

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Tuesday, 3 March 2026

Time: 14:00

Format: Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton G82 1QL

Contact: Natalie Roger, Committee Officer
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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

Michelle McGinty (Chair)
Michelle Wailes (Vice Chair)
Libby Cairns
Lesley McDonald
Martin Rooney
Fiona Hennebry

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 24 February 2026.

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, 3 MARCH 2026

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

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

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 5 - 7

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 16 December 2025.

(b) ROLLING ACTION LIST 9

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

6 QUARTERLY PERFORMANCE REPORT 2025/26 QUARTER THREE 11 - 35

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, showing effective monitoring and reporting on the delivery of services and on the programme of work as set out in the new West Dunbartonshire HSCP Strategic Plan 2023-2026: Improving Lives Together.

7/

- 7 REGULATED COMMISSIONED SERVICES REPORT 37 - 89**
- Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing Care Inspectorate inspection activity for the period 1 December 2025 to 14 January 2026.
- 8 2025/26 ANNUAL ACCOUNTS AUDIT PROCESS 91 - 135**
- Submit report by Julie Slavin, Chief Financial Officer, providing an overview of the process for the preparation of the 2025/26 Annual Accounts of the Integration Joint Board (IJB) identifying legislative requirements and key stages.
- 9 INTERNAL AUDIT PLAN PROGRESS REPORT 137 - 150**
- Submit report by Julie Slavin, Chief Financial Officer, providing an update on the performance of Internal Audit and an overview of the HSCP Board's overall control environment.
- 10 CLINICAL AND CARE GOVERNANCE COMMITTEE REPORT 151 - 158**
- Submit report by Val Tierney, Chief Nurse, providing an update on progress in oversight, assurance, and improvements regarding the quality of health and social care.

**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, 16 December at 2.00 p.m.

Present: Michelle Wailes, Lesley McDonald, Libby Cairns; NHS Greater Glasgow and Clyde; Councillors Fiona Hennebry, Michelle McGinty and Martin Rooney; West Dunbartonshire Council; Anne MacDougall, Stakeholder Member.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Andi Priestman, Chief Internal Auditor; Caleb Ogouche, External Auditors – Forvis Mazars

Also Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities; Fiona Wilson, Clinical Director; Fiona Taylor, Head of Health and Community Care; Helen Little, Musculoskeletal Physiotherapy Manager; Karyn Wood, Head of HR; Lesley James, Head of Children's Health, Care and Criminal Justice, and Chief Social Work Officer; Val Tierney, Chief Nurse and Natalie Roger, Committee Officer.

Apology: An apology for absence was intimated on behalf of Michael McDougall, Manager of Legal Services.

Councillor Fiona Hennebry in the Chair

STATEMENT BY CHAIR

Councillor Fiona Hennebry, 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 23 September 2025 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 2025/26 QUARTER TWO

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting performance information reported against the strategic priorities for the period July to September 2025 for the Committee's consideration.

After discussion and having heard the Head of Strategy and Transformation, the Head of Children's Health, Care and Criminal Justice, and Chief Social Work Officer, the Chief Nurse, the Musculoskeletal Physiotherapy Manager, the Chief Financial Officer, the Chief Officer, the Head of Health and Community Care and the Head of Mental Health, Addictions and Learning Disabilities in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) the content of the HSCP Quarterly Performance Report 2025/26 Quarter Two and performance against the Strategic Plan 2023 - 2026 by exception; and
- (2) to note that, due to timing issues this report presents partial Quarter Two data. there has been a significant delay in receiving fully validated emergency admissions/bed days data from Public Health Scotland, meaning the HSCP only currently have validated data up to December 2024.

REGULATED COMMISSIONED SERVICES REPORT

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on Care Inspectorate inspection activity.

After discussion and having heard the Head of Strategy and Transformation, the Head of Children's Health, Care and Criminal Justice, and Chief Social Work Officer, the Chief Nurse, the Head of Mental Health, Addictions and Learning Disabilities and

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

STRATEGIC RISK REGISTER SIX MONTH REVIEW

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

After discussion and having heard the Head of Strategy and Transformation, the Chief Financial Officer, the Head of Human Resources, the Head of Mental Health, Addictions and Learning Disabilities and the Musculoskeletal Physiotherapy Manager in further explanation and in answer to Members' questions, the Committee agreed the Strategic Risk Register in Appendix 1 of the report, prior to its submission to the HSCP Board, for approval on 27 January 2026.

AUDIT PLAN PROGRESS REPORT

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

After discussion and having heard the Chief Internal Auditor and the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2025/26.

ANNUAL CIVIL CONTINGENCIES ASSURANCE STATEMENT

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an annual update on preparedness, risks, incidents, and assurance in relation to strategic alignment with national guidance.

After discussion and having heard 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 approve the business continuity statement in Appendix 1 of the report; and
- (2) to instruct an Officer to provide an annual assurance statement to the HSCP Board Audit and Performance Committee; and
- (3) to note and comment on the content of this report.

The meeting closed at 3.40 p.m.

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

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
Q1 PERFORMANCE REPORT	Cllr Rooney requested definitive information on the forecasted absences for the year – questioning whether the figures are cumulative?	Beth Culshaw/Karyn Wood	25 December	Chief Officer sent communication out in response before Christmas.	Closed
QUARTERLY PERFORMANCE REPORT 2025/26 QUARTER TWO	Libby Cairns enquired why there had been an issue in securing finance for the Clinical Associate Applied Psychology post which was vacated in August 25	Sylvia Chatfield	ASAP	this was an error in report and there was no issue with funding post.	Closed
QUARTERLY PERFORMANCE REPORT 2025/26 QUARTER TWO	Cllr Rooney asked for cumulative absence figures to be shown in a table (page 25 of report)	Karyn Wood	3 March 26		Open

Updated: NR 2 February 2026

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

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

3 March 2026

Subject: West Dunbartonshire Health and Social Care Partnership (HSCP) Quarterly Performance Report 2025/26 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 new 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 2025 (Appendix I) for the Committee's 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 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 2025/26 Quarter Three and performance against the Strategic Plan 2023 - 2026 by exception.
- 2.2 Note that due to timing issues this report presents partial Quarter Three data. There has been a significant delay in receiving fully validated emergency admissions/bed days data from Public Health Scotland, meaning we only currently have data up to June 2025.

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. An informal session with the HSCP Board to consider the performance framework for 2026/27 has been scheduled for the 20 February 2026.

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 which will be refined moving forward.

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

4.4 The HSCP have 52 performance indicators. Of the 33 reported in Quarter Three, 7 indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix 1 together with information about improvement actions currently being taken to address these performance issues.

4.5 Key highlights and challenges experienced in this reporting period can be summarised as follows:

- a) A projected overspend of £2.109m (1.01%) after net application of earmarked reserves of £0.547m are accounted with continued financial pressures in relation to care at home services and ongoing demand for supporting children and young people in both community and residential placements.
- b) 99.4% of people starting drug or alcohol treatment within 3 weeks of referral in Quarter 2.
- c) 99.8% of homecare service users receiving personal care, reflecting appropriate targeting of resources.
- d) All children and young people continue receiving Child and Adolescent Mental Health Services treatment within 18 weeks of referral and an average wait of 3 weeks.
- e) Homecare Pharmacy have employed a support worker who is able to undertake compliance visits and additional administrative support which will allow more visits to be undertaken.

- f) Recruitment to a Clinical Associate in Applied Psychology (CAAP) vacant since August 2025.
- g) Significant challenges in relation to delayed discharge.
- h) Long term sickness absence within Criminal Justice Social Work meaning an inability to allocate orders within National Standards and continued challenges with meeting targets. An agency worker has commenced with the service, with recruitment currently ongoing for a fixed term (until March 2027) social work post.
- i) Improvement in MSK Physiotherapy waiting times from 30% in Quarter 2 to 42% during October to December.
- j) Increased staff absence across both Council and NHS employees.

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 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

8.2 The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report. The report was reviewed by the Senior Management Team (SMT) on the 21 January 2026. The SMT highlighted the request from the HSCP Board Audit and Performance Committee that absence data be presented in a different way. This is under consideration by Officers and remains a work in progress. This will develop over the next reporting period.

12. Strategic Assessment

12.1 Not required for this report.

13. Directions

13.1 Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 19 February 2026

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation

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Appendices:

Appendix 1: West Dunbartonshire HSCP Performance
Report 2025/26: Quarter Three October to December
2025

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership
Performance Report 2025/26: Quarter 3 October to December 2025

This report will outline the Health and Social Care Partnership's performance against the priorities set out in our Strategic Plan 2023-2026: Improving Lives Together.

Local targets have been reviewed for 2025/26 and provisionally used in this report pending final approval. Delayed discharge targets have been reviewed in line with performance to August 2025 and an improvement trajectory to March 2026. Targets based on rates per population have been revised in line with the latest population estimates published by National Records of Scotland, mid-year 2024.

Key Highlights/Challenges

A projected overspend of £2.109m (1.01%) after net application of earmarked reserves of £0.547m are accounted with continued financial pressures in relation to care at home services and ongoing demand for supporting children and young people in both community and residential placements.

99.4% of people starting drug or alcohol treatment within 3 weeks of referral in Quarter 2.

99.8% of homecare service users receiving personal care, reflecting appropriate targeting of resources.

All children and young people continue receiving Child and Adolescent Mental Health Services treatment within 18 weeks of referral and an average wait of 3 weeks.

Homecare Pharmacy have employed a support worker who is able to undertake compliance visits and additional administrative support which will allow more visits to be undertaken.

Recruitment to a Clinical Associate in Applied Psychology (CAAP) vacant since August 2025.

Significant challenges in relation to delayed discharge.

Long term sickness absence within Criminal Justice Social Work meaning an inability to allocate orders within National Standards and continued challenges with meeting targets. An agency worker has commenced with the service, with recruitment currently ongoing for a fixed term (until March 2027) social work post.

Improvement in MSK Physiotherapy waiting times from 30% in Quarter 2 to 42% during October to December.

Increased staff absence across both Council and NHS employees.

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		Target Type		Short Term Trends	
	Alert	N	National Target		Improving*
	Warning	L	Local Target		No Change
	OK	M	Monitoring only – no target set		Getting Worse*
	Unknown				
	Data Only				

*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 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	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	94.4%	95%	L			94.2%	89.6%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	98.1%	95%	L			96.2%	91.7%	
3	Number of Adult Carer Support Plans completed	55	N/A	M			52	48	
4	Balance of Care for looked after children: % of children being looked after in the Community	89.8%	90%	N			89.2%	90.9%	
5	Number of Looked After Children	443	N/A	M			473	472	
6	Number of Looked After children looked after in a residential setting	45	N/A	M			51	43	
7	Number of Looked After children looked after at home with parents	81	N/A	M			87	82	
8	Number of Looked After children looked after by foster carers	110	N/A	M			118	118	
9	Number of Looked After children looked after in other community settings	207	N/A	M			217	229	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	N			100%	100%	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	3	18	L			3	3	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.1%	90%	N			48.1%	41.6%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published March	90%	N	Not yet available	Not yet available	99.4%	99.4%	

Safe and Thriving Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	96%	100%	N			100%	100%	
15	Percentage of child protection investigations to case conference within 28 days	New recording processes in relation to Child Protection have resulted in an issue with dates meaning we are unable to accurately capture timescales for contact to case conference. We have therefore temporarily paused reporting of this performance indicator and are working to address this issue.							
16	Number of Child Protection investigations	61	N/A	M			77	91	
17	Number of children on the Child Protection Register at end of reporting period	49	N/A	M			70	55	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	137	N/A	M			162	130	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	24	N/A	M			32	28	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	80%	100%	N			100%	46.7%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published February	0	N	Not yet available	Not yet available	27	8	
22	Number of bed days lost to delayed discharge 18+ All reasons	Published February	3,420	L	Not yet available	Not yet available	4,061	2,399	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	Published February	1,422	L	Not yet available	Not yet available	1,865	1,023	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,958	2,694	L			3,307	1,854	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,132	1,049	L			1,318	787	
26	Number of clients receiving Home Care Pharmacy Team support	241	290	L			251	291	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,834	1,894	L			1,813	1,885	
28	Number of people receiving homecare - All ages	1,156	N/A	M			1,138	1,204	
29	Number of weekly hours of homecare - All ages	8,681	N/A	M			8,286	8,705	
30	Percentage of people who receive 20 or more interventions per week	45%	40%	L			39.8%	46.9%	
31	Percentage of homecare clients receiving personal care	99.8%	99%	L			100%	99.7%	
32	Number of people receiving reablement homecare	30	N/A	M			234	53	
33	Number of hours of reablement homecare	171.25	N/A	M			418	143	

Equal Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	70%	98%	N			64.8%	78.7%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	74.1%	80%	N			69.2%	67.7%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	20%	80%	N			12.8%	16.9%	
37	Percentage of children from BME communities who are looked after that are being looked after in the community	89.3%	90%	L			81.3%	78.5%	

		Q3 2025/26					Q2 2025/26	Q3 2024/25	
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	80%	L			0%	N/A	
39	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	17.9%	N/A	M			18.9%	30%	
40	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	8.7%	N/A	M			4.9%	19%	
41	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	14.1%	N/A	M			7.5%	14%	
42	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	8.3%	N/A	M			9.6%	30%	

Healthy Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
43	Number of emergency admissions 18+	Not yet available	1,989	L	Not yet available	Not yet available	Not yet available	2,398	
44	Number of emergency admissions aged 65+	Not yet available	1,067	L	Not yet available	Not yet available	Not yet available	1,294	
45	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	57.5	L	Not yet available	Not yet available	Not yet available	71.2	
46	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	Not yet available	22,653	
47	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	Not yet available	17,073	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	787.5	L	Not yet available	Not yet available	Not yet available	939.8	
49	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	6,450	6,039	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	42%	90%	N			30%	33%	
51	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	L	Not yet available	Not yet available	£190.60	£191.99	
52	Compliance with Formulary Preferred List	Not yet available	78%	N	Not yet available	Not yet available	74.46%	74.03%	

Please find July to September 2025 data below for indicators we were unable to report on in our Quarter 2 2025/26 Performance Report.

Caring Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	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	99.4%	90%	N			98.4%	97.8%	

Safe and Thriving Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	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	162	N/A	M			180	58	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	32	N/A	M			32	30	

Healthy Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
51	Prescribing cost per weighted patient (Annualised)	£190.60	£187.73	N			£179.35	£192.24	
52	Compliance with Formulary Preferred List	74.4%	78%	N			74.28%	74.54%	

Fully validated unscheduled care data has now been received up to June 2025 and below is the data we were unable to report in our Quarter 1 2025/26 Performance Report.

Healthy Communities									
Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
43	Number of emergency admissions 18+	2,255	1,989	L			2,267	2,367	
44	Number of emergency admissions aged 65+	1,146	1,066	L			1,222	1,268	

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
45	Emergency admissions aged 65+ as a rate per 1,000 population	63.1	57.5	L			67.3	69.8	
46	Number of unscheduled bed days 18+	21,516	20,094	L			22,631	24,367	
47	Unscheduled acute bed days (aged 65+)	15,054	14,565	L			17,329	17,780	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	813.9	787.5	L			953.9	978.7	
49	Number of Attendances at Accident and Emergency 18+	6,294	5,005	L			5,789	6,446	

Financial Update

The HSCP Board meeting on 27th January 2026 considered the following financial papers:

- 2025/26 Financial Performance Report as at Period 8 (30th November 2025)
- 2026/27 Annual Budget Setting Update (Revenue Estimates)

The financial performance report provided an update on the position to 30th November 2025 and a projection to 31st March 2026 based on month 8 activity and performance.

The financial projection based on month 8 data reported an overspend of £2.109m (1.01%) after net application of earmarked reserves of £0.547m are accounted for. There continues to be financial pressures in relation to care at home services and ongoing demand for supporting children and young people (in both community placements and other residential accommodation).

While the projected overspend has reduced by £0.369m from the Q2 reported position minimising the updated projected overspend will be an ongoing priority. The Board has recently approved the latest update to the Recovery Plan. This follows a thorough review of current actions and a challenge issued to the Senior Management Team to develop additional measures aimed at reducing reliance on non-recurring reserves to address the overspend. The Recovery Plan will continue to be reviewed and updated as further actions are developed.

The HSCP's Chief Officer and Chief Financial Officer continue to meet with both NHS Greater Glasgow and Clyde and West Dunbartonshire Council Chief Executives to consider the reported financial position of the Health and Social Care Partnership.

The annual budget setting update report provided the HSCP Board with an update on the revenue estimates exercise for 2026/27, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board.

Options to close the gap will be presented to the Board on the 24 March 2026.

Absence

NHS Absence – Quarterly Cumulative Position:

Quarter 1 (Apr–Jun): 6.35%

Quarter 2 (Jul–Sep): 5.55%

Quarter 3 (Oct–Dec): 8.03%

Trend Analysis – NHS:

Absence improved between Quarter 1 and Quarter 2, reducing by 0.8 percentage points over the summer period. However, Quarter 3 shows a marked increase to 8.03%, representing a rise of 2.48 percentage points compared to Quarter 2. This pattern indicates a significant winter escalation effect and suggests increased operational pressure during the October to December period.

If Quarter 3 levels were sustained across a full year, the annualised absence rate would be 8.03%.

Council Absence – Quarterly Cumulative Position:

Quarter 1 (Apr–Jun): 11.31%

Quarter 2 (Jul–Sep): 10.85%

Quarter 3 (Oct–Dec): 10.64%

Trend Analysis – Council:

Council absence remains consistently high across all three quarters. There has been a marginal reduction from Quarter 1 to Quarter 3, decreasing by 0.67 percentage points overall. However, absence levels remain structurally above 10% throughout the reporting period, indicating sustained workforce capacity challenges. If Quarter 3 levels were sustained across a full year, the annualised absence rate would be 10.64%.

Comparative Position:

Quarter 3 highlights a widening differential between NHS and Council workforce absence:

NHS Quarter 3: 8.03%

Council Quarter 3: 10.64%

While NHS absence shows seasonal volatility, Council absence appears persistently elevated across the year. Both positions represent material workforce capacity pressures with implications for service delivery, financial sustainability and staff wellbeing.

Conclusion:

The cumulative quarterly analysis demonstrates:

- A winter-related escalation in NHS absence during Quarter 3
- Sustained high absence levels within Council services across all quarters
- Continued risk to service resilience if Quarter 3 levels persist

Absence performance will continue to be closely monitored, with further diagnostic analysis underway to understand contributory factors and target interventions appropriately.

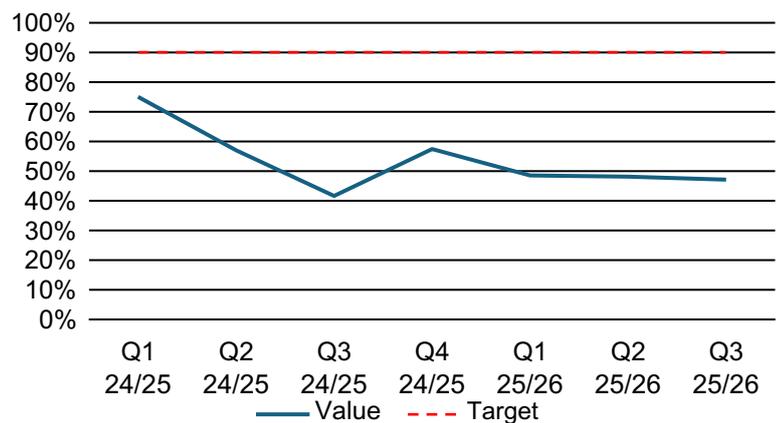
West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October to December 2025

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.1%	90%	N			48.1%	41.6%	

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

Quarter	Value	Target
Q1 24/25	75.0%	90%
Q2 24/25	57.0%	90%
Q3 24/25	41.6%	90%
Q4 24/25	57.3%	90%
Q1 25/26	48.5%	90%
Q2 25/26	48.1%	90%
Q3 25/26	47.1%	90%



Key Points:

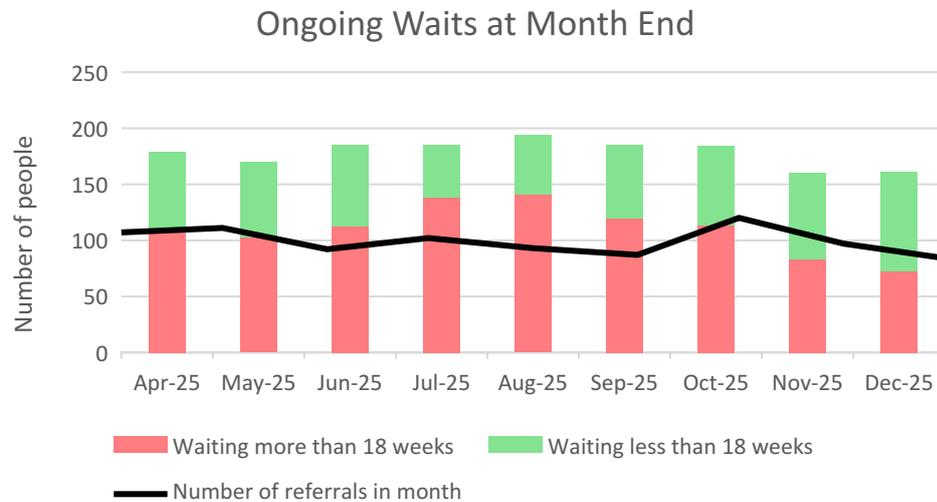
57 of the 121 people who started psychological therapies between October to December 2025 did so within 18 weeks of referral.

Some clients on the waiting list are awaiting specific treatments that require specialist-trained clinicians, which contributes to longer wait times.

Client preferences are accommodated, including gender of clinician and in some cases mode of delivery: face-to-face or remote sessions.

A further complicating factor is that we are being referred more complex cases which take longer to assess, with the outcome often being that no service is suitable.

Given the above however, we are seeing some improvement longer term with the number of ongoing waits over 18 weeks reducing towards the end of the year while referrals have remained fairly consistent.



Improvement Actions:

Successful recruitment to a vacant Band 7 post, however this was an internal candidate. Discussions are underway with Finance and HR to discuss recruitment to the subsequent Band 6 vacancy.

A 12 month fixed term 0.6 WTE Clinical Associate in Applied Psychology (CAAP)/Cognitive Behavioural Therapy (CBT) therapist will be in post as of 5th January 2026.

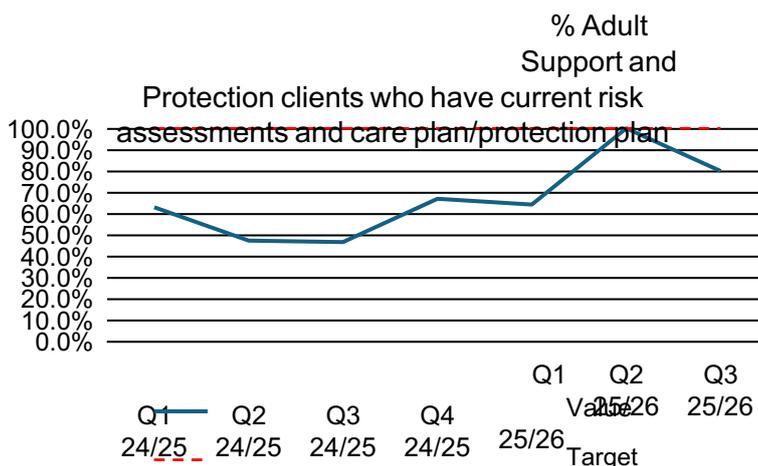
Digital Psychological Therapies team taking some referrals.

Performance Area: Adult Protection

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	80%	100%	N	●	↓	100%	46.7%	

Quarter	Value	Target
Q1 24/25	63.0%	100%
Q2 24/25	47.4%	100%
Q3 24/25	46.7%	100%
Q4 24/25	67.0%	100%
Q1 25/26	64.3%	100%
Q2 25/26	100.0%	100%

Q3 25/26	80.0%	100%
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Key Points:

8 of the 10 people discussed at case conference in Quarter 3 have the appropriate risk assessments and protections plans in place.

Improvement Actions:

A weekly Adult Support and Protection meeting now takes place with Integrated Operations Managers and Senior Social Workers to confirm reports are being completed.

Weekly reports are being generated and improvement work is underway with the Council’s Data and Audit Manager to ensure Senior Social Workers are using reports correctly.

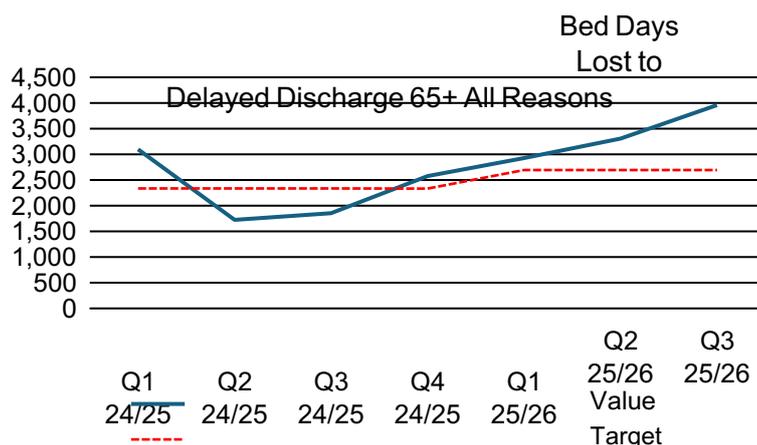
A quarterly audit by Senior Social Workers around ASP and care management cases is being undertaken and this will report to the Adult Protection Committee and Audit and Performance.

Performance Area: Delayed Discharge

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,958	2,694	L			3,307	1,854	

Quarter	Value	Target
Q1 24/25	3097	2335
Q2 24/25	1724	2335
Q3 24/25	1854	2335
Q4 24/25	2577	2333
Q1 25/26	2927	2694
Q2 25/26	3307	2694

Q3 25/26	3958	2694
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Key Points:

Local delayed discharge targets were reviewed in line with performance up to August 2025. An ambitious improvement trajectory was agreed to reduce these delays to a maximum of 27 acute delays and 3 mental health delays by March 2026. This adjustment reflected performance at the time of agreement, however recent performance indicates that this is a challenging trajectory due to various interdependent factors.

The average number of complex and non-complex daily delays was 52, compared with 44 in the previous quarter. A moratorium on one care home within West Dunbartonshire and limited bed availability in other care homes have impacted the pace of discharges from acute sites. Additionally, capacity challenges in specific areas of Care at Home led to a surge in delays due to a package of care, an area the HSCP historically has had low delays attributed to. Social Work vacancies in the Community Hospital Discharge Team have also compounded the factors relating to the decline in performance.

Improvement Actions:

The Reablement pathway is under review to enhance efficiency in referrals from Acute sites and ensure timely transfers to mainstream care at home following the reablement period.

The Integrated Operations Manager for the Hospital Discharge Team is collaborating closely with the Senior Social Worker and the team to ensure assessment timescales are met, thereby reducing bed days lost.

Delays due to Adults with Incapacity (AWI) legislation continue to impact on bed days lost, particularly related to the progress of private guardianship applications.

A System Reset across NHS Greater Glasgow and Clyde and the six partnerships was conducted in November/December 2025. This focused initiative aims to stabilise patient flow, reduce hospital occupancy, and improve the experience for both patients and staff. It unites teams from across the Whole System to address discharge delays, launch new pathways, and ensure patients receive appropriate care in the right setting at the right time.

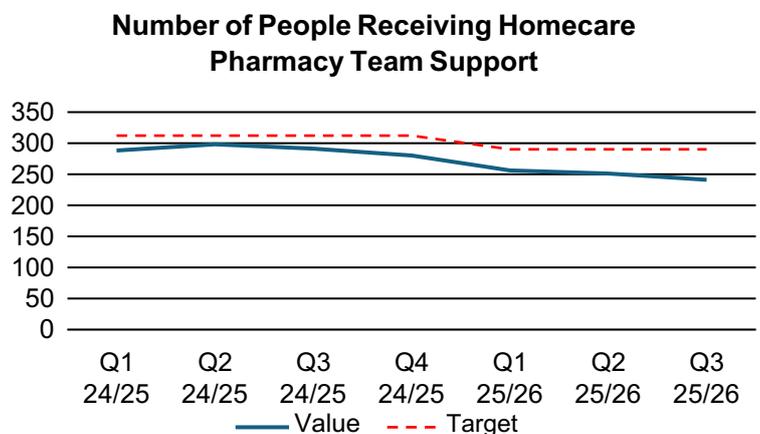
The impact of Reset 1 was monitored locally, especially concerning discharges with care packages or to care home placements. Data analysis of both Reset 1 and 2 will identify impacts from both Acute

and HSCP perspectives. Another System Reset will commence on 17th January 2026, with several dashboards developed by GGC to closely monitor and analyse impacts and areas for improvement.

Performance Area: Homecare Pharmacy

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
26	Number of clients receiving Home Care Pharmacy Team support	241	290	L			251	291	

Quarter	Value	Target
Q1 24/25	288	312
Q2 24/25	298	312
Q3 24/25	291	312
Q4 24/25	280	312
Q1 25/26	256	290
Q2 25/26	251	290
Q3 25/26	241	290



Key Points:

Over the past year, our service has developed in that we now offer a more comprehensive and patient-focused approach. Senior Pharmacy Technicians have taken on expanded roles, delivering Level 2 medication reviews which take longer to undertake. We have also been training support workers new to the role which impacts on the delivery of core services. In addition, we have supported Care at Home with medication refresher sessions

Improvement Actions:

We now have another support worker who is able to undertake compliance visits and some additional administrative support to allow more visits to be undertaken.

Performance Area: Criminal Justice Social Work

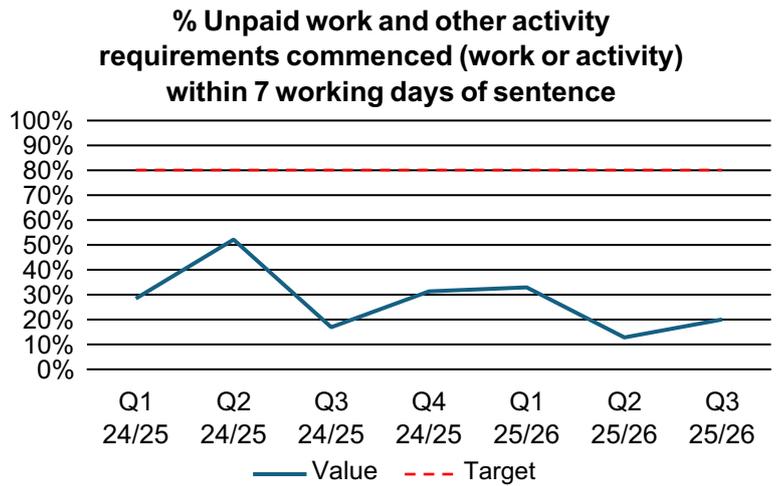
Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	70%	98%	N			64.8%	78.7%	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	20%	80%	N			12.8%	16.9%	

Quarter	Value	Target
Q1 24/25	72.8%	98%
Q2 24/25	62.7%	98%
Q3 24/25	78.7%	98%
Q4 24/25	71.7%	98%
Q1 25/26	69.6%	98%
Q2 25/26	64.8%	98%
Q3 25/26	70.0%	98%



Quarter	Value	Target
Q1 24/25	28.4%	80%
Q2 24/25	52.1%	80%
Q3 24/25	16.9%	80%
Q4 24/25	31.3%	80%
Q1 25/26	32.9%	80%
Q2 25/26	12.8%	80%
Q3 25/26	20.0%	80%



Key Points:

In Quarter 3 there were 207 requests for Justice Social Work Reports to Courts between October and December 2025. There has been a 26.3% decrease of requests compared to the previous Quarter 2

2025/26 with 281 Requests. Figures indicate an average of 70% 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.

Service users attending work placements within 7 days has increased from 12.8% in Quarter 2 to 20% in Quarter 3 2025/26. This is reflective, during Quarter 3, of our ability to allocate orders within timescales, which in turn supports service users to commence placements.

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:

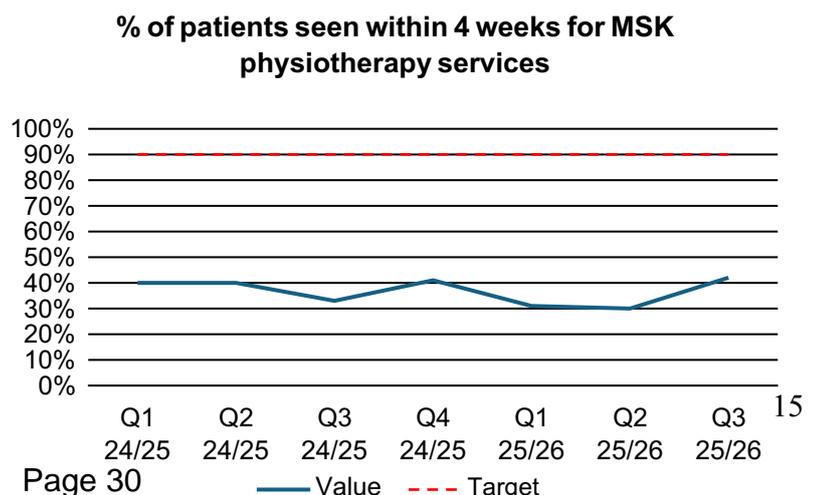
We require further investment in main grade qualified social worker posts to support the demands placed on the service by additional domestic abuse assessments for Caledonian work and to negate the impact of long-term absence on our ability to meet key performance indicators.

We have an agency worker commenced with the service, with recruitment currently ongoing for a fixed term social work post to March 2027. This has been agreed to alleviate the increased demands on our staff. While this is only a short-term solution, it is required to meet the immediate needs of the service.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	42%	90%	N			30%	33%	

Quarter	Value	Target
Q1 24/25	40%	90%
Q2 24/25	40%	90%
Q3 24/25	33%	90%
Q4 24/25	41%	90%
Q1 25/26	31%	90%
Q2 25/26	30%	90%
Q3 25/26	42%	90%



Key Points:

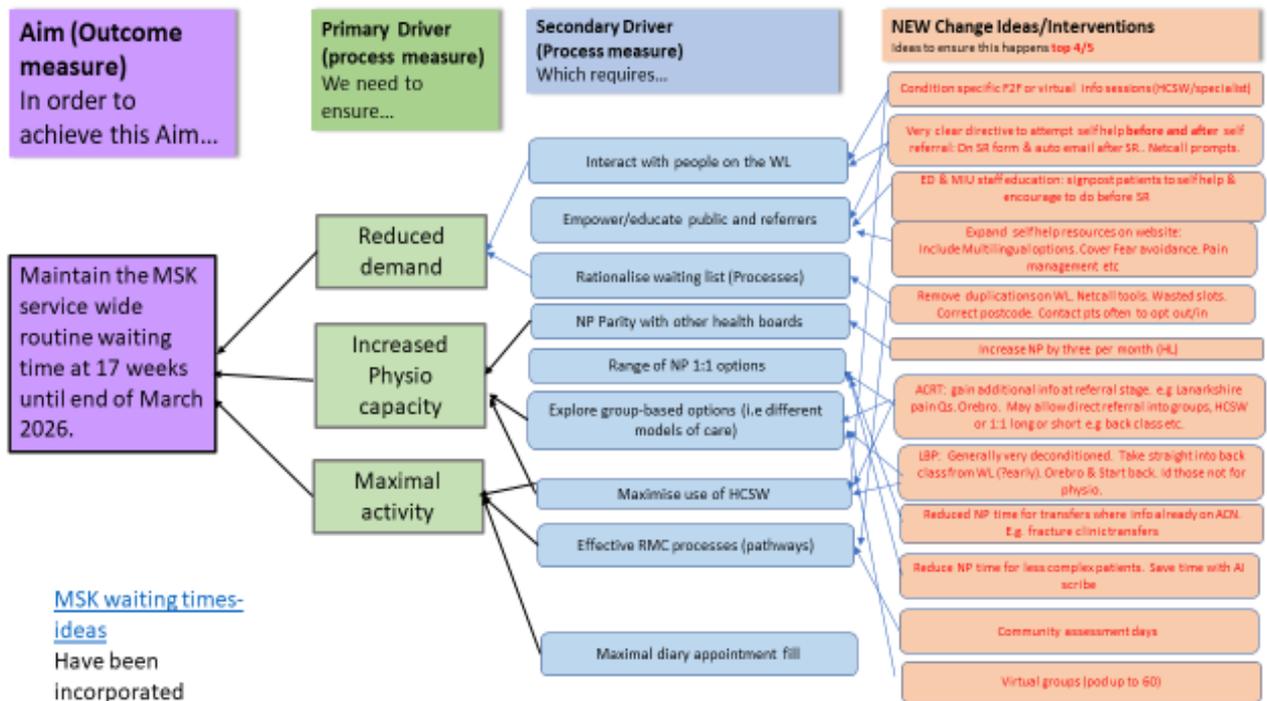
Demand for MSK service continues to rise and has risen 20% across NHS Greater Glasgow and Clyde over the last 2 years but has started to stabilise in 2025/26. Workforce has not increased over the last 2 years to meet rising demand due to financial constraints and therefore demand continues to exceed capacity.

In Q1 and Q2 the service was challenged in ensuring that all urgent patients were seen within 4 weeks. This was due to several factors. Firstly, as demand has risen so too has the need for urgent appointments to meet the proportion of demand that relates to urgent referrals. The availability of urgent appointments had been approaching the 4 weeks over several months and in Q1 and throughout Q2 the service reached tipping point where urgent patients could not all be accommodated within the 4 weeks.

Improvement Actions:

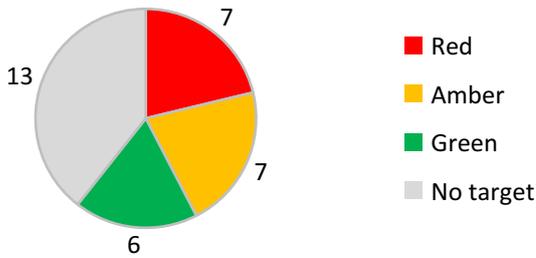
The service took steps to remedy this and the improvement was realised at the end of Q3. The service continues to do a lot of background work with Referral Management colleagues to ensure that urgent patients are prioritised with no clinical detriment.

All referrals categorised as urgent are seen within the 4 week target. The number of patients waiting on a routine appointment has decreased within Q3 due to all of the ongoing efficiency work having a focus on those patients who wait longest.

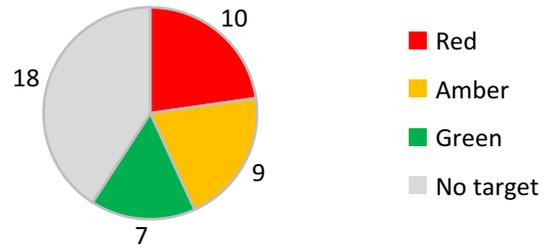


Summary of Strategic Plan Key Performance Indicators

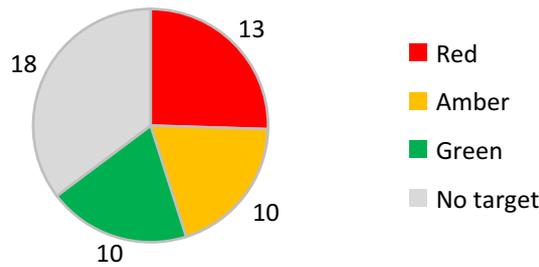
**Quarter 3: October to December 2025
(Partial Data)**



**Quarter 2: July to September 2025
(Partial Data)**



**Quarter 1: April to June 2025 (Full
Data)* 1 PI paused**



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October – December 2025

Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and publicly on an annual basis in line with the SPSO's Model Complaints Handling Reporting Framework. As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

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

During October to December 2025 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
Children and Families	<ul style="list-style-type: none"> • Communication with families regarding letterbox contact to be reviewed to ensure that this is done in a timely manner.
Community Health & Care Social Work	<ul style="list-style-type: none"> • Communication, internal process review for respite provision, timely allocation and reduction in social care packages of support. • There has been work done with the teams to ensure effective communication and relationship-based practice is key to their service delivery. • We have been reviewing and screening more efficiently the activity within the single point of access duty system to ensure that there is not unnecessary delay in responding to needs. • The delay in timely re-allocation of respite services has an immediate resolution in that we will allow roll-on of respite until annual review can be completed to minimise unnecessary stress for carers, once reviewed the "rolled over" provision will be deducted from the new allocation.
MSK	<ul style="list-style-type: none"> • Transferred to different Physiotherapist

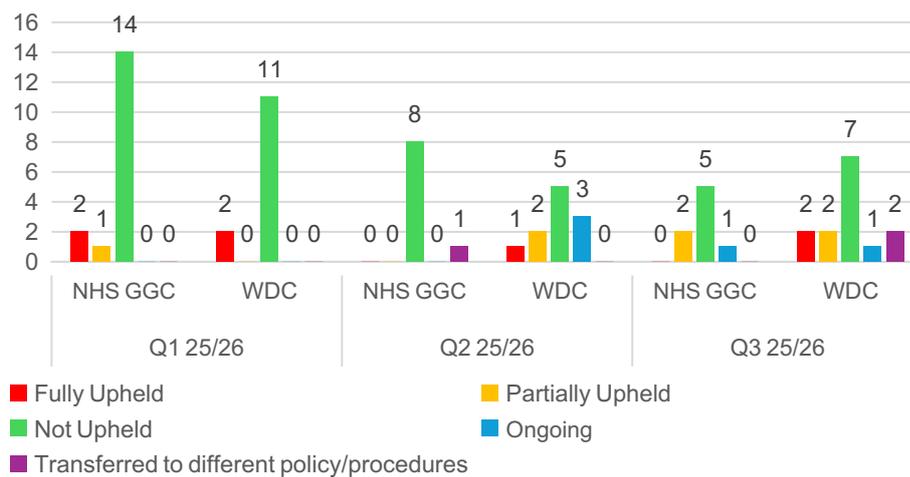
SPSO Indicator	Measure	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	73	83	67	56	56	82	66
	Number of complaints direct to Stage 2	27	10	17	26	30	19	22
	Total number of complaints	100	93	84	82	86	101	88
3	% closed within timescale - Stage 1	Not available*						
	% closed within timescale - direct to Stage 2	55%	40%	65%	68%	80%	74%	50%
	% closed within timescale - escalated to Stage 2	N/A	50%	N/A	N/A	N/A	100%	N/A
4	Average response time - Stage 1	Not available*						
	Average response time - direct to Stage 2	23	21	17	22	17	17	19
	Average response time - escalated to Stage 2	N/A	31	N/A	N/A	N/A	20	N/A

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

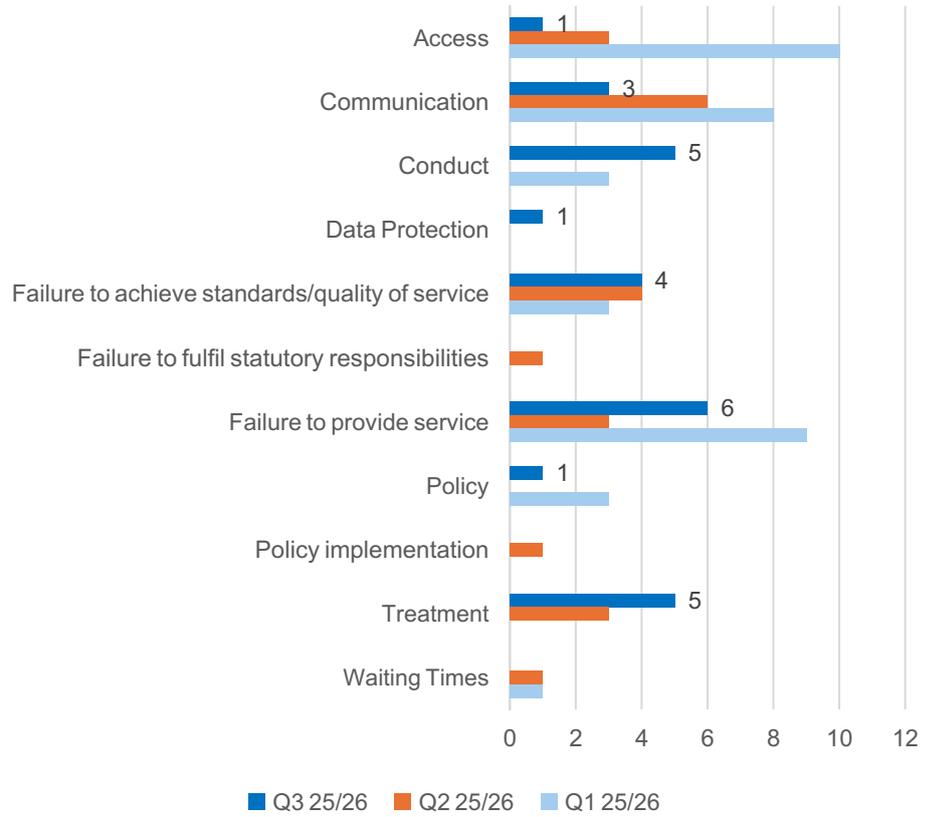
Indicator 5: Outcomes of Complaints

Stage 2 Outcomes Q3 2025/26	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld	0	2	9%
Partially Upheld	2	2	18%
Not Upheld	5	7	55%
Ongoing	1	1	9%
Transferred to different policy/procedure	0	2	9%
Total	8	14	100%

Stage 2 Outcomes 2025/26



Themes of Stage 2 Complaints 2025/26



Complaints may cover more than one theme.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

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

3 March 2026

Subject: Regulated Commissioned Services Report

1. Purpose

- 1.1** To provide the West Dunbartonshire HSCP (HSCP) Board Audit and Performance Committee with an update on Care Inspectorate inspection activity for the period 1 December 2025 to 14 January 2026.

2. Recommendations

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

3. Background

- 3.1** This report covers the following service types:

- Externally commissioned regulated services located within West Dunbartonshire;
- Internal regulated services delivered by West Dunbartonshire Council (the Council) whose service delivery is carried out by the HSCP; and
- Out of area regulated commissioned services

The reporting period covered in this report is from 1 December 2025 – 14 January 2026 for services which had inspection reports published during this period are reported upon. There can be a delay in publishing inspection reports where providers query Inspectors findings and they are also dependent on the capacity of the Care Inspectorate.

- 3.2** Given the public nature of Care Inspectorate inspection reports, this report includes details of all commissioned services, including internal services which are registered with the Care Inspectorate. This is to ensure members of the Audit and Performance Committee are kept updated and informed in relation to all regulated commissioned services.
- 3.3** Where any regulated commissioned service receives a score of 2 – Weak, or less, or is rated RED within Appendix 1 – Regulated Commissioned Services Table, an exceptions report will be provided as an appendix to this report.

- 3.4** For the purposes of transparency, a table of all commissioned regulated services is detailed in Appendix 1 – Regulated Commissioned Services Table, which is RAG rated and highlights the percentage of services risk rated as Red, Amber or Green.
- 3.5** Following December’s Audit and Performance Committee, it was highlighted that there were some providers who hadn’t been inspected for a considerable period. This was raised with the HSCP’s Care Inspectorates Link Inspector who advised that although a provider may not have undergone a formal inspection, the website shows only the public facing work of the Care Inspectorate. This is not to say that the Care Inspectorate has had no contact with those providers, and given their inspection timetable is risk based, in the absence of any information to the contrary (concerns, complaints etc.) the Care Inspectorate are assured that these providers do not need to be inspected as a matter of priority. Through our regular communication with the Care Inspectorate Link Inspector and relationships built with Care Inspectorate’s local management team by the Contracts, Commissioning and Quality Assurance team the HSCP are in a stronger position to raise any concerns and share local intelligence regarding any of our commissioned services where it is appropriate to do so.
- 3.6** The Care Inspectorate now uses Key Questions rather than Quality Themes in their inspections. They still use the six-point scale detailed below when inspecting both adult and children’s services:

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

- 3.7** The Care Inspectorate have resumed looking at Key Questions which now include elements from the Covid Key Question in their inspections. The table below details the thematic areas of inspection for adult registered services and children’s registered services:

Adult Services:

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
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Children's Services:

How well do we support children and young people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care planned	How well do we support children and young people's rights and wellbeing
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- 3.8** The commissioned service providers which were inspected during the period 1 December 2025 – 14 January 2026 and had reports published within this period are:

Externally Regulated Commissioned Services:

- Acadability – adult community day support services;
- Cornerstone Community Care (West Dunbartonshire Services 1) - adult community support services;

Internally Provided Regulated Services:

- West Dunbartonshire HSCP Re-ablement Service;
- West Dunbartonshire Council Home Care Service;

Out of Authority Regulated Commissioned Services:

- National Autistic Society, Central Scotland (Catrine Bank) – adult housing support service;
- Advinia Care Homes Ltd (Craigbank Care Home) - older people's care home;
- McKenzie Care Ltd (Ailsa Lodge Care Home) - older people's care home;
- Springvale Care Ltd (Springvale Care Home) - older people's care home;
- Newark Care (Burnfield) - - older people's care home;
- Crossreach (Finniescroft Farm) – children's service;
- Barnardos Fostering – children's fostering service;
- Erskine Home – older people's care home; and
- Kincaid House – older people's care home.

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

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

3.11 The following appendices accompany this report:

- Appendix 1 – Regulated Commissioned Services Table
- Appendix 2 – Clyde Court Update Report.
- Appendix 3 – Cornerstone Baxter View Update Report
- Appendix 4 – National Autistic Society Catrine Bank and Daldorch House Update Report.
- Appendix 5 – The Oaks Care Home Update Report

4. Main Issues

Externally Regulated Commissioned Services:

Acadability (Academy House Alexandria)

4.1 Acadability is provided by Acadability Limited who are registered to provide a premises-based day service within West Dunbartonshire. The service offered to adults with learning disabilities, sensory impairments and complex needs. At the time of inspection the service was supporting 19 people.

4.2 The service was inspected on 2 December 2025, and the report issued in late December 2025. The table below highlights the grades achieved by the provider from the previous 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
03.12.25	n/a	3-Adequate	n/a	n/a	n/a
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
07.07.25	4 – Good	3-Adequate	3-Adequate	4 – Good	3-Adequate
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
31.08.23	n/a	3-Adequate	4-Good	n/a	3-Adequate

4.3 This inspection focused on 1 Key Question – resulting in the service maintaining the grade of 3 – Adequate from the previous inspection.

4.4 Key messages highlighted by inspectors were:

- Quality assurance processes were in place and enabled the service to better identify and address areas for improvement. Action plans need further development and will be an area for improvement.
- Training, supervision and competency observations schedules were now in place which meant support for staff had improved.
- Competency checks on record keeping had been completed which meant that staff were reporting in alignment with expected standards.
- Regular team meetings were supporting staff learning and development.
- The service requires time to embed and sustain these improvements.

Cornerstone Community Care – West Dunbartonshire Services 1

4.5 Cornerstone Community Care are registered to deliver support services, within West Dunbartonshire (this is a separate service to Baxter View, which Cornerstone operate), to adults with learning disabilities and/or autism to live a meaningful and independent life whilst maintaining their own tenancies. At the time of inspection the service was supporting 25 people.

4.6 The service was inspected on 10 – 11 November 2025, and the report issued in December 2025. The table below highlights the grades achieved by the provider from the previous 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
14.11.25	5-Very Good	4- Good	4 – Good	n/a	4 – Good
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
10.06.24	5-Very Good	3-Adequate	4-Good	n/a	4-Good
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
13.12.22	5-Very Good	4-Good	n/a	n/a	n/a

4.7 This inspection focused on 4 Key Questions – resulting in the service increasing 1 grade and maintaining grades of 4 – Good and 5 – Very Good from previous inspection.

4.7 Key messages highlighted by inspectors were:

- The service were providing people with very effective support with regards to their health and wellbeing. Feedback about the service from all sources was very positive. The service should ensure they keep clearer records of as required medication.
- The management team had effective oversight of the service and were supportive and responsive. Action planning could have been clearer about progress that had taken place.
- The staff team were cohesive and effective in their roles. Recruitment was ongoing to increase the number of support practitioners.
- Care plans were good and some sections thoroughly detailed. Critical information would benefit from being more prominent and consistent throughout the plans.

Internal Regulated Services

West Dunbartonshire HSCP Re-ablement Service

4.9 West Dunbartonshire HSCP Re-ablement Service provides a short-term service which supports people after a hospital stay, illness or injury. This is an integrated team, including carers, organisers, rehabilitation staff and therapists who work closely with individuals to help them regain independence and confidence with everyday tasks. The service has a central base in Alexandria and at time of inspection, there were 58 people using the service.

4.10 The service was inspected on 18, 19, 20 and 23 November 2025 with the report being published on 12 January 2026. The service had its first inspection in June 2025 and the table below highlights the grades achieved from its first 2 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
24.11.25	3 – Adequate	3 – Adequate	3 – Adequate	-	3 - Adequate
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
19.06.25	3 – Adequate	3 – Adequate	3 – Adequate	-	3 – Adequate

4.11 This inspection was a follow up inspection which was aligned to and inspected the Requirements that were made by the Care Inspectorate in the June inspection. The table below highlights the requirements made and whether they were completed within the timescale given.

No.	Requirement	Timeline For Completion	Requirement Met/Not Met	New Timeline for Completion
1	<p>By 10 October 2025, the provider must ensure people receive medication support that is safe and supports their health and wellbeing.</p> <p>To do this, the provider must, as a minimum:</p> <p>a) Ensure that people's need for medication assistance is assessed and reviewed to ensure that they receive the right level of support (prompt, assist or administer) to take their medication safely.</p> <p>b) Medication records are accurate and assistance is correctly recorded.</p> <p>c) Ensure that processes are in place to regularly assess staff practice and competency in medication management and in relation to</p>	10 October 2025	<p>Not Met.</p> <p>Action taken since 19 June 2025:</p> <p>The service had taken some initial steps to improve medication practice, such as developing a new procedure for recording medication support and ensuring access to NHS discharge information. Managers acknowledged the need for better communication, and carers had received basic medication training as part of their induction and others had undertaken refresher training. These actions demonstrated an awareness of the importance of</p>	30 March 2026

	<p>medication recording.</p> <p>d) Regularly audit medication records to identify any discrepancies. This is to comply with Regulation 3 and 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)</p>		<p>safe medication support for people. However, there was no evidence of medication competency checks or audits of medication records, and carers described uncertainty about people's medication routines.</p> <p>People's medication needs were not consistently assessed or reviewed, and carers did not always have clear information about whether to prompt or assist with medication. Records in digital diaries were often incomplete, unclear, or missing, and some medication information was only available in handwritten notes that carers had not seen.</p> <p>These gaps meant the</p>	
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			service couldn't be confident that people received safe, accurate, and well-coordinated medication support.	
2	<p>By 10 October 2025, the provider must ensure people receive high-quality support which keeps them safe from harm, through falls prevention that is tailored to each persons assessed level of required support, in line with best practice guidelines.</p> <p>To do this, the provider must, as a minimum:</p> <p>a) Ensure staff receive training on moving and assisting and falls prevention and have their competency assessed.</p> <p>b) Ensure all falls are recorded, evaluated and risk assessments are updated.</p> <p>c) Address identified risks and ensure actions are communicated to, understood by and</p>	10 October 2025	<p>Not met.</p> <p>Action taken since 19 June 2025:</p> <p>The service had ensured that staff received moving and assisting training. In addition to this, carers described receiving peer support when assisting people with equipment if they hadn't used it regularly. Managers recognised that some people leaving hospital had complex mobility issues and stated that occupational therapy (OT) assessments were intended to take place shortly after discharge. These steps showed an understanding</p>	30 March 2026

	<p>implemented by staff.</p> <p>d) Make referrals to external health professionals when this is needed.</p> <p>This is to comply with Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</p> <p>'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)</p>		<p>of the importance of falls prevention. However, there was no evidence of staff competency checks in moving and assisting or falls prevention, and only one recorded fall was provided despite several people being at clear risk, indicating under-reporting or poor oversight. Risk assessments and mobility information was often missing from care plans and not available on carers' phones, meaning staff did not always know how to support people safely. Unsafe or unsuitable home environments were identified but not escalated, and OT assessments were either not completed or not shared with carers. There was no evidence that risks were</p>	
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			routinely reviewed or that follow-up actions were communicated and implemented. These gaps meant the service could not be confident that people were protected from avoidable harm related to falls.	
3	<p>By the 10 October 2025, the provider must ensure that care plans are in place and contain sufficient detail to allow staff to provide effective support for people's health, welfare and safety needs.</p> <p>To do this, the provider must, as a minimum:</p> <p>a) Ensure people's choices and wishes on how to be supported are set out.</p> <p>b) Ensure care plans are informed through effective risk assessments.</p> <p>c) People and staff should have access to this information.</p>	10 October 2025	<p>Not met.</p> <p>Action taken since 19 June 2025:</p> <p>The service had recognised the importance of clear and up-to-date care plans, and managers stated that new procedures were being developed to improve how information was recorded and shared with carers. OT and support worker assessments were intended to inform care planning, and staff reported that they were updated when people's needs changed. These actions indicated an</p>	30 March 2026

	<p>d) Review care plans when a significant change occurs, or if requested to do so.</p> <p>This is to comply with Regulations 5 (1) and (5) (2)(b) (i) and (ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</p> <p>'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).</p>		<p>awareness of the need for better care plan quality.</p> <p>However, only a small number of people had care plans in place, and many were receiving support with no written plan at all. Where care plans existed, they were often incomplete or inaccurate, with missing personal information, blank one-page profiles, and no clear record of people's choices, wishes, or goals.</p> <p>Risk assessments were rarely present, and OT or support worker information was not included in the plans or easily accessible to carers. Important details, such as mobility needs, medication arrangements, or personal care tasks were often</p>	
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			<p>unavailable to carers, leaving them unsure how to support people safely.</p> <p>There was no evidence that care plans were being reviewed when people's needs changed. As a result, staff did not have the information needed to deliver safe, consistent, and person-centred care.</p>	
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4.12 The service was also given 3 Areas for Improvement covering:

- Staff supervision;
- Care plan reviews; and
- Scheduling of visits

The Areas for Improvement noted above were not met and will be repeated. The Care Inspectorate will review these at a later date.

4.13 Key messages highlighted by inspectors were:

- The service had taken some steps to strengthen medication procedures, but further work is needed to ensure consistency.
- Staff continued to receive moving and assisting training, and there was recognition of the importance of falls prevention, but assessment and communication processes needed to improve.
- Some progress had been made in recognising the need for better-quality care plans, but many people still did not have plans that fully guided their support.
- The service acknowledged the importance of regular staff supervision, but this had not yet been fully implemented.
- The service had begun looking at improvements to scheduling, but people still experienced inconsistencies in visit times and continuity of staff.
- The service had taken initial steps to improve team communication, but regular and structured team meetings were not yet in place across all

areas.

Out of Area Regulated Commissioned Services

4.14 The table below details the regulated services that we commission from external local authorities that were inspected and have had their inspection report published during the period. We have included this as a summary as the host authorities that we commission these placements from have responsibility for quality assurance and engaging directly with the Care Inspectorate regarding inspection activity. The HSCP does not attend the inspection feedback session with the Care Inspectorate. The Host authority will notify the HSCP by exception in connection with quality issues and/or challenges with Care Inspectorate inspections following the feedback session.

Adult Services:

Service Name	Date of Inspection	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
National Autistic Society – Catrine Bank	29.10.25	3 Adequate	3 Adequate	3 Adequate	n/a	3 Adequate
Advinia Care Homes Ltd – Craigbank Care Home	05.11.25	5 Very Good	n/a	n/a	5 Very Good	n/a
McKenzie Care Ltd – Ailsa Lodge Care Home	11.11.25	4 Good	5 Very Good	5 Very Good	4 Good	4 Good
Springvale Care Ltd – Springvale Care Home	03.10.25	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good
Newark Care – Burnfield	21.11.25	5 Very Good	n/a	n/a	5 Very Good	n/a
Erskine Home	09.12.25	5 Very Good	n/a	n/a	5 Very Good	n/a
Kincaid House	02.12.25	4 Good	n/a	n/a	5 Very Good	n/a

Children's Services:

Service Name	Date of Inspection	How well do we support children and young people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care planned	How well do we support children and young people's rights and wellbeing
Crossreach Services – Finniescroft Farm (Care Home)	24.11.25	n/a	n/a	n/a	n/a	n/a	5 Very Good
Barnardos Scotland Fostering – Glasgow	05.12.25	3 Adequate	3 Adequate	n/a	n/a	n/a	

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 In relation to externally commissioned older people care home regulated services only, the National Care Home Contract (NCHC) provides additional quality payments. Care homes qualify if they are receiving grades 5 - Very Good or 6 - Excellent for Key Question one 'how well do we support people's wellbeing'. There is a second additional quality payment if the home is awarded the high grade in Key Question one and a 5 - Very Good or 6 - Excellent in any of the other four key questions.

7.2 If Care Homes, under the National Care Home Contract fail to retain the grades detailed at 7.1, the HSCP will be entitled to remove the enhanced payments.

8 Risk Analysis

8.1 Grades awarded to a registered care 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 timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such services.

8.2 Where an externally commissioned regulated service receives a grade of two or less, no new referrals are permitted to be made to the service until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a 3 (Adequate) and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

8.3 For internally provided regulated services that receive a grade of two or less, it is at the discretion of the HSCP that new referrals should be made to that service.

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 report.

11 Consultation

11.1 On the 21 January 2026 the HSCP Senior Management Team (SMT) were consulted on the preparation of this report. The SMT agreed that to support good governance and provide an appropriate level of assurance to the HSCP Board Audit and Performance Committee the report should revert to distinct quarterly reporting periods, aligning with other reports presented to the Committee, and should only contain details of inspections where the outcomes have been published by the Care Inspectorate. It was the view of SMT that the consistency of the data was paramount, and that by fixing the reporting period, all internal scrutiny bodies were then considering the same information. This would not in any way preclude Officers providing a verbal update to the Committee should this be required.

11.2 The HSCP Board Audit and Performance Committee can also be assured that this report has been scrutinized by the Clinical and Care Governance Committee (3 February 2026), any outcomes from this meeting will form part of a verbal update to Committee on the 3 March 2026.

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: 3 March 2026

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Appendices: Appendix 1 – Commissioned Regulated Services Table
Appendix 2 – Clyde Court Update Report
Appendix 3 – Cornerstone Baxter View Update Report
Appendix 4 – National Autistic Society Catrine Bank and Daldorch House Update Report
Appendix 5 – The Oaks Care Home Update Report

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD

AUDIT AND PERFORMANCE COMMITTEE

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

3 March 2026

Subject: Appendix 1 – Regulated Commissioned Services Table

1. Purpose

1.1 To provide the HSCP Board Audit and Performance Committee with a snapshot risk profile of all Regulated Commissioned Services funded by West Dunbartonshire HSCP.

2. Background

2.1 To ensure the HSCP Board Audit and Performance Committee have visibility of the risk profile of regulated services commissioned by the HSCP, the information contained in paragraph 3 has been provided for noting.

2.2 The criteria for Red, Amber and Green services are as follows:

Risk Rating	Criteria
Red	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
Amber	Any service that is graded 3 (Adequate) by the Care Inspectorate.
Green	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

2.3 As the Care Inspectorate may inspect a service across multiple thematic areas the risk rating shall be based on the weakest grade obtained.

3. Main Issues

3.1 In the period 1 December 2025 – 14 January 2026 the following Mental Health, Learning Disability and Addiction regulated commissioned services were risk rated accordingly:

Risk Rating	Percentage of Services This Period	Percentage of Services Last Period	Comments
Red	9%	-	Services under Large

			Scale Investigation
Amber	4%	-	-
Green	87%	-	-

3.2 In the period 1 December 2025 – 14 January 2026 the following Health and Community Care regulated commissioned services were risk rated accordingly:

Risk Rating	Percentage of Services This Period	Percentage of Services Last Period	Comments
Red	2%	-	Service under Large Scale Investigation
Amber	10%	-	-
Green	88%	-	-

3.3 In the period 1 December 2025 – 14 January 2026 the following Children's Health Care and Justice regulated commissioned services were risk rated accordingly:

Risk Rating	Percentage of Services This Period	Percentage of Services Last Period	Comments
Red	0%	-	-
Amber	7%	-	-
Green	93%	-	-

3.4 The table below shows the risk rating applied to all commissioned regulated services during the period 1 December 2025 – 14 January 2026:

Service Area: Learning Disability, Mental Health and Addictions and Health and Community Care

Provider	Service	CI Registration Number	Date of Last Inspection	Grades					Risk Rating
Acadability limited	Acadability - Academy House	CS2017357054	03.12.25	n/a	3	n/a	n/a	n/a	Amber
Active Adult Ltd (Huntercome)	Moorpark Place	CS2021382527	11.02.25	5	4	4	4	4	Green
Alternatives West Dunbartonshire	Community Drug Services Housing Support Unit - Safe as Houses	CS2003054982	31.08.17*	5	n/a	4			Green
Alternatives West Dunbartonshire	Alternatives WD CDS - Support Service	CS2013322988	19.07.19	6	n/a	n/a	n/a	5	Green
Alzheimer Scotland - action	Miller Street Dementia	CS2003016389	03.07.23	5	4	n/a	n/a	n/a	Green

on dementia	Resource Centre									
Antonine court limited	Antonine Court - Day Support	CS2005102929	14.06.19*	4	n/a	5	n/a			Green
Capability Scotland	Upper Springland - Day Support	CS2003017755	08.11.23	5	5	n/a	n/a	n/a		Green
Capability Scotland	Junction 52 - Day Support	CS2003001071	16.05.24	5	5	5	n/a	5		Green
Capability Scotland	Support Service	CS2003055087	15.05.24	5	n/a	5	n/a	n/a		Green
Careview Homes Ltd	Millbank - Care Home	CS2009233155	08.07.25	6	n/a	6	4	n/a		Green
Care homes (Scotland) Ltd	Spingboig Care Home	CS2007142131	30.01.25	5	4	4	4	5		Green
Consensus support services Ltd	Clare House	CS2008184125	05.07.24	4	4	4	4	4		Green
Cornerstone community care	Baxter View	CS2014325265	05.05.25	3	3	3	n/a	3		Red
Cornerstone community care	West Dunbartonshire Services 1	CS2004073011	14.11.25	5	4	4	n/a	4		Green
Enable Scotland	ENABLE Scotland: West	CS2004079638	07.08.25	5	n/a	5	n/a	5		Green
Enable Scotland	Esmond Street Advanced Support Service	CS2003000839	11.07.25	5	n/a	n/a	4	n/a		Green
Enhance Scotland	Arran View Care Home	CS2019378502	13.06.25	5	n/a	n/a	4	n/a		Green
Garvald West Linton Ltd	Garvald West Linton	CS2003009177	25.10.24	4	n/a	4	n/a	n/a		Green
Hansel alliance	Crail / Wilson Houses Small Group Living Services	CS2003001303	21.03.25	4	n/a	4	n/a	n/a		Green
Jericho society	Jericho Benedictines Housing Support Unit (Bank Street)	CS2009198981	12.01.24	5	5	n/a	n/a	n/a		Green
Key housing association	Key - Dunbartonshire	CS2004073239	06.03.25	5	5	5	n/a	5		Green
Living ambitions limited	Living Ambitions Limited Glasgow (Clyde)	CS2023000239	07.11.24	5	5	5	n/a	5		Green
Meallmore ltd	Alderwood House	CS2020379050	05.03.25	4	4	4	4	4		Green
Meallmore ltd	The Oaks	CS2014323954	28.03.25	5	n/a	5	5	n/a		Red
National autistic society Scotland	Central Scotland Services	CS2008168914	25.09.25	5	n/a	4	n/a	5		Green
National autistic society Scotland	Catrine Bank	CS2006141046	29.10.25	3	3	3	n/a	3		Red
National autistic society Scotland	Daldorch - Adult Service	CS2020380626	09.05.25	5	4	4	n/a	4		Red
Neighbourhood networks	Neighbourhood Network	CS2003053949	20.04.23	6	5	n/a	n/a	n/a		Green
Quarriers	Dunn St, Duntocher - Respite Service	CS2010238999	20.02.25	5	n/a	5	n/a	n/a		Green

Quarriers	Glasgow Connect	CS2004070598	04.08.25	5	n/a	4	n/a	n/a		Green
Quarriers	Quarriers Shared Lives Family Placement Service	CS2007142998	09.01.19 *	4	4	4				Green
Real life options	Real Life Options East Dunbartonshire Service	CS2004071266	08.11.24	5	4	5	n/a	n/a		Green
Sacro	Sacro National Intensive Support Package	CS2005087474	15.03.24	6	5	n/a	n/a	n/a		Green
Sanctuary care Ltd	Millport Housing Support Service	CS2019378611	02.09.25	5	n/a	5	n/a	n/a		Green
Sanctuary care Ltd	Millport Care Centre	CS2019378610	06.08.25	5	n/a	n	4	n/a		Green
ScotNursing Ltd	ScotNursing and Medical Services Limited - Support Service	CS2011303124	16.04.24	5	n/a	5	n/a	n/a		Green
Sense Scotland	Touchbase Adult Support Services	CS2003000894	05.03.18 *	5	5	4	4			Green
Sense Scotland	Sense Scotland Supported Living West Dunbartonshire and Surrounding Areas	CS2022000013	07.07.23	5	5	5	n/a	5		Green
Share Scotland	Share Scotland - Glasgow	CS2003053756	21.06.24	6	n/a	5	n/a	n/a		Green
Silverline care - Clyde Care Ltd	Baillieston Care Home	CS2022000213	29.08.25	4	3	4	4	4		Green
South peak services.	South Peak	CS2004076276	26.05.22	5	4	n/a	n/a	n/a		Green
Stepping stones organisation (mental health)	Stepping Stones - Support Service	CS2016353166	12.05.23	5	5	n/a	n/a	n/a		Green
The Richmond Fellowship Scotland	East and West Dunbartonshire Supported Living Services	CS2004061347	10.10.25	5	n/a	5	n/a	n/a		Green
Thistle healthcare limited	Ardenrcraig Care Home	CS2003015202	12.08.25	3	3	3	3	3		Amber
Tus Nua care services ltd	Tus Nua Care Service - Support Service	CS2013316012	23.10.23	5	5	n/a	n/a	n/a		Green
Unity enterprise	Empower - Day Service	CS2018367446	22.10.21	5	n/a	n/a	n/a	n/a	4	Green
William Simpson's	William Simpson Care Home	CS2010279960	17.01.25	5	6	5	n/a	n/a		Green

Service Area: Health and Community Care

Provider	Service	CI Registration Number	Date of Last Inspection	Grades					Risk Rating
Antonine care Ltd	Antonine House	CS2012310887	11.07.25	5	n/a	n/a	5	n/a	Green
Active neuro Ltd	Murdostoun Neurological Care Centre	CS2021382526	22.07.25	5	n/a	n/a	5	n/a	Green
Advinia care homes Ltd	Craigbank Care Home	CS2017361006	05.11.25	5	n/a	n/a	5	n/a	Green
Advinia care homes Ltd	Hill View Care Home	CS2017361014	04.09.25	3	3	3	4	4	Amber
Advinia care homes Ltd	Elderslie Care Home	CS2017361010	08.05.25	4	5	4	4	4	Green
Advinia care homes Ltd	Rutherglen Care Home	CS2017361020	02.05.25	4	n/a	n/a	n/a	n/a	Green
Applecross nursing home Ltd	Applecross Nursing Home	CS2003010474	02.06.25	5	5	5	4	4	Green
Balquhider care Limited	Balquhider House	CS2014332915	19.03.25	4	3	3	4	3	Amber
Ben View Resource Centre	Ben View Community Bathing Service	CS2008179974	20.10.23	5	5	n/a	n/a	n/a	Green
Buchanan House Care Limited - Holmes Group	Buchanan House Care Home	CS2020378653	22.10.25	5	n/a	5	5	n/a	Green
Buchanan Lodge Care Limited - Holmes Group	Buchanan Lodge Care Home	CS2020378654	13.05.25	5	n/a	n/a	4	n/a	Green
Caledonian Care Consultants Ltd	Bluebird Care (Dunbartonshire)	CS2008183616	13.10.25	5	n/a	5	n/a	n/a	Green
Boclair care limited	Boclair Care Home	CS2022000224	19.05.25	5	n/a	n/a	5	n/a	Green
Call-in Homecare ltd	Call-In Homecare West of Scotland	CS2023000324	07.08.25	5	n/a	5	n/a	n/a	Green
Caledonia Social Care limited	Caledonia Social Care (West)	CS2016353182	08.08.24	5	n/a	5	n/a	n/a	Green
Care concern group - priory cc136 limited	Ashlea Court Care Home	CS2025000103	Service registered in March 2025 - no inspection to date						
Care concern group - Kingsacre	Kingsacre Care Home	CS2019373856	18.09.25	4	4	4	5	4	Green
Carman care	Carman Care	CS2013322906	04.08.25	5	n/a	5	n/a	5	Green
Clearvue investments limited	The Argyle Care Centre	CS2005111774	25.04.25	5	4	5	4	5	Green
Crc care ltd	CRC Care	CS2013319689	15.09.25	3	3	3	n/a	3	Amber

Dalmuir Park housing association limited	Dalmuir Park Housing Association Sheltered Housing Service	CS2004063084	27.07.23	5	5	n/a	n/a	n/a	Green
Edinbarnet estates ltd	Edinbarnet	CS2003010454	15.09.25	5	n/a	n/a	5	n/a	Green
Erskine Veterans Charity	Erskine Home	CS2003010196	09.12.25	5	n/a	n/a	5	n/a	Green
Foxcare ltd	Jordanhill Care Home	CS2008192624	28.08.25	5	n/a	5	5	n/a	Green
Hamberley properties fv(Milngavie) limited	Milngavie Manor	CS2017356770	03.10.25	5	5	5	5	5	Green
Hc-one limited	Castle View Nursing Home	CS2011300851	06.02.25	5	n/a	4	4	n/a	Green
Hc-one limited	Hillside View	CS2011300713	17.07.25	3	4	4	4	3	Amber
Hc-one limited	Mugdock House Care Home	CS2016349833	25.02.25	6	n/a	5	n/a	n/a	Green
Hc-one limited	Quayside	CS2016349826	20.07.25	4	4	4	4	4	Green
Hc-one limited	Wynford Locks Nursing Home	CS2016349825	08.08.24	4	4	4	4	4	Green
Hearts at home social care limited	Hearts at Home Social Care Limited	CS2020379829	12.03.25	5	4	4	n/a	4	Green
Hermitage care home limited - morar care	Hermitage House	CS2022000018	14.05.24	5	5	5	4	4	Green
Holmes care group Scotland ltd	Almond Court Care Home	CS2020379123	01.07.25	4	4	4	4	4	Green
Holmes care group Scotland ltd	Almond View Care Home	CS2020379131	18.07.25	4	4	4	4	4	Green
Holmes care group Scotland ltd	Beechwood House	CS2020379128	30.01.25	n/a	n/a	4	n/a	n/a	Green
Jane Allan trading as Ashley house	Ashley House	CS2003047228	09.03.25	5	n/a	5	n/a	n/a	Green
Joan carers ltd	Joans Carers	CS2004077225	15.08.24	5	5	5	n/a	n/a	Green
Keane premier healthcare Glasgow ltd	Greyfriars Care Centre	CS2018371797	25.07.24	4	4	4	4	4	Green
Leuchie	Leuchie House	CS2011289688	18.03.25	6	n/a	5	n/a	n/a	Green
Mansfield care limited	Argyll House Nursing Home	CS2007164138	29.05.24	4	4	4	4	4	Green
Maven healthcare Clyde court llp	Clyde Court Care	CS2022000324	17.09.25	3	n/a	n/a	n/a	n/a	Red
Meallmore ltd	Belleaire House	CS2021000263	20.10.25	3	4	n/a	4	n/a	Amber

Meallmore ltd	Kincaid House	CS2021000264	02.12.25	4	n/a	n/a	5	n/a	Green
Morar lodge nursing home limited	Morar Lodge Nursing Home	CS2003010220	05.08.25	3	3	3	3	3	Amber
Mckenzie care ltd	Ailsa Lodge Care Home	CS2012313838	05.11.25	4	5	5	4	4	Green
Newark care	Burnfield	CS2003010477	21.11.25	5	n/a	n/a	5	n/a	Green
Oakbridge care limited	Oakbridge Care Home	CS2003010470	11.08.25	5	4	5	4	4	Green
Oakminster healthcare ltd	Florence House	CS2003010458	12.09.24	5	5	5	5	5	Green
Pacific care limited	Mosswood Care Home	CS2012312934	25.03.25	5	5	5	n/a	n/a	Green
Pelan ltd	Strathleven Care Home	CS2003001442	15.07.25	5	5	5	4	n/a	Green
Renaissance care (no1) limited	Whitecraigs Care Home	CS2016346354	26.03.25	5	n/a	5	4	n/a	Green
Solripe allstarts limited	Home Instead West Dunbartonshire, Argyll and Bute and Arran	CS2022000053	18.07.25	5	n/a	5	n/a	n/a	Green
Springvale care ltd	Springvale Care Home	CS2018372196	03.10.25	5	5	5	5	5	Green
Sterling care homes limited	Nightingale House	CS2003010219	25.02.25	4	n/a	5	4	4	Green
Summerlee house limited	Summerlee House	CS2008172820	09.07.25	6	n/a	n/a	6	n/a	Green
TC Carehomes Ltd	Ardenlee	CS2004059227	10.10.25	4	4	4	4	5	Green
The Mungo Foundation	West End Project - Dumbarton	CS2003001418	14.01.20	5	n/a	n/a	n/a	5	Green

Service Area: Children's Health Care and Justice

Provider	CI Registration Number	Date of Last Inspection	Grades						Risk Rating
Fosterplus (fostercare) ltd	CS2004080743	12/09/2024	4	5	5	n/a	5	n/a	Green
Curo Salus - moniabrock	CS2019376757	29/08/2022	n/a	n/a	n/a	n/a	n/a	6	Green
Curo Salus -garden lodge	CS2006128113	08/09/2022	n/a	n/a	n/a	n/a	n/a	6	Green
Curo Salus - Bridgend	CS2008190390	29/09/2025	n/a	n/a	n/a	n/a	n/a	5	Green

Curo Salus - Laurel House	CS2013319767	11/10/2025	n/a	n/a	n/a	n/a	n/a	3	Amber	
ARISAIG SERVICES (within St Philip's School)	CS2018364373	14/10/2024	n/a	n/a	n/a	n/a	n/a	5	Green	
East park community residences group 1	CS2016346438	25/03/2024	n/a	n/a	n/a	n/a	n/a	6	Green	
East park community residences group 2	CS2023000257	02/07/2024	n/a	n/a	n/a	n/a	n/a	5	Green	
Good shepherd close support	CS2013321127	21/02/2025	n/a	n/a	n/a	n/a	n/a	5	Green	
Catch Scotland ltd - housing support	CS2010274138	09/05/2025	5	5	5	n/a	n/a		Green	
Carevisions Fostercare	CS2004080447	01/11/2023	3	n/a	n/a	n/a	n/a	3	Amber	
Carevisions - ibert farmhouse	CS2005109836	11/05/2022	n/a	n/a	n/a	n/a	n/a	5	Green	
Spark of genius - easter haystons	CS2017354835	30/05/2023	n/a	n/a	n/a	n/a	n/a	4	Green	
Spark of genius - west cottage	CS2016349363	30/06/2023	n/a	n/a	n/a	n/a	n/a	6	Green	
Spark of genius- Sunderland	CS2025000310	not yet inspected							Green	
Spark of genius - north lodge	CS2023000256	20/01/2025	n/a	n/a	n/a	n/a	n/a	6	Green	
Spark of genius - Foxhill cottage	CS2025000373	not yet inspected								
Kibble fostering	CS2004082220	13/12/2023	5	n/a	n/a	n/a	n/a	6	n/a	Green
Applied care and development ltd - Wallace hall	CS2003015103	21/03/2024	n/a	n/a	n/a	n/a	n/a	5	Green	
Applied care and development ltd - close support - torrs complex	CS2003015103	21/03/2024	n/a	n/a	n/a	n/a	n/a	5	Green	
Foster care associates scot limited	CS2004083526	05/05/2023	5	n/a	n/a	n/a	n/a	5	Green	
Quarriers fostering	CS2004085352	23/11/2023	4	n/a	n/a	n/a	n/a	4	Green	
Quarriers - rivendell	CS2003001119	30/10/2024	n/a	n/a	n/a	n/a	n/a	4	Green	
Crossreach - carraig view	CS2020381520	09/05/2025	n/a	n/a	n/a	n/a	n/a	3	Amber	
Crossreach Childrens Service - Finniecroft Farm	CS2016345742	24/11/25	n/a	n/a	n/a	n/a	n/a	5	Green	

Starley hall school ltd	CS2003007103	04/09/2025	n/a	n/a	n/a	n/a	n/a	4	Green
Barnardo's fostering	CS2004082106	05/12/25	3	3	n/a	n/a	n/a	n/a	Amber
Harmeny education trust ltd	CS2003011066	20/06/2025	n/a	n/a	n/a	n/a	n/a	5	Green
Swiis foster care scotland ltd	CS2004080882	06/11/2024	5	n/a	n/a	n/a	5	n/a	Green
Scotnursing and medical services ltd - nurse agency	CS2011300901	08/07/2024	5	4	n/a	n/a	n/a	n/a	Green
Scotnursing and medical services ltd - support service	CS2011303124	16/04/2024	5	n/a	5	n/a	n/a	n/a	Green
Fostering relations ltd	CS2007145923	14/08/2024	5	n/a	n/a	n/a	5	n/a	Green
Vsa - linn moor school	CS2003000163	13/03/2025	n/a	n/a	n/a	n/a	n/a	5	Green
The national fostering agency (scotland) ltd	CS2005098696	28/11/2024	5	n/a	n/a	n/a	n/a	5	Green
The national fostering agency	CS2018363688	28/11/2024	5	n/a	n/a	n/a	4	n/a	Green
Fostering people limited	CS2012311047	27/02/2025	5	n/a	n/a	n/a	5	n/a	Green
Jmt care services ltd	CS2009196557	31/07/2025	6	n/a	n/a	n/a	6	n/a	Green
Foster care connect ltd	CS2005086428	21/05/2025	4	4	4	-	5	n/a	Green
East Dunbartonshire council fostering	CS2005087079	15/11/2023	5	n/a	n/a	n/a	4	n/a	Green
Scottish nursing guild - nurse agency	CS2007155863	18/05/2022	6	6	n/a	n/a	n/a	n/a	Green
The adolescent and children's trust - fostering	CS2007162713	20/09/2024	5	n/a	n/a	n/a	5	n/a	Green
Key housing association	CS2004073239	06/03/2025	5	5	5	n/a	5	n/a	Green
St Andrews children society limited	CS2004080812	30/01/2025	4	n/a	n/a	n/a	4	n/a	Green
Moore house care and education - holly bank (Granby avenue)	CS2005087031	23/08/2024	n/a	n/a	n/a	n/a	n/a	5	Green
Antonine court limited - Antonine all stars	CS2023000362	13/06/2025	4	3	3	n/a	3	n/a	Amber
Kirkton Holme at Airdrie childcare	CS2017358765	09/11/2023	5	5	5	5	n/a	n/a	Green
Rock trust - bedrock and housing first for youth	CS2004056512	13/06/2025	5	n/a	5	n/a	n/a	n/a	Green

Birthlink	CS2004085774	20/05/2024	5	4	5	n/a	5		Green
Alltogether care services ltd	CS2004085774	18/04/2023	6	6	n/a	n/a	n/a	n/a	Green
National autistic society Scotland	CS2008168914	25/09/2025	5	n/a	4	n/a	5	n/a	Green
Cornerstone community care	CS2024000121	27/03/2025	n/a	n/a	4	n/a	4	n/a	Green
Hyndland after school club	CS2003005764	12/02/2025	3	3	3	4	n/a	n/a	Green
Chatterbox childcare ltd	CS2005098748	17/10/2024	4	4	3	4	n/a	n/a	Green
Pride and joy nursery	CS2014325911	28/10/2021	4	5	4	4	n/a	n/a	Green
Rossie secure accommodation	CS2003001447	22/01/2025	n/a	n/a	n/a	n/a	n/a	5	Green

4. Options Appraisal

4.1 Not required for this report.

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 or procurement implications with this report.

7. Risk Analysis

7.1 Where a regulated service receives a grade 2 (Weak), no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a three and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 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.

11.2 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.

12. Directions

12.1 Not required for this report.

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Designation: Head of Strategy and Transformation
Date: 3 March 2026

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Appendices: None

Background Papers: None

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

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

3 March 2026

Subject: Appendix 2 – Clyde Court Update Report

1. Purpose

- 1.1** To provide the HSCP Board Audit and Performance Committee with an update on Care Inspectorate activity and Large-Scale Investigation reporting relating to Clyde Court Care Home, which is a residential care home service, which supports adults and older people, located in Clydebank, within West Dunbartonshire.

2. Background

- 2.1** In line with the updated reporting scope, the Contracts, Commissioning and Quality Assurance Team will provide the HSCP Board Audit and Performance Committee with a report for noting, for any service (including those services commissioned by West Dunbartonshire HSCP but delivered in a different Local Authority) rated as being Red in the Regulated Commissioned Services Report. The risk ratings are defined as being:

Risk Rating	Criteria
RED	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
AMBER	Any service that is graded 3 (Adequate) by the Care Inspectorate.
GREEN	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

- 2.2** Clyde Court Care Home is rated as RED, because they have been placed under Large Scale Investigation.
- 2.3** Clyde Court is owned by Maeven Healthcare Limited and is registered with the Care Inspectorate to provide residential, nursing, dementia, respite and end of life care to a maximum of 70 older people aged 65 and over.
- 2.4** At the time of writing this report there were 53 residents being supported in Clyde Court and 16 vacancies. 35 residents are placed by West Dunbartonshire HSCP and 18 residents are placed by external Local Authorities and are referred to as out of area placements.

2.5 Details of Clyde Court's last 3 Care Inspections are noted below, their inspection report was published in this reporting period and the details of the inspection on 21 October 2025 has been included below:

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
23.10.25	n/a	3 Adequate	n/a	3 Adequate	n/a
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
15.09.25	3 Adequate	n/a	n/a	n/a	n/a
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
26.06.25	2 Weak	2 Weak	3 Adequate	2 n/a	3 Adequate

2.6 The service received 2 requirements from the Care Inspectorate at the September inspection with a completion date of 20 October 2025 for each. The service was reinspected on the 21 October 2025, with the focus of the inspection being on the requirements. The table below provides an update on whether the requirements have been met and what actions have taken place

No.	Requirement Detail	Timeline for Completion	Requirement Met/Not Met	New Timeline for Completion
1	<p>By 20 October 2025, the provider must ensure people live in a well led service that safe and provides care and support that meets their needs.</p> <p>To do this, the provider must, at a minimum:</p> <p>a) ensure that systems of quality assurance are in place for key areas and audits are consistently completed.</p>	<p>20.10.25 (original date was 26.06.2025)</p>	<p>Met within timescales.</p> <p>Action taken since 15 September 2025:</p> <p>Audits were in place and had been streamlined since our previous inspection. Some records were well</p>	N/A

	<p>b) detail actions taken to address any identified improvement and have clear responsibilities</p> <p>c) include an evaluation of progress made</p> <p>d) notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event, communication with stakeholders and provide updates if applicable.</p> <p>This is to comply with Regulation 3 and 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</p> <p>'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).</p>		<p>completed and showed improved oversight of the home. Management presence within the home had increased and regular walk rounds were now routinely taking place. New management at the home was in place and there had been increased support from the wider organisation. There had been ongoing and intensive support from the local Health and Social Care Partnership.</p> <p>We were able to triangulate some recordings with our observations and with notifications that had been made to us. However, not all recordings clearly captured which actions had been taken and some processes</p>	
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			were not yet fully utilised and embedded into practice. Although the service had made notifications to us, not all were within the required timescale and some lacked detail. Enough overall progress had been made to meet this requirement but to support the service to make further progress we have made two new areas for improvement under key question 2 'How good is our leadership?'	
2	<p>By 20 October 2025, the provider must ensure that people are safe, protected and comfortable by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained.</p> <p>In order to do this, the provider must, at a minimum:</p> <p>a) ensure the care home environment, furnishings, floor coverings and</p>	<p>20.10.25 (original date was 26.06.2025)</p>	<p>Met within timescales.</p> <p>Action taken since 15 September 2025:</p> <p>The environment had much improved at the home and ongoing checks had been put in place to ensure that ongoing or emerging</p>	N/A

<p>equipment are well-maintained and in a good state of repair</p> <p>b) any items that are damaged or defective must be discarded and replaced in a timeous manner</p> <p>c) implement robust environmental auditing, incorporating actions in to a development plan and demonstrate that any issues have been resolved</p> <p>This is in order to comply with Regulations 3, 10(2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</p> <p>'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).</p>		<p>issues were quickly picked up and actioned. Some remedial actions had already taken place and other refurbishments were planned or being considered. People's rooms and ensuites that had previously required remedial work had been vastly improved with renewed flooring, decoration and furnishings. Defective items had been renewed or put out of action until further work could take place.</p>	
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3. Main Issues

3.1 Clyde Court remain under Large Scale Investigation (LSI) and are subject to moratorium. Even though there has been improvement relating to Care Inspection grades, the HSCP will not be lifting the moratorium. This is a consistent approach applied by the HSCP in similar situations, whereby the

HSCP must see improvements sustained over a period of time, prior to giving consideration to lifting a moratorium, particularly where an LSI is still active.

3.2 Under the direction of the Chief Social Work Officer, the LSI commenced on the 22 August 2025, meeting on that date and again on the 24 October 2025. The LSI is focussed on the following key themes:

- Governance and Oversight
- Care and Support
- Notifications
- Environment
- Staffing and Leadership

3.3 A further LSI meeting will take place on 23 January 2026, a further verbal update will be provided to Audit and Performance Committee meeting on 3 March 2026.

3.4 The LSI through the Core Management team continues to support Clyde Court along with visiting health professionals in their improvement journey. The service area has noted steady improvements to the service with the focus shifting to sustaining those improvements and embedding them into practice.

4. Options Appraisal

4.1 Not required for this report.

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 Through the Core Management Group and LSI, the number of vacancies within Clyde Court is monitored and to date, Clyde Court senior management have not raised any formal concerns regarding occupancy levels within the home.

6.2 There are no procurement implications with this report.

7. Risk Analysis

7.1 Grades awarded to a registered care 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 timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade two (Weak), no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a three and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

7.3 The HSCP will review the number of available beds and impact the moratorium is having on Clyde Court in relation to its continuing financial sustainability as noted in 6.1 above.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 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.

11.2 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.

12. Directions

12.1 Not required for this report.

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Date: 3 March 2026

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Appendices: None

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

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

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

3 March 2026

Subject: Appendix 3 – Cornerstone Baxter View Update Report

1. Purpose

- 1.1** To provide the HSCP Board Audit and Performance Committee with an update on Care Inspectorate activity and Large-Scale Investigation reporting relating to Cornerstones' service Baxter View.
- 1.2** Baxter View is a housing support and care at home service, which supports adults aged 18 - 65 years old with a learning disability and complex needs, located within West Dunbartonshire.

2. Background

- 2.1** In line with the updated reporting scope, the Contracts, Commissioning and Quality Assurance Team will provide the HSCP Board Audit and Performance Committee with a report for noting, for any service (including those services commissioned by West Dunbartonshire HSCP but delivered in a different Local Authority) rated as being Red in the Regulated Commissioned Services Report Appendix 1. The risk ratings are defined as being:

Risk Rating	Criteria
RED	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
AMBER	Any service that is graded 3 (Adequate) by the Care Inspectorate.
GREEN	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

- 2.2** Baxter View is rated as RED because they have been placed under Large Scale Investigation.
- 2.3** Baxter View is owned and operated by Cornerstone. Baxter View is a purpose-built facility consisting of 8 independent flats, of which 7 are occupied. Baxter View is registered with the Care Inspectorate to provide housing support and care at home to tenants aged over 18 years with learning disabilities, autism or acquired brain injury living in their own homes. They are registered as "Support services – care at home and housing support service combined".

- 2.4** The service has been operational since 2014. Cornerstone is a national organisation and a registered Scottish charity.
- 2.5** Cornerstone’s Baxter View service has been under Large Scale Investigation (LSI) since August 2024, a process led under the direction of the Chief Social Work Officer.
- 2.6** Details of Baxter View’s last 3 Care Inspections are noted below:

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
05.03.25	3 Adequate	3 Adequate	3 Adequate	n/a	3 Adequate
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
26.08.24	1 Unsatisfactory	1 Unsatisfactory	1 Unsatisfactory	n/a	1 Unsatisfactory
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
16.11.23	2 Weak	2 Weak	2 Weak	n/a	2 Weak

3. Main Issues

- 3.1** From the period June 2025 – 31 October 2025, the Care Inspectorate has not carried out any further inspections given their performance at previous inspection where they demonstrated improvement in all areas. Therefore, their grades remain:

How well do we support people’s wellbeing?	3 - Adequate
How good is our leadership?	3 – Adequate
How good is our staff team?	3 – Adequate
How well is our care and support planned?	3 – Adequate

- 3.2** It is anticipated that a further unannounced inspection will take place before 31 March 2026.
- 3.3** Since June 2025 there has been a steady reduction in the number of incidents being reported. This is specifically prevalent in Adult Support and Protection referrals; this coincides with the improvement activities carried out under the scope of the LSI.

- 3.4** The Service Area, social work teams and visiting health professionals have continued to support Baxter View and have had a regular presence at the service. The HSCP's Integrated Operational Manager for the service has met regularly with the senior managers at Baxter View where updates are provided on the core themes of the LSI, which are:
- Adult Support and Protection (including medication errors)
 - Schedules and Care Plans
 - Management and Governance
 - Staffing – Agency Use
 - Building and Surveys.
- 3.5** The service remains stable and the improvements made are being sustained by the service. The position regarding quality improvement and assurance remains unchanged since December's report.
- 3.6** The service area is finalising their conclusions and recommendations (where appropriate) with a draft report being developed for submission to the Adult Support and Protection Committee which is due to meet on 4 February 2026.
- 3.7** A verbal update on the outcomes of the 4 February Adult Support and Protection Committee will be provided to the HSCP Board Audit and Performance Committee on the 3 March 2026.
- 3.8** Until there has been an outcome from the Adult Support and Protection Committee, the moratorium shall remain in place.
- 4. Options Appraisal**
- 4.1** Not required for this report.
- 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 or procurement implications with this report.
- 7. Risk Analysis**
- 7.1** Grades awarded to a registered care 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 timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade two, no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a three and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

7.3 From reviewing the staffing reports from Cornerstone, we are aware that they are using a high amount of recruitment agency workers within the service. This is likely to be a significant cost borne solely by Cornerstone, however, for the purposes of this report we are highlighting a financial risk in relation to the on-going sustainability of the service if recruitment agency use continues.

7.4 Baxter View is now operating with one void due to an individual transitioning to a new service, which had been pre-planned.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 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.

11.2 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.

12. Directions

12.1 Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 3 March 2026

Person to Contact: Neil McKechnie
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E-mail: Neil.McKechnie@west-dunbarton.gov.uk

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

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

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

3 March 2026

Subject: Appendix 4 – National Autistic Society Catrine Bank and Daldorch House Update Report

1. Purpose

1.1 To provide the HSCP Board Audit and Performance Committee with an update on Care Inspectorate activity and Large-Scale Investigation reporting relating to Catrine Bank and Daldorch House, a housing support and care at home service support service for up to 29 adults aged 18 - 65 with an autistic spectrum disorder. This is an out of area service located in Mauchline, East Ayrshire and is operated by third sector provider – National Autistic Society.

2. Background

2.1 In line with the updated reporting scope, the Contracts, Commissioning and Quality Assurance Team will provide the HSCP Board Audit and Performance Committee with a report for noting, for any service (including those services commissioned by West Dunbartonshire HSCP but delivered in a different Local Authority) rated as being Red in the Regulated Commissioned Services Report Appendix 1. The risk ratings are defined as being:

Risk Rating	Criteria
RED	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
AMBER	Any service that is graded 3 (Adequate) by the Care Inspectorate.
GREEN	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

2.2 Catrine Bank and Daldorch House support service is rated as RED because they have been placed under Large Scale Investigation (LSI) by the host authority – East Ayrshire Health and Social Care Partnership and West Dunbartonshire HSCP have 2 individuals placed within that service. The LSI commenced on 6 November 2024.

2.3 Catrine Bank and Daldorch House support service is provided by the National Autistic Society and is registered with the Care Inspectorate as a “care at home and housing support service combined”. The service was inspected on

3 March to 11 March 2025 where the Care Inspectorate as assessed the service as:

How well do we support people's wellbeing?	3 – Adequate
How good is our leadership?	3 – Adequate
How good is our staff team?	3 – Adequate
How good is our setting?	n/a
How well is our care and support planned?	3 - Adequate

2.4 The service received 3 requirements from the Care Inspectorate at the March inspection with a completion date of 29 September 2025 for each. The service was reinspected on the 29 October 2025, with the focus of the inspection being on the requirements. The table below provides an update on whether the requirements have been met and what actions have taken place:

No.	Requirement Detail	Timeline for Completion	Requirement Met/Not Met	New Timeline for Completion
1.	<p>By 29 September 2025, to ensure that people's care, and support needs are met, the provider must ensure that the service's quality assurance processes and self-evaluation are effective. To do this, the provider must, at a minimum:</p> <p>a) Demonstrate that current quality assurance processes are reviewed and developed to ensure that they find existing weaknesses and drive ongoing improvement.</p> <p>b) Demonstrate that the service development plan includes specific, measurable,</p>	29.09.25	<p>Not met.</p> <p>Action taken since 14 March 2025:</p> <p>The requirement was not met. While some improvements were evident, such as better oversight through new electronic management support and care planning systems, and positive steps like reviewing restrictive practices, key quality assurance systems still</p>	02.03.26

	<p>achievable, relevant and time-bound actions that demonstrate effective self-evaluation and accurately reflect the improvement priorities of the service.</p> <p>This is to comply with Regulation 3 and 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</p> <p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</p> <p>'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).</p>		<p>needed further development to ensure they consistently identified weaknesses and drove improvement. Although the service's development plan was up-to-date and measurable, managers agreed that more specific action plans for each requirement would strengthen progress</p>	
2	<p>By 29 September 2025, to ensure that people's care, and support needs are met, the provider must ensure staffing arrangements are safe and effective.</p> <p>To do this, the provider must, at a minimum:</p> <p>a) regularly assess and review peoples care and support needs and regularly evaluate</p>	29.09.25	<p>Not met.</p> <p>Action taken since 14 March 2025:</p> <p>The requirement was not met. Although managers worked hard to improve staffing arrangements and introduced positive</p>	02.03.26

	<p>people's personal care plans.</p> <p>b) demonstrate how the regular evaluation of people's outcomes and the regular assessments of their needs are used to inform staffing arrangements, including the service's skills mix and professional resources.</p> <p>c) demonstrate that other important factors, such as people's views, the environment, accidents, incidents and staff vacancies and turnover are part of the regular assessment and evaluation of staffing.</p> <p>d) demonstrate that quality assurance systems effectively support the regular, evidence-based assessment and evaluation of staffing arrangements.</p>		<p>measures such as rota changes, better training oversight and supervisions, the service still lacked clear systems to link the regular evaluation of people's outcomes to staffing decisions. Staffing changes were made with people's needs in mind, but there was no effective way to measure whether these changes achieved the intended impact on outcomes, yet. Recruitment of skilled staff remained very challenging, partly due to factors outside the provider's control, such as the rural location and wider sector shortages. While training systems improved, the absence of a clear skills framework limited planning for professional development.</p>	
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3	<p>By 29 September 2025, to ensure that peoples care, and support needs are met the provider must ensure that people's care and support plans contain and supporting documentation are complete, up to date and regularly evaluated.</p> <p>To do this, the provider must, at a minimum:</p> <p>a) ensure regular, accurate and evaluative reviews of every care plan</p> <p>b) ensure that people's care and support plans are focussed on clearly formulated personal outcomes which have been established in cooperation with people and their representatives.</p> <p>c) develop and implement effective quality assurance processes to support the implementation and regular evaluation of points a and b of this requirement.</p> <p>This is to comply with Regulation 5(1) and (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</p> <p>This is to ensure that</p>	29.09.25	<p>Not met.</p> <p>Action taken since 14 March 2025:</p> <p>The requirement was not met. While some progress was made, further work was needed to ensure that people's care plans provided a robust evidence base for guiding daily practice and that planned outcomes were meaningfully and regularly evaluated. Reviews were not consistently evaluative, and care plans did not always clearly reflect personal outcomes agreed with people and their representatives. Quality assurance processes to support this work were not yet fully embedded.</p>	02.03.26
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	care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19).			
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2.5 Details of Catrine Bank and Daldorch House last 3 Care Inspections are noted below:

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
29.10.25	3 Adequate	3 Adequate	3 Adequate	n/a	3 Adequate
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
14.03.25	3 Adequate	3 Adequate	3 Adequate	n/a	3 Adequate
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
12.10.23	4 Good	4 Good	n/a	n/a	n/a

3. Main Issues

3.1 The National Autistic Society were notified of the LSI following a meeting led by East Ayrshire Health and Social Care Partnership on 6 November 2024.

3.2 The scope of the LSI related to the following themes:

- Care and support planning processes not being followed.
- Additional 1:1 hours not being fully utilised for supported people.
- Managerial oversight including staff supervision and support.
- Access to training for staff.
- Reporting of safeguarding incidents.
- Communication within the service.
- Access to hazardous materials such as cleaning fluids.

3.3 In line with standard LSI procedures a moratorium was placed on new admissions to the service.

3.4 Other than the update following the Care Inspectorates inspection in October and the corresponding publishing of the Inspection report in January, there have been no other substantive updates in relation to the LSI.

3.5 A further report will be submitted to the next Audit and Performance Committee.

4. Options Appraisal

4.1 Not required for this report.

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 One of the core themes of the LSI is noted as being “Additional 1:1 hours not being fully utilised for supported people”. The Contracts, Commissioning and Quality Assurance Team are working with the National Autistic Society to determine if any 1:1 hours have not been delivered but paid for. If this has occurred, West Dunbartonshire HSCP will be refunded accordingly.

6.2 The National Autistic Society are carrying out this work with several Local Authorities and are due to provide a formal update on this work at the next LSI.

6.3 There are no procurement implications with this report.

7. Risk Analysis

7.1 Grades awarded to a registered care 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 timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade two (Weak), no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a three and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 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.

11.2 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.

12. Directions

12.1 Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 3 March 2026

Person to Contact: Neil McKechnie
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Appendices: None

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

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

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

3 March 2026

Subject: Appendix 5 – The Oaks Care Home Update Report

1. Purpose

- 1.1** To provide the HSCP Board Audit and Performance Committee with an update on Care Inspectorate activity and Large Scale Investigation reporting relating to The Oaks Care Home, which is a residential care home for adults with an enduring or recovering mental disorder. The service is registered to support up to a maximum of 33 people. This is an out of area service located in the East End of Glasgow, and is operated by Rhindsale House Ltd, which is part of the corporate structure of the main operator – Meallmore Ltd.

2. Background

- 2.1** In line with the updated reporting scope, the Contracts, Commissioning and Quality Assurance Team will provide the HSCP Board Audit and Performance Committee with a report for noting, for any service (including those services commissioned by West Dunbartonshire HSCP but delivered in a different Local Authority) rated as being Red in the Regulated Commissioned Services Report Appendix 1. The risk ratings are defined as being:

Risk Rating	Criteria
RED	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
AMBER	Any service that is graded 3 (Adequate) by the Care Inspectorate.
GREEN	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

- 2.2** The Oaks care home is rated as RED because they have been placed under Large Scale Investigation (LSI) by the host authority – Glasgow City Health and Social Care Partnership. West Dunbartonshire HSCP have 7 individuals placed within that service. The LSI will formally commence on the 27 January 2026.
- 2.3** The Oaks care home service is provided by Rhindsale House Ltd, which is part of the corporate structure of the main operator – Meallmore Ltd, who are the controlling entity. The service is registered with the Care Inspectorate as a

care home for people with mental health problems. The service was last inspected by the Care Inspectorate on 28 March 2025, where they received the following grades:

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

2.4 The service inspected well and there were no requirements or concerns raised by the Care Inspectorate. The scope of the LSI is in relation to financial misconduct by a staff member employed by Meallmore Ltd.

2.5 Details of The Oaks last 3 Care Inspections are noted below:

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
28.03.25	5 Very Good	n/a	5 Very Good	5 Very Good	n/a
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
21.07.22	4 Good	4 Good	n/a	n/a	n/a
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
27.08.19	5 Very Good	n/a	n/a	n/a	4 Good

2.6 The first LSI meeting will take place on 27 January 2026, and a verbal update will be made provided to the Audit and Performance Committee on the 3 March 2026.

3. Main Issues

3.1 The HSCP is undertaking social work reviews for each of the 7 individuals that reside within The Oaks, these reviews will examine any trends in relation to the scope of the LSI and in particular – financial misconduct.

3.2 Glasgow City HSCP will advise of the scope of the LSI, meeting frequency, improvement plan along with any immediate actions that may be required under Adult Support and Protection legislation on 27 January 2026.

3.3 In line with standard LSI procedures a moratorium was placed on new admissions to the service.

4. Options Appraisal

4.1 Not required for this report.

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 There are no direct financial implications for the HSCP. However, the LSI will examine financial misconduct, therefore there may be financial implications for individuals who reside (and/or resided) at The Oaks.

6.2 There are no procurement implications with this report.

7. Risk Analysis

7.1 Grades awarded to a registered care 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 timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade two (Weak), no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a three and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

7.3 Usually an LSI is run in parallel with the Care Inspectorate due to impact on grades, however in this case, the Care Inspectorate will be involved as a key stakeholder within the LSI, it is unclear at this stage what impact there will be on the services grades.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 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.

11.2 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.

12. Directions

12.1 Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 3 March 2026

Person to Contact: Neil McKechnie
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E-mail: Neil.McKechnie@west-dunbarton.gov.uk

Appendices: None

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AUDIT AND PERFORMANCE COMMITTEE

Report by Julie Slavin, Chief Financial Officer

3 March 2026

Subject: 2025/26 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 2025/26 Annual Accounts of the Integration Joint Board (IJB) 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 Forvis Mazars Annual Audit Plan attached at Appendix 1; and
 - 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 2025/26 in accordance with Audit Scotland [Guidance on planning 2025-26 annual audits](#).

- 4.3 Our external auditors, Forvis Mazars, have prepared their Annual Audit Plan and this is attached at Appendix 1.
- 4.4 The plan sets out the scope of the 2025/26 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 current, approved Terms of Reference (ToR) the Audit and Performance Committee, scheduled for 23 June 2026, will consider the 2025/26 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 A meeting with the Audit Director of Forvis Mazars, their audit team, the IJB’s Chief Financial Officer and the Finance Manager was held on 28 January 2026 to undertake preliminary 2025/26 audit planning. Forvis Mazars have confirmed that they are aiming to commence the audit of HSCP Board’s annual accounts soon after receiving them after the 23 June Audit and Performance Committee meeting, and currently no issues regarding planning and/or audit resources are expected to arise. It is anticipated that the audit will be completed by 30 September 2026, with the HSCP Board receiving updates if this target date is likely to change.

4.10 The current ToR for the Audit and Performance Committee state that final approval and “sign-off” will be the responsibility of the HSCP Board, currently scheduled to meet on 29 September 2026. The audited accounts will be submitted to the 22 September Audit and Performance Committee meeting first to consider the audited annual accounts, the External Auditors report and proposed audit certificate (ISA 260 report) prior to the 29 September meeting of the HSCP Board to conclude the final approval process.

4.11 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.

4.12 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.

4.13 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

4.14 Annual Audit Fee: Audit Scotland’s 2026/27 budget, which sets the 2025/26 audit fees, underwent a rigorous process of review and challenge by Audit Scotland’s Board in advance of the annual budget submission to the Scottish Commission for Public Audit (SCPA) in the Scottish Parliament which was considered by them on 11 December 2025.

4.15 The overall increase in fees for 2025/26 annual audits is 4.3% increasing the annual audit fee from £34,000 to an estimated £35,480. The expected fee assume that effective partnership working is in place and assumes that each audited body has:

- well-functioning controls;
- an effective internal audit service;
- an average risk profile;
- sound governance arrangements in place and these operated effectively throughout the year;

- prepared accurate unaudited financial statements which meet the agreed timetable for audit; and
- prepared comprehensive working papers to support the accounts.

4.16 Where these assumptions are met the expected fee should form the basis for invoicing and no further fee discussions are required.

4.17 Audit Scotland will be consulting on their fees and funding model in summer 2026 ahead of the tender for the next round of audit appointments covering the audits of financial years 2027/28 to 2031/32.

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 Forvis 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: 2 February 2026

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

Appendices: Appendix 1 – Mazars Audit Audit Plan

Background Papers: None

Localities Affected: All



Annual Audit Plan

West Dunbartonshire Integration Joint Board – Year ending 31 March 2026

March 2026

Annual Audit Plan Letter



Audit and Performance Committee
West Dunbartonshire Integration Joint Board
16 Church Street
Dumbarton
G82 1QL
19 February 2026

Forvis Mazars
100 Queen Street
Glasgow
G1 3DN

Dear Audit and Performance Committee,

Annual Audit Plan – Year ending 31 March 2026

I am pleased to present our Annual Audit Plan (“AAP”) for West Dunbartonshire Integration Joint Board for the year ending 31 March 2026.

This document will be presented at the Audit and Performance Committee meeting on 3rd March 2026. If you would like to discuss any matters in more detail, please contact me on 07816354994.

This report provides an overview of the planned scope and timing of our audit, including the significant and enhanced audit risks we have identified. In addition, as it is a fundamental requirement that we are, and are seen to be, independent of the West Dunbartonshire Integration Joint Board this report also summarises our considerations and conclusions on our independence.

Two-way communication with you is key to a successful audit and is important in:

- Reaching a mutual understanding of the scope of our audit and our respective responsibilities,
- Sharing information to assist each of us with fulfilling our respective responsibilities,
- Providing you with constructive observations arising during our audit, and

Forvis Mazars LLP – 100 Queen Street - Glasgow – G1 3DN Tel: 0141 227 2400 – www.forvismazars.com/uk

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Annual Audit Plan – Year ending 31 March 2026 (continued)

- Ensuring that we gain an understanding of your attitude and views in respect of the risks facing the West Dunbartonshire Integration Joint Board which may affect our audit, including the likelihood of those risks materialising and how they are monitored and managed.

This report, which we have prepared following our initial planning discussions with management, facilitates a discussion with you on our audit approach. We welcome any questions, concerns, or input you may have on our approach.

Providing a high-quality service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations.

During the meeting, we would be grateful for your views/ knowledge on the following specific matters:

- Whether you have identified any other risks (business, laws & regulation, fraud, going concern, etc.) that may result in material misstatements in the financial statements.
- If you are aware of any significant communications between the West Dunbartonshire Integration Joint Board and its regulators.
- If there are any matters that you consider warrant particular attention during our audit and/ or any areas where you would like additional procedures to be undertaken.

This report has been prepared in accordance with the responsibilities set out within Audit Scotland’s Code of Audit Practice (“the Code”) and is for the sole benefit of the Audit and Performance Committee. Except where required by law or regulation, it should not be used, quoted or made available to any other parties without our prior written consent.

Yours faithfully,



Tom Reid

Forvis Mazars LLP

Forvis Mazars LLP – 100 Queen Street - Glasgow – G1 3DN Tel: 0141 227 2400 – www.forvismazars.com/uk

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Appendix A – Key communication points

Appendix B - Current year updates, forthcoming accounting and other issues

This document is to be regarded as confidential to West Dunbartonshire Integration Joint Board. It has been prepared for the sole use of the Audit and Performance Committee as the appropriate sub-committee charged with governance. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

Executive summary

Audit timeline (page 13)

Planning and Risk assessment	February 2026
Presentation of Annual Audit Plan	3 rd March 2026
Fieldwork	July - August 2026
Completion procedures	September 2026
Presentation of Annual Audit Report	September 2026
Presentation of Independent auditor's report	September 2026

Fees (page 29)

Audit fees	£35,480
Non-audit fees	N/A
Total fees	£35,480

Audit risks and other significant matters (pages 20 – 22)

Risk	Significant risk	Enhanced risk	Risk evolution	Page
Management Override of Controls	●	○	=	Page 21

Other significant matters:

- No other significant matters identified

Our independence (page 31)

We are independent of West Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to our audit in the UK, including the FRC's Ethical Standard

Materiality (pages 16 – 18)

Total Gross Expenditure: £277,875,000

Materiality	Performance materiality	Reporting threshold
£5,558,000	£4,168,000	£167,000

Engagement and responsibilities summary

Engagement and responsibilities summary

We are appointed to perform the external audit of West Dunbartonshire Integration Joint Board for the year to 31 March 2026. The scope of our engagement is set out in the Code of Audit Practice, issued by the Auditor General and the Accounts Commission available from the Audit Scotland website: [Code of audit practice | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk). Our responsibilities are principally derived from the Local Government (Scotland) Act 1973 (the 1973 Act) and the Code of Audit Practice, as outlined below and overleaf.

Audit opinion

We are responsible for forming and expressing an opinion on whether the financial statements are prepared, in all material respects, in accordance with applicable law and UK adopted international accounting standards as interpreted and adopted by the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26.

Our audit does not relieve management or the Audit and Performance Committee, as Those Charged With Governance, of their responsibilities.

The Chief Financial Officer is responsible for the assessment of West Dunbartonshire Integration Joint Board's ability to continue as a going concern. As auditors, we are required to obtain sufficient, appropriate audit evidence regarding, and conclude on:

- a) whether a material uncertainty related to going concern exists, and
- b) the appropriateness of the Chief Finance Officer's use of the going concern basis of accounting in the preparation of the financial statements.



Fraud

The responsibility for safeguarding assets and for the prevention and detection of fraud, error, and non-compliance with law or regulations rests with both you and management. This includes establishing and maintaining internal controls over asset protection, compliance with relevant laws and regulations, and the reliability of financial reporting.

As part of our audit procedures in relation to fraud, we are required to inquire of you and key management personnel and internal audit, on their knowledge of instances of fraud, and their views on the risks of fraud and on internal controls that mitigate those risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether due to fraud or error. However, our audit should not be relied upon to identify all such misstatements.



Engagement and responsibilities summary (continued)



Internal control

Management is responsible for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We are responsible for obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of West Dunbartonshire Integration Joint Board's internal control.



Wider scope and Best Value

We are also responsible for reviewing and reporting on the wider scope arrangements that the West Dunbartonshire Integration Joint Board has in place and its arrangements to secure Best Value. We discuss our approach to wider scope and Best Value work further in the '*Wider scope and Best Value*' section of this report.

02

Your audit engagement team

Your audit team



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Engagement Director

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Mark Ramsay
Engagement Manager

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03

Audit scope, approach, and timeline

Audit scope, approach, and timeline

Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit methodology, and in accordance with the terms of our engagement. Our work is focused on those aspects of your business which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations, or areas found to contain material errors in the past.

Audit approach

Our audit approach is risk-based, and the nature, extent, and timing of our audit procedures are primarily driven by the areas of the financial statements we consider to be more susceptible to material misstatement. Following our risk assessment where we assess the inherent risk factors (subjectivity, complexity, uncertainty, change and susceptibility to misstatement due to management bias or fraud) to aid in our risk assessment, we develop our audit strategy and design audit procedures to respond to the risks we have identified.

If we conclude that appropriately designed controls are in place, we may plan to test and rely on those controls. If we decide controls are not appropriately designed, or we decide that it would be more efficient to do so, we may take a wholly substantive approach to our audit testing where, in our professional judgement, substantive procedures alone will provide sufficient appropriate audit evidence. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise tests of detail (of classes of transaction, account balances, and disclosures), and substantive analytical procedures. Irrespective of our assessed risks of material misstatement, which takes account of our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transaction, account balance, and disclosure.

Our audit has been planned and will be performed to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view. The concept of materiality and how we define a misstatement is explained in the *'Materiality and misstatements'* section of this report.

Where appropriate our Annual Audit Plan reflects discussions with the Local Area Network.

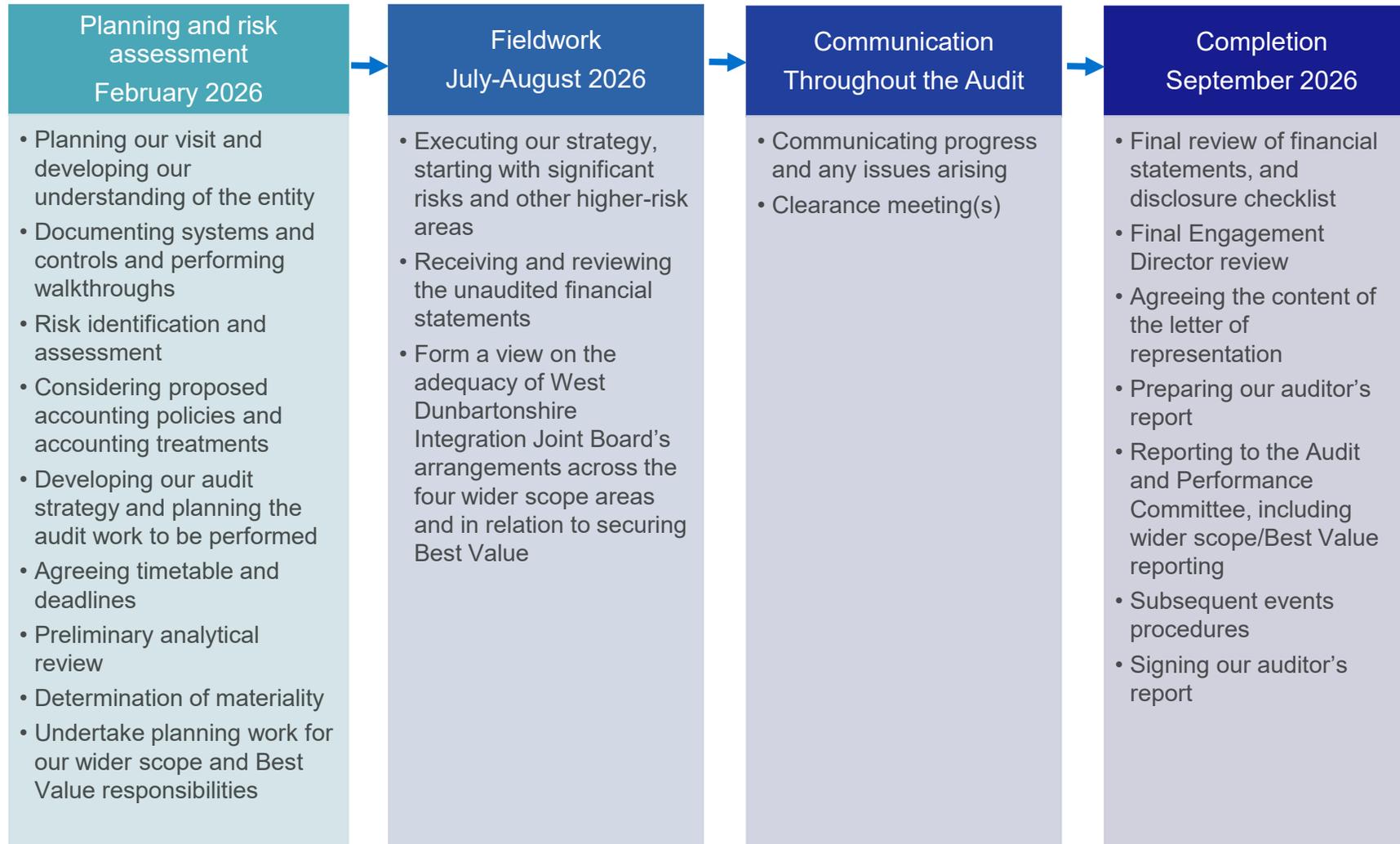
The diagram on the next page outlines the procedures we perform at the different stages of our audit. We have also provided, later in this report, a table setting out the procedures we perform for the significant financial statement areas.

Reliance on internal audit

Where possible, we will use the work performed by internal audit when designing the nature, extent, and timing of our audit procedures. We will discuss with internal audit the progress of their work and their findings prior to commencing our controls evaluation procedures.

Where we intend to rely on the work on internal audit, we will evaluate the work performed by them and perform our own procedures to determine the adequacy of that work for our audit.

Audit scope, approach, and timeline (continued)



Audit scope, approach, and timeline (continued)

Audit approach for significant financial statement areas

Our audit approach on significant financial statement areas is set out below.

Financial statement area	Significant risk	Key judgement area or enhanced risk	Testing of controls	Substantive procedures	Comments
Gross expenditure	No	No	No	Yes	
Gross income	No	No	No	Yes	
Set aside for delegated services provided in large hospitals	No	No	No	Yes	
Taxation and non-specific grant income (contribution from partners)	No	No	No	Yes	
Short term debtors	No	No	No	Yes	
Total reserves	No	No	No	Yes	

Financial statement area (Disclosures)	Significant risk	Key judgement area or enhanced risk	Testing of controls	Substantive procedures	Comments
Management Commentary	No	No	No	Yes	
Annual Governance Statement	No	No	No	Yes	
Remuneration Report	No	No	No	Yes	

04

Materiality and misstatements

Materiality and misstatements

Definitions

Materiality is an expression of the relative significance or importance of a particular matter in the context of the financial statements as a whole.

Misstatements in the financial statements are considered to be material if they could, individually or in aggregate, reasonably be expected to influence the economic decisions of users based on the financial statements.

Materiality

We determine materiality for the financial statements as a whole (overall materiality) using a benchmark that, in our professional judgement, is most appropriate to the entity. We also determine an amount less than materiality (performance materiality), which is applied when we carry out our audit procedures and is designed to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds overall materiality. Further, we set a threshold above which all misstatements we identify during our audit (adjusted and unadjusted) will be reported to the Audit and Performance Committee.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on a consideration of the common financial information needs of users as a group and not on specific individual users.

An assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- Have a reasonable knowledge of business, economic activities, and accounts;
- Have a willingness to study the information in the financial statements with reasonable

diligence;

- Understand that financial statements are prepared, presented, and audited to levels of materiality;
- Recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement, and consideration of future events; and
- Will make reasonable economic decisions based on the information in the financial statements.

We consider overall materiality and performance materiality while planning and performing our audit based on quantitative and qualitative factors.

When planning our audit, we make judgements about the size of misstatements we consider to be material. This provides a basis for our risk assessment procedures, including identifying and assessing the risks of material misstatement, and determining the nature, timing and extent of our responses to those risks.

The overall materiality and performance materiality that we determine does not necessarily mean that uncorrected misstatements that are below materiality, individually or in aggregate, will be considered immaterial.

We revise materiality as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Materiality and misstatements (continued)

Materiality (continued)

We consider that gross expenditure is the key focus of users of the financial statements. We have therefore determined our initial materiality levels using gross expenditure at surplus/deficit level as the benchmark.

We expect to set a materiality threshold of 2% of gross expenditure at surplus/ deficit level.

As set out in the table below, based on currently available information from the 2024/25 audited financial statements, we anticipate overall materiality for the year ended 31 March 2026 to be in the region of £5.558m (£5.558m in the prior year), and performance materiality to be in the region of £4.168m (£3.890m in the prior year). This represents 75% of headline materiality (70% in 2024/25). The choice of this percentage reflects our assessment that audit work in prior years has not identified any significant findings or adjustments and the overall processes and controls in place mean that the risk environment is relatively low.

We will continue to monitor materiality throughout our audit to ensure it is set at an appropriate level.

West Dunbartonshire Integration Joint Board's financial statements

	2025/26 £'000s	2024/25 £'000s
Overall materiality	5,558	5,558
Performance materiality	4,168	3,890
Clearly trivial	167	167
Specific materiality:	<p>We assess the Remuneration Report as sensitive given users' interest in this specific area of the annual accounts.</p> <ul style="list-style-type: none"> • For senior employees' remuneration and pensions benefits, our specific materiality will be £1,000. • For other employees' remuneration, these are disclosed in bands, hence we have set a specific materiality of £5,000 which equates to one banding. • For exit packages, we have set a specific materiality of £50,000. 	

Materiality and misstatements (continued)

Misstatements

We will accumulate misstatements identified during our audit that are above our determined clearly trivial threshold.

We have set a clearly trivial threshold for individual misstatements we identify (a reporting threshold) for reporting to the Audit and Performance Committee and management that is consistent with a threshold where misstatements below that amount would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements.

Based on our preliminary assessment of overall materiality, our proposed clearly trivial threshold is £167,000, based on 3% of overall materiality. If you have any queries about this, please raise these with Tom Reid.

Each misstatement above the reporting threshold that we identify will be classified as:

- **Adjusted:** Those misstatements that we identify and are corrected by management.
- **Unadjusted:** Those misstatements that we identify that are not corrected by management.

We will report all misstatements above the reporting threshold to management and request that they are corrected. If they are not corrected, we will report each misstatement to the Audit and Performance Committee as unadjusted misstatements and, if they remain uncorrected, we will communicate the effect that they may have individually, or in aggregate, on our audit opinion.

Misstatements also cover qualitative misstatements and include quantitative and qualitative misstatements and omissions relating to the notes of the financial statements.

Reporting

In summary, we will categorise and report misstatements above the reporting threshold to the Audit and Performance Committee as follows:

- Adjusted misstatements;
- Unadjusted misstatements; and
- Disclosure misstatements (adjusted and unadjusted).

05

Significant risks and other key judgement areas

Significant risks and other key judgement areas

Definitions

Following the risk assessment approach set out in the 'Audit scope, approach, and timeline' section, we have identified the risks of material misstatement in the financial statements. These risks are categorised as significant, enhanced, or standard. The definitions of these risk ratings are set out below.

Risk Level	Definition
Significant	A risk that is assessed as being at or close to the upper end of the spectrum of inherent risk, based on a combination of the likelihood of a misstatement occurring and the magnitude of any potential misstatement. A fraud risk is always assessed as a significant risk (as required by auditing standards), including management override of controls and revenue recognition.
Enhanced	An area with an elevated risk of material misstatement at the assertion level, other than a significant risk, based on factors/ information inherent to that area. Enhanced risks require additional consideration but do not rise to the level of a significant risk. These include but are not limited to: <ul data-bbox="596 748 2130 882" style="list-style-type: none">• Key areas of management judgement and estimation uncertainty, including accounting estimates related to material classes of transaction, account balances, and disclosures but which are not considered to give rise to a significant risk of material misstatement; and• Risks relating to other assertions and arising from significant events or transactions that occurred during the period.
Standard	A risk related to assertions over classes of transaction, account balances, and disclosures that are relatively routine, non-complex, tend to be subject to systematic processing, and require little or no management judgement/ estimation. Although it is considered that there is a risk of material misstatement, there are no elevated or special factors related to the nature of the financial statement area, the likely magnitude of potential misstatements, or the likelihood of a risk occurring.

Significant risks and other key judgement areas (continued)

Audit risks and planned responses

In this section, we have set out the risks that we deem to be significant and enhanced, and our planned response. An audit is a dynamic process, and should we change our view of risk and/ or our approach to address those risks during our audit, we will report this to the Audit and Performance Committee.

Significant risks

	Risk name	Fraud	Error	Judgement	Risk description	Planned response
1	Management override of controls	Yes	No	Yes	Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits. You should assess this risk as part of your oversight of the financial reporting process.	In line with our methodology, we plan to address the management override of controls risk through performing audit work over: <ul style="list-style-type: none"> • accounting estimates: by evaluating the methods and assumptions used by management to develop the estimate; • journal entries: testing any journals that meet our fraud risk criteria and other adjustments made in preparing the financial statements; and • significant transactions: considering and testing any significant transactions outside the normal course of business or otherwise unusual.

Significant risks and other key judgement areas (continued)

Other considerations

In consideration of ISA (UK) 260 *Communication with Those Charged with Governance*, we would like to seek the Audit and Performance Committee's views/ knowledge of the following matters:

- Did you identify any other risks (business, laws & regulation, fraud, going concern etc.) that may result in material misstatements?
- Are you aware of any significant communications between the West Dunbartonshire Integration Joint Board and regulators?
- Are there any matters that you consider warrant particular attention during the course of our audit, and any areas where you would like additional procedures to be undertaken?

Internal audit function

We do not expect to use the work of the internal audit function for the purpose of our audit. Nonetheless, we will obtain a copy of the reports issued by internal audit relating to the financial period under audit to determine whether any findings will have an impact on our risk assessment and planned audit procedures.

06

Wider scope and Best Value

Wider scope and Best Value

The framework for wider scope work

The Code of Audit Practice sets out the four areas that frame the wider scope of public sector audit. We are required to form a view on the adequacy of the West Dunbartonshire Integration Joint Board's arrangements in four areas:

1. Financial management
2. Financial sustainability
3. Vision, leadership, and governance
4. Use of resources to improve outcomes

Financial management

Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively. Auditors consider whether the body has effective arrangements to secure sound financial management.

Vision, leadership and governance

Audited bodies must have a clear vision and strategy, and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation. Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. They also consider the effectiveness of governance arrangements for delivery.

Financial sustainability

Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs. Auditors consider the extent to which audited bodies have shown regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so that it can continue to deliver services.

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. Auditors consider the clarity of the arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of equalities, and deliver continuous improvements in priority services.

Wider scope and Best Value (continued)

Our approach

Our planned audit work against the four wider scope areas is risk based and proportionate. We need to gather sufficient evidence to support our commentary on the West Dunbartonshire Integration Joint Board's arrangements and to identify and report on any significant risks. We will carry out more detailed work where we identify significant risks. Where significant risks are identified we will report these to the West Dunbartonshire Integration Joint Board and make recommendations for improvement. In addition to local risks, we consider challenges that are affecting the public sector as a whole.

Best Value

Under the Code of Audit Practice, the audit of Best Value in Local Government Authorities is fully integrated within our annual audit work. We are required to consider the seven Best Value themes which are:

1. Vision and leadership
2. Governance and accountability
3. Effective use of resources
4. Partnerships and collaborative working
5. Working with communities
6. Sustainability
7. Fairness and equality

We are required to consider the West Dunbartonshire Integration Joint Board's arrangements in respect of the seven Best Value themes to identify any significant risks. Best Value at the West Dunbartonshire Integration Joint Board will be assessed over the period of the audit appointment. Where we identify risks or improvement areas we will plan appropriate coverage over the period of the audit appointment on a risk basis. We have not identified any significant risks planned for coverage in 2025/26.

We will also follow up previously reported Best Value findings to assess the pace and depth of improvement. This work will be integrated into our audit approach, including our work on the wider scope areas.

Wider scope and Best Value (continued)

Wider scope risks

The Code of Audit Practice requires us to consider the significant audit risks in areas defined in the Code as the wider scope audit.

Although we have not fully completed our planning and risk assessment work, the table below outlines the wider scope audit risks that we have identified to date. We will report any further identified risks to the Audit and Performance Committee on completion of our planning and risk identification work.

Significant Risk Description	Financial management	Financial sustainability	Vision, leadership and governance	Use of resources to improve outcomes	Planned procedures
<p>1 Financial Sustainability West Dunbartonshire Integration Joint Board (IJB) is forecasting significant budget gaps in future years, including an £8.5 million gap for 2026/27. The IJB is considering budget options for 2026/27 and its partner organisations are still to agree their funding contributions.</p> <p>As in previous years, the IJB expects to use reserves to help balance the budget. The IJB's un-earmarked reserves were 1.62% of net expenditure at 31 March 2025, which is below the contingency level of 2% in its reserves policy.</p> <p>The scale of the savings the IJB needs to make, in the context of the national pressures facing community health and social care services, put its financial sustainability at risk.</p>	No	Yes	No	No	<p>We will:</p> <ul style="list-style-type: none"> • review the IJB's financial performance in 2025/26 and updates to its financial planning throughout the year, including the implications for reserves; • evaluate the achievement of planned recurring and non-recurring savings; • review work undertaken by management to update scenario planning, sensitivity analysis and financial assumptions in the medium-term financial plan; and • assess the IJB's progress in developing plans to close future budget gaps to support longer term financial sustainability.

Wider scope and Best Value (continued)

Our work to follow-up on previous wider scope recommendations

As part of our 2024/25 audit, we identified wider scope risks in the West Dunbartonshire Integration Joint Board's arrangements. The table below sets out the risks identified, our previous recommendations and the work we intend to carry out as part of our 2025/26 audit.

Previously identified significant risks in arrangements	Relevant reporting criteria	Our 2024/25 recommendations	Planned procedures for 2025/26
<p>Financial sustainability – Level 2</p> <p>The Medium Term Financial Outlook projects a cumulative budget gap of £9.00m in 2026/27, rising to £18.85m by 2027/28. The IJB has agreed a financial plan, which includes achieving savings through prescribing efficiencies, improved workforce management and service redesign.</p> <p>The challenges faced by the IJB put its longer-term financial sustainability at risk.</p>	Financial sustainability	The IJB should continue to regularly review and update the MTFO and its financial plan. As part of this process, the IJB should ensure its partners understand the challenges it faces and their collective responsibility to ensure the IJB's finances are secure.	See page 26 where we have set out planned procedures for the associated financial sustainability risk.
<p>Financial Management (Training for budget holders) – Level 3</p> <p>Training materials are available to support budget holders to scrutinise their budgets. However, the IJB does not provide regular refresher training. There is a risk that budget holders may not consistently apply procedures which could affect the accuracy of budget monitoring and reporting.</p>	Financial management	The IJB should ensure refresher training is provided to budget holders to ensure procedures are understood and consistently applied.	We will confirm the refresher training was provided and review the training materials.

07

Audit fees and other services

Audit fees and other services

Our fees for the audit of West Dunbartonshire Integration Joint Board's financial statements for the year ended 31 March 2026, are outlined below.

At this stage of the audit, we are not planning any divergence from the expected fees set by Audit Scotland, which is available on the Audit Scotland website: [Audit Scotland expected fees for 2025/26 audits](#).

Area of work	2025-26 Proposed Fee	2024-25 Actual Fee
Auditor remuneration	£38,560	£37,150
Pooled costs	£1,330	£930
Contribution to PABV costs	£7,180	£7,130
Sectoral cap adjustment	(£11,590)	(£11,200)
Total fees	£35,480	£34,000

We have not provided any non-audit services to the West Dunbartonshire Integration Joint Board during the year

08

Confirmation of our independence

Confirmation of our independence

Requirements

We comply with the International Code of Ethics for Professional Accountants, including International Independence Standards issued by the International Ethics Standards Board for Accountants together with the ethical requirements that are relevant to our audit of the financial statements in the UK reflected in the ICAEW Code of Ethics and the FRC Revised Ethical Standard.

Compliance

We are not aware of any relationship between Forvis Mazars and West Dunbartonshire Integration Joint Board that, in our professional judgement, may reasonably be thought to impair our independence.

We are independent of West Dunbartonshire Integration Joint Board and have fulfilled our independence and ethical responsibilities in accordance with the requirements applicable to our audit.

Non-audit and Audit fees

We have set out a summary of the non-audit services provided by Forvis Mazars (with related fees) to West Dunbartonshire Integration Joint Board, together with our audit fees and independence assessment.

We are committed to independence and confirm that we comply with the FRC's Revised Ethical Standard. In addition, we have set out in this section any matters or relationships we believe may have a bearing on our independence or the objectivity of our audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities, that create any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

We have policies and procedures in place that are designed to ensure that we carry out our work with integrity, objectivity, and independence. These policies include:

- All partners and staff are required to complete an annual independence declaration.
- All new partners and staff are required to complete an independence confirmation and complete annual ethical training.
- Rotation policies covering audit engagement partners and other key members of the audit team.
- Use by managers and partners of our client and engagement acceptance system, which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this report, that the engagement team and others in the firm as appropriate, Forvis Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence, please discuss these with me in the first instance.

Appendices

A: Key communication points

B: Current year updates, forthcoming accounting and other issues

Appendix A: Key communication points

We value communication with you, as a two-way feedback process is at the heart of our client service commitment. ISA (UK) 260 Communication with Those Charged with Governance and ISA (UK) 265 Communicating Deficiencies In Internal Control To Those Charged With Governance And Management specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

Form, timing and content of our communications

We will present the following reports:

- Our Annual Audit Plan in March 2026;
- Our Annual Audit Report by end of September 2026; and
- Our independent auditor's report by end of September 2026.

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

Key communication points at the planning stage as included in this Annual Audit Plan

Our responsibilities in relation to the audit of the financial statements;

- The planned scope and timing of the audit;
- Significant audit risks and areas of management judgement;
- Our commitment to independence;
- Responsibilities for preventing and detecting errors;
- Materiality and misstatements; and
- Fees for audit and other services.

Key communication points at the completion stage to be included in our Annual Audit Report

- Significant deficiencies in internal control;
- Significant findings from the audit;
- Significant matters discussed with management;
- Significant difficulties, if any, encountered during the audit;
- Qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- Our conclusions on the significant audit risks and areas of management judgement;
- Summary of misstatements;
- Management representation letter;
- Our proposed draft audit report; and
- Independence.

Appendix A: Key communication points

ISA (UK) 260 Communication with Those Charged with Governance, ISA (UK) 265 Communicating Deficiencies In Internal Control To Those Charged With Governance And Management and other ISAs (UK) specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and Those Charged with Governance.	Annual Audit Plan
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Annual Audit Plan
With respect to misstatements: <ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion; • The effect of uncorrected misstatements related to prior periods; • A request that any uncorrected misstatement is corrected; and • In writing, corrected misstatements that are significant. 	Annual Audit Report
With respect to fraud communications: <ul style="list-style-type: none"> • Inquiries with the Audit and Performance Committee to determine whether you have knowledge of any actual, suspected, or alleged fraud affecting the entity; • Any fraud that we have identified or information we have obtained that indicates that fraud may exist; and • A discussion of any other matters related to fraud. 	Annual Audit Report and discussion at Audit and Performance Committee Audit planning and clearance meetings
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Annual Audit Report

Appendix A: Key communication points (continued)

Required communication	Where addressed
<p>Significant matters arising during the audit in connection with the entity’s related parties including, when applicable:</p> <ul style="list-style-type: none"> • Non-disclosure by management; • Inappropriate authorisation and approval of transactions; • Disagreement over disclosures; • Non-compliance with laws and regulations; and • Difficulty in identifying the party that ultimately controls the entity. 	Annual Audit Report
<p>Significant findings from the audit including:</p> <ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures; • Significant difficulties, if any, encountered during the audit; • Significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management; • Written representations that we are seeking; • Expected modifications to the audit report; and • Other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to the West Dunbartonshire Integration Joint Board or the Audit and Performance Committee in the context of fulfilling their responsibilities. 	Annual Audit Report
Significant deficiencies in internal controls identified during the audit.	Annual Audit Report

Appendix A: Key communication points (continued)

Required communication	Where addressed
<p>Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off)} and inquiry of the Audit and Performance Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements that the Audit and Performance Committee may be aware of.</p>	<p>Annual Audit Report and the Audit and Performance Committee meetings</p>
<p>With respect to going concern, events or conditions identified that may cast significant doubt on the entity’s ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty; • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and • The adequacy of related disclosures in the financial statements. 	<p>Annual Audit Report</p>
<p>Communication regarding our system of quality management, compliant with ISQM (UK) 1, developed to support the consistent performance of quality audit engagements. To address the requirements of ISQM (UK) 1, our firm’s system of quality management team completes, as part of an ongoing and iterative process, key steps to assess and conclude on our firm’s system of quality management, including:</p> <ul style="list-style-type: none"> • Ensuring there is an appropriate assignment of responsibilities, • Establishing and reviewing quality objectives each year, ensuring our firm’s quality objectives align with our strategies and priorities, • Identifying, reviewing, and updating quality risks each quarter, taking into consideration multiple input sources (such as FRC/ ICAEW review findings, internal monitoring findings, findings from our firm’s root cause analysis and remediation functions, etc.), • Identifying, designing, and implementing responses to strengthen our firm’s internal control environment and overall quality, and • Evaluating our quality responses and remediating control gaps or deficiencies. <p>We perform an evaluation of our system of quality management on an annual basis. We publish the details of our annual evaluation, and our conclusion, in our Transparency Report, which can be accessed on our website at: https://www.forvismazars.com/uk/en/who-we-are/corporate-publications/transparency-reports.</p>	<p>Annual Audit Plan</p>

Appendix A: Key communication points (continued)

Required communication	Where addressed
<p>We are required to communicate certain matters to you which include, but are not limited to, significant difficulties, if any, that are encountered during our audit. Such difficulties may include:</p> <ul style="list-style-type: none"> • Significant delays in management providing information that we require to perform our audit. • An unnecessarily brief time within which to complete our audit. • Extensive and unexpected effort to obtain sufficient, appropriate audit evidence. • Unavailability of expected information. • Restrictions imposed on us by management. • Unwillingness by management to make or extend their assessment of the entity’s ability to continue as a going concern when requested. <p>We will highlight to you on a timely basis should we encounter any such difficulties (if our audit process is unduly impeded, this could require us to issue a modified auditor’s report).</p>	<p>Annual Audit Report and audit clearance meetings</p>

Appendix B: Current year updates, forthcoming accounting & other issues

HM Treasury changes to non-investment asset valuation

Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the “Code”)

Following a thematic review of non-current asset valuations for financial reporting in the public sector, HMT has made a number of changes to its requirements for the valuation frequency, valuation methodology and classification of non-investment property assets. The changes are effective from 1 April 2025 as set out in the 2025-26 Code and include:

- A change to the requirements regarding revaluation frequency. Rather than adhering to paragraph 34 of IAS 16 which requires an asset to be revalued whenever its carrying value differs materially from its fair value, entities will be required to revalue assets on a quinquennial basis, i.e. every five years, supplemented by annual indexation in the intervening years. This requirement can be adhered to either as part of a full revaluation or as part of a rolling programme. The Code requires bodies to use the best index available to them. Should management determine that there is no appropriate index to use, then the quinquennial valuation is supplemented by a valuation in the third year.
- Revaluations carried out prior to 2025/26, in line with former requirements of the Code, remain valid throughout the transition period (being 1 April 2025 to the date the next revaluation is due for a given asset). During the transition period, the maximum period between revaluations must not exceed five years.
- The requirement to consider indicators of impairment under IAS 36 remains, so management will still be required to undertake an annual assessment of whether there are indicators of impairment, and where these are present, it may be necessary to undertake valuations outside of the 5-yearly valuation programme.

Whilst management will no longer need to consider annually whether it is necessary to revalue non-investment assets, they will need to be satisfied that they have appointed a suitably qualified valuer to undertake the valuation of assets whenever they fall due either as part of a full valuation or a rolling programme. If local indices are used, management will need to have sufficient evidence to demonstrate these indices are appropriate and relevant to the entity’s circumstances, and to provide this evidence to the auditor.

Effective for accounting periods beginning on or after 1 January 2027

IFRS 18 Presentation and Disclosure in Financial Statements

The standard was UK-adopted in December 2025, and the date of incorporation into the Code is not confirmed, though expected to be within the 2028/29 financial year. It is not yet confirmed what interpretations and adaptations HMT will determine are necessary for implementation in the public sector. We have provided an outline of the main changes arising from IFRS 18 as unadapted and without interpretation and will provide an update on the expected impact on the West Dunbartonshire Integration Joint Board as and when detail is available as to when and how the standard is incorporated into the Code.

IFRS 18 Presentation and Disclosure in Financial Statements (IFRS 18) is a new standard that replaces IAS 1 Presentation of Financial Statements. The new standard aims to increase the comparability, transparency and usefulness of information about companies’ financial performance. It introduces three key new requirements focusing on the presentation of information in the statement of profit or loss and enhancing certain guidance on disclosures within the financial statements.

Appendix B: Current year updates, forthcoming accounting & other issues

Effective for accounting periods beginning on or after 1 January 2027 (continued)

IFRS 18 Presentation and Disclosure in Financial Statements

- **New categories and subtotals for inclusion within the statement of profit or loss**
 - Income and expenses are to be classified into three new defined categories: operating, investing and financing, in addition to the income taxes and discontinued operations categories.
 - All companies are to present new defined subtotals – operating profit and loss, and profit or loss before financing and income taxes.
- **New reporting requirements on Management Performance Measures (MPMs)**
 - New requirements are introduced for management-defined performance measures (MPMs), which may also be called Alternative Performance Measures (APMs). These are described as subtotals of income and expenses that an entity: (a) uses in public communications outside financial statements; (b) uses to communicate to users of financial statements management's view of an aspect of the financial performance; and (c) are not listed within IFRS 18 or specifically required to be presented or disclosed by another IFRS Accounting Standard.
 - All MPMs are required to be disclosed in a single note in the financial statements setting out:
 - an explanation of why the MPM is reported, and
 - a reconciliation to a directly comparable GAAP measure within IFRS 18 or another IFRS Accounting Standard.
- **Enhanced requirements for aggregation & disaggregating information**
 - Enhanced requirements are set out for the aggregation and disaggregation of items based on similar and dissimilar characteristics. Items that have dissimilar characteristics must be disaggregated when the resulting information is material. Guidance is also included on how to describe items within the financial statements, requiring an entity to label items presented or disclosed as 'other' only if a more informative label cannot be found.
 - New guidance is provided on whether information should be reported in the primary financial statements or the notes. This includes guidance on presentation and disclosure of expenses classified in the operating category, alongside introducing more prescribed requirements for an entity that classifies expenses by function as well as the requirement to disclose expenses by nature in a single note for certain amounts - depreciation, amortisation, employee benefits, impairment and write-downs of inventories

Many principles and requirements have been brought forward from IAS 1 to IFRS 18 such as frequency of reporting, comparative information, offsetting, capital disclosures and the requirements for the statement of financial position and for the statement of changes in equity.

Contact

Forvis Mazars

Tom Reid

Director

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**AUDIT & PERFORMANCE COMMITTEE****Report by Julie Slavin, Chief Financial Officer****3 March 2026**

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 December 2025 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 2025/26.

3. Background

- 3.1** In September 2025, the Audit and Performance Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2025/26.
- 3.2** This report provides a summary to the Audit and Performance Committee of recent Internal Audit activity against the annual audit plan for 2025/26. 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 2025/26 is now underway with audit planning for the Strategic Planning and Performance Management arrangements being progressed. It is anticipated that audit fieldwork will be completed by 31 March 2026.

- 4.2** In relation to internal audit action plans, the current status report is at Appendix 1.
- 4.3** In relation to external audit action plans, the current status report is at appendix 2.
- 4.4** In relation to internal audit work undertaken at West Dunbartonshire Council, there were no Internal Audit reports issued to the Council which are relevant to the WD HSCP Board.
- 4.5** In relation to internal audit work undertaken at NHSGGC, there were 3 Internal Audit reports issued to the NHSGGC Board which are relevant to the WD HSCP Board as follows:

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Risk Management (1)	Substantial Improvement Required	0	6	8	1
Waiting List Management – Clinically Urgent and Long Wait Patients (2)	Minor Improvement Required	0	3	11	3
Q3 Action Follow Up	N/A	N/A	N/A	N/A	N/A
Total		0	9	19	4

- (1) The grade 3 recommendations relate to required improvements to formalise the risk management improvement initiatives that are underway; ensuring policy and documentation standards are consistently applied; and reinforcing and monitoring roles and responsibilities for risk management.
- (2) The grade 3 recommendations relate to required improvements to communicate to staff the areas on policy which cannot be implemented due to system limitations and the expected approach until system changes are progressed; developing an implementation plan for those policy areas that are not currently in effect; and performing a targeted review of waiting list entry issues.

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

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

6.1 There are no personnel issues with this report.

7. Financial Implications

7.1 There are no financial implications with this report.

8. Risk Analysis

8.1 The annual audit plan for 2025/26 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.

9. Equalities Impact Assessment (EIA)

9.1 Not required for this report.

10. Environmental Sustainability.

10.1 There are no issues.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 This report does not require a Direction.

Julie Slavin
Chief Financial Officer

4 February 2026

Person to Contact: Andi Priestman, Lead Internal Auditor, West Dunbartonshire Council
E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: Appendix 1 – Status of Internal Audit Actions at 31 December 2025
Appendix 2 – Status of External Audit Actions at 31 December 2025

Background Papers: Internal Audit Annual Audit Plan 2025-2026

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTIONS
AT 31 JANUARY 2026**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2026

There were 2 actions due for completion between 1 November 2025 and 31 January 2026, one action has been reported as completed and one action has missed the deadline set by management.

Section 2 Summary of Current Management Actions at 31/01/2026

At 31 January 2026 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2026

At 31 January 2026 there were 3 current audit actions.

Section 4 Analysis of Missed Deadlines

At 31 January 2026 there were 2 audit actions where the agreed deadline had been missed.

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTIONS**

SUMMARY OF MANAGEMENT ACTIONS DUE FOR COMPLETION BY 31.01.2026

SECTION 1

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

* 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 ACTIONS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2026

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion March 2026	2
Completion date to be advised	1
Total Actions	3

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTIONS**

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2026

SECTION 3

Action	Owner	Expected Date	Status
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	16.12.25*	
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	To be advised*	
IJB Budgetary Control Arrangements (April 2025)			
Adequacy of Procedural Documentation (Green) Finalise the Budgetary Control and Monitoring Procedures Manual and ensure all team members refresh their own understanding regularly. IAAP/253	HSCP Finance Manager	31.03.26*	
Adequacy of Training (Green) Finalise the draft training material already developed and work with HR and OD colleagues on how to roll it out with maximum benefit. IAAP/254	Chief Financial Officer and Head of HR	31.03.26	

Status Key

	On track		Complete
	Overdue – update required		Missed original due date

* See analysis of missed deadlines – Section 4

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

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
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.	31.03.24 31.10.25	To be advised	The HSCP Board is required to submit a draft workforce plan to the Scottish Government and an update report was provided to the 25 November HSCP Board meeting which included a draft one-year Workforce Plan for comment and agreement that the draft workforce plan be issued for consultation with key stakeholders. The final Workforce Plan will be brought back to a future HSCP Board meeting for approval.
IJB Budgetary Control Arrangements (April 2025)	Adequacy of Procedural Documentation (Green) Finalise the Budgetary Control and Monitoring Procedures Manual and ensure all team members refresh their own understanding regularly.	30.09.25 30.11.25	31.03.26	The manual has been updated around Health ledger month end processes, however work remains outstanding with Social Care due to an unanticipated vacancy within the team and higher than normal levels of absences coupled with prioritising the finalisation of the 24/25 annual accounts with External Audit. The intention is to tie the finalisation of the manual with the finance training and the next update to the financial regulations by the end of March.

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 31 JANUARY 2026**

Summary: Section 1 Summary of Management Actions due for completion by 31/01/2026

There were no actions due for completion by 31 January 2026.

Section 2 Summary of Current Management Actions Plans at 31/01/2026

At 31 January 2026 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/01/2026

At 31 January 2026 there was one current audit action.

Section 4 Analysis of Missed Deadlines

At 31 January 2026 there were no audit actions where the agreed deadline had been missed.

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

SUMMARY OF MANAGEMENT ACTIONS DUE FOR COMPLETION BY 31.01.2026

SECTION 1

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

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

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTIONS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.01.2026

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion September 2026	1
Total Actions	1

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTIONS**

CURRENT MANAGEMENT ACTIONS AS AT 31.01.2026

SECTION 3

Action	Owner	Expected Date	Status
Annual Audit Report (September 2025)			
<p>Financial Management (Training for budget holders) – Level 3 Recommendation The IJB should ensure refresher training is provided to budget holders to ensure procedures are understood and consistently applied.</p> <p>Management Response In parallel with the actions agreed by management in response to Internal Audit's similar recommendation to review the adequacy of refresher training for budget holders, draft training materials will be finalised and rolled out in a phased way throughout the next year.</p>	<p>HSCP Board Chief Financial Officer/Head of Human Resources</p>	<p>30.09.26</p>	

Status Key

	On track		Complete
	Overdue – update required		Missed original due date

* See analysis of missed deadlines – Section 4

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTIONS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
There were no actions where the original due date was missed.				

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**AUDIT AND PERFORMANCE COMMITTEE****Report by: Val Tierney Chief Nurse****3 March 2026**

Subject: HSCP Quarter 3 Clinical & Care Governance Committee Report**1. Purpose**

The Quarterly Clinical and Care Governance Report (Appendix 1) supplements annual reporting, offering the committee regular updates on progress in oversight, assurance, and improvements regarding the quality of health and social care. It covers services hosted, jointly provided, or commissioned externally, and highlights key achievements, risks, and challenges affecting care quality.

2. Recommendations

- 2.1** Note the progress related to strengthening oversight, assurance of care quality, and related improvement efforts.
- 2.2** Note the update on risks previously escalated to the NHSGGC Primary Care Clinical Governance Forum for consideration of board wide assessment of potential additional risk mitigation strategies. These relate to Speech and Language Therapy and the Interpreting Service.

3. Background

- 3.1** The Chief Officer is responsible for ensuring clinical and care governance requirements in the approved integration schemes are met within the Health and Social Care Partnership. Clinical and care governance monitors accountability for care quality, supports staff improvement, and ensures performance issues are identified and addressed.
- 3.2** The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements, and robust organisational arrangements for clinical governance.

4. Main Issues

- 4.1** Significant progress is being made in strengthening oversight and reporting on social care and social work governance and care quality.
- 4.2** Concerted efforts continue regarding the management of significant adverse event reviews to support timely completion and ensure alignment with NHSGGC key performance indicators.

4.3 Adult Social Work Single Point of Access Duty System developed to improve practice and service delivery within this system focusing on risk, urgency and priority has reduced the wait times for initial screening assessment from eight weeks to 1.5 weeks. This means that individuals who need assistance can access this more timeously.

4.4 General Practice: The Coil Training Hub project within Dumbarton and Alexandria practices has concluded after two years resulting in 6 out of 9 practices now having a trained coil fitter, with corresponding increase in Intra uterine device (IUD) uptake locally and apparent reduction in termination of pregnancy (TOP) noted in the past two years in Alexandria & Dumbarton population. This goes against trends of increasing numbers of termination of pregnancy in Clydebank, GGC and Scotland on background of flat line or reducing numbers of IUD insertions. Patient feedback regarding the service is overwhelmingly positive. Outcomes of the project were shared with the Health Board where Long-Acting Reversible Contraception (LARC) provision is being reviewed.

5. Options Appraisal

5.1 N/A

6. People Implications

6.1 There are no human resource implications.

7. Financial and Procurement Implications

7.1 N/A

8. Risk Analysis

8.1 NHSGGC is responsible for care quality in all services related to illness prevention, diagnosis, and treatment, including those delivered with partners. The National Health Service (Scotland) Act 1978 makes this duty as important as other statutory obligations. Failure to meet these standards may breach legal requirements and harm the organisation's reputation.

8.2 Failure to assure clinical and care governance across the new integrated arrangements could result in poor standards of care, poor outcomes for service users and their families.

8.3 Current issues surrounding staff absence, recruitment, and retention present a credible risk to the quality of care provided. Accordingly, it is imperative to maintain and strengthen assurance and oversight processes related to quality assurance and improvement, ensuring an effective response to emerging risks and minimising their potential impact. Furthermore, staffing challenges may lead to non-compliance with statutory requirements set out in the Health and Care (Scotland) Staffing Act (2019).

8.4 This report updates on NHSGGC key performance indicators for significant adverse event reviews and progress in mitigating outstanding risks. Delays in improvement will postpone learning, sharing insights, and action implementation.

9. Equalities Impact Assessment (EIA)

- 9.1** Not required as the report does not introduce new policy or strategy. Robust clinical and care governance ensures that the needs of protected groups are considered. All aspects of clinical and care governance seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

- 10.1** N/A

11. Consultation

- 11.1** All service areas contribute to the report. The report is with West Dunbartonshire HSCP Senior Management Team and HSCP Clinical and Care Governance Committee.

12. Strategic Assessment

- 12.1** Robust clinical and care governance contributes to the achievement of National Wellbeing Outcomes, West Dunbartonshire HSCP's strategic priorities, the national standards for health and social care and the national quality ambitions for the delivery of safe, effective person-centred care.

13. Directions

- 13.1** No directions are issued with this report.

Name: Val Tierney

Designation:
Chief Nurse

Date 06.02.2026

Person to Contact: Val. [Tierney@ggc.scot.nhs.uk](mailto:Val.Tierney@ggc.scot.nhs.uk)

Appendix 1

West Dunbartonshire Quarter 4 Clinical and Care Governance Committee Exception Report

GOVERNANCE LEAD UPDATE FOR
Primary Care and Community Clinical Governance Forum



Report To:	1. West Dunbartonshire SMT (21.01.2025) 2. Primary Care and Community Clinical Governance Forum Meeting (22.01.2026) 3. West Dunbartonshire Integration Joint Board Audit and Performance Committee (03.03.2026)																				
Report Author:	Val Tierney Chief Nurse																				
Date:	Exception report from WDHSCP Clinical and Care Governance 09.12.2025 Quarter 3 Report -																				
Sector/ Directorate	<table border="0"> <tr> <td>East Dunbartonshire</td> <td><input type="checkbox"/></td> <td>East Renfrewshire</td> <td><input type="checkbox"/></td> <td>Glasgow City</td> <td><input type="checkbox"/></td> <td>Inverclyde</td> <td><input type="checkbox"/></td> <td>Renfrewshire</td> <td><input type="checkbox"/></td> </tr> <tr> <td>West Dunbartonshire</td> <td><input checked="" type="checkbox"/></td> <td>Public Protection</td> <td><input type="checkbox"/></td> <td>Medicines / Pharmacy</td> <td><input type="checkbox"/></td> <td>GP Out of Hours</td> <td><input type="checkbox"/></td> <td>Oral Health</td> <td><input type="checkbox"/></td> </tr> </table>	East Dunbartonshire	<input type="checkbox"/>	East Renfrewshire	<input type="checkbox"/>	Glasgow City	<input type="checkbox"/>	Inverclyde	<input type="checkbox"/>	Renfrewshire	<input type="checkbox"/>	West Dunbartonshire	<input checked="" type="checkbox"/>	Public Protection	<input type="checkbox"/>	Medicines / Pharmacy	<input type="checkbox"/>	GP Out of Hours	<input type="checkbox"/>	Oral Health	<input type="checkbox"/>
East Dunbartonshire	<input type="checkbox"/>	East Renfrewshire	<input type="checkbox"/>	Glasgow City	<input type="checkbox"/>	Inverclyde	<input type="checkbox"/>	Renfrewshire	<input type="checkbox"/>												
West Dunbartonshire	<input checked="" type="checkbox"/>	Public Protection	<input type="checkbox"/>	Medicines / Pharmacy	<input type="checkbox"/>	GP Out of Hours	<input type="checkbox"/>	Oral Health	<input type="checkbox"/>												

Areas of interest:

Clinical incidents, significant clinical incidents, ombudsman, progress with Scottish Patient Safety Programme, national standards and guidance, clinical guidelines, quality improvement, complaints, Person Centred Health and Care Programme, Patient, Public and Carer Involvement and Feedback

SECTION 1: CROSS SYSTEM LEARNING

Please outline any key areas you would like to highlight

Update on issues escalated in previous report.

1. Interpreting Service – The Datix system change request has now been implemented. It is now possible to capture the job reference number (if face to face interpreter) which makes it possible to include detail on challenges which we plan to share with interpreting services manager and procurement team to influence improvements in the service families are receiving.

2. Speech and Language Therapy Risk – remains on HSCP Strategic Risk Register

Controls In Place: -

1. Risk raised AHP Director, who has raised with Board Nurse Director. Position Paper being drafted.
2. Weekly: Additional hours (4 hr) by the SLT lead, and 4hrs by SLT as overtime.
3. Prioritisation of high-risk referrals and ongoing treatment.

SECTION 2: KEY SUCCESSES

Please outline any key areas you would like to highlight

1. West Dunbartonshire Adverse Event Oversight Group (AEOG)

This group continues to strengthen its approach to reviewing category 4/5 incidents, meetings increased to fortnightly to help achieve improved performance in accordance with NHSGGC KPI indicators related to Datix and Significant Adverse Event reviews (SAER).

AEOG met 03.12.2025 - note improving position with respect to SAER and Datix KPI

1. Open SAERs - n = 4
2. Overdue SAERs n = 3 Mental Health (the CH&F on track to conclude on time on 31st December)
3. Overdue SAER Actions - we have halved the number of overdue SAER actions. We have nine outstanding with a plan to close by end Jan 2026 all overdue actions.
4. The number of outstanding potential SAERs awaiting decision has also been significantly reduced now n = 3 (this happens when people forget to update briefing notes and send to Clinical risk - our new AEOG system will help us maintain oversight and improvement)
5. Overdue Datix – overall downward trajectory.

The Clinical Risk Officer presented data in a new story board format which was very welcome and accessible and will support greater oversight and analysis of Datix incidents and SAERs.

2. Community Nursing Key Quality Indicators and Combined Care Assurance Tool results (CCAT system of peer and internal self-evaluation single agency – nursing) across District Nursing and Health Visiting provide assurance regarding quality of care.

3. Criminal Justice The organisation has engaged with justice services users in West Dunbartonshire to better understand the challenges and barriers that are faced by those who are or have been part of justice systems. The Authentic Voices working group will begin to explore how best to implement the recommendations of the report.

4. Adult Social Work the Current Single Point of Access Duty System (Adult Social Work) developed to improve practice and service delivery within this system focusing on risk, urgency and priority has reduced the wait times for initial screening assessment from eight weeks to 1.5 weeks. This means that individuals who need assistance can access this more timeously.

5. General Practice

The Coil Training Hub project within Dumbarton and Alexandria practices has concluded after 2 years resulting in 6 out of 9 practices now having a trained coil fitter, with corresponding increase in IUD uptake locally and apparent reduction in Termination of Pregnancy noted in the past 2 years in A&D population. This goes against trends of increasing numbers of Termination of Pregnancy (TOPS) in Clydebank, GGC and Scotland on background of flat line or reducing numbers of Intra Uterine Device (IUD) insertions. Patient feedback regarding the service overwhelmingly positive. Outcomes of project have been shared within Health Board where Long-Acting Reversible Contraception (LARC) provision is being reviewed.

The Topiramate (an anticonvulsant used primarily to treat epilepsy and prevent migraine headaches) Pregnancy Prevention Programme assurance checklist has been shared with all GGC practices this year to comply with MHRA safety advice. Currently two practices have not returned their checklists. This is being followed up. This will be an annual audit process in a similar manner to the Sodium Valproate safety work conducted in primary care.

6. Commissioned Services

We now have a quarterly report which provides enhanced visibility of the risk profile of regulated services commissioned by the HSCP. The criteria for risk rating are RAG rated

Risk Rating	Criteria
Red	Any service that is graded 2 (Weak) or less by the Care Inspectorate and/or subject to a Large Scale Investigation.
Amber	Any service that is graded 3 (Adequate) by the Care Inspectorate.
Green	Any service that is graded 4 (Good) or higher by the Care Inspectorate.

revealing that in the period Sept 2025 to November 2025 of the forty-six services inspected 89% were rated green three amber and three red. Where services are rated less than adequate the HSCP would review current placements for individuals to ensure they are safe and their need met, placing a moratorium on admissions while we seek assurance and support the service to improve care quality.

SECTION 3: KEY RISKS

Please outline any key areas you would like to highlight

The principal risks arise from insufficient staffing levels within various teams, primarily due to staff absences or unfilled vacancies. In addition, rising demand for certain services has placed further strain on the workforce, making it challenging to meet operational requirements and maintain service quality.

1.School Nursing

The service has a risk assessment in place, staffing capacity limits delivery of all care pathways and the waiting list numbers are increasing. Robust risk management is in place as are all available mitigations. The risk assessment is reviewed monthly.

2. Older Peoples Care Homes (External))

One large scale investigation (LSI) is underway. This is impacting on availability of care home beds and mitigations are in place to reduce impact on delayed discharges.

3. Care at Home- significant ongoing scrutiny and oversight to monitor progress across a range of areas: including care Inspectorate requirements, financial sustainability, governance, and redesign. Weekly management data is analysed. High absence across key team members affects capacity to drive improvement forward and may impact on meeting requirements. Care Inspectorate Improvement plans in progress for Care at Home.

4.Adult Social Work

West Dunbartonshire Justice Social Work is experiencing an experience gap due to staff turnover and recruitment issues, while managing high rates of violent and sexual offending. Management has added development sessions for new staff alongside mandatory training, and the Justice manager leads MAPPA's training group to improve risk practice. The service is at capacity, statutory cases cannot be assigned, managers have full caseloads, and professional supervision is limited. Funding efforts aim to strengthen core staffing skills. The Early Release program adds further strain on local authority services.

Capacity within the Review Team has impacted adversely on ability to undertake statutory adult reviews within the required timescales across a range of social work and social care services. Work is underway to develop data reports to provide more robust oversight and mitigation of this risk.

Within adult social work services pressure to meet the demand is evident due to having low numbers of trained council officers. Specialist SW assessments for sensory impairment clients have been unable to be allocated for completion due to staff absence. Allocation of annual reviews has been challenging due to sickness within this area and competing priorities.

SECTION 4: HOSTED SERVICES

Please provide information to date and highlight key areas.

HSCP	Hosted Service	Comments
West Dunbartonshire HSCP	MSK Physiotherapy	<p>Demand for MSK service continues to increase (20% increase over last 2 years); MSK waiting times are 17 weeks for a maximum routine appointment.</p> <p>In Q2 a new issue has been ensuring all urgent referrals are seen within 4-week target. This is due to the increased demand which means that the proportion of NP appointments to meet urgent demand is greater. The service has been working with referral management centre colleagues to ensure that all urgent patients are still seen within the 4-week target. There are still accommodation issues within Vale of Leven Hospital, but work will be complete by end March and MSK will regain the department from MIU. Capital work is on target.</p> <p>Datix theme noted again around information governance and communication (5 incidents). Incorrect Trak letter given to patient (x2). Also issues around missing health records when legal request for notes made. Reported through information Governance.</p>
	Retinal Screening	All audit findings in line with key quality performance indicators.
	Optometry	No report

SECTION 5: RELEVANT PROGRESS UPDATE ON ANY KEY ITEMS RAISED AT PRIOR MEETINGS

Please outline any key areas you would like to highlight

Note impact of efforts across HSCP to address Clinical and Care Governance key performance indicators (CCG KPI) and particularly those within mental health services and the improving position regarding overdue reports for significant adverse event reviews.

SECTION 6: PCCCGF WORKPLAN

Please outline any progress /ideas for shared learning across NHSGGC

Discussion took place on updating 2025 work plan to reflect achievements in strengthening governance reporting and oversight of care quality across the HSCP. A development session is planned to focus on this work in January 2026.

SECTION 7: ADULT SUPPORT PROTECTION

Please provide update as discussed at Local HSCP Governance Groups

1. Large scale investigation underway in older peoples care home - work continues to support the care home on their improvement journey.
2. The Raising Concerns Group brings together Health, District Nursing, Home Care and Social Work, in a Multi-Agency Forum which included external partners such as Police, and other HSCP services (Justice, Housing, MARAC). This provides an opportunity for information to be shared and joint working approaches to managing identified risks or concerns. This was highlighted within learning reviews as an improvement action, to address and prevent issues with communication and accountability across multi-agency / disciplinary services.

SECTION 8: COMPLIMENTS, COMPLAINTS AND FEEDBACK

Nil of note to report