to the body with the under-spend and a corresponding increase in the allocation to the body with the overspend.

3.7 Virement proposals to control revenue expenditure will require to be supported by the Chief Financial Officer as set out by the Scheme of Virement (approved by the HSCP Board July 2015). In terms of formal reporting arrangements, existing schemes of virement within the Council and Health Board will continue to operate. The level at which virement requires approval will be determined by the individual schemes of delegation. Virement proposals exceeding the locally agreed limits will require to be submitted by the Chief Officer and Chief Financial Officer to the HSCP Board for approval. The guiding principles are as follows:

- Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
- The Chief Officer will not be permitted to vire between the integrated budget and those budgets that are managed by the Chief Officer but are out with the scope of the Strategic Plan, unless agreed by the Council and the Health Board.
- Virements are distinct from budget reallocations, where a budget initially held centrally is subsequently required to be allocated across services based on updated information (e.g., centrally held budgets for pay or Scottish Living Wage uplifts).

Budgetary Control

3.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the HSCP Board and other bodies as designated by the Health Board and Council.

3.9 The Health Board Director of Finance and the Council Section 95 Officer will, along with Chief Financial Officer, put in place a system of budgetary control which will provide the Chief Officer with management accounting information (as detailed in section 2.14) for both arms of the operational budget and for the HSCP Board in aggregate.

3.10 It is the responsibility of the Chief Financial Officer, in consultation with the Health Board Director of Finance and the Council Section 95 Officer to agree a consistent basis and timetable for the preparation and reporting of management accounting information.

3.11 The Integration Scheme specifies how in year budget variance (overspends or underspends) will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Financial Officer, in conjunction with the Health Board Director of Finance and the Council Section 95 Officer to report in accordance with the appropriate method established for that purpose by the HSCP Board, Health Board and Council, the details of the variance and any remedial action required, which may include a recovery plan in the event of an anticipated overspend.

Capital Planning Process

3.12 The HSCP Board does not receive direct capital funding allocations. Capital projects are funded by either the Council or the Health Board and expenditure will be controlled in accordance with their financial regulations. All capital assets (non-current) remain within the ownership of either the Council or the Health Board.

3.13 The Chief Officer will be a member of the Council and Health Board's Capital Planning Groups and in consultation will consider where capital investment is required to deliver the Strategic Plan. Business Cases will be prepared with appropriate professional support by the partners and be submitted through the planning approval groups and be submitted to the HSCP Board for endorsement.

3.14 The HSCP Board will receive financial monitoring reports from the Council and Health Board which include information on capital expenditure against approved schemes relevant to the services delegated to the Partnership Board.

Reports to the HSCP Board

3.15 All reports to the HSCP Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed on with the Chief Financial Officer prior to lodging of reports.

FINANCIAL REPORTING

Accounting Procedures and Records

4.1 All accounting procedures and records of the HSCP Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973.

4.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Chief Financial Officer to meet these targets; and of the Chief Officer to provide any relevant information to ensure that the Health Board and Council meet their respective statutory audit and publication requirements for their individual and group financial statements. The Chief Financial Officer will agree the financial statements timetable with the external auditors of the HSCP Board, Health Board and Council.

4.3 The accounts of the HSCP Board will be hosted by West Dunbartonshire Council.

LEGALITY OF EXPENDITURE

5.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Financial Plan unless it is within the power of the HSCP Board, as established by the Integration Scheme. In cases of doubt, the Chief Officer should consult the respective legal advisers of the Health Board and Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations must be clarified prior to expenditure being incurred, under the regulations of the Schemes of Delegation of the Council and Health Board.

REVIEWING THE FINANCIAL REGULATIONS

6.1 The HSCP Board will consider and approve any alterations to these Financial Regulations. The HSCP Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the HSCP Board meeting at which the change or withdrawal was approved.

RESERVES

7.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the HSCP Board to hold reserves which should be accounted for in the financial accounts and records of the HSCP Board.

7.2 The HSCP Board has an approved reserves policy and a reserves strategy which includes the level of reserves required and their purpose. This will be agreed on as part of the annual budget setting process and will be reflected in the Strategic Plan and Medium-Term Financial Plan.

VAT

8.1 HM Revenues and Customs (HMRC) has confirmed that there is no requirement to have a separate VAT registration for the HSCP Board, as it does not deliver

any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the HSCP Board change and a need to register be established. HMRC guidance applies to Scotland, will allow a VAT neutral outcome.

PROCUREMENT OF SERVICES

9.1 While the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that an Integration Joint Board may enter into a contract with any other person in relation to the provision of goods and services for the purpose of carrying out the functions conferred in it by the Act, all contracts will be entered into via the procurement routes of either the Council or the Health Board and will adhere to all relevant financial regulations and standing instructions.

9.2 In the event that the HSCP Board considers a direct procurement, the Board will be required to seek the advice from the Chief Financial Officer when considering any such direct procurement exercise.

9.3 As a result of specific VAT and accounting issues associated with HSCP Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the Health Board Director of Finance, the Council's Section 95 Officer and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

INTERNAL AUDIT

10.1 It is the responsibility of the HSCP Board to establish adequate and proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance, and control of the delegated resources; and which are consistent with good practice governance standards in the public sector. This will include determining who will provide the internal audit service for the HSCP Board and appointing a Chief Internal Auditor.

10.2 The internal audit service should be provided by one of the internal audit teams from the Health Board or Council.

10.3 The Chief Internal Auditor of West Dunbartonshire Council has been appointed to undertake this role for the HSCP Board in addition to their role as Chief Internal Auditor of their respective Authority.

10.4 The appointed Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.

10.5 The HSCP Board will establish a standing Audit Committee (known as the Audit and Performance Committee) to focus on internal audit, performance and risk on

behalf of the HSCP Board. It will be the responsibility of the HSCP Board to agree the membership having regard to the agreed remit, skills, and good practice for a public sector audit committee. The current Terms of Reference state that voting members of the HSCP Board will serve in this capacity. The Chief Officer, Chief Financial Officer and appointed Chief Internal Auditor will be required to attend meetings of the Audit and Performance Committee.

10.6 Before the start of each financial year, the Chief Internal Auditor will consult with the Chief Officer and Chief Financial Officer in the preparation of a strategic and risk-based audit plan, which the Chief Internal Auditor will then submit to the Audit and Performance Committee at the start of the financial year. The scope of interest of such internal audit plans will be:

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

10.7 The Chief Internal Auditor for the HSCP Board will report to the Chief Financial Officer and the Audit and Performance Committee on the approved annual risk-based audit plan; delivery of the audit plan and any recommendations; and will provide an annual internal audit report, including the audit opinion.

10.8 The Chief Financial Officer will work with the internal auditors of the Health Board, Council, and the HSCP Board to ensure that there is clarity and consistency of appropriate scrutiny of the work of the HSCP Board and the Health and Social Care Partnership; and that the internal audit plans of the three audit committees provide necessary assurance to all three of the bodies.

10.9 The Chief Internal Auditor will ensure that the HSCP Board's annual internal audit plan and internal audit report are shared with the both the Health Board and Council Audit Committees through the reporting arrangements in those bodies for internal audit.

10.10 Reports on each internal audit engagement will be submitted to the Chief Officer and Chief Financial Officer.

EXTERNAL AUDIT

11.1 The Accounts Commission will appoint the External Auditors to the HSCP Board as specified under Section 13 of the legislation.

RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

12.1 The HSCP Board, while having legal personality, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services, or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure, and accept responsibility for the staff that they each employ; their capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the HSCP Board.

12.2 The HSCP Board will make appropriate insurance arrangements for all activities of the HSCP Board in accordance with its locally approved risk management policy and strategy. The Chief Financial Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the HSCP Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of voting members of the HSCP Board acting in a decision-making capacity. The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the HSCP Board.

Risk Management

12.3 The Chief Officer will be responsible for developing and implementing the HSCP Board's approved risk management policy and strategy. This will include arrangements for maintaining and reporting on a strategic risk register that will identify, assess, and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This will then be presented to the HSCP Board's Audit and Performance Committee for scrutiny and the HSCP Board for approval on a bi-annual basis.

12.4 The Health Board and Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the Integration Scheme. The Health Board and Council will continue to report on the management of such risks, alongside the impacts of the integration arrangements.

12.5 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the HSCP Board's Audit and Performance Committee, Chief Officer and Chief Financial Officer have access to professional support and advice in respect of risk management.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

13.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the HSCP Board. The HSCP Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services.

13.2 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value. This will be incorporated into the process of strategic planning, to establish the systematic identification of priorities; and the implementation of the Strategic Plan with respect to services delivered within the Health and Social Care Partnership to realise Best Value.

BOARD MEMBERS EXPENSES

14.1 Payment of voting board members allowances, including travel and subsistence expenses will be the responsibility of the members' individual Council (West Dunbartonshire Council) or Health Board (NHS Greater Glasgow and Clyde Health Board), and will be made in accordance with their own schemes.

14.2 Non-voting members of the HSCP Board will be entitled to the payment of reasonable travel and subsistence expenses relating to approved duties. Non-voting members are required to submit claims on the HSCP Board's agreed expenses claim form and as far as practicable provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the HSCP Board will require to be funded within existing budget resources.

14.3 The Chief Financial Officer will ensure that a record of all expenses paid under the Scheme, detailing name, amount, and nature of payment.

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

Report by Julie Slavin, Chief Financial Officer

19 March 2024

Subject: 2023/24 Annual Accounts Audit Process

1. Purpose

1.1 To provide the Audit and Performance Committee with an overview of the process for the preparation of the 2023/24 Annual Accounts of the HSCP Board identifying legislative requirements and key stages.

2. Recommendations

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

- Note the contents of the report;
- Note the contents of the draft Mazars Audit Progress Report attached at Appendix 1;
- Comment on any aspect of the process requiring further discussion.

3. Background

3.1 The West Dunbartonshire Integration Joint Board (WDIJB), known locally as the West Dunbartonshire Health and Social Care Partnership Board (HSCP Board), is a legal entity in its own right.

3.2 Integration Joint Boards are specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

4. Main Issues

4.1 The annual accounts for the HSCP Board will be prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below.

4.2 **Audit Planning:** as part of the audit planning process, appointed auditors should prepare an Annual Audit Plan that documents how they intend to meet their responsibilities for the delivery of high-quality audits in 2023/24 in accordance with audit-scotland planning guidance for annual audits 2324.

4.3 Our external auditors, Mazars, will finalise their Audit Strategy Memorandum (Annual Audit Plan) over the next couple of weeks for submission to the Accounts Commission and the HSCP Board. In lieu of this, Appendix 1 provides a short "Audit Progress Report" which provides an overview of the audit phases and the timetable of key events.

4.4 The Audit Strategy Memorandum will set out the scope of the 2023/24 audit including any significant risks and other key judgement areas e.g. the mandatory risk for all audits – Management override of controls. To be able to assess and report on the level of this risk, testing will be carried out across ledger systems, accounting policies and the financial statements.

4.5 **Financial Governance and Internal Control:** the regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the HSCP whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the HSCP Board. Under the approved Terms of Reference the Audit and Performance Committee, scheduled for 25 June 2024, will consider the 2023/24 Governance Statement as a standalone document before inclusion in the draft unaudited annual accounts.

4.6 **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. Scottish Government guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

4.7 **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.

4.8 **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the HSCP Board or a committee whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the "proper officer" i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30 September immediately following the financial year to which they relate.

4.9 The 2022/23 audit year was the first of the new five-year audit appointments working with the HSCP Board's new auditors, Mazars LLP. The first year of the new audit appointment was extremely challenging as Mazars became familiar with both the strategic responsibilities of the HSCP Board and the operational delivery of delegated services by the HSCP. In particular, the complexity and volume of financial transactions hosted by the financial ledger systems of both partner organisations. Also challenges in fully staffing their

audit team resulted in the 2022/23 audited accounts not being formally signed off until 12 December 2023.

4.10 A meeting with the Audit Director of Mazars, the Mazars audit team, the Chief Financial Officer and the Finance Manager was held on 10 January 2024 to review the challenges of the 2022/23 audit and undertake preliminary 2023/24 audit planning. Mazars have confirmed that they are aiming to commence the audit of HSCP Board's annual accounts on 5 August 2024, and at this time no issues regarding planning and/or audit resources are expected to arise. It is anticipated that the audit will be completed by 30 September 2024, with the HSCP Board receiving updates if this target date is likely to change.

4.11 The Terms of Reference for the Audit and Performance Committee state that final approval and "sign-off" will be the responsibility of the HSCP Board. Meetings are scheduled for 24 September 2024 with the Audit and Performance Committee meeting first to consider the audited annual accounts, the External Auditors report and proposed audit certificate (ISA 260 report) followed by the meeting of the HSCP Board to conclude the final approval process.

4.12 **Publication of the Audited Accounts:** the regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.

4.13 The annual accounts of the HSCP Board must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.

4.14 **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

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

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

7.1 There are no financial implications specific to this report.

8. Risk Analysis

8.1 Following assurances from Mazars it is not anticipated that there will be any planning and/or audit resource issues at this time. If any issues arise these will be reported to the Audit and Performance Committee and the HSCP Board along with appropriate mitigating actions at the earliest opportunity.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

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

12. Strategic Assessment

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

13. Directions

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

Julie Slavin – Chief Financial Officer
Date: 10 March 2024

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – Mazars Audit Progress Report

Background Papers: None

Localities Affected: All

Audit Progress Report

West Dunbartonshire Integration Joint Board

Year ending 31 March 2023

mazars

1. Audit phases

1. Audit phases

2023/24 Audit

The purpose of this document is to summarise our audit approach for 2023/24. We have performed internal planning and resourcing for the 2023/24 audit to ensure effective and efficient delivery of the engagement, building on our knowledge from 2022/23 and cooperation with the finance team. The main phases of our audit are:

- Planning Phase- Client acceptance and scoping considerations, client planning meeting, understanding the entity and its environment, materiality determination, understanding control environment, fraud and related party risk consideration, review of Board and committee minutes, going concern consideration, review internal audit reports, risk assessment and audit strategy. The output from this phase is the Audit Strategy Memorandum.

- Final audit- At the final phase of our audit, our work will include performing substantive procedures on income and expenditure, performing substantive procedures on significant balances, review of accounting estimates and other areas of management judgement, material and fraud risk journal testing, confirmation of balances from the external auditors of NHS Greater Glasgow and Clyde, completion of wider scope review, financial statements review and feedback along with other financial statements completion procedures. The output from this phase is the Annual Audit Report.

- Communication- We plan to hold weekly meetings with officers during the key phases of the audit, hold routine update calls with management and present updates at Audit and Performance Committee meetings as necessary.

- Hybrid audit- We plan to take a hybrid approach to conducting our audit work. We will explore opportunities to do audit work onsite where this results in efficiencies for ourselves and the finance team.

Audit phases

2. Timetable of key events

2. Timetable of key events

Below is our planned timing of each phase of the audit engagement and the responsible party(ies)

:

Date	Status	Event & responsible party
10 January 2024		**Planning meeting**: We held a planning meeting with officers to understand the business environment, financial performance to date, key changes during the year, fraud enquiries. We also held discussions around the nature, timing and extent of audit procedures. (Mazars/IJB)
11 March – 22 March 2024		**Planning phase**: We will carry out planning activities as detailed on page 3 of this report. (Mazars/IJB)
31 March 2024		**Submission of Audit Strategy Memorandum to Audit Scotland**
08 July 2024 (to be confirmed with officers)		**Receipt of unaudited annual report and accounts**: On receipt of the annual report and accounts, we shall determine whether any changes are required to our audit approach and update our materiality consideration. (IJB)
05 August- 30 August 2024 (to be confirmed with officers)		**Final audit and reporting**: During this period, we will carry out planned audit procedures on the financial statements, complete wider scope reporting and perform other audit completion procedures. (Mazars/IJB)

Not started

In progress

Completed

Timetable of key events

3. Audit team

3. Key Audit team

Key audit team members

Tom Reid – Engagement Lead

tom.reid@mazars.co.uk

+44 (0)7816354994

Caleb Oguche- Engagement Manager

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Bongie Alam- Team Lead

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Contact

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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

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

19 March 2024

Subject: West Dunbartonshire Health and Social Care Partnership Quarterly Performance Report 2023/24 Quarter Three

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 October to December 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 Three 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 35 reported on in Quarter Three, seven indicators are in Red Status which is out with target tolerances. These are:

- Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral;
- Percentage of child protection investigations to case conference within 21 days;
- Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan;
- Number of delayed discharges over 3 days (72 hours) non-complex cases;
- Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling;
- Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence; and
- Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services.

4.4 These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.

4.5 The Committee are asked to specifically consider the work in relation to the number of delayed discharges over three days. The appendix highlights the figures for quarter three which ends on the 31 December 2024. Performance in this area remains a significant challenge and on the 4 March 2024 the figures peaked at 51 (46 acute delays and 5 mental health). Of the 51, 19 were Adults With Incapacity. The delayed discharged team continues to focus on the intelligent use of dashboards and the early identification of those complex cases who are at risk of becoming a delay. Enhanced partnership working with the Royal Alexandra Hospital and the Vale of Leven Hospital continues in order to specifically target high referral wards.

4.6 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.

4.7 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.

4.8 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:	4 March 2024

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 Three

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Performance Report 2023/24: Quarter 3 October to December 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

Higher levels of sickness absence among both WDC and NHS GGC employees than in Quarter 2 and on the same period in 2022/23.

An almost 4% increase in the number of looked after children in this quarter compared with the previous quarter and Quarter 3 in 2022/23.

All children waited less than 18 weeks to start treatment with Child and Adolescent Mental Health Services (CAMHS), with an average wait of 3 weeks.

The target of 90% of people receiving psychological therapies treatment within 3 weeks of referral was missed by just under 20% however this was a 6% improvement on the previous quarter and a 23% improvement on the same period last year.

Funding from an unfilled Primary Care Mental Health Team post agreed for a Cognitive Behaviour Therapy practitioner to work with consultants across the 3 Community Mental Health Teams targeting the longest waits.

The number of bed days lost to delayed discharge for complex cases, where predominantly Adults with Incapacity factors are involved, was 25.8% below our local target and 38.7% lower than in October to December 2022.

Work underway to further develop the process of Initial Referral Discussion (IRD) to reflect the updated National Child Protection Guidance recommendation in respect of IRD as a process within which multi-agency decision making and oversight with regard to initial child protection decision making takes place.

Interim Quarter 2 unscheduled acute bed day numbers for those aged 65 and over below our local target which is set at a 10% reduction on 2022/23 baseline figures. This may change however when fully validated figures are received from Public Health Scotland.

Collaborative work between WDHSCP, Citizen's Advice Bureau and Carers of West Dunbartonshire

contributing to public engagement sessions on Power of Attorney (POA) led by the Citizen's Advice Bureau in Clydebank Shopping Centre and Asda Dumbarton on National POA Day, 23rd November 202

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
	Warning
	OK
	Unknown
	Data Only

Short Term Trends	
	Improving*
	No Change
	Getting Worse*

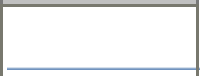
*Where an indicator is Data Only with no target set, the up and down arrows denote whether the number or percentage is increasing (up) or decreasing (down).

Caring Communities

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	93.5%	95%			93.2%	95.3%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	93.5%	95%			95.5%	93.3%	
3	Number of Adult Carer Support Plans completed	48	N/A			46	43	
4	Balance of Care for looked after children: % of children being looked after in the Community	88.7%	90%			88.3%	89.9%	
5	Number of Looked After Children	494	N/A			477	476	
6	Number of Looked After children looked after in a residential setting	56	N/A			56	48	
7	Number of Looked After children looked after at home with parents	67	N/A			65	72	
8	Number of Looked After children looked after by foster carers	123	N/A			119	118	
9	Number of Looked After children looked after in other community settings	248	N/A			237	238	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%			100%	100%	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	3	18			6	8	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	70.4%	90%			64.3%	47.3%	

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	Published March 2024	90%	Not yet available	Not yet available	98.2%	93.7%	

Safe and Thriving Communities

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	78.6%	95%			71.4%	85.7%	
16	Number of Child Protection investigations	60	N/A			57	58	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	44	N/A			45	38	
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	158	258	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A		Not yet available	41	39	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	67%	100%			55%	100%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	15	0			18	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,157	2,781			3,006	3,930	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	1,043	1,406			770	1,702	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,476	2,278			2,115	3,270	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	852	982			668	1,337	
26	Number of clients receiving Home Care Pharmacy Team support	444	312			445	281	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,880	1,942			1,863	1,903	
28	Number of people receiving homecare - All ages*	1,415	1,200			1,440	1,436	
29	Number of weekly hours of homecare - All ages*	10,251	9,000			10,408	10,552	

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
30	Percentage of people who receive 20 or more interventions per week	40.4%	40%			40.6%	New PI	
31	Percentage of homecare clients receiving personal care	99.5%	99%			99.4%	New PI	

*Reablement care at home has begun to be identified separately within systems during Quarter 3 2020/24: 124 hours of reablement care at home was provided to 37 people during the reporting week.

Equal Communities

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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.	67.9%	98%			66.9%	69.2%	
33	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	71.4%	80%			76.9%	82.6%	
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	57.1%	80%			21.4%	18.8%	
35	Percentage of children from BME communities who are looked after that are being looked after in the community	87.1%	90%			85.7%	92%	
36	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	No children in age range left care	80%	N/A	N/A	100%	50%	

Healthy Communities

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	2,332	2,181	
38	Number of emergency admissions aged 65+	Not yet available	1,067	Not yet available	Not yet available	1,204	1,182	
39	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	63	Not yet available	Not yet available	70.2	69	
40	Number of unscheduled bed days 18+	Not yet available	20,094	Not yet available	Not yet available	20,696	22,750	
41	Unscheduled acute bed days (aged 65+)	Not yet available	14,566	Not yet available	Not yet available	14,309	16,706	
42	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	850	Not yet available	Not yet available	834.7	974.6	
43	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	Not yet available	Not yet available	6,118	5,311	

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	40%	90%			44%	37%	
45	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	Not yet available	Not yet available	£189.66	£193.76	
46	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	73.09%	77.79%	

Please find July to September 2023 data below for indicators we were unable to report on in our Quarter 2 2023/24 Performance Report. Public Health Scotland have provided an interim submission for unscheduled care (indicators 37-43) for April – September 2023 however these figures will be subject to change.

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	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	98.2%	90%			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	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	157	N/A			177	159	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	41	N/A			36	35	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	55%	100%			61%	67%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	18	0			19	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,006	2,781			3,581	3,420	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	770	1,406			1,568	1,337	

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+	2,332	1,990			2,390	2,185	
38	Number of emergency admissions aged 65+	1,204	1,066			1,224	1,177	
39	Emergency admissions aged 65+ as a rate per 1,000 population	70.2	62			71.4	68.7	
40	Number of unscheduled bed days 18+	20,696	20,094			22,286	22,558	
41	Unscheduled acute bed days (aged 65+)	14,309	14,566			16,298	16,061	
42	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	834.7	850			950.8	936.9	
43	Number of Attendances at Accident and Emergency 18+	6,118	5,005			5,937	5,936	
45	Prescribing cost per weighted patient (Annualised)*	£189.66	£187.73			Not available	£172.20	
46	Compliance with Formulary Preferred List*	73.09%	78%			Not available	77.79%	

*Quarter 1 April-June 2023 not available due to system issues but will be reflected in the annual figure 2023/24.

Financial Update

The HSCP Board meeting on 20 February 2024 considered the following financial papers:

- 2023/24 Financial Performance Report as at Period 9 (31 December 2023)
- 2024/25 Annual Budget Setting Update (Revenue Estimates) Report

The financial performance report provided an update on the position to 31 December 2023 and a revised projection to 31 March 2024 based on Quarter 3 activity and performance.

The financial projection based on Quarter 3 data reported an overspend of £1.585m (0.79%) after recovery planning measures of £1.932m are accounted for. In addition to the cost of the Social Care unfunded pay award of £1.558m there continues to be financial pressures in relation to the ongoing demand for supporting children and young people (in both community placements and other residential accommodation), care at home and prescribing, however these pressures are mainly offset by various service underspends leaving a residual net overspend of £0.027m.

West Dunbartonshire Council will meet on 6 March 2024 where it is expected that they will confirm whether a share of the Scottish Government funding awarded to Local Authorities to fund the additional costs arising from the settlement of the 2023/24 pay award will be passed to the HSCP in line with the principle in which the funding was allocated.

Out with the pay award funding update the Senior Management Team continue 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, will consider the application of unearmarked and further earmarked reserves.

The 2024/25 budget setting update provided an update on the current budget gaps for 2024/25 to 2026/27 along with details of a small number of management adjustments and savings options submitted for approval at this time as detailed below.

Budget Gap Analysis	**2024/25 £m**	**2025/26 £m**	**2026/27 £m**
Social Care Budget Gap	8.234	11.575	14.997
Options Submitted	0.510	0.510	0.510
Revised Social Care Budget Gap	**7.724**	**11.065**	**14.487**
Health Care Budget Gap	2.201	3.340	4.535
Options Submitted	0.382	0.095	0.095
Revised Health Care Budget Gap	**1.819**	**3.245**	**4.440**
HSCP Budget Gap	10.435	14.915	19.532
Options Submitted	0.892	0.605	0.605
Revised HSCP Budget Gap	**9.543**	**14.310**	**18.927**

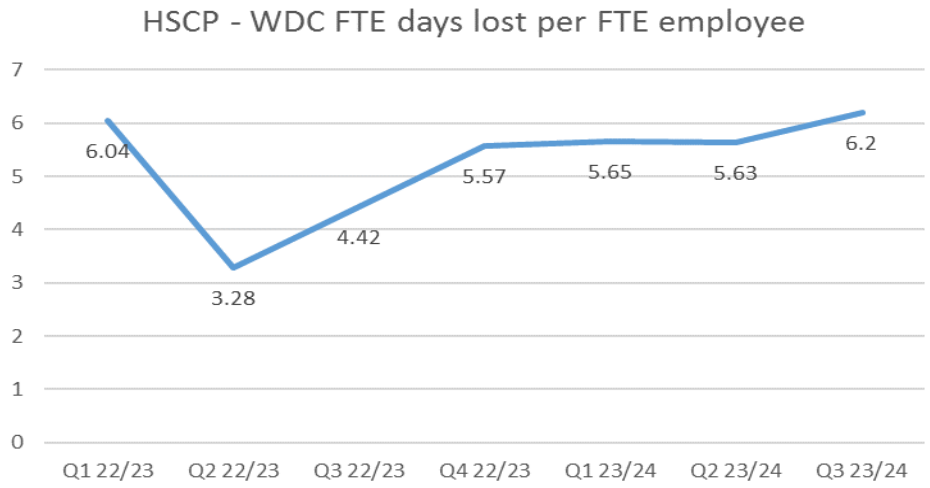
The HSCP Board will meet on 28 March to consider the updated financial projection for 2023/24 and set the 2024/25 budget. Recommendations on further options to close the remaining 2024/25 budget gap will be provided which are likely to include:

- Further management adjustments and savings options
- Smoothing of the superannuation saving
- Application of reserves where appropriate

Absence

West Dunbartonshire Council 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.

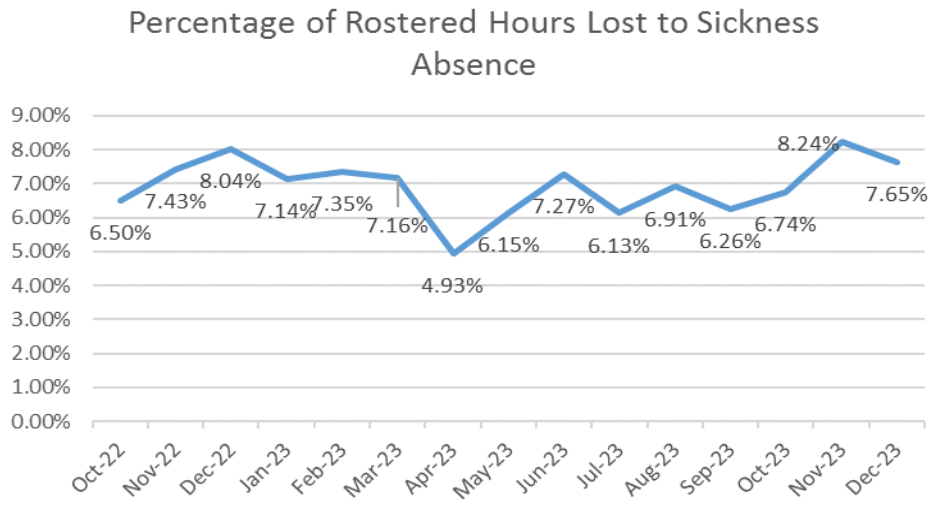
WDC HSCP staff absence was the highest since April 2022 at 6.2 working days lost per Full Time Equivalent (FTE) employee.



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. November and December 2023 saw the highest absence rates since October 2022 with 8.24% and 7.65% of rostered hours lost respectively.



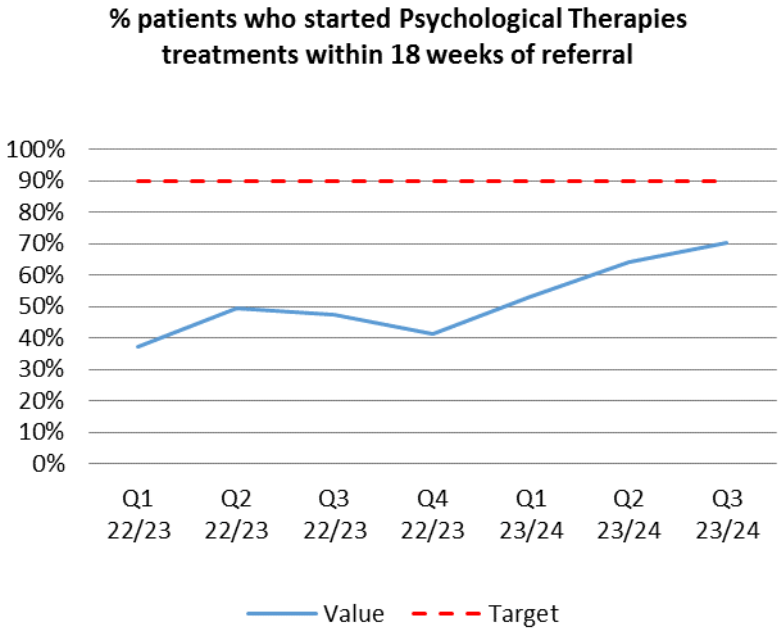
Latest available data at national and health board level is for July 2023 where West Dunbartonshire's figure is higher than both NHS Scotland (5.78%) and NHS Greater Glasgow (5.96%).

West Dunbartonshire Health and Social Care Partnership
Exceptions Reporting: Quarter 3 October to December 2023

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	70.4%	90%			64.3%	47.3%	

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%
Q3 23/24	70.4%	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 October to December 2023 than in the same period in 2022. Of the 108 people starting treatment during the quarter, 76 started within 18 weeks.

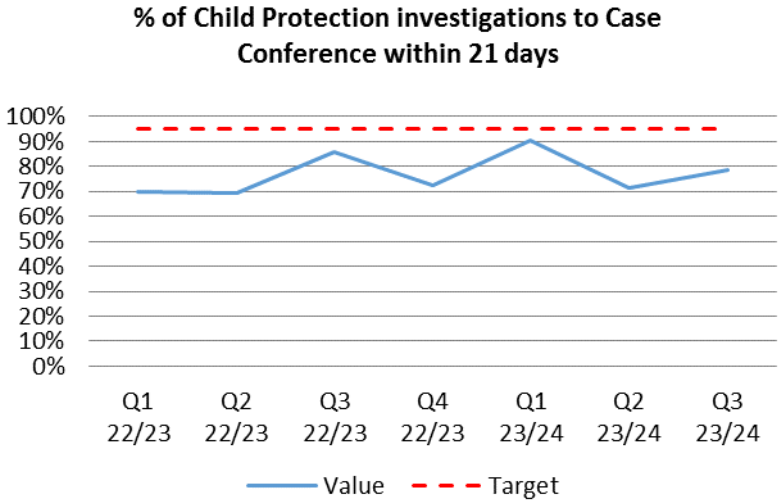
As at 31st December 2023 there were 187 people waiting to start treatment: 88 had been waiting less than 12 weeks; 141 waiting less than 18 weeks.

Improvement Actions:
A Band 7 Cognitive Behaviour Therapy practitioner from bank staff will be funded for 12 months, 4 days per week, from an unfilled Primary Care Mental Health Team post. This practitioner will work with consultants across the 3 Community Mental Health Teams targeting all the longest waits. The aim will be to reduce the numbers to a manageable position for the local teams after the 12 month period.

Performance Area: Child Protection

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	78.6%	95%			71.4%	85.7%	

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%
Q3 23/24	78.6%	95%



Key Points:
There were 14 case conferences in Quarter 3 and 11 of these were held within the 21 day timescale. Reporting has been amended from January 2024 to reflect the new national guidance of 28 days.

Improvement Actions:
Since January 2024 timescales have been extended to reflect revised timescales within the updated National Child Protection Guidance. In addition, work is underway to further develop the process of Initial Referral Discussion (IRD) to reflect the National Guidance recommendation in respect of IRD as a process within which multi-agency decision making and oversight with regard to initial child protection decision making takes place. This, once agreed locally, will replace the 10-day discussion as the means of agreeing progression to child protection planning meeting from child protection investigation.

Further work to develop the IRD, facilitating more effective reporting of data and trends within the initial child protection decision making period, is also being discussed as part of the wider work to embed IRD as a process within the system. This includes additional detail during the initial child protection investigation and decision making stage regarding:

- Child protection medicals
- Medical information sought from GPs
- Referral to Scottish Children's Reporter Administration (SCRA)

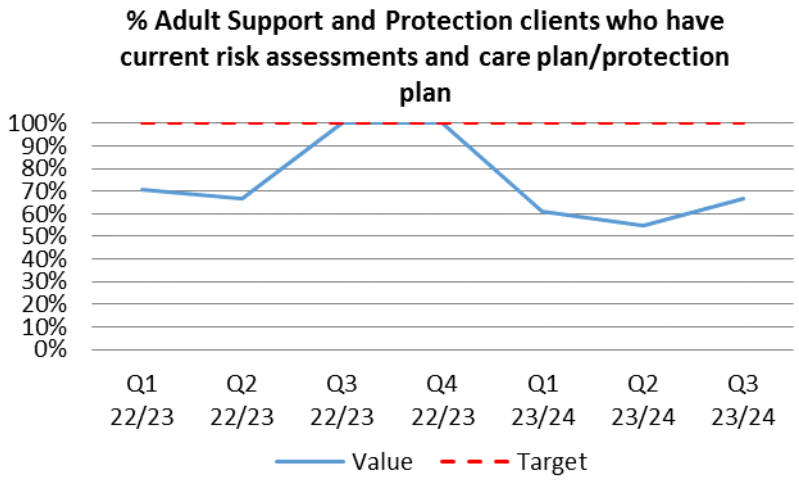
- Joint Investigative Interview (JII)/Scottish Child Interview Model (SCIM) interview required: SCIM data providing information in respect of the conversion rates to a SCIM being undertaken as oppose to a JII, which will further evidence capacity within the system for SCIM

Importantly this also includes a change to the outcome "single agency social work assessment" on the IRD paperwork, as a child protection risk assessment is always a multi-agency risk assessment.

Performance Area: Adult Protection

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	67%	100%			55%	100%	

Quarter	Value	Target
Q1 22/23	71%	100%
Q2 22/23	67%	100%
Q3 22/23	100%	100%
Q4 22/23	100%	100%
Q1 23/24	61%	100%
Q2 23/24	55%	100%
Q3 23/24	67%	100%



Key Points:
8 of the 12 Adult Support and Protection clients during the Quarter had clearly recorded current risk assessments and care plan/protection plans. Some evidence existed within other electronic recordings for the others however the required documentation did not exist or had failed to be populated.

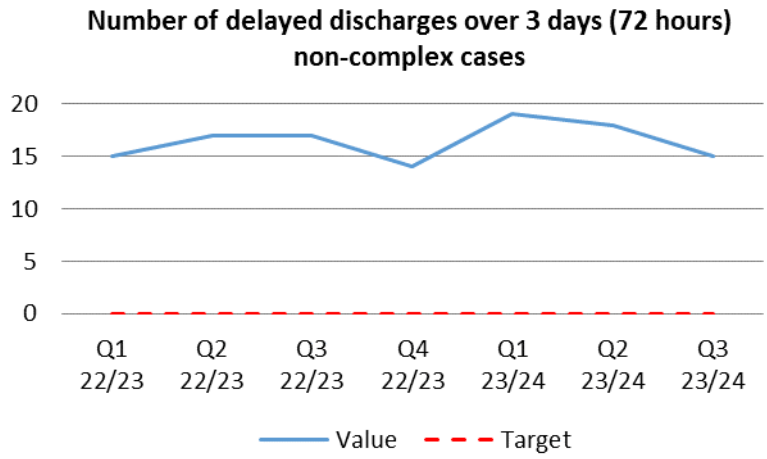
Improvement Actions:
All potential chairs of Adult Support and Protection Case Conferences have been emailed by the Head of Service to remind of the requirement to ensure that the Protection Plan is recorded in CareFirst at the point of confirming Case Conference minutes. As chairs they are responsible for ensuring that minutes are signed off, further Case Conferences are arranged and Protection Plans are recorded.

Automated reports will be set up to identify unpopulated forms.

Performance Area: Delayed Discharge

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	Value	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	18	0			19	17	

Quarter	Value	Target
Q1 22/23	15	0
Q2 22/23	17	0
Q3 22/23	17	0
Q4 22/23	14	0
Q1 23/24	19	0
Q2 23/24	18	0
Q3 23/24	15	0



Key Points:
The Scottish Government's aspirational target is that no one with a non-complex discharge should experience a delay of more than 3 days. This figure is a snapshot as at the monthly census point.

Improvement Actions:
Scrutiny continues to be applied to all those delayed past their planned date of discharge with the HSCP Community Hospital Discharge Team and Head of Service. Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all WDHSCP inpatients to ensure pathways of care were appropriate and early discharges encouraged. An enhanced delays dashboard has been developed which presents HSCP specific delays information around the reasons for delays.

While numbers of non-complex delays have exceeded the target, the number of bed days lost to delayed discharge for complex cases, where predominantly Adults with Incapacity factors are involved, was 25.8% below our local target and 38.7% lower than in October to December 2022.

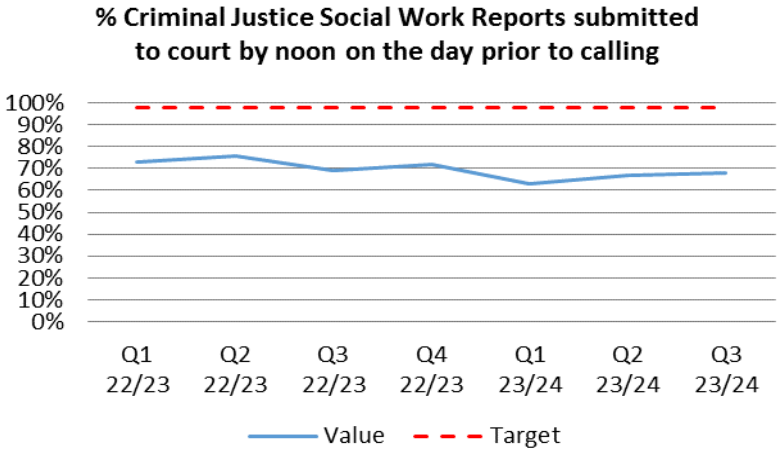
WDHSCP, Citizen's Advice Bureau and Carers of West Dunbartonshire have been working collaboratively to identify and support people to put in place a Power of Attorney. This ensures that, if they no longer have the mental capacity to make decisions about their health or finances, they have the relevant paperwork in place so that someone that knows and cares about them can make these decisions on their behalf.

On National POA day, on 23rd November 2023, the Citizen's Advice Bureau led on public engagement sessions within Clydebank Shopping Centre and Asda Dumbarton.

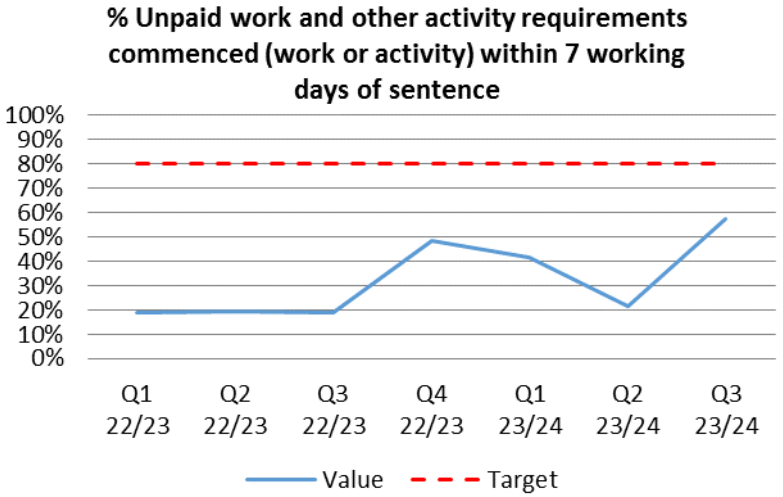
Performance Area: Criminal Justice Social Work

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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.	67.9%	98%			66.9%	69.2%	
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	57.1%	80%			21.4%	18.8%	

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%
Q3 23/24	67.9%	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%
Q3 23/24	57.1%	80%



Key Points:

- In Quarter 3 there were requests for 240 Justice Social Work Reports to Courts between October and December 2023. An increase of 19% on Q3 22-23
- Figures indicate an average of 67.9% of these reports were completed on time. For every report not completed a letter is sent to Court outlining the rationale for the requested report not having been sent.

- Of the 32.1% of letters sent to Court, 84% of these were due to external factors, i.e. service users not making themselves available for interview.
- The number of Community Payback Orders imposed in Quarter 3 was 84 with 63 of these having an unpaid work requirement.
- Of those 84 imposed orders, 71.4% of individuals attended an induction session within 5 working days of sentence.
- Service users attending work placements within 7 days has increased, reflecting the capacity created by staff returning from sick leave.
- Every service user made subject to a statutory Community Payback Order at Dumbarton Sheriff Court is seen within 24 hours of the Court imposing the order.

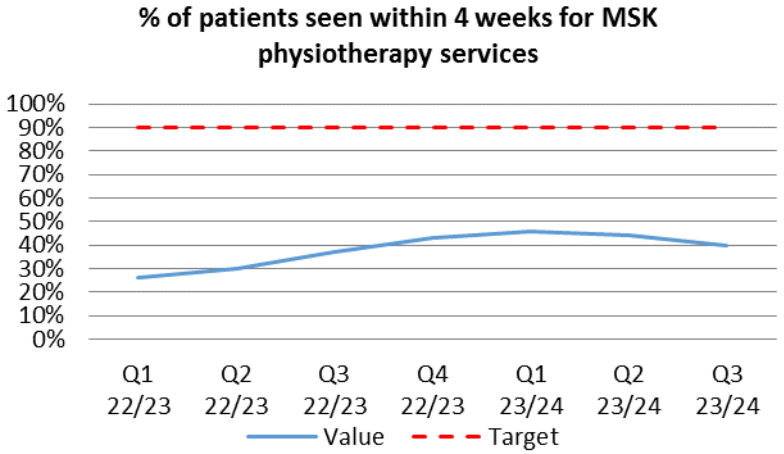
Improvement Actions:

- Induction meetings have been led within Church Street to improve attendance of service users.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q3 2023/24				Q2 2023/24	Q3 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	40%	90%			44%	37%	

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%
Q3 23/24	40%	90%

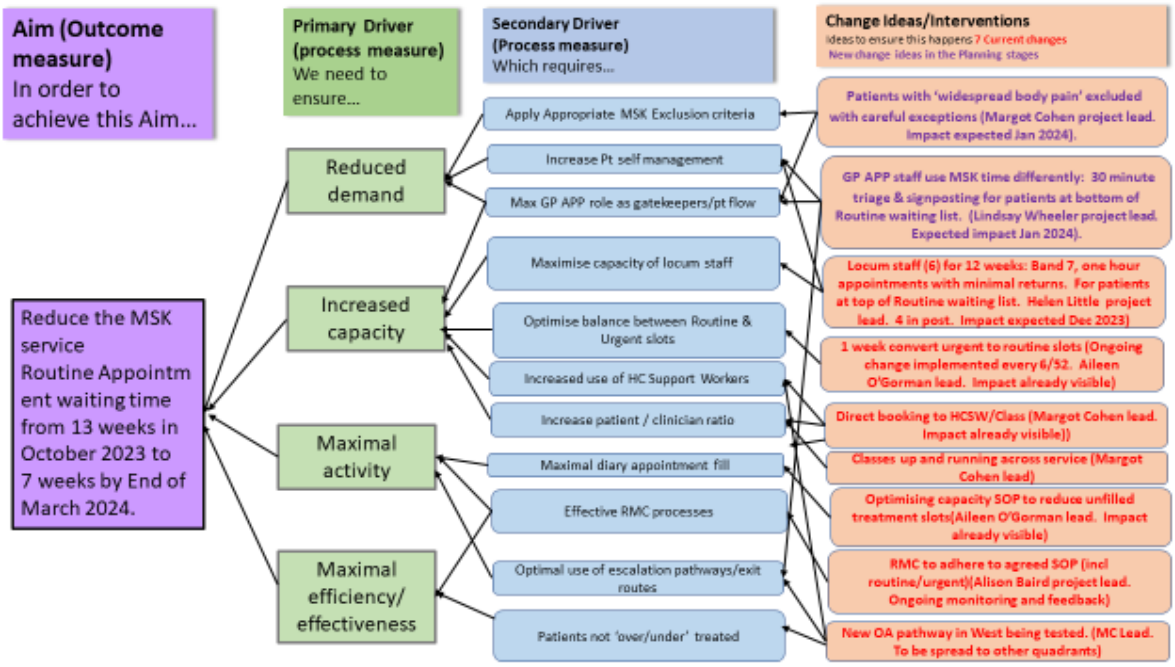


Key Points:
All waiting times data across Greater Glasgow and Clyde continues to improve as a result of priority project work to address waiting times.

- The % seen within 4 weeks has increased due to a test of change where GP Advanced Practice physio staff see routine self referred patients at point of contact. This test of change will be fully evaluated over a 6 month period.

- Demand has risen 10-17% each month between April 23 and Jan 24 when compared to the previous year.
- Service activity/capacity continues to rise as a result of priority project work. The service has seen 7,500 more new patients and 28,000 more return patients between April 23 and Dec 23 when compared to the previous year.
- There has been a reduction in the number of patients waiting for a routine appointment over Quarter 3: 2,774 less patients waiting for a routine appointment at the end of Quarter 3 compared with the end of Quarter 2.
- Waiting times are behind trajectory. The trajectory was based on 54,000 referrals for the financial year but the projected referral rate is now 71,000 referrals. Revised trajectory data has been presented to the Health Board and is available.
- Maximum routine waiting times have reduced from 12 weeks to 11 weeks in the last month.

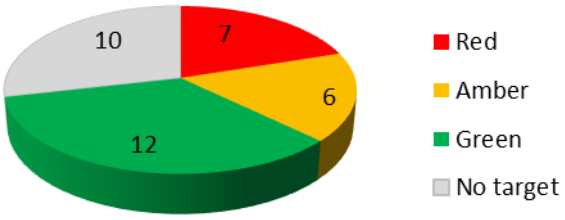
Improvement Actions:
The driver diagram below shows improvement actions. All individual change ideas in final column are now actively being measured within the service.



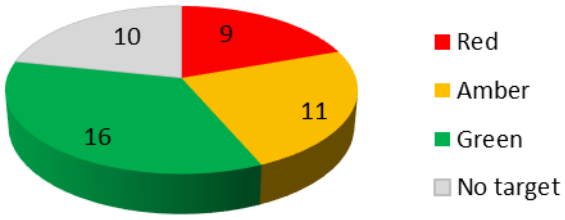
Agency staff will be discontinued at the end of February 2024 due to a lack of ongoing reserves budget for waiting list initiative work.

Summary of Strategic Plan Key Performance Indicators

Quarter 3: October to December 2023 (Partial Data)



Quarter 2: July - September 2023 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October to December 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	Q3 23/24
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	22	29	22	42	54	63	40
	Number of complaints direct to Stage 2	7	11	13	9	16	15	19
	Total number of complaints	29	40	35	51	70	78	59
3	% closed within timescale - Stage 1	Not available						
	% closed within timescale - direct to Stage 2	43%	36%	23%	33%	31%	40%	47%
	% closed within timescale - escalated to Stage 2	N/A	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	18

	Average response time - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Indicator 5: Outcomes of Complaints

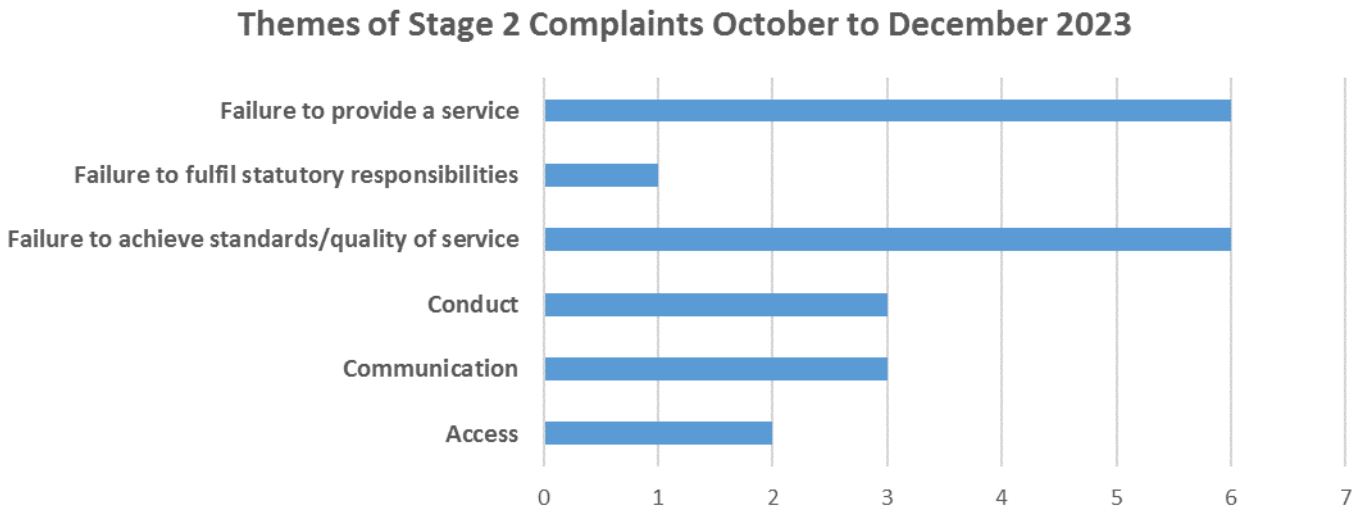
Stage 2 – Quarter 2 2023/24

	Q1 22/23			Q2 22/23			Q3 22/23			Q4 22/23		
Outcome	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total
Fully Upheld		1	14%	2		20%			0%	1		13%
Partially Upheld			0%	2	1	30%	1	6	58%		2	25%
Not Upheld	2	4	86%	4	1	50%	1	4	42%		5	63%
Unsubstantiated			0%			0%			0%			0%
Total	2	5		8	2		2	10		1	7	

	Q1 23/24			Q2 23/24			Q3 23/24		
Outcome	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC*	WDC**	% of total
Fully Upheld			0%		1	7%		3	18%
Partially Upheld	1	6	44%		2	13%		1	6%
Not Upheld	4	5	56%	4	8	80%	4	9	76%
Unsubstantiated			0%			0%			0%
Total	5	11		4	11		4	13	

*1 complaint no mandate received

**1 complaint being dealt via other policy/procedures



Please note a complaint may cover multiple themes.

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

Report Andi Priestman, Chief Internal Auditor

19 March 2024

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 November 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 review has been finalised in relation to Best Value Assurance Review and the remaining audit review is at fieldwork stage. This relates to the self-assessment exercise by the Committee in relation to CIPFA Guidance on Audit Committees.

Best Value Assurance Review (November 2023)

4.2 The West Dunbartonshire HSCP Board requires the local Health & Social Care Partnership (HSCP) to deliver a range of defined services to residents. Those services are either delivered or commissioned by West Dunbartonshire Council and Greater Glasgow & Clyde NHS Board. Under the Local Government in Scotland Act 2003, Integration Joint Boards and local authorities are required to secure best value. Under separate legislation NHS Boards must use their resources economically, efficiently and effectively.

4.3 Best value encompasses seven themes which include leadership, governance, the effective use of resources and partnership working. It is important that the West Dunbartonshire HSCP Board has appropriate arrangements in place to effectively manage and evidence its duty to secure best value whilst also acknowledging the central role of the HSCP.

4.4 The objective of this audit is to provide the Chief Officer and the Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks faced by West Dunbartonshire HSCP Board in relation to its arrangements for managing its duty to secure best value.

4.5 The review focussed on the high-level processes and procedures in relation to best value and concentrated on identified areas of perceived higher risk, such as not adequately managing the activities required to secure best value and not adequately reporting those activities.

4.6 The overall control environment opinion for this audit review was Satisfactory. The audit identified one Amber issue as follows:

<u>Regular Review and Reporting on Best Value Arrangements</u>
The HSCP is required to report regularly on its best value arrangements. The External Auditors have previously raised as part of their annual audits that a mechanism for undertaking a formal review of Best Value is not yet in place. Improvement actions were identified by officers but have not yet been implemented.

Where a regular review of Best Value arrangements is not in place, this may result in improvement issues or actions not being identified for consideration and monitoring by the Board and Audit & Performance Committee Members.

4.7 The review identified one Amber issue and one Green issue and an action plan is in place to address both issues by 30 June 2024.

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

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

4.10 In relation to internal audit work undertaken at West Dunbartonshire Council, there was one Internal Audit report issued to the Council which is relevant to the WD HSCP Board.

Audit Title	Rating	Number and Priority of Issues		
		Red	Amber	Green
HSCP Petty Cash Imprest (1)	Satisfactory	0	2	2
Total		**0**	**2**	**2**

(1) The audit identified two Amber issues as follows:

Lack of Segregation of Duties
Segregation of duties is a key internal control intended to minimise the risk of fraud and error by ensuring that no employee has the ability to both perpetrate and conceal errors or fraud in the normal course of their duties.

The audit identified a lack of segregation of duties at seven of the thirteen establishments which operate a petty cash imprest account due to single person dependencies operating at these establishments.

Where appropriate segregation of duties is not in place this increases the risk of fraud or error going undetected.

Adequacy of Procedures
The guidance for the operation of petty cash imprest accounts namely 'Petty Cash Accounts and Petty Cash Procedures' was last updated in 2015 and lacks sufficient guidance for staff involved in the day to day operation and management of petty cash imprests. The audit did however identify that local procedures have been developed in one service area to ensure consistency of approach.

Where there is no regular review of petty cash procedures, there is a risk that staff follow processes which may be out of date and could carry out tasks incorrectly.

4.11 In relation to internal audit work undertaken at NHSGGC, an update has been requested since the last update to Audit & Performance Committee in November 2023 but this is outstanding.

4.12 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: **15 February 2024**

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 31 January 2024 Appendix 2 – Status of External Audit Action Plans at 31 January 2024
Background Papers:	Internal Audit Annual Audit Plan 2023-2024

Item 9
Appendix 1

WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS AT 31 JANUARY 2024

Summary:

Section 1 **Summary of Management Actions due for completion by 31/01/2024**

There were no actions due for completion by 31 January 2024.

Section 2 **Summary of Current Management Actions Plans at 31/01/2024**

At 31 January 2024 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 **Current Management Actions at 31/01/2024**

At 31 January 2024 there were 8 current audit action points.

Section 4 **Analysis of Missed Deadlines**

At 31 January 2024 there was one audit action point where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2024

SECTION 1

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

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

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

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion 31 March 2024	4
Due for completion 30 June 2024	4
Total Actions	**8**

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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

SECTION 3

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**
IJB Best Value Assurance Review (November 2023)		
Regular Review and Reporting on Best Value Arrangements (Amber) Management will implement regular reporting to HSCP Board and Audit & Performance Committee on Best Value Reviews and improvement actions at least bi-annually.	**Head of Strategy & Transformation**	**31 March 2024**
Management will include reporting on Best Value reviews undertaken inclusion in the Annual Performance Report.	**Head of Strategy & Transformation**	**30 June 2024**
Management will include reference to the Best Value review and reporting arrangements in the Annual Governance Statement.	**Chief Financial Officer**	**30 June 2024**

* See analysis of missed deadlines – Section 4

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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

SECTION 3

Action	Owner	Expected Date
IJB Best Value Assurance Review (November 2023)		
Lack of reference to Sustainable Development (Green) Management will consider reviewing the overall strategic priorities and delivery plan to ensure Sustainable Development Goals are more overtly referenced. The current strategic priorities clearly align with many of the 17 Sustainable Development Goals in particular supporting people living in poverty, reducing inequalities and promoting good health and wellbeing.	**Head of Strategy and Transformation**	**30 June 2024**

* See analysis of missed deadlines – Section 4

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

SECTION 4

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.

Item 9
Appendix 2

WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS AT 31 JANUARY 2024

Summary:

Section 1 **Summary of Management Actions due for completion by 31/01/2024**

There were no actions due for completion by 31 January 2024.

Section 2 **Summary of Current Management Actions Plans at 31/01/2024**

At 31 January 2024 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 **Current Management Actions at 31/01/2024**

At 31 January 2024 there were 4 current audit action points.

Section 4 **Analysis of Missed Deadlines**

At 31 January 2024 there was one audit action point where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.01.2024

SECTION 1

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

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

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

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2024	1
Due for completion June 2024	2
Due for completion March 2026	1
Total Actions	**4**

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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

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**
2022/2023 Annual Audit Report (November 2023)		
Related Parties' Transactions – Register of Interests (Level 2) **Recommendation** The IJB should establish procedures to ensure that all IJB Board members complete and submit annual declarations of interest on a timely basis. **Management response** HSCP Senior Managers who sit on the IJB as non-voting members completed the annual Register of Interest declaration. However the voting members only completed Register of Interest declaration for their partner bodies (WDC and NHSGGC). The IJB's Chief Finance Officer will work with the Standard's Officer to ensure a robust process is put in place for completeness of returns and publication on the HSCP Website.	**Chief Financial Officer**	**30.06.2024**

* 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

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2024

SECTION 3

Action	Owner	Expected Date
2022/2023 Annual Audit Report (November 2023)		
Financial Sustainability (Level 2) **Recommendation** The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges. **Management's response** The IJB and the HSCP Senior Management Team have recognised the risk to financial sustainability (prior to the COVID-19 Pandemic) as demand and cost for services outstrips "flat-cash" or below inflation funding allocations. The IJB has approved investment from reserves and core budget to fund additional support to drive forward service improvement and service re-design to deliver savings and support financial sustainability. Progress on our major re-design programmes are monitored through our Programme Management Office (PMO), Informal Members Sessions and the IJB. The MTFP will be refreshed alongside the 24/25 Budget setting in March 24.	**Chief Financial Officer supported by Chief Officer and Heads of Service**	**31.03.2024**

* 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**	As in 2023 a Best Value review took place in January 2024. 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 PARTNERSHIP BOARD
AUDIT AND PERFORMANCE COMMITTEE

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

19 March 2024

Subject: Risk Appetite Statement

1. Purpose

1.1 The purpose of this report is to seek the views of the HSCP Audit and Performance Committee 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 Comment on the risk appetite statement as shown in Appendix I of this report and make recommendations to the HSCP Board on the 28 March 2024; and

2.2 Recommend to the HSCP Board that the risk appetite statement be reviewed 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.

3.4 On 27 October 2023 the Board considered this matter at an informal session, this was followed up by a formal report to the Audit and Performance Committee on the 14 November 2023. The following is an extract from the draft minute of the 14 November 2023 meeting:

"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 some of the data within current risk appetite statement as shown in Appendix 1 of the report required to be updated and brought back to the next meeting of the HSCP Audit and Performance Committee with the following changes required:

- *Risks to quality and innovation outcomes – remove the term 'outcomes'*

- *Information Risks and Business Continuity Risks – require clarity on definition of risks levels and the inclusion of an additional column in Appendix 2 titled 'Operational Risks'; and*

(2) to continually review the risk appetite statement annually, when the HSCP Board's Strategic Plan is reviewed or more frequently if required going forward."

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 Risk Appetite Levels are defined as follows:

- Avoid: Avoidance of risk and uncertainty is a key Organisational

objective.

- Minimalist: Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- Cautious: Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- Open: Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- Seek: Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

4.6 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.

4.7 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, the quality of services provided and the outcome and experience of service users their families and carers.

4.8 Each risk type has been assigned a risk appetite as follows:

Financial / Value for Money	Low
Compliance / Regulatory	None
Innovation / Quality	Significant
Reputation	Low

4.9 These risk appetite levels will be applied to the all HSCP risks to ensure that risk owners responsible for the risk alongside those with responsibilities for oversight committees consider the overarching risk appetite applicable to each risk.

4.10 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.

4.11 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.

4.12 The Board should be aware of and influence the risk appetite of delegated tolerances for parent, partner, and host organisations promoting transparency and understanding in relation to the extent to which decisions may compromise service provision.

4.13 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.

4.14 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.

4.15 At its meeting of the 14 November 2023 the Audit and Performance Committee asked that the risk pertaining to quality, innovation and outcomes be amended to remove the term outcomes. It also instructed Officers to include a definition of risk levels. These actions are complete.

4.16 In respect of operational risks, the HSCP "Risk Management Policy" which was approved by the HSCP Board on the 21 September 2021, states that "Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders."

4.17 The development of the Risk Appetite Statement is important from an operational perspective and it is the responsibility of managers to ensure these tolerances are applied to operational risks. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board in line with the agreed Policy.

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. Comments from both informal and formal sessions with the HSCP Board and the Audit and Performance Committee 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:	4 March 2024

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Appendices:	Appendix 1: Risk Appetite Statement

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership

RISK APPETITE STATEMENT

Policy version Number:	FINAL v1.0	**Owner:**	Margaret-Jane Cardno
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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

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Contents

Introduction

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.

Improving Lives Together 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 brings 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.

Aims and Purpose

Setting a risk appetite will helps the HSCP Board establish a threshold of impacts they are willing and able to absorb in pursuit of its objectives.

The concept of calculated risk and acceptable loss can be challenging to reconcile with the essential nature of many of the services delegated to the HSCP. However, if properly applied and maintained, understanding risk appetite can result in improved management of risks to achieving objectives, whilst supporting the Partnership to maintain performance and demonstrate value for money.

The HSCP Board cannot be entirely risk averse and also be successful. Effective and meaningful risk management remains vital in order to take a balanced view of

delivering health and social care services. Decisions must be taken about where to allocate finite resources in order to maximise the chance of achieving outcomes and delivering for service users. The more resource that is put in to minimising risk, the less resource is left to take opportunities.

As such it is essential that the HSCP Board clearly articulates the levels of risk-taking that are acceptable.

Risk management is an integral part of good governance and corporate management mechanisms. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the organisation's risk appetite.

Key considerations in risk management:

- It is often not possible to manage all risks at any point in time to the most desirable level;
- Outcomes cannot be guaranteed when decisions are made in conditions of uncertainty;
- It is often not possible, and not financially affordable, to fully remove uncertainty from a decision;
- Decisions should be made using the best available information and expertise;
- When decisions need to be made urgently, the information relied upon and the considerations applied to it should be retained; and
- The risk culture must embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation and co-operation.

West Dunbartonshire HSCP Board

The HSCP Board is responsible for setting and monitoring its risk appetite when pursuing its strategic objectives. The Board's approach to, and appetite for, risk is summarised below.

All processes, procedures and activities carried out by the Board carry with them a degree of risk. It is necessary for the Board to agree the level of risk that it is willing to accept, based on what it considers to be justifiable and proportionate to the impact on service users, carers, the public, members of staff and the Board.

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 HSCP Boards Risk Management approach is based on this maturity matrix.

Definitions

Risk Appetite is the amount and type of risk that the HSCP Board is willing to seek or accept in the pursuit of its strategic objectives.

Risk Appetite Levels have been developed using the Good Governance Institute Maturity Matrix.

Risk Appetite Levels:

- **Avoid**: Avoidance of risk and uncertainty is a key Organisational objective.
- **Minimalist**: Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- **Cautious**: Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- **Open**: Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- **Seek**: Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

Good practice guides indicate that organisations should identify a small number of high level risk types. The risk types used for this Risk Appetite Statement are those considered most relevant to the HSCP Board from the Good Governance Institute Maturity Matrix. These are:

Financial / Value for Money: Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting. Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.

Compliance / Regulatory: Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets. Risks arising from weaknesses in health and social care processes, resulting in poor performance in terms of service user outcomes, service user safety, wellbeing and service user experience. Failure to deliver services that are, effective, safe, efficient and person centred. Failure to meet compliance and regulatory requirements.

Innovation / Quality: Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired service (quality, quantity and/or access to service), non-compliance and/or poor value for money.

Reputation: Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relationships.

Risk Levels 2024/2025

West Dunbartonshire HSCPs vision is "Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery."

This vision is supported through our mission of "Improving lives with the people of West Dunbartonshire" and underpinned by our values of: respect; compassion; empathy; care and honesty.

The HSCP Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and social care services and that at times higher levels of risk can lead to greater reward. On this basis the HSCP Board is willing to accept a degree of risk where it is considered in the best interest of service user outcomes. The HSCP Board has therefore considered the level of risk it is prepared to accept for key aspects of the delivery of health and social care services.

Each risk type has been assigned a risk appetite as follows:

Financial / Value for Money	Low
Compliance / Regulatory	None
Innovation / Quality	Significant
Reputation	Low

These risk appetite levels will be applied to the all HSCP risks to ensure that risk owners responsible for the risk alongside those with responsibilities for oversight committees consider the overarching risk appetite applicable to each risk.

The detailed risk appetite statement for each risk type can be found in Appendix A of this document.

Best Value

The HSCP Risk Appetite Statement recognises the HSCPs duty to secure Best Value. The development and implementation of this work helps to provide a robust framework for service delivery supporting the HSCPs drive for continuous

improvement in performance. It will be reviewed on an annual basis and any changes brought to the HSCP Board for their approval, the impact on service delivery will be monitored by the HSCP Audit and Performance Committee through routine performance measures.

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

Detailed Risk Appetite Statements for Each Risk Type

Risk Levels → / Risk Elements ↓	AVOID	MINIMAL (ALARP) (as little as reasonably possible)	CAUTIOUS	OPEN	SEEK	MATURE
	Avoidance of risk and uncertainty is a key Organisational objective. No consensus by partners.	Partners have a preference for ultra- safe delivery options that have a ow degree of inherent risk and therefore potential for only limited reward	Partners have preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	All parties willing to consider all potential delivery options and choice while also providing an acceptable level of reward and value for money	All parties eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	Partnership confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
FINANCIAL / VALUE FOR MONEY	Avoidance of financial loss is a key objective. Only willing to accept the low cost options. 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 also to consider other benefits or constraints. Resources are 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 the 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	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.	Innovation 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-clinical 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 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 repercussions for the organisation. Senior	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.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Proactive management of	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New	Track record and investment in communications has built confidence by pubic, press and politicians that organisation will take the difficult decisions

		management encouraged to distance themselves from any chance of exposure to attention.	Mitigations in pace for any undue interest.	organisations reputation.	ideas seen as potentially enhancing reputation of organisation.	for the right reasons with benefits outweigh the risks. New ideas pursued.
APPETITE	**NONE**	**LOW**	**MODERATE**	**HIGH**	**SIGNIFICANT**	

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

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

19 March 2024

Subject: West Dunbartonshire HSCP Best Value Statement

1. Purpose

1.1 The purpose of this report is to provide a statement in relation to how the HSCP Board has delivered Best Value during the previous financial year.

2. Recommendations

2.1 It is recommended that the HSCP Audit and Performance Committee approve the Best Value Statement in enclosed in Appendix One of this report.

3. Background

3.1 Integration Joint Boards (IJBs) have a statutory duty to make arrangements to secure Best Value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.

3.2 Part of evidencing the work that the HSCP Board does in relation to Best Value, the Best Value Statement is reviewed and updated on an annual basis.

3.3 The statement considers West Dunbartonshire's HSCP position in relation to 10 key Audit Scotland Best Value prompts. Based on this statement and placing appropriate reliance on the Best Value arrangements in place through the West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

3.4 These 10 questions and last year's response was reviewed by the HSCP Senior Management Team (SMT) on the 26 January 2024. Updated responses were provided and collated, and the draft response can be found in Appendix One of this report.

3.5 In the main SMT agreed with the proposed narrative. Where changes were proposed these were noted and the Service Improvement Lead updated the Best Value statement and reissued to SMT for approval.

4. Main Issues

4.1 The 10 Audit Scotland Best Value Prompts are:

1) Who do you consider to be accountable for securing Best Value in the IJB?
2) How do you receive assurance that the services supporting the

delivery of the strategic plan are securing Best Value?

3) Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?
4) How is value for money demonstrated in the decisions made by the IJB?
5) Do you consider there to be a culture of continuous improvement?
6) Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?
7) Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?
8) What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?
9) Is performance information reported to the board of sufficient detail to enable value for money to be assessed?
10) How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable?

4.2 The changes required to be made to this year's Best Value Statement by SMT were:

1) In question 2, information about HSCP members participating in the CIPFA Audit Committee Self-Assessment of Good Practice was to be added, HSCP Project Management Office (PMO), new Strategic Plan which was approved in 2023 and the HSCP complaints process was added;
2) In question 3, narrative on how decision making is becoming challenging with the financial pressures and ensuring HSCP is meeting the HSCP Strategic objective of intervention was added;
3) In question 4, narrative on how change is trialled and tested, WDC 2023 external audit of good practice and how financial budgets are tailored around targets was added;
4) In question 5 updated examples of improvement projects were provided;
5) In question 6, updated examples of improvement projects submitted via PMO and completed projects in 2023 were added;
6) In question 7, a sentence was added to describe how the financial climate can help prioritise projects;
7) In question 8, narrative was added on quality control and how this is risk was assessed; and
8) In question 9, a sentence was added about Audit and Performance Committee meetings and the use of informal HSCP sessions.

5. Options Appraisal

5.1 An options appraisal is not required in relation to the recommendation within this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The recommendation within this report does not necessitate the development of a risk assessment. Good governance in relation to best value does support the mitigating actions in relation to the HSCP Boards strategic risk "Performance Management".

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 The recommendation within this report does 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. The HSCP Senior Management Team proactively developed this statement at a working session on the 26 January 2024.

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 best value, 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 recommendation within this report does not require the production of a Direction.

Name:	Margaret-Jane Cardno
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Date:	15 February 2024

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Appendices:	Appendix 1: Best Value Statement

Number	Audit Scotland Prompts	West Dunbartonshire Response
1	**Who do you consider to be accountable for securing Best Value in the IJB?**	The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (s95 of the Local Government (Scotland) Act 1973). The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively, i.e. demonstrate Best Value. The IJB is the key decision making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHSGGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, Carer and staff-side representatives; professional members include the Chief Officer and Chief Financial Officer. The IJB is supported by the HSCP Chief Officer, HSCP Chief Finance Officer, West Dunbartonshire Senior Management team and partner organisations around support services and assets. Responsibility for best value sits at all levels within the HSCP. In addition to the above all commissioning of services from external agencies should be evaluated with Best Value principles as part of the corporate procurement processes for both WDC and NHSGG&C.
2	**How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value?**	The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website. While regular financial and performance reporting provides evidence of this, to fully meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. · Integration Joint Board Meetings

· The IJB has established an Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance. In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter. The Audit and performance Committee considers care inspectorate reports on services provided by external providers and internal audit reports which provides recommendations on improvements.
All Audit and performance committee members have been asked to participate in the CIPFA Audit Committee Self-Assessment of Good Practice which will provide examples of how members are demonstrating Best Value.

The HSCP Board approved the new Strategic plan for 2023/2026. The Strategy details how Best Value is at the core to any new policy or improvement project. The HSCP Strategic Delivery plan aligns with the financial strategy, and the Audit and Performance committee provides assurance around this delivery plan by tracking actions via the Councils tool,Pentana. The Audit and Performance Committee share updates of the actions via Pentana at the meetings.

· HSCP Project Management Office

· Clinical & Care Governance Committee
· Strategic Planning Group
· Senior Management Team (HSCP)
· Corporate Management Teams of the Health Board and Council

· Public performance reporting is a regular agenda item within board meetings(quarterly in year reports and an annual post year report). Actual performance is compared to targets and (where appropriate) previous year results and is scrutinised regarding the targets met or any issues that arise from this. It is acknowledged there is improvement to be made in linking key performance indicators with budget projections. The reporting is via the Councils Annual reports and HSCP annual performance reports.

· The IJB also reports on the complaints received to HSCP. This demonstrates the openness and transparency the HSCP board is required to operate under. Complaints are key to be investigated especially when prioritising improvement projects. Service users are made aware of the Complaints process when they are provided a care package by HSCP.

3	**Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?**	The IJB members work together to ensure the agreed HSCP strategic plan meets its objectives and to meet the long term vision. This is evidenced through voting and non voting members attending IJB, providing comments on new policies and papers on the IJB agenda. The health and council board delegate significant budget resources to deliver the integration of health and social care services, which have themselves been delegated to the IJB. The new Strategic plan A new strategic plan 2023/2026 was created in joint venture with local partners and internal council and NHS services. The partners have been involved in providing comment and the key drivers within the strategic plan by attending workshops, strategic needs assessment workshops and completing surveys. The Strategic Plan demonstrated the responsibilities both partners In relation to financial planning there are challenges planning in budget setting and the cost savings required. The current financial position presents a risk, against the longer term strategic planning. For example, Children and Families early intervention. This poses a risk that contrary decisions are being made by IJB which will affect previous strategies. Long term ambitions of prevention, versus short comings of current financial pressures is causing conflict within IJB decision making.
4	**How is value for money demonstrated in the decisions made by the IJB?**	All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality, risk analysis, consultation, strategic assessments, diversity and linkage to the IJBs strategic objectives. IJB engages in debate and discussions around the application of new funding and savings proposals, many of which are supported by additional IJB members development sessions on budget position and savings options. For example, any change is trialled and tested, before any lasting change is implemented. All changes are measurable via quality indicators. Various governance routes are required within a project before any final decisions are made. An example of this, is the Care at Home redesign project, where IJB approved the beginning of consultation with employees and service users, before any changes were implemented. The performance and financial reports, details if targets are being met and shows if Best Value is not always being made. The budgets are continually reviewed to make sure the performance which is required for the targets to be met. The reports can also be used to align with future projects required to improve or redesign services. In 2023, WDC council instructed external auditors, under the new Code of Audit Practice to evaluate and report on the performance of councils in meeting their Best Value duties. The direction was to focus on the effectiveness of council leadership in developing new strategic priorities following the elections in May 2022. The key findings from this audit found that the council has a has a clear vision and a strategic plan which sets out objectives, measures of success and key commitments , the council knows it needs to work effectively with citizens and communities to achieve its strategic objectives, has actions to reduce inequalities and combat climate change which underpin its priorities and objectives, is focusing on providing support to communities affected by the cost-of living crisis, has delivery plans and relevant strategies which are aligned with its strategic plan, can demonstrate 2023/24 budget decisions which reflected its strategic priorities and is developing a new financial strategy to replace the one last updated in 2021.

5	**Do you consider there to be a culture of continuous improvement?**	This is an area which could be strengthened. There is an appetite within the IJB to use data to inform decisions and use measures to drive improvement plans, re-designs of services and digital transformations. Regular audits also provide valuable feedback on what areas need improved. Continuous improvement is a topic which needs to be embedded at every level, and through training, the Service Improvement Lead within the Strategy and Transformational team, processes and change methodology will be provided to all employees. The council and NHSGGG&C provide training on continuous improvement and change management to help managers start improvement plans and projects within their remit. Any changes or improvement projects are discussed regularly at IJB and any output from audit recommendations are fed back to services to act upon or a decision is made to assign a service improvement lead to lead. Through the implementation of Excellence in Care the aim is that all NHS boards and integrated joint boards will have consistent and robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice. The systems will inform quality of care reviews at national and local level and drive continuous improvements in nursing and midwifery care quality. The following projects are recent examples of change happening within HSCP via the Project Management office. Automating kinship, adoption, fostering and through care payments via the module Care Pay on CareFirst Automating external invoicing for all services Redesigning Care at Home Implementing an end to end Adult governance process for all care packages Within nursing services, all standards which are not met, an action plan is created New assessment form for all children Redesigning the front door for Children services Implementing an end to end governance process for Children services Implementing the Transport policy to review spend within this area Moving to digital community alarm system across West Dunbartonshire

6	**Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?**	The following projects are currently underway and will provide improvements within services and reductions in pressures. Re-design of Care at Home Improvement plan on ensuring SDS principles are embedded in social work practice Automating kinship, adoption, fostering and through care payments via the module Care Pay on CareFirst Automating external invoicing for all services Redesigning the front door for Children services Implementing an end to end governance process for Children services Moving to digital community alarm system across West Dunbartonshire Implementing an independent reviewing team within HSCP The following completed projects have provided improvements Implemented an end to end Adult governance process for all care packages Within nursing services, all standards which are not met, an action plan is created Implemented the Transport policy to review spend within this area Implemented an emergency process for Residential Care Implemented new referral pathways for Care at Home Implemented governance on Agency and Overtime across Care at Home New assessment form for all children
7	**Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?**	The impact of any proposed change is assessed at an early stage across a variety of groups through HSCP/WDC and GGC governance frameworks. The Chief Officers group, Chief Finance Officer group/GG&C &WDC corporate management team, Transformation boards and HSCP SMT are just some of the management groups who review and sign off any plans. This decision is based on benefits anticipated, alignment with the strategic priorities and quality care governance and professional standards. There is a driver that improvement projects are driven for the need to find savings across its services. External factors such as reduction in expenditure can play a factor in prioritising these projects.

8	**What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?**	All savings proposals are subject to a full assessment which includes alignment to strategic plan, alignment to quality care governance, professional standards including risk assessment by professional leads, qualities impact assessment, risk assessment by responsible heads of service, mitigating actions and stakeholder engagement, as appropriate. Where possible the HSCP look to take evidence based approached or tests of change to ensure anticipated benefits are realised and there is no compromise to care. It is recognised that care standards are audited against national frameworks to demonstrate that if there was a major impact a public enquiry would follow. Reserves and additional government funding is used to used minimise the reduction of quality of care The savings gap is not getting better which means further cuts to service spend is required. The risks are highlighted for each saving proposal put forward to IJB. All decisions made are based on risk. Assurance can be found in the measures for quality control. It is key that all services have measures to ensure quality is not degraded by financial changes. Where quality measures are not in place governance is required in these services via improvement projects. Clinical and Care Governance is the process by which accountability for the quality of health and social care is monitored and assured, while supporting staff in continuously improving services using recognised quality improvement methodologies, and ensuring that poor performance is identified and addressed.
9	**Is performance information reported to the board of sufficient detail to enable value for money to be assessed?**	Quarterly and annual performance reports are submitted to the IJB for scrutiny covering a wide range of indicators. The quarterly public performance report focuses on those key strategic performance indicators for the partnership where performance data is available for the specific time period reported and in addition is augmented with data on key aspects of workforce and financial performance. The preparation and presentation of the annual performance report is informed by the national guidance for health and social care integration partnership performance reports and is also informed by local experience of integration performance repaying, alongside feedback from other sources. It is recognised that there has been resources from the Scottish government and management adjustments have been made over the years due to efficiencies. There continues to be an increasing focus on demonstrating the best use of public money. Openness and transparency in how a body operates and makes decisions is key to supporting understanding and scrutiny. Transparency means that the public has access to understandable, relevant, and timely information about how the body is taking decisions and using resources. The IJB has its own website which includes the schedule of meetings and the agenda, reports, and minutes for each meeting of the Integration Joint Board and Audit and Performance Committee. Agenda and papers are posted in advance of meetings to allow members of the public access to these.. The IJB have improved the openness and transparency of its activities and decision making. All Board and Audit and Performance Committee meetings are audio streamed, with recordings available on the West Dunbartonshire Council website. Informal HSCP sessions have also been arranged to provide regular updates on projects, what is important locally and performance reports.

10	**How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable?**	Workforce and organisational development plans are linked to the strategic plan. The audit committee receives absence monitoring updates and the actions being taken across the HSCP and partner bodies. This is also supported by internal audit reports presented to IJB by the chief internal auditor. Regular budget and performance monitoring reports to the IJB give detailed review of the management of resources and any required mitigating actions. These reports are firstly scrutinise at SMT and clinical and care governance groups. All IJB reports contain a section outlining the financial implications of each paper. The IJB board includes third sector partners, trade unions, GP locality representatives, carers, and local community representatives. They are involved in board development sessions and the strategic planning group where they have the opportunity to challenged in a different forum that allows for more detailed discussions and lower level management input. The Strategic risk register documents any risks to resources and these risks are reported twice a year to IJB. These strategic risks are escalated risks from the services operational risk register which are reviewed every quarter. All resources will be directed towards the greatest need.

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

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

19 March 2024

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 October 2023 – 31 December 2023 (Quarter Three).

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 :-

Grade	Description
1 - Unsatisfactory	**Major Weaknesses – Urgent Remedial Action Required**
2 – Weak	**Important Weaknesses – Priority Action Required**
3 – Adequate	**Strengths Just Outweigh Weaknesses**
4 – Good	**Important Strengths, With Some Areas For Improvement**
5 – Very Good	**Major Strengths**
6 – Excellent	**Outstanding or Sector Leading**

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

3.3 They amended their quality framework for Care Homes to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has 3 quality indicators:

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

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

3.5 The commissioned service providers which were inspected during the period 1 October – 31 December 2023 and reported within this report are:

- Hillview Care Home – Older Adult Residential Services;
- Joans Carers Ltd – Adults & Older People Care at Home Services;
- Ben View Community Bathing Service – Adults & Older People Support Service;
- Hands-on Home Care Limited - Adults & Older People Care at Home Services;
- Alderwood Care Home – Adult Residential Service (65 and under with severe and enduring complex mental health challenges).

Please note that a separate report has been included regarding Alderwood Care Homes Inspection following the findings of the Care Inspectorate. The report has been uploaded as an appendix and is titled Alderwood House Report.

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

The structure of the Care Inspectorate website means that we cannot include links to each report.

4. Main Issues

Hillview Care Home
36 Singer Road, Dalmuir, Clydebank G81 4SB

4.1 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 8 under the age of 65 with physical disabilities. At the time of inspection there were 140 residents being supported in Hill View Care Home**.**

4.2 This Care Home was inspected on 22 and 23 November and the report was issued in December 2023. The table below summarises the grades awarded to Hill View Care Home over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
23.11.23	NA	4	NA	NA	NA
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**
07.08.23	4	3	NA	NA	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

4.3 The inspection in November 2023 focussed on Key Question 2 – How Good Is Our Leadership – at an inspection in August 2023 the Care Inspectorate made a requirement in relation to the services electronic systems :-

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 is provided.

4.4 This requirement was met within the allocated timescale resulting in the grade of 3 – Adequate awarded in the August inspection being increased to 4 – Good.

Key messages highlighted by inspectors were:

- The provider had invested resources to make the electronic care system fit for purpose;
- Staff reported the system as improved and reliable;
- The electronic care system provided up to date information on the supports people received;
- It provided important information when people declined supports.

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

Joan's Carers
25 West King Street, Helensburgh G84 8UW

4.6 Joan's Carers is registered with the Care Inspectorate to support adults and older people living in their own homes.

4.7 This service was inspected between 26 and 29 September 2023, report issued in October 2023. This inspection also covered services delivered in Argyll and Bute. The table below summarises the grades awarded to Joan's Carers over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	
02.10.23	4	4	5	NA	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**
01.12.21	3	NA	NA	NA	NA	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**
07.10.21	3	NA	NA	NA	NA	2

4.8 This inspection focused on 4 Key Questions. The grade of '4 – good' awarded for Key Question 1 saw an increase from the previous inspection. In this inspection report there were 2 requirements highlighted for remedial action by the service with a timescale of 12 January 2024 this was:

1. By 12 January 2024, the provider must ensure appropriate risk assessment documentation is in place and that all staff have access to this documentation to ensure the health, safety and welfare of people. To do this, the provider must, at a minimum:
    a) Ensure that all risk assessments contain relevant, accurate and up to date information;
    b) Ensure that all staff are able to easily access a copy of the risk assessment in the same manner as the care plan;
    c) Ensure risk assessments are updated, as required, involving people and staff.

2. By 12 January 2024, the provider must ensure that systems in place to ensure people get medication are safe and effective. To do this the provider must, at a minimum, ensure that:
    a) Assessed medication levels for each person are accurate and directly linked to need and support requirements;

b) Medication records for each person are accurate, up to date and clearly reflect the medication prescribed, the support required (including creams) and the legal position;
c) Staff responsible for supporting people with medication clearly understand the process of, and importance, of recording and administering medication;
d) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

4.9 Key messages highlighted by inspectors were:

- People were supported by staff who knew them well and were attentive and respectful;
- Risk assessments needed updated to ensure relevant information was available;
- Medication information needed updating to ensure all relevant paperwork was in place and used appropriately;
- Recruitment was completed using good practice guidance.

4.10 The provider put a robust action plan in place to ensure that all requirements highlighted would be met within the allocated timescales.

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

Ben View Bathing Service
Strathleven Place, Dumbarton G82 1BA

4.12 Ben View is registered with the Care Inspectorate to provide a showering and bathing service to adults within their own homes at the time of inspection 40 people were using the service.

4.13 The service was inspection on 17 and 18 October 2023. The table below summarises the grades awarded to Ben View Bathing Service over their last 3 inspections:

Inspection date	**How well do we support people's wellbeing**	**How good is our leadership**	**How good is our staff team**	**How good is our setting**	**How well is our care and support planned**
20.10.23	5	5	NA	NA	NA
Inspection date	**Care & Support**	**Environment**	**Staffing**	**Management & Leadership**	
01.08.19	5	NA	5	NA	
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**	

09.11.18	5	Not Assessed	Not Assessed	4	

4.14 The inspection focused on 2 Key Questions. The grade of '5 – Very Good' remain from the previous inspection. In this inspection report there were no requirements highlighted for remedial action by the service.

4.15 Key messages highlighted by inspectors were:

- People and their relatives felt that they were treated with compassion, dignity and respect. This was also reflected in documents and recordings held by the service;
- The service provided effective support with bathing tasks whilst promoting both privacy and independence for people accessing the service;
- There were close links with other professional agencies. People's health and wellbeing needs were known, supported and recorded effectively;
- Quality assurance and improvement is led well by the leadership team. There were particular strengths in terms of continuously seeking feedback from people using the service, and using the feedback in a meaningful way;
- Care plans were regularly and routinely reviewed and were person-centred

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

Hands-on Homecare Limited
18 Crowhill Road, Bishopbriggs, Glasgow G64 1QY

4.17 Hands-on Homecare is registered with the Care Inspectorate to provide a care at home service to adults and older people with physical and sensory impairment living in their own home and in the community.

4.18 The service was inspected on 6 and 7 December 2023. This inspection also covered services delivered in East Dunbartonshire. The table below summarises the grades awarded to Hands-on Homecare Limited over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
11.12.23	4	4	4	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**
20.01.23	NA	3	3	NA	NA

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**
31.10.22	3	2	2	NA	NA

4.19 This inspection focused on four Key Questions 1, 2, 3 and 5. The grade of '4 – Good' received for all four Key Questions is an increase from the previous inspection. In this inspection report there no requirements highlighted for remedial action.

4.20 Key messages highlighted by inspectors were:

- The service provided quality care and support for older people in their own homes;
- Staff were compassionate, friendly and motivated;
- The provider had worked hard to improve quality assurance processes;
- People were protected from harm because the service have a clear understanding of their responsibilities to inform partnership agencies of any concerns they had about people's health and wellbeing.

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

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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Date: 21/02/2024

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Appendices: Appendix 1: Alderwood House Care Inspection Update

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

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

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

19 March 2024

Subject: Alderwood House Care Inspection Update

1. Purpose

1.1 To provide the Audit and Performance Committee with an up-date on Care Inspectorate reporting for Alderwood House, which is an independent sector residential care home, located within West Dunbartonshire.

2. Recommendations

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

3. Background

3.1 Alderwood House is owned by Meallmore Ltd. Alderwood House is a purpose-built care home, which was built in 2020 with the premises opening to admissions in May 2021. The Care home is situated in Gooseholm Road in Dumbarton.

Alderwood House is registered with the Care Inspectorate to provide care to 32 adults with a non-acute mental health diagnosis aged 65 and under.

Given the severity of issues the HSCP elected to undertake a Large Scale Investigation (LSI) which is currently ongoing. This is a multi-disciplinary investigation involving senior HSCP Officers, Social Work colleagues, Care Inspectorate, Police Scotland, Health Colleagues.

Once the LSI has reached its conclusion a report will be issued to the Audit and Performance Committee.

3.2 The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six point scale :-

Grade	Description
1 - Unsatisfactory	**Major Weaknesses – Urgent Remedial Action Required**
2 – Weak	**Important Weaknesses – Priority Action Required**

3 – Adequate	**Strengths Just Outweigh Weaknesses**
4 – Good	**Important Strengths, With Some Areas For Improvement**
5 – Very Good	**Major Strengths**
6 – Excellent	**Outstanding or Sector Leading**

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

3.4 They amended their quality framework for Care Homes to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has 3 quality indicators:

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

3.5 The Care Inspectorate have resumed looking at the Key Questions which now include elements from the Covid Key Question in their inspections.

4. Main Issues

4.1 An unannounced inspection took place on 25, 26, 27, 31 October and 1 November 2023. The inspection was carried out by 3 inspectors and focussed on all 5 Key Questions. Feedback on the full inspection was provided on 13 November 2023 with the final report published in December 2023.

4.2 During the inspection, Inspectors raised concerns with the Management Team resulting in the issuing of a Serious Letter of Concern which detailed 1 requirement with an immediate timescale of 30 October 2023.

Inspectors confirmed that the concerns and resulting requirement were met within the allocated timescale. Inspectors noted the responsiveness of the Management and staff team, and the work carried out to meet the requirement.

4.3 The full inspection resulted in the following grades:

KQ 1	**How well do we support people's wellbeing**	**2 – Weak**
KQ2	**How good is our Leadership**	**2 – Weak**
KQ3	**How good is our staff team**	**2 – Weak**
KQ4	**How good is our setting**	**2 – Weak**
KQ5	**How well is our care and support planned?**	**2 – Weak**

Inspectors made 8 requirements with the following timescales:
6 requirements with a timescale of 15 January 2024;
2 requirement with a timescale of 9 January 2024;

Full details of the requirements can be found below at Appendix 1 - Alderwood House Care Home - Care Inspection Requirements.

4.4 Following official Care Inspectorate feedback in November 2023 and publication of the final report from the full inspection, West Dunbartonshire HSCP staff met with the Management Team from Alderwood House to discuss their action plan and offer support from the HSCP. Weekly meetings take place with the Management Team and Senior HSCP Officers as an additional support and to ensure that any issues/concerns could be managed as timeously as possible.

4.5 Due to the nature of the concerns raised by the Care Inspectorate, the HSCP Management Team agreed that a Moratorium would be put on placements to Alderwood House with immediate effect.

4.6 The initial moratorium was put in place from 25/10/23 with a review date of 22/11/23. Following full feedback from the Care Inspectorate it was agreed that the moratorium remain in place until further notice. This was to give the Management and staff time to address the requirements within the allocated timescales.

4.7 The Care Inspectorate visited Alderwood House on 16 and 23 January 2024, where it was confirmed that all 8 requirements had been met within the timescale.

KQ 1	**How well do we support people's wellbeing**	**3 – Adequate**
KQ2	**How good is our Leadership**	**3 – Adequate**
KQ3	**How good is our staff team**	**3 – Adequate**
KQ4	**How good is our setting**	**3 – Adequate**
KQ5	**How well is our care and support planned ?**	**3 – Adequate**

The final report was published on 2 February 2024 confirming the increase in grades from 2 – Weak to 3 – Adequate.

Inspectors acknowledge that the Management and staff team have worked hard to make the improvements required.

4.8 Following publication of the latest report the HSCP Senior Management agreed that the Moratorium on placements to Alderwood House would remain in place until the HSCP Senior Management Team (including the Chief Nurse, Chief Social Work Officer, Head of Service etc.) had confidence and had further assurances of continuous improvement practice within the home.

4.9 Following the LSI meeting on the 27th February, the Chair of the LSI (Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions) agreed to make a recommendation to the HSCP Senior Management Team to lift the moratorium. This is in cognisance to the continuous improvement to the care, support and leadership provided at Alderwood Care Home.

4.10 This was evidenced by a recent visit from Val Tierney, HSCP Chief Nurse and Anne Kane, Mental Health Integrated Operations Manager to Alderwood Care Home, where the improvements were seen in practice.

4.11 Staff from the Quality Assurance team and senior officers from the HSCP are in regular contact with the Management Team to offer support and meetings are planned to ensure the service is supported to continually improve.

4.12 Discussions continue between the HSCP and Meallmore Ltd's senior management regarding the breakdown of the overall weekly fee to ensure the HSCP is receiving best value.

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.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	21/02/2024

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Appendices: Appendix 1 - Alderwood House Care Home - Care Inspection Requirements

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

Appendix 1 - Alderwood House Care Home - Care Inspection Requirements:

	Requirement	Timescale	Met / Not Met
1.	The provider must ensure medication is given as prescribed to support people's health and wellbeing. To do this the provider must as a minimum: a) Put in place a system to ensure that medication prescriptions and changes made by health care professionals can be checked with the changes made to the medication record; b) Ensure medication is administered in line with prescribed instructions; c) Ensure staff are suitably trained to effectively use the medication. administration and recording systems to review and optimise care.	09/01/24	MET
2	The provider must demonstrate that the service has systems in place to ensure that the health needs of service users are regularly assessed, monitored, and adequately met. To achieve this this provider must as a minimum action the points below: a) Demonstrate that staff will seek advice from relevant professionals promptly when people's mental or physical health is not improving; b) Ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment; c) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists; d) Ensure that managers monitor and audit people's mental and physical health needs robustly.	15/01/24	MET

3	The provider must ensure that personal plans identify all risk, welfare and safety needs in a coherent manner which documents how risks will be managed and needs will be met. To achieve this this provider must as a minimum action the points below: a) Demonstrate that written information about accidents and incidents involving residents is detailed, accurate and up to date; b) Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents; c) Provide training so that staff are aware of their responsibilities in reporting of adult support and protection concerns to the health and social care partnership; d) All accidents and incidents detrimental to the health and wellbeing of residents must be thoroughly investigated by the provider; e) Incident reports must be completed in a timely manner and where appropriate notification reports send to CI.	15/01/24	MET
4	The provider must develop effective and robust quality assurance systems. To do this the provider must: a) Review and improve monitoring and auditing of service provision and ensure that detailed and accurate notes are kept by staff. This must include auditing of personal plans, daily notes, handovers and reporting of accidents and incidents; b) Implement a development plan; c) Ensure that current auditing systems are being used effectively in order to drive up standards and improve service quality; d) Ensure that staff are trained in quality assurance and recording systems and can demonstrate their understanding of their role in record keeping.	15/01/24	MET

5	The provider must develop safer staff recruitment processes. To do this the provider must: a) Improve records to demonstrate safer recruitment in line with the company's policy and the Scottish governments safer recruitment practice; b) Check SSSC registration details; c) If there are registration conditions, then the service must ensure that these are actioned; d) Applications must contain two appropriate references; e) Applicants' qualifications must be cross referenced.	15/01/24	MET
6	The provider must ensure that staff are suitably trained to carry out their job role. In order to do this the provider must as a minimum; a) Ensure that training provided should be suitable to prepare staff for their role; b) Through supervision, competence checks and appraisals, leaders should evaluate whether training is being implemented in practice; c) Leader must demonstrate that further training is provided to staff where there are identified deficits in knowledge.	15/01/24	MET
7	The provider must demonstrate that proper provision for the safety and welfare of residents is made. To do this the provider must: a) Demonstrate that the premises are suitable for the purpose of achieving the aims and objectives of the service; b) Residents should be encouraged to maximise their skills and work towards independence where this is appropriate. The skills kitchen should be fully utilised for this purpose; c) The service should provide an account of their policy for allocating the four independent living flats; d) The service should ensure that at all times suitably qualified, skilled and experienced staff are working in the service in such numbers as are appropriate for the health and welfare of residents; e) Demonstrate that where appropriate residents have a recovery plan in place and that this is regularly reviewed; f) Ensure that external professionals, for example, occupational therapists, are consulted and involved in assessing and reviewing resident's functional skills and future goals.	15/01/24	MET

8	The provider must ensure each service user has personal plan in place which sets out how the service user's health, welfare and safety needs are to be met. To do this the provider must, at a minimum, ensure that: a) Staff demonstrate the knowledge and skills to develop and implement support detailed in care plans and have protected time to do so; b) There is involvement with the person experiencing care and/or their representative in the development and review of care plans and risk assessments and the reviews of these; c) Care plans reflect how support planned has been informed by advice or direction from involved health professionals; d) The plan sets out how support will be provided to ensure optimal physical and mental wellbeing, including how person centred activity meaningful to them is incorporated into their daily life; e) Relevant assessments and monitoring tools, including those that identify potential triggers, health issues or incidents are completed and cross referenced, and used to inform the evaluation of the effectiveness of support being provided; f) Managers demonstrate leading on the audit of the quality of the implementation of the above.	09/01/24	MET

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

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

19 March 2024

Subject: Care Home Viability (Strategic Risk Update)

1. Purpose

1.1 The purpose of this report is to update the Audit and Performance Committee on care home viability, an area of emerging risk for the Health and Social Care Partnership.

2. Recommendations

2.1 It is recommended that the Committee note and comment on the contents of this report.

3. Background

3.1 On the 14 November 2023 the HSCP Audit and Performance Committee considered a report entitled "West Dunbartonshire HSCP Strategic Risk Register." The Committee approved the inclusion of two new strategic risks including Care Home Viability.

3.2 In the main this new strategic risk pertained to, the uncertainty in relation to the National Care Home Contract (NCHC), funding and workforce issues which continue to contribute to the overall fragility of the independent care home sector, thus creating an increased risk that providers may exit the market.

3.3 The Committee instructed the Head of Strategy and Transformation to report back on this strategic risk in order to provide assurance that mitigating actions were being taken.

4. Main Issues

National Position

4.1 The National Care Home Contract (NCHC) uplift is due to be implemented on 1 April 2024. The body which represents the independent care home sector, Scottish Care, have written to CoSLA advising that they will not be participating in the negotiations this year.

4.2 The rationale for this decision relates to a longstanding disagreement with elements of the "Cost of Care Model". Scottish Care have therefore requested an un-negotiated offer from CoSLA.

4.3 Scotland Excel and Local Government jointly wrote to Scottish Care after the 2023/24 negotiations, which were concluded in July 2023, setting out which elements of the Cost of Care Model could be reviewed in the short term and highlighting the elements that would require longer term work (i.e.12-18 months)**.**

4.4 Scottish Care have subsequently rejected this approach advising that minimal progress had been made in key areas such as profit and occupancy levels. They have also advised that they had commissioned their own research to determine the true cost of care.

4.5 Local Government will continue to use the Cost of Care Model to determine the uplift for 2024/25. The CoSLA Officers and Local Government negotiating team have worked with Scotland Excel and have indicated that the proposed uplift would sit between 7% and 8.5% for residential and nursing placements. The 2023/24 uplift was 5.99% for residential placements and 6% for nursing placements.

4.6 At a local level the HSCP has no control in respect of these national negotiations. There remains a significant risk that the work commissioned by Scottish Care will demonstrate a significantly higher cost, which could mean sector representatives reject the offer outright. There is a continued risk that providers may seek to revert to locally negotiated rates, withdrawing from the NCHC.

4.7 Although the HSCPs influence is limited the potential impacts are significant, for example:

4.8 There is a risk that protracted negotiations will once again extend past April 2024. Failure to achieve a consensus between CoSLA, Local Government and the Sector regarding the uplift will create significant resourcing challenges locally due to the levels of increased interactions with providers. In 2023/24 there were multiple uplifts applied which have a substantive impact on resources within both the Finance and the Care Contracts Teams. This is explored further later in this report.

4.9 This national approach also increases the risk of provider failure, particularly where the Adult Social Care Pay rate will increase to £12 per hour. The HSCP have Care Homes with significant vacancy levels and this could exacerbate their financial sustainability issues.

4.10 Strategically this lack of clarity impacts on the budgetary position, making financial planning and budget adherence extremely difficult, this is prevalent given the precarious economic landscape surrounding the

HSCP.

4.11 Should a subsequent offer be rejected and providers withdraw from the NCHC, this will require individually negotiated contracts with each provider. These will be complex negotiations given the individual financial and business modelling of each care home. With such a small team and only one Contracts and Commissioning Officer this will be a lengthy process which will mean crucial budget savings work may be delayed.

4.12 There are financial implications for the HSCP which may impact the HSCPs ability to purchase less care home beds should there be a higher than budgeted uplift agreement.

Regional Actions

4.13 In June 2023 a large national care home provider, Advinia, indicated that it would withdraw from the NCHC. Advinia operates care homes across the NHS Greater Glasgow and Clyde Area including Hillview Care Home in Clydebank. Hillview has the capacity to hold 150 residents. To exemplify the issue at the time of writing this report there were 50 available beds (both residential and nursing) across West Dunbartonshire.

4.14 It became clear at that juncture that regionally HSCPs would find it challenging to respond to such a significant shock in the sector. As a result a National Contingency Planning Group was established, this group was Chaired by CoSLA. The matter was ultimately resolved and the National Contingency Planning Group stood down. However, no tangible actions were taken as a result of this Group at a national level and the issue of contingency planning remains live.

4.15 In order to seek to resolve this issue at a regional level West Dunbartonshire HSCP have taken steps to work with the local authority Civil Contingency Service (which supports four of the six HSCPs across the Greater Glasgow and Clyde Area) and civil contingencies colleagues within NHS Greater Glasgow and Clyde with a view to developing a regional plan which would address such a large shock to the sector. This remains a work in progress and further updates will be provided at an appropriate time.

Local Actions

4.16 At a local level steps are in place to improve the oversight of the financial viability of care home providers. Where necessary financial oversight arrangements are augmented by working with other HSCPs.

4.17 Enhanced reporting to the Audit and Performance Committee is in place with the Committee now in receipt of quarterly reports in respect of the

independent monitoring of the standard of care for all regulated services across West Dunbartonshire.

4.18 An improvement project is underway to implement CareFinance across all services provided by the HSCP. This will ensure providers are paid correctly and in a timely manner, and will also ensure that all service users are being charged correctly.

4.19 There are enhanced arrangements which are monitored via the HSCPs Clinical and Care Governance Group, this includes care assurance visits to care homes supporting the drive for continued improvements in the standards of care. This will mitigate against a secondary risk of care homes receiving poor Care Inspectorate reports which may necessitate local actions such as moratoria on placements, further limiting available beds.

4.20 Work is required to develop a market facilitation plan. This is a strategic approach used by commissioners to ensure that there is a diverse, appropriate, and affordable range of services available to meet the needs of the population. It aims to create an environment where various providers and types of support are accessible for people to choose from. The goal is to deliver effective outcomes both now and in the future. Essentially, it involves planning and practices that influence and shape markets to provide a wide array of services that align with the needs of the community. This process is crucial for effective commissioning of health and social care services. It will enable the HSCP to effectively shift the balance from residential to nursing to meet greater complexity and to enhance provider sustainability.

4.21 Development of the market facilitation plan will involve:

- Market Intelligence: Understanding needs and demand, including for example current and projected occupancy and length of stay.
- Market Structuring: Shaping the market to achieve agreed outcomes.
- Market Intervention: Making necessary changes to meet community requirements.

4.22 The plan leads to an evidenced, published market position statement. This statement defines supply and demand, providing a shared perspective. It will help guide the adult care sector in West Dunbartonshire through structured engagement

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

6.1 There are no direct people implications arising from the recommendation within this report. The potential impact on Finance and Care Contracts Teams are rehearsed in section four of this report.

7. Financial and Procurement Implications

7.1 There are no direct financial or procurement implications arising from the recommendation within this report. The potential financial risk for the HSCP is rehearsed in section four of this report.

8. Risk Analysis

8.1 This report pertains to the strategic Care Home Viability risk.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required as the recommendation within this report does not impact on those with protected characteristics.

10. Environmental Sustainability

10.1 The recommendations within this report to not require a Strategic Environmental Assessment (SEA) to be undertaken.

11. Consultation

11.1 The HSCP Senior Management Team, Chief Finance Officer, Internal Auditor and 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 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 This report does not require a direction to be issued.

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Designation:	Head of Strategy and Transformation
Date:	13 February 2024

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

Report by Fiona Taylor, Head of Health and Community Care

19 March 2024

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

1. Purpose

1.1 To provide the Audit Committee with information regarding the most recent Care Inspectorate Inspection report for Crosslet House.

2. Recommendations

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

3. Background

3.1 Crosslet House is a West Dunbartonshire Council run care home. The service was registered with the Care Inspectorate in July 2017. The service is registered to care for 84 older people. The beds have recently been reduced to 70. At the time of the Care Inspectorate visit the service were supporting 62 residents.

3.2 This was an unannounced inspection which took place on 12, 13 and 14 December 2023. The inspection was carried out by two inspectors from the Care Inspectorate. The methodology used was as follows:

- Spoke with 6 people using the service and 9 of their family members
- Spoke with 12 staff and management
- Observed practice and daily life
- Received 28 survey responses from people using the service
- Reviewed documents
- Spoke with 4 visiting professionals

3.3 This inspection focussed on two areas "How well do we support people's wellbeing" and "How good is our leadership."

3.4 The Care Inspectorate met with the management team on 19 December 2023 to provide feedback ahead of the formal report.

3.5 The Care Inspectorate evaluates quality using a five point scale from 1 - weak to 6 – excellent.

4. Main Issues

4.1 There were several key messages identified in this report

- People were treated with dignity and respect.
- People's opinions and feedback were sought. This was evident in care plans and in rooms that were personalised.
- The service should consider storing and administering medications in people's own rooms as to further enhance dignity and respect.
- There were many activities, both on and off-site. Outings and entertainment were available.
- The service could provide information on activities and menus in an accessible manner to increase people's ability to make informed choices.
- People's health and wellbeing was well supported.
- Appropriate referrals were made and external health professional advice was followed.
- Management were knowledgeable about people and their care needs. Service to look at an overviews of accidents and staff training.

4.1.1 There were no requirements from the previous Inspection.

4.1.2 The tables below sets out the grades for this care home over the last two inspections**.**

4.1.3 Crosslet had a full inspection in 2022 which covered all 5 areas; only 2 areas were looked at during this inspection. Any key areas that have not been inspected during a visit will remain the same until they have been re-inspected.

How well do we support people's wellbeing	**5 – Very Good**
How good is our leadership	**5 – Very Good**
How good is our staff team	**5 – Very Good**
How good is our setting	**5 – Very Good**
How well is care and support planned	**5 – Very Good**

For this inspection, they have awarded the care home the following grades:

How well do we support people's wellbeing	**5 – Very Good**
How good is our leadership	**5 – Very Good**

4.2 The inspectors describe the interactions between staff and residents as warm and compassionate. Staff demonstrated an awareness of residents' needs which was evident in their care plans. Residents spoke of feeling well supported and got the help they needed.

4.2.1 The inspectors noted there was a clear culture of dignity and respect being maintained and that senior staff challenged any staff practice or language that was not up to standard.

4.2.2 Inspectors felt the environment set-up lent itself to residents being supported in smaller more cohesive and manageable groups and stated flats were homely and bedrooms were personalised and well maintained.

4.2.3 They reported the service had several links with local nurseries and schools and there was a lot of very good work taking place between these inter-generational projects. Thought had been given to activities and there were a variety on offer, including outings and entertainers visiting the home.

4.2.4 It was noted the service had regular staff meetings as well as daily 'huddles' and staff handovers, which contributed to staff being kept up to date with changes and developments for people and within the service.

4.2.5 The management team had an effective overview of the people living at the home and were proactive in trialling new initiatives.

4.2.6 The manager produced monthly reports for the Head of Service, including analysis of adult support and protection issues, falls and a variety of audits.

4.2.7 There was evidence of regular supervision sessions and measures were put in place for staff who required additional support or who had wellbeing needs.

4.3 Areas of improvements

4.3.1 The inspectors stated the service should introduce an overview of staff training and of any accidents / incidents that occur at the service to enable them to track training undertaken by the team and evidence how they analyse and action any incidents that do occur.

4.3.2 The service should regularly and routinely complete and record staff competencies that cover areas such as; medication administration, moving and assisting and dignity and respect.

4.3.3 The service should consider the storage and administration of medicines in the privacy of people's own rooms in a way that promotes residents' privacy, dignity and respect.

4.3.4 The service should ensure that menus and activity timetables are in an accessible format for all and are available for people to see and use to make informed choices.

4.3.5 An action plan has been developed to ensure these areas for improvement are completed. These improvements have commenced and are ongoing.

4.4 Requirement

4.4.1 There were no requirements from this inspection

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 There are no financial implications associated with this report.

7. Risk Analysis

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

8. Equalities Impact Assessments (EIA)

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

9. Environmental Sustainability

9.1 N/A

10. Consultation

10.1 None required.

11. Strategic Assessment

11.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan 2023 – 2026 recognises the need to ensure that services align with strategic outcomes and priorities, and work with people to safely maintain their independence at home and in their local community, building on strengths and supporting unmet need. This inspection report evidences we are working in line with the principles laid out with in the strategic plan as below:

- Our services take account of the particular needs, strengths and outcomes of the different people who use our services
- We respect the rights and dignity of people who use our services and take account of the particular characteristics and circumstances of each of them
- We protect and improve the safety of the people who use our services

- We work to improve the quality of our services
- We support community mobilisation

Name:	**Fiona Taylor**
Designation:	**Head of Health and Community Care**
Date:	**12/02/24**

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Appendices:	Appendix 1: Crosslet House Care Home Inspection
Background Papers:	All the inspection reports can be accessed from Inspection Reports (careinspectorate.com)
Wards Affected:	All

care inspectorate

Crosslet House Care Home
Care Home Service

Argyll Avenue
Dumbarton
G82 3NS

Telephone: 01389 603 800

Type of inspection:
Unannounced

Completed on:
18 December 2023

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2016352864

HAPPY TO TRANSLATE

About the service

The provider of Crosslet House Care Home is West Dunbartonshire Council. The service registered with the Care Inspectorate on 30 May 2017. The service is registered to care for 84 older people. Within that total the service is able to provide support to a smaller number of people aged between 50 and 65. Additionally, the service are able to offer some respite provision to people who require this.

The service is purpose-built and is in a residential area of Dumbarton. The building is on two levels, with lift and stair access. The service is split into houses with each sub-divided into flats of seven to make small group living. There are extensive well-maintained gardens and a large balcony area for those on the first floor to have easy access to fresh air. The local authority Crosslet House Day Service is in the same building on the ground floor. At time of our visit the service were supporting 62 people.

About the inspection

This was an unannounced inspection which took place on 12, 13 and 14 December 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. We also received 28 survey responses from people using the service.

In making our evaluations of the service we:

- Spoke with 6 people using the service and 9 of their family members
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with 4 visiting professionals

Key messages

People we met and observed were treated with dignity and respect. People's opinions and feedback were sought. This was evident in care plans and in rooms that were personalised. We did suggest the service consider storing and administering medications in people's own rooms as to further enhance dignity and respect.

There were many activities, both on and off-site. Outings and entertainment were available. Events were happening and family members welcomed to the service. We suggested that the service could provide information on activities and menus in an accessible manner to increase people's ability to make informed choices and participate.

People's health and wellbeing was well supported. Appropriate referrals were made and external health professional advice was followed. Care and medication records were clear, updated and easy to follow.

Management were knowledgeable about people and their care needs. There was a culture of continuous improvement at the service. The staff team were well supported and most management overviews were in place. We did make suggestions for overviews of accidents and staff training.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

People told us:

'they're very, very, very good'
'treat me good here'
'couldn't be kinder. Couldn't be better at looking after you'

Relatives told us:

'great place. Staff very attentive and keep us well informed'
'activities are great'
'nothing we would change'

External health professionals told us:

'pleasure to come here'
'patient experience is good, amazing'
'knowledge of residents' nutritional status is great'

Over the course of the inspection we witnessed interactions between staff and supported people that were warm and compassionate. We could see that staff knew people well and were familiar with their care plans and support strategies. Any agency staff that were used were regular and familiar with the service and we could see that they were included in briefings and training sessions alongside Crosslet staff members. The flat set-up lent itself to people being supported in smaller more cohesive and manageable groups. Flats were homely and people's rooms were personalised and well maintained. People we spoke to felt well supported and told us they got the help they needed. There was a clear culture of dignity and respect being maintained. For example, senior staff challenged any staff practice or language that was not up to standard. We also saw evidence that people living at the service were encouraged to respect each other via strategies and interventions that had been put in place. We did ask the service to revisit people receiving their medication in their rooms as there was appropriate storage in place for this. We felt that this would further enhance people being treated with compassion, dignity and respect **(see area for improvement 1)**

Families were able to visit freely and were able to stay over at the service if this was appropriate. The service held many events that relatives were able to attend with their loved ones. All the relatives we spoke to felt that the standard of care and support was very good. Two relatives did mention that communication with them could be improved, but this seemed to be limited to one flat only and the service were already aware of this issue. The service had several links with local nurseries and schools and there was lots of very good work taking place between these inter-generational projects. We heard about people who were choir members, attended many on-site activities and had use of outside space. The service were using a 'happiness projector' which was a mobile, interactive resource that could be used for many activities in groups or with individuals in their own rooms. Thought had been given to activities and there was a big variety on offer, including outings and entertainers visiting the home.

People were able to access a cinema room and hairdresser on-site. The service told us that there were internet issues which could impact on some residents, but were hopeful that this was being addressed by the council updating their provision. Resident meetings were taking place and feedback was sought by the service on activities and meals. We could see that feedback had been taken on board and had been used to develop the service. We did receive some survey responses where people said they were bored or lonely. We asked the service to make activity timetables and menus in formats that could be understood by all people and be placed where they were easily accessible. This could encourage more people to choose and join in with more activities and support more people to get the most out of life **(see area for improvement 2)**

We saw that the service had an effective online medication recording system in place. The management team were also very responsive to any medication issues that arose and had given great thought and effort to minimise any medication errors. The service were very good at ensuring any 'as required' medication protocols were followed and adequately recorded. The management team kept an effective overview of falls, weight loss and pressure ulcers. We were very pleased to hear that there were no pressure ulcers acquired at the service at the time of our visit. The external health professionals we spoke to were very positive about the management team and the service in general. We could see that appropriate referrals were being made to relevant health and social care agencies. People were encouraged to keep active and healthy. We were able to attend the launch of a 'milkshake project' which was being run in conjunction with dieticians with the expectation to improve nutritional intake for people who required this.

The care home collaborative team we spoke to were keen to point out that the management team were very invested in the project and had made some good suggestions. The community psychiatric nurse and oral health team we spoke to were also complimentary about the service. The environment was cleaned to a high standard and people were encouraged to keep active indoors and out. Meals were of a good quality and thought had been given to menus for those who required modified or textured diets. Overall, we found that people's health and wellbeing benefitted from their care and support.

Areas for improvement

1. The service should consider the storage and administration of medicines in the privacy of people's own rooms. This would support people's privacy, dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. The service should ensure that menus and activity timetables are in an accessible format for all and are available for people to see and use to make informed choices.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

How good is our leadership? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

We met with various staff members and the management team. We found that all the staff we spoke to were knowledgeable about the people they supported. There was a collaborative approach between the different staff groups and staff told us they felt well supported in their roles. Supervision sessions took place regularly and measures were put in place for staff who required additional support or who had their own wellbeing needs. The service was keen to develop staff who wished to progress their careers and were also working extensively with students from a variety of disciplines. We could see there was a culture of continuous improvement and the service had a development plan in place.

The management team had an effective overview of the people living at the home and were proactive in trialling new initiatives like the 'milkshake project'. The manager produced monthly reports for the local authority and we could see that this included analysis of adult support and protection issues, falls and a variety of audits. It wasn't so easy to see an overview of accidents and incidents or of staff training. These records were held externally by the local authority and we weren't able to access these. The training records we did see had not effectively captured all of the training that had taken place. We saw that the service had held some thorough briefing sessions which were very well attended. There were internal trainers who were able to deliver dementia training to the required standard and other topics. We felt the service would benefit from keeping their own overview of training. We did ask the service to introduce overviews on training and accidents/ incidents **(see area for improvement 1).**

We could see that the service made very effective use of their online care plans. The plans that we sampled were clear, concise and updated regularly. The management team were carrying out regular audits of these and the online dashboard system showed us that there were few outstanding tasks waiting to be completed. There was a very good level of detail in people's care plans and there had been analysis of people's behaviour and health needs in terms of developing strategies to best support people whilst promoting their independence. The service had regular staff meetings as well as daily 'huddles' and staff handovers. These all contributed to staff being up to date with changes and developments for people and within the service. Relatives we spoke to told us that they could approach management when issues were small and we could see that there were no ongoing complaints at the time of our visit.

The service were able to show us records of cleaning schedules which took place and were routinely checked and audited. We also viewed extensive competency records that the service used to ensure effective hand hygiene and IPC (Infection Prevention and Control) regularly across the staff team. We did suggest the service should expand these competencies to include, but not limited to, such topics as medication administration, moving and assisting and dignity and respect **(see area for improvement 2).**

The management team were enthusiastic and able to provide many examples of best practice and good outcomes for people in their care. This was also agreed by people, their relatives and the external professionals we spoke to. Overall, we could see that quality and assurance was led well.

Areas for improvement

1. The service should introduce overviews of staff training and of any accidents or incidents that occur at the service. These overviews would allow the service to easily track training undertaken by the team and fully evidence how they analyse and action any incidents that do occur.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality and assurance processes' (HSCS 4.19).

2. The service should regularly and routinely complete and record staff competencies that cover areas such as medication administration, moving and assisting and dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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