

East Ayrshire Health & Social Care Partnership
Audit & Performance Committee
07 March 2023 at 2pm
MS Teams

Present:

Sheila Cowan, NHS Non-Executive Director (Chair)
 Craig McArthur, Director of Health and Social Care
 Catherine Adair, Governance & Communications Manager
 Erik Sutherland, Head of Locality Health & Care
 Marion MacAulay, Head of Children's Health, Care & Justice
 Paul Davies, Audit Manager
 Councillor Maureen McKay, East Ayrshire Council
 Jim Murdoch, Senior Manager Planning & Performance
 Marie Porter, Project Implementation Manager
 Jo Gibson, Head of Wellbeing & Recovery
 Councilor Elaine Cowan, East Ayrshire Council
 Dr Sukhomoy Das, NHS Non-Executive Director
 Amanda McInnes, Senior Manager Business Support
 Lianne McNally, Senior Manager AHPs
 Alex McPhee, Interim Chief Finance Officer
 Fiona Mitchell, Audit Scotland
 Louisa Yuill, Audit Scotland

In Attendance: Aileen Anderson, Committee Secretary (Minutes)

Agenda	Discussion	Action
1.	<p><u>WELCOME & APOLOGIES</u></p> <p>Ms Sheila Cowan welcomed everyone to the meeting and noted apologies from Vicki Campbell, Shirley Ferguson and Maria Paterson (Audit Scotland).</p>	
2.	<p><u>MINUTES OF THE PREVIOUS MEETING HELD ON 24 JANUARY 2023</u></p> <p>The minutes of the previous meeting were agreed as an accurate record of discussions.</p>	
3.	<p><u>MATTERS ARISING</u></p> <p>All matters arising were on the agenda.</p>	
4.	<p><u>PARTNERSHIP PERFORMANCE REPORTING</u></p> <p>Ms Amanda McInnes presented the report for consideration and comment on the Partnership's Performance and Management Information Report for the rolling 12 month period from January 2022 until December 2022.</p>	

The HSCP Scorecard highlighted that completed NHS PDRs and EAC FACE performance continued to be a challenging area for Managers however it was recognised that HSCP employees continued to be supported through regular supervision sessions which included discussions around developmental aspirations and opportunities.

EAC Organisational Development provided a FACE Report earlier in the month for the period ending 31 January 2023 and this was cross-checked with the HSCP locally held information. The outcome highlighted 39 anomalies where the HSCP record indicated that a FACE had been completed but OF didn't have a record of these. OD subsequently investigated all anomalies and the relevant managers have been contacted and asked to re-submit their FACE paperwork.

The new FACE Reporting is significantly improve and the HSCP are now able to access more detailed information relating to the three stages of FACE; the number of employees with a draft FACE on the system; the number of employees who have submitted their FACE for authorisations; and the number of fully completed FACE reviews.

As a result the reporting is more informative and highlights that for January 2023, whilst there are 11% FACE Reviews fully signed off there are a further 2% of employees with a draft FACE and a further 11% of employees who have submitted their FACE for authorisations.

The HSCP Scorecard showed that in relation to Adult Support & Protection the percentage of Adult Protection Inquiries completed within 5 working days was 65% thus exceeding the target of 63%. This was due to a change in how the KPI was calculated as it included Team Manager Sign off and this has now been separated from the completion of the Inquiry by the Inquiring Officer to provide a more accurate statistic.

The Children's Health, Care & Justice Scorecard showed that the Community Payback Orders – percentage of First Job Appointment within 7 days continued to exceed the 95% target with 100% completed for 12 consecutive months.

It was highlighted that there was a significant increase in staff absence detailed between August and September 2022 and this was due to a change in recording absences associated with long Covid.

Ms Sheila Cowan sought assurance in reaching the FACE target of 95% by the end of the financial year and it was highlighted that this was a rolling target which should be sustained throughout the year once it has been reached. Mr Erik Sutherland anticipated a significant increase of completed FACE reviews following the implementation of Group FACE which will be utilised by the 600+ WTE distributed workforce across social care.

Risk Register

	<p>It was noted that the four existing financial risks had been updated to include recognition of inflation and the economic uncertainty; the Budget Working Group has been set up and will continue into the longer term to manage the financial risks. A further two financial risks were added to the register around the creation of the National Care Service and the associated risk to the IJB and funding partners; and around the Integration Scheme which was due for review in 2023.</p> <p>A risk had been escalated from the Locality Health & Care register regarding the Mental Health Officer function due to capacity and recruitment concerns; this was escalated as it affected Locality Health & Care, Children’s Health, Care & Justice and the Wellbeing & Recovery Teams.</p> <p>The Committee noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Consider and comment on the Partnership’s Performance and Management Information Reporting for the period January 2022 to December 2022 on half of the IJB. 	
5.	<p><u>INTERNAL AUDITOR UPDATE</u></p> <p>Mr Paul Davies presented the report to provide an update on the progress of the 2022/23 Internal Audit Plan.</p> <p>The Committee approved the 2022/2023 Internal Audit Plan on 31 May 2022, a summary of the Plan and an update on progress to date was provided to members. The PSIAS does not require the full audit plan to be completed to inform an annual opinion, only that sufficient work is carried out. At this time the Chief Internal Auditor anticipates that sufficient work will be carried out.</p> <p>The EAC 2022/23 Internal Audit Plan agreed by the Council’s Governance and Scrutiny Committee on 16 June 2022 included three HSCP audit assignments: Liquidlogic/ Controcc System Security, My Life My Plan – monitoring arrangements and Travel Warrants – unannounced stock check of controlled stationery; work is progressing for all three assignments.</p> <p>A number of follow up audits were underway which had been impacted by the pandemic; there were delayed due to evidence gathering and will be concluded in the coming months.</p> <p>The Committee noted the report.</p>	
6.	<p><u>EXTERNAL AUDIT PLAN</u></p> <p>Ms Fiona Mitchell-Knight presented the audit report and noted that, since the Audit Scotland appointment, she has been getting to know the IJB and liaising with Senior Officers and previous auditors.</p>	

	<p>It was highlighted that there was a risk of material mis-statement; this was not anticipated however had to be detailed due to the risk of human override of systems.</p> <p>Specific focus was given to the treatment of IJB Reserves following the Scottish Government putting arrangements in place for IJBs to payback reserves and uncertainty around the accounting treatments for this.</p> <p>It was noted that financial sustainability was a concern across the Audit Scotland national programme and a draft report was being written to outline the financial position of Boards across Scotland.</p>	
7.	<p><u>QUARTER 3 COMPLAINTS REPORT</u></p> <p>Ms Amanda McInnes presented the report for consideration of the Complaints Report for Q3 2022/23.</p> <p>The report was concerned with Social Work complaints received under East Ayrshire Council's complaints handling procedure between 01 October 2022 and 31 December 2022. Data was also included for NHS complaints relating to relevant services delivered on behalf of the Health and Social Care Partnership. The NHS figures was produced from raw data provided by the NHS Complaints and Feedback Team in order to provide comparative data for all services delivered on behalf of East Ayrshire Health and Social Care Partnership.</p> <p>Regarding the IJB the trend continued of there being no complaints submitted during the period. The data therefore only related to the social work and social care complaints.</p> <p>During the period there were six complaints which were immediately recorded as Stage 2 complaints indicating a requirement to carry out an investigation involving review of case records and/ or conversations with staff colleagues involved in the case to collate information and confirm facts before a response can be issued. This was important because Stage 2 complaints are, by nature, complex and the initial communication may indicate service user frustration with events, or their perception of events, and the collection of factual information can help to clarify or resolve matters through the use of the objective information rather than opinions.</p> <p>One complaint highlighted this issue as it concerned to a father's frustration that he hadn't been contacted about arrangements to facilitate contact with his daughter. He therefore felt that he and his daughter had been let down. On investigating the issue it was possible to provide dates and times of several attempts to make contact by telephone. Fortunately, there attempts had been recorded on the care records at the time. This highlights the advantages of recording such details in the care records at the time as they were then available to address the complaint objectively and by doing so, may help prevent a relationship with Social Work deteriorating.</p>	

	<p>It was highlighted that Stage 2 complaints have extended days for completion due to their nature; there have been occasions when the deadline hasn't been met and this is due to staff absence.</p> <p>The Committee noted the report and agreed the Q3 2022/23 complaints report.</p>	
8.	<p><u>STRATEGIC COMMISSIONING BOARD HALF YEARLY UPDATED REPORT</u></p> <p>Mr Craig McArthur presented the report to provide information on the activity and progress of the Strategic Commissioning Board in the six month period April – September 2022.</p> <p>The report set out the Boards delegated responsibility to coordinate and manage the delegated resources from East Ayrshire Council and IJB for transformational purposes. The report provides details of applications to the Transformation Fund for the purposes of service design and achieving efficiencies. Information is also available on the Best Value Service Review Programme for 2019-22.</p> <p>The Board has delegated responsibility to oversee the implementation of the Financial Recovery Plan on behalf of the Audit and Performance Committee and through this to the IJB. The Board is co-chaired by the IJB Chief Officers and the IJB Chief Financial Officer with a wide representation from Finance, Human Resources, Trade Unions/ Staff Partnership and services.</p> <p>The Board met on four occasions during the period (the meeting scheduled for 05 May was stood down due to the local government elections taking place that day) where applications to the Transformation Fund were considered and a schedule of reporting on existing transformational programmes and update reports on new redesign and efficiency savings proposals initiatives were received. In addition progress updates and Best Value Service Review were presented as part of the ongoing three year programme.</p> <p>During the period April – September 2022 a total of five applications had been submitted to the Board with £436,647 being approved.</p> <p>In February 2021, the Board approved the recruitment of a Partnership Engagement Officer to provide strategic and operational support for the Participation and Engagement Strategy. The role was recruited to in October 2021 and the agreed candidate commenced the role in January 2022.</p> <p>The Partnership Engagement Officer has a role to provide support and develop the IJB Stakeholder Forum. A review and evaluation of the forum was carried out between March and April 2022 with members and the Chairs of other governance groups. This provided the opportunity to not only establish what was working well with the forum and what could be improved</p>	

	<p>upon but also the status of involving users of our services, carers and public across EAHSCP governance structures.</p> <p>One carer who became involved through this review then attended a Digital Voices session and has since accepted the role of IJB Carers Representative.</p> <p>Ms Sheila Cowan welcomed the report and appreciated the six monthly reporting to keep the focus and monitor the spending allocations.</p> <p>The Committee noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note and comment on the update and progress made to support the Financial Recovery Plan; and ii. Agree to receive regular reports from the SCB Programme Board. 	
<p>9.</p>	<p><u>SERVICE IMPROVEMENT PLANS</u></p> <p>Mr Jim Murdoch presented the report to highlight the progress achieved by services to date, in completing the actions and advancing the strategic objectives detailed within their Service Improvement Plans 2021-24.</p> <p>The planning and reporting period for the HSCP Service Improvement Plans covers the three-year period from 2021 to 2024. The information within the report was based on updates provided by Senior Management Teams on Pentana and reflects progress across the five service portfolios as at 21 February 2023. Overall, there has been good progress towards service improvement actions to date, however, it was recognised that the deadlines of some actions had been revised where appropriate due to ongoing system pressures, and that additional actions had been introduced in some Improvement Plans to reflect new priorities.</p> <p>Ms Sheila Cowan welcomed the updated plans and requested an in-depth look at Wellbeing & Recovery Plans for the next meeting.</p> <p>The Committee noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note and comment on the progress of the Service Improvement Plans 2021-24. 	
<p>10.</p>	<p><u>AHP SERVICE IMPROVEMENT PLANS UPDATE</u></p> <p>Ms Lianne McInally presented the report to highlight the progress achieved by the Allied Health Professionals Service in completing the actions and advancing the strategic objectives outlined within its Service Improvement Plan 2021-24. The report provided an overview of the improvements secured across the AHP Service portfolio as at 20 February 2023.</p> <p>The report outlines the key improvements and progress made up to 20% February 2023 in relation to the Allied Health Professionals Service Improvement actions. There has been good progress across these actions</p>	

	<p>with an overall 80% completion date, however it should be recognised that system pressures have impacted on the progressions of some actions.</p> <p>The report focussed on the Improvement Action Plan element of the Improvement Plan, however the Allied Health Professionals current Quality Assurance Framework and Risk Register were also provided for wider operational context.</p> <p>Dr Sukhomoy Das welcomed the comprehensive update and requested further clarity on the difficulties getting feedback from services users; it was noted that this was due to staff leave work had been undertaken with the outpatient clinics to gather patient feedback.</p> <p>It was noted that the AHP Review should be completed by the end of June 2023 and a report will be brought back to the Strategic Commissioning Group following public engagement.</p> <p>The Committee noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note and comment on the progress of the Allied Health Professionals Service Improvement Plan. 	
11.	<u>AOCB</u>	
12.	<u>DATE OF NEXT MEETING</u> 30 May 2023 at 2pm Council Chambers/ MS Teams	