

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, 23 June 2026 at 2.01 p.m.

Present: Libby Cairns, Lesley McDonald and Michelle Wailes, NHS Greater Glasgow and Clyde, Councillors Michelle McGinty, Martin Rooney and Sophie Traynor; West Dunbartonshire Council.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Gillian McConnachie, Chief Internal Auditor; Tom Reid and Mark Ramsay, External Auditors – Forvis Mazars;

Also Attending: Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities; Fiona Wilson, Clinical Director; Helen Little, Musculoskeletal Physiotherapy Manager; Val Tierney, Chief Nurse; Sharon Laing, Acting Chief Social Work Officer; Neil McKechnie, Contracts, Commissioning and Quality Manager; Alastair Handley, Systems, Digital & Information Governance Manager and Natalie Roger and Lynn Straker, Committee Officers.

Apology: Apologies for absence were intimated on behalf of Karyn Wood, Head of Human Resources; Fiona Taylor, Head of Health and Community Care and Anne MacDougall, Stakeholder Member.

Councillor Michelle McGinty in the Chair

STATEMENT BY CHAIR

Councillor Michelle McGinty, Chair advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback. Chair also welcomed Councillor Sophie Traynor, West Dunbartonshire Council as a new Voting Member to the HSCP Board.

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 meeting held on 3 March 2026 were submitted and approved as a correct record.

ROLLING ACTION LIST

The Rolling Action List was submitted for information and relevant updates were noted and agreed.

REGULATED COMMISSIONED SERVICES REPORT

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on Care Inspectorate inspection activity.

After discussion and having heard the Chief Financial Officer and from Neil McKechnie, Contracts, Commissioning and Quality Manager, in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of this report.

QUARTER 4 2025/26 CLINICAL AND CARE GOVERNANCE REPORT

A report was submitted by Val Tierney, Chief Nurse, providing an update on key areas of progress and any issues or challenges.

After discussion and having heard the Chief Nurse and from Alastair Handley, Systems, Digital & Information Governance Manager, in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the progress related to strengthening oversight, assurance of care quality, and related improvement efforts; and
- (2) to consider the update on risks previously escalated to the NHSGGC Primary Care Clinical Governance relating to Speech and Language Therapy and the Interpreting Service.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

A report was submitted by Beth Culshaw, Chief Officer, presenting the Strategic Risk Register.

After discussion and having heard the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed for the report to be updated and brought back to the next meeting of the HSCP Audit and Performance Committee on 22 September 2026 for comment prior to its submission to the HSCP Board for approval on 29 September 2026.

AUDIT PLAN PROGRESS REPORT

A report was submitted by Gillian McConnachie, Chief Internal Auditor, providing information to enable members to monitor the performance of Internal Audit and gain an overview of the HSCP Board's overall control environment.

After discussion and having heard the Chief Internal Auditor and the Chief Financial Officer in further explanation of the report 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 REPORT ON THE AUDIT AND PERFORMANCE COMMITTEE FOR THE YEAR ENDED 31 MARCH 2026 INCLUDING SELF-EVALUATION OF AUDIT AND PERFORMANCE COMMITTEE

A report was submitted by Julie Slavin, Chief Financial Officer, providing the 2025/26 Annual Report on the Audit and Performance Committee, incorporating the outcome and improvement actions for the recent self-assessment on the impact and effectiveness of the Committee.

After discussion and having heard the Chief Financial Officer and Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to approve the HSCP Board's Audit and Performance Committee Annual Report 2025/26;
- (2) to approve the self-evaluation of the Committee's impact and effectiveness, and areas of improvement, based on the outcomes of its self-assessment using the CIPFA Audit Committees Guidance; and
- (3) to agree that the HSCP Board's Audit and Performance Committee Annual Report 2025/26, which is designed to both provide assurance to the HSCP Board and to identify actions to improve the Audit and Performance

Committee's impact and effectiveness, should be presented to the September HSCP Board meeting.

REVIEW OF TERMS OF REFERENCE OF THE AUDIT AND PERFORMANCE COMMITTEE

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

After discussion and having heard the Chief Officer and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to approve the recommended changes to the current Terms of Reference of the Audit and Performance Committee to reduce voting membership from six to four retaining equal representation from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board; and
- (2) to remit to the HSCP Board for final approval, recognising that the Audit and Performance Committee is a formal committee of the Board.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2026

A report was submitted by Gillian McConnachie, Chief Internal Auditor, based on the internal audit work carried out for the year ended 31 March 2026, which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health & Social Care Partnership (HSCP) Board's internal control environment that can be used to inform its Annual Governance Statement.

After discussion and having heard the Chief Internal Auditor in further explanation of the report, the Committee agreed to note the contents of this report.

EXTERNAL AUDIT PROGRESS REPORT AND INFORMATION REQUEST TO THOSE CHARGED WITH GOVERNANCE

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the progress of the 2025/26 external audit, and seeking the Committee's consideration and approval of the response to the external auditor's request for assurances on governance, risk management and compliance with International Auditing Standards.

After discussion and having heard the External Auditors - Forvis Mazars and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to approve the response to our external auditors on compliance with International Standards for Auditing (ISAs) in relation to fraud, laws and regulations, litigation and claims and going concern.

BEST VALUE STATEMENT

A report was submitted by Beth Culshaw, Chief Officer, providing a statement in relation to how the HSCP Board has delivered Best Value during the financial year 2025/26.

After discussion and having heard the Chief Officer in further explanation of the report, the Committee agreed to approve the Best Value Statement within the report.

2025/26 CODE OF GOOD GOVERNANCE & ANNUAL GOVERNANCE STATEMENT

A report was submitted by Julie Slavin, Chief Financial Officer, advising of the outcomes of the annual self-assessment of compliance with the Local Code of Good Governance and associated improvement actions and seeking approval of the refreshed Local Code of Good Governance and Sources of Assurance and the draft Annual Governance Statement for inclusion in the HSCP Board's 2025/26 Unaudited Annual Accounts.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to review and approve the Local Code of Good Governance and Sources of Assurance as detailed within the report;
- (2) to note the outcome of the annual self-evaluation and the update of the improvement actions detailed within the report; and
- (3) to consider the detail of the Annual Governance Statement within the report and approve its inclusion in the 2025/26 Unaudited Annual Accounts.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2025/26

A report was submitted by Julie Slavin, Chief Financial Officer, requesting consideration of the unaudited Annual Report and Accounts for the HSCP Board covering the period 1 April 2025 to 31 March 2026 and seeking approval of the unaudited accounts and associated working papers to be passed to our external auditors for their review.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to consider and approve the 2025/26 unaudited Annual Report and Accounts, including movements in reserves;
- (2) to approve their submission to the HSCP Board's external auditors for review by 30 June; and

- (3) to note that the audited Annual Report and Accounts are anticipated to be presented for final approval to the HSCP Board by the 30 September statutory deadline, prior to submission to the Accounts Commission.

ADJOURNMENT

Councillor Michelle McGinty, Chair, adjourned the meeting for a short recess. The meeting reconvened at 3.25 p.m. with all Members listed in the sederunt present.

ANNUAL PERFORMANCE REPORT 2025/26

A report was submitted by Beth Culshaw, Chief Officer, providing an overview of the HSCPs performance in planning and carrying out integrated functions.

After discussion and having heard the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to grant the Chief Officer delegated authority to publish the West Dunbartonshire HSCP Annual Performance Report 2025/26 in line with the legislative timescales of 31 July 2026.

ANNUAL REPORT FOR MUSCULOSKELETAL PHYSIOTHERAPY SERVICE 2025/26

A report was submitted by Helen Little, Musculoskeletal Physiotherapy Manager, presenting present the Annual Report for Musculoskeletal (MSK) Physiotherapy service (Greater Glasgow and Clyde) 2025/26.

After discussion and having heard the Musculoskeletal Physiotherapy Manager in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

ANNUAL CLINICAL & CARE GOVERNANCE REPORT 2025

A report was submitted by Val Tierney, Chief Nurse, providing assurance that the HSCP's health and care governance systems effectively monitor and support improvement in the quality of services it commissions and delivers. This includes services that are hosted, delivered jointly with partner organisations, or commissioned from external providers.

After discussion and having heard the Chief Nurse in further explanation of the report, the Committee agreed this report will be submitted to NHS Greater Glasgow and Clyde (NHSGGC) Health Board as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and review and evaluation of care quality.

WEST DUNBARTONSHIRE COLLABORATIVE CARE HOME SUPPORT TEAM ANNUAL REPORT 2025

A report was submitted by Val Tierney, Chief Nurse, outlining the continued development and delivery of the Care Home Support model in West Dunbartonshire and highlighting the efforts of West Dunbartonshire HSCP Collaborative Care Home Support Team (CCHST), in partnership with the NHS Greater Glasgow & Clyde Care Home Collaborative (CHC), in promoting high standards of care and resident wellbeing.

After discussion and having heard the Chief Nurse and the Head of Mental Health, Addictions and Learning Disabilities in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the governance arrangements that support Care Homes and align with the strategic direction of the My Health, My Care, My Home Healthcare Framework for adults living in care homes; and
- (2) to note the achievements of the CCHST and CHC including the positive impact of care home assurance visits, the culture of shared learning and continuous improvement and the positive impact of the care home support model in delivering better health, care, and resident and workplace outcomes.

HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 SOCIAL CARE ANNUAL REPORT 2025/26

A report was submitted by Val Tierney, Chief Nurse, introducing the HCSP Social Care Annual Report for 2025-26 to the HSCP Board Audit and Performance Committee for their consideration and approval.

After discussion and having heard the Chief Nurse in further explanation of the report and in answer to Members' questions, the Committee agreed to approve the content of the HCSA Social Care Annual Report 2025-26.

IMPLEMENTATION OF DIRECTIONS POLICY

A report was submitted by Beth Culshaw, Chief Officer, providing the Audit and Performance Committee with an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 and implemented on the 30 September 2020

After discussion and having heard the Chief Officer in further explanation of the report, the Committee agreed to note the progress made in respect of the implementation of the Directions Policy.

The meeting closed at 3.55 p.m.