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**Glasgow City Integration Joint Board
Finance, Audit and Scrutiny Committee**

IJB-FASC (M) 14-04-2021

Minutes of meeting held virtually, via Microsoft Teams, at 9.30am on Wednesday 14th April 2021.

Present:

Voting Members

Ade Aibinu	Councillor, Glasgow City Council
Simon Carr	NHSGG&C Board Member
Jane Morgan	Councillor, Glasgow City Council (Vice Chair)
Rona Sweeney	NHSGG&C Board Member (Chair)
Flavia Tudoreanu	NHSGG&C Board Member

Non-Voting Members

Sharon Wearing	Chief Officer, Finance & Resources
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In Attendance:

Hamish Battye	Head of Planning and Strategy (Older People and South Locality)
Steven Blair	Principal Officer, Business Development
Jillian Campbell	Senior Audit Manager, Glasgow City Council
Craig Cowan	Business Development Manager
Allison Eccles	Head of Business Development
Duncan Goldie	Planning and Performance Manager
Christina Heuston	Assistant Chief Officer, HR
Margaret Hogg	Assistant Chief Officer, Finance
Jacqueline Kerr	Assistant Chief Officer, Adult Services
Julie Kirkland	Senior Officer, Governance Support
Iain Lochhead	Audit Scotland
Claire Maclachlan	Governance Support Officer (minutes)
Rhoda MacLeod	Head of Adult Services (Sexual Health, Prison & Police Custody Health Care)
Frances McMeeking	Assistant Chief Officer, Operational Care Services
Eilidh Nelson	Audit Scotland
Kirsten Paterson	Health and Safety Manager (Social Work)

Apologies:

Peter Millar	Independent Sector Provider Representative
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1. Declarations of Interest

There were no declarations of interest raised.

2. Apologies for Absence

Apologies for absence were noted as above.

ACTION

3. Minutes

The minutes of 10th February 2021 were approved as an accurate record.

4. Matters Arising

There were no matters arising.

5. Rolling Action List

Officers presented the Rolling Action List noting there are currently four actions which remain open with no new updates.

6. Glasgow City IJB Annual Audit Plan 2020/21

Eilidh Nelson presented the Annual Audit Plan for 2020/21 and highlighted the following to the Committee.

Remote working has been, and continues to be, challenging for Officers and Auditors. Wellbeing remains a priority. Auditors will take a pragmatic and flexible approach to audits as new risks emerge.

Exhibit 1 outlines the key audit risks identified. There are two financial statement risks and the first relates to risk of material misstatement due to fraud. This is a presumed risk over all audits, and assurances from management is not applicable. The second is the impact of additional funding due to COVID-19 on the financial statements which includes a mix of principal and agency transactions. The management source of assurance is the monitoring of COVID-19 commitments. These are reported to the IJB through financial reporting and there are regular updates to the Scottish Government and the IJB which will ensure compliance with the code. Auditors will issue an updated plan which will set out sources of assurance in exhibit one.

There is one wider dimension risk which relates to financial sustainability in the medium term. The management source of assurance includes delivery of savings which continue to be closely monitored and regular reporting to the IJB and Transformation Board. Existing savings are included in the medium-term financial outlook and used as part of funding discussions with partner bodies.

Exhibit 2 outlines target dates for output including the annual audit report however there is uncertainty regarding COVID-19 therefore the approach will be flexible. The statutory deadline has been pushed back to 30th November 2021 and will be reflected in an updated plan to Officers.

Auditors

The Audit Fee for 2021 is £27,000 and is the same fee across all IJBs.

Members questioned why the audit fee increase is not noted as a percentage and highlighted that it is above the rate of inflation and rate of pay increase. Clarity was sought on whether this is related to the pandemic and if Auditors are allocating additional resource and additional days.

Auditors confirmed the increase equates to 2.9% and the rates are set centrally for all IJBs. The fee doesn't reflect any additional resource or an increased risk for Glasgow City IJB which was a low risk audit. The fees are subject to ongoing discussions and Auditors are conscious to keep the fees as low as possible.

The Chief Officer, Finance & Resources, confirmed that the fee is more realistic this year and that Audit Scotland are not a profit-making organisation. Auditors are looking at the policy of having a set fee and will give this further consideration when they do their tender this year.

Members suggested that a statement is added which outlines the basis of the increase to IJBs.

7. Glasgow City IJB Internal Audit Plan 2021/22

Jillian Campbell presented the Internal Audit Plan for 2021/22 for Glasgow City Integration Joint Board.

There are three main areas which cover Governance in relation to Care Homes; Governance more generally in response to COVID-19, and the second phase of the Set-aside Arrangements.

The IJB Finance, Audit and Scrutiny Committee:

- a) considered the content of the plan; and**
- b) approved the Internal Audit Plan for 2021/22.**

8. Internal Audit Update – September 2020-March 2021

Jillian Campbell presented the Internal Audit Update from September 2020 to March 2021 which includes details of the internal audit work undertaken at Glasgow City Council and NHS Greater Glasgow and Clyde that may have an impact upon the Glasgow City Integration Joint Board.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the content of the report.**

9. Internal Audit – Follow Up Report

Jillian Campbell presented the Internal Audit Follow Up Report to update on the implementation of previously agreed recommendations.

There are currently three recommendations outstanding. Full details and management response are included within the report. The delays are due to COVID-19 and the revised dates have been agreed.

Officers confirmed they will keep this under review and report back to Members if there are any concerns.

The IJB Finance, Audit and Scrutiny Committee:

- a) **noted the progress made in terms of the recommendations implemented and that the Head of Audit and Inspection submits further reports on the status of outstanding recommendations.**

10. HSCP Performance Report Q3

Duncan Goldie presented the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2020/21.

The IJB Finance, Audit and Scrutiny Committee:

- a) **noted the contents of the report;**
- b) **considered the exceptions highlighted in section 4.4; and**
- c) **reviewed and discussed performance with the Strategic Leads for i) Older People / Unscheduled Care / Carers and ii) Care Services in relation to these areas.**

11. Performance Presentations**Older People / Unscheduled Care / Carers / Care Services**

Hamish Battye and Frances McMeeking delivered a presentation on Older People / Unscheduled Care / Carers / Care Services performance. The presentation is available on the Glasgow City HSCP website.

Members questioned if the performance report gets adjusted to reflect the environment and to what extent some of the performance indicators are relevant to the current situation.

Members also highlighted the aim of reducing demand on A&E by creating pathways to other resources and queried why, if COVID-19 has resulted in a reduction in demand, some indicators are not performing as well as would be expected. Members queried if there are other factors that might cause the performance to suffer other than demand itself.

Officers advised the indicators are amended and factors such as the vaccine uptake and reablement, linked to discharge, is critical to support the acute sector. There was a significant reduction in resources in home care due to large numbers of staff shielding which resulted in prioritising elements of the service such as ring-fencing of reablement and hospital discharge teams and moving resources away from mainstream home care.

Members acknowledged that significant progress may be taking place in improving services that is not reflected in the current performance report therefore it is difficult to know how well the service is doing. Officers highlighted that there are no delays for home care which includes the 4-hour discharge to home care and discharge to care homes.

Officers advised the Key Performance Indicators (KPIs) relate to face-to-face contact which had a significant drop in numbers during the pandemic. Telephone contact is not recorded as part of the KPIs, so this type of activity is not being captured. Attend Anywhere is not a KPI at present but is likely to be going forward.

Officers highlighted that KPIs and targets are reviewed each year by the Core Leadership Teams (CLTs) in the HSCP to make sure they are still relevant and to ensure targets are still challenging. Those in the current performance report were set pre-pandemic. Moving into the new financial year, CLTs will consider the KPIs for possible revisions and this will be reviewed on an ongoing basis.

Members asked for further information regarding AWI delays and the average length of each delay and what impact this has on the patient that is delayed.

Officers confirmed for over 65s, non AWI, the average length of delay is a few days. AWIs are considerably longer and can last up to a month until places are found. Officers confirmed that information on trends can be provided to Members however highlighted that COVID-19 had an impact on getting people out of hospital and into care homes so the pattern is not normal

Members questioned if the Court system has an impact on the delays.

Officers confirmed that additional scrutiny is in place for AWI delays and there is a tracking system in place. A peer review is planned with other boards to compare systems which has been delayed due to the pandemic, but this will be looked at in June 2021.

Members highlighted the introduction of 'Discharge to Assess' as a recent innovation and questioned why this hadn't been introduced sooner.

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Officers advised that the policy was put in place for COVID-19 patients. 45% of care homes were closed to admissions with significant pressure in the system. The Discharge to Assess pathway was signed off by the Scottish Government and the model of care was designed to give confidence to Public Health and families of patients being discharged. It is unique to the 5 Glasgow City HSCP residential care homes and over 40 individuals have been successfully discharged within that model with the correct governance in place.

Members asked if this could be applied to the rest of the system.

Officers confirmed that the learning can be transcended into the wider care home system to reduce the length of time patients might spend in hospital before being discharged. It is also being considered for intermediate care and supported living.

Officers are looking at performance measures around Discharge to Assess to report on this going forward.

Members asked for clarity on the unscheduled care comparisons in the presentation and if people are presenting somewhere else in the system which has resulted in the reduction in A&E attendance.

Officers advised that two other pathways were developed which will account for some of the reduction. Mental Health Assessment Units (MHAUs) were set up quickly at the start of the pandemic. Anyone with mental health symptoms were redirected away from Emergency Departments to the MHAUs at Stobhill and Leverndale. These services are still up and running and will remain there in the future.

The other pathway was the Community Assessment Centre (CAC) at Barr Street for COVID-19 cases. Anyone who required to be referred onto hospital from the CAC went in via a different pathway and not the Emergency Department. These pathways have made a significant impact on the reduction of people presenting to A&E but there is further research required.

Members asked if there is publicity/guidance available for members of the public with regards to where to go instead of presenting to A&E and if there is information available to track more than A&E to determine at a Glasgow or Scottish level that people are adhering to that guidance.

Officers advised that an urgent care redesign was implemented in November across Scotland as a whole and there will be a performance framework showing level of activity since then which Officers will be able to report on going forward.

Members asked if Officers can provide a briefing note on Discharge to Assess. Officers confirmed they are happy to provide this.

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Members indicated concern with regards to the reduction in support for carers and requested an update on the decision making around this.

Officers advised the activity level dropped for face-to-face support during the pandemic. This was due to staff absence levels but also due to staff focusing on critical delivery of services. Officers confirmed material was distributed to carers via post, and there were telephone consultations, as well as face-to-face in critical cases. Feedback from carers was that they valued the face-to-face support. Some declined to have an assessment until this service resumes. Contact has remained with a prioritisation process in place.

Members asked for more detail on the recruitment difficulties in care homes and home care and whether there is potential for overlap.

Officers advised the HSCP over recruited in home care on the back of the equal pay settlement with a view that staff would leave the service. The pandemic followed and a further recruitment exercise took place late summer. Home Care is unique as people come in from other backgrounds with different work experience.

Recruitment to residential care is different and applicants tend to come from other social care backgrounds. It has been difficult to attract additional workforce to this sector due to some of the media coverage around care homes throughout the pandemic. Officers advised that they have recruited into care homes from home care and are backfilling those posts.

The Chair thanked Officers for the presentation and the work of HSCP staff during the pandemic.

12. Clinical and Professional Quarterly Assurance Statement

Jacqueline Kerr presented the clinical and professional quarterly assurance statement which outlines the governance structures in place in the HSCP.

Officers highlighted that since the previous reporting period, NHS Greater Glasgow and Clyde have reviewed the Significant Clinical Incident (SCI) policy. SCIs will now be referred to as Serious Adverse Events (SAEs) and there will be a greater emphasis on reflective practice and shared learning. All staff are receiving training on the new policy.

The report outlines the current Significant Case Reviews (SCRs) and plans for dissemination of learning. It also outlines the MAPPA arrangements in place and highlights the challenge in terms of training and the plans to deal with this on a virtual basis.

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Officers highlighted the self-evaluation activity and also confirmed that the Care Inspectorate has advised that it will be resuming its planned programme of inspection activity. Glasgow was listed in the previous Phase 1 of the programme for an Adult Support and Protection inspection. In order to plan and prepare for eventual inspection, multi-agency oversight and operational groups have been established.

Members questioned if Officers are tracking re-emerging themes from SCRs and if Members would be alerted to these.

Officers advised that the SCR process is multi-agency and is reported to the Child Protection Committee and Adult Support and Protection Committee. Learning from SAERs are reported on a 6-monthly basis and common themes are kept under review.

Members requested that Committee be sighted on recurring themes to provide a level of assurance that the governance is robust around re-emerging and continuing themes.

Officers agreed that the dissemination of learning from SCRs and SEARs could be reported to Committee to allow an overview and provide assurance.

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Members questioned the audit process and how Committee would know whether there are any management overriding controls. A need for check and balance was suggested.

Officers confirmed there is external membership on the Social Work Professional Governance Board which includes the Care Inspectorate and Universities.

Members questioned if there is a need for additional external scrutiny, possibly from Internal Audit once every three years, to give further assurance.

Officers confirmed formal structures are in place and scrutiny is provided from the Adult Support and Protection Committee and the Child Protection Committee. Any ask of Internal Audit would only be to ensure Officers are complying with the governance arrangements in place. They would be unable to comment on the professional and clinical decision making.

Officers confirmed they would review the terms of reference and the membership of the various governance groups to ensure there is as broad a representation as possible. Although there is external scrutiny at the Social Work Professional Governance Board, this is not the case in Health. Officers confirmed that some governance structures link to

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Board-wide structures so there is a need to be compliant with those structures.

The IJB Finance, Audit and Scrutiny Committee:

a) considered and noted the contents of the report.

13. Healthcare Improvement Scotland (HIS) Inspections of Prison Healthcare Service in HMP Barlinnie and HMP Low Moss

Jacqueline Kerr presented a report which advises of the outcome of the formal inspection activity within Prison healthcare in 2019 and 2020; and the ongoing work to ensure improved and sustained performance.

There was one formal inspection of Barlinnie, and there were three quality assurance visits. Within the Barlinnie inspection there were 16 quality indicators, 12 were acceptable or above but the overall score for the Healthcare Service was poor.

The Inspector looked at the environment and increase in prison population. Barlinnie was sitting at 45% over its occupancy rate at the time of the inspection.

The liaison visit concentrated on accommodation and cleaning standards of the health centre and the clinical rooms in the wings. The Inspector also challenged the HSCP to look at the impact of the virtual court process in delivering an effective health service.

One area of concern related to the timeline for refurbishment of the Health Centre. The Scottish Government announced £7m for an upgrade after the visit.

The Quality Assurance visit on Low Moss looked at waiting times for Mental Health services and a number of actions have been taken in response to this.

The Quality Assurance visit on Greenock was positive despite the Health Centre roof collapsing a couple of weeks before the visit. The service has been temporarily decanted to another suite. The HMIP raised this with the Scottish Government and they are now looking at more suitable accommodation to deliver health services within the centre which has been a positive outcome.

Officers highlighted the recommencement of the workforce review which was halted during the pandemic. Significant developments have been made in enhancing the professional nursing structure to bring the Quality Assurance standards of the workforce up to the standard of community services.

Members commended Officers for the good work despite the difficulties with the environment and managing auxiliary services. Members also highlighted that the report was well laid out and provided sufficient background and context as well as specifics.

Members questioned the population fluctuations and how the service can be flexed to meet those fluctuations.

Officers confirmed the population at Barlinnie went up by 47% which presents a challenge to the health service as the service cannot automatically respond to increasing staff respectively. Officers advised that, as a result of COVID-19, the Scottish Government made the decision to liberate more people.

Officers also advised Low Moss is currently 100 over capacity.

Officers confirmed that numbers were high pre-COVID and work is ongoing at the Scottish Government around the significant and complex reasons why the numbers have increased such as the nature of sentencing etc.

Officers advised there are real challenges about how to increase the number of staff and accommodation for staff. There isn't sufficient space to increase staff by 50% so there are logistical issues around what the response could be.

A workforce review is being carried out to look at the skill mix and different grades of staff which will support service development and allow it to be more flexible and more attractive as a positive career choice. Officers confirmed that a nurse consultant is coming into post in a months' time and will provide a professional nurse leadership role which will hopefully assist with recruitment.

Members noted concern with regards to the recorded incidents on Datix of abuse to staff by Prison Officers and questioned how working relationships are with the Scottish Prison Service (SPS).

Officers advised there is a very positive partnership with SPS and where there has been inappropriate behaviour towards staff, there is a process for recording and raising formally with management in SPS.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the findings of the most recent inspection activity; and**
- b) noted the actions the HSCP has taken, and intends to take, to ensure ongoing sustainable service improvement.**

14. Health and Safety Annual Report – January 2020-December 2020

Christina Heuston presented a report which provides an overview of the main Health and Safety challenges faced in 2020 as well as performance and notable key issues and the implications for the HSCP.

Christina introduced Kirsten Paterson, Health and Safety Manager for Social Work Services.

Officers advised that as this is the first Health and Safety report to the Committee, there is more background regarding structure and responsibility than would usually be in the report. The report is separated into Social Work Services and NHS and reflects the different systems.

Officers highlighted an increased profile of Health and Safety due to COVID-19. The workload has increased for both teams and has been key in the management of COVID-19.

The challenges in the last year have included keeping up-to-date with the COVID-19 guidelines, which were subject to constant change, and Health and Safety were required to assist in practical guidance to staff. This was done in conjunction with trade unions. The service was key in carrying out risk assessments for buildings and individual employees, ensuring good links with HR.

Business as usual was also maintained and the service had to monitor accidents and incidents as they happened. The report highlights two significant cases over the last year which demonstrates the service impact if something goes wrong.

Officers advised that training was impacted badly by COVID-19 as face to face training could not be undertaken such as moving and handling, first aid, fire safety etc. and there is a need to get this back up and running.

Members highlighted the good level of detail within the report and questioned why there hasn't been a report previously on Health and Safety.

Officers advised that due to the incidents noted within the report with regards to the residential care home and Equipu, and the escalation of the profile due to COVID-19, this was an appropriate time to bring to Committee.

Officers confirmed this will be an annual report and will be lined up to the February cycle.

Members questioned if RIDDOR also applies in Health.

Officers confirmed RIDDOR applies to both Health and Social Work but there are different recording systems. RIDDOR is a legislative system and applies across the board.

Members asked if Social Work are using the same systems as the NHS with regards to official training modules from TURAS as there are modules on moving and handling, fire safety, etc. which could be utilised.

Officers advised there are two staff groups which use the respective systems within either the NHS or the Council. It is the target going forward for Council staff to be able to access the TURAS system for training.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the findings made within the report and the data attached;**
- b) noted the main challenges faced throughout the year, and current service and future developments; and**
- c) noted the potential implications and resources which may be required from investigations and enforcement notices.**

15. Attendance Management

Christina Heuston presented the report which advises the latest absence levels across Glasgow City Health and Social Care Partnership.

Officers highlighted the Social Work figures in Average Days Lost which is 1.4 and the Health figures in Percentage Absence which has reduced significantly to 4.87% These figures exclude COVID-19 related absences which are noted separately within the report.

COVID-19 absences in Social Work are 186 which has come down from 355 so is a much-reduced picture. The latest reporting on COVID-19 type absences equates to 2.5%.

COVID-19 absences in Health are lower as there are less people shielding.

Members noted the challenges for all managers in trying to deal with the unusual nature of absences around COVID-19 and praised staff for managing a way round that.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the contents of the report.**

16. Temporary Homelessness Accommodation Charges for 2021/22

Margaret Hogg presented the report which informs the charges proposed to be set for homelessness temporary accommodation for 2021/22.

Officers confirmed a report has also been through the relevant Council process to get approval to apply charges.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the proposed average weekly charge for temporary furnished accommodation of £155.93, an increase of 5%; and
- b) noted the 5% proposed increase to hostel rents, being a weekly charge of £355.68 for the Chara Centre, Elder Street, James Mclean, Rodney Street, Maxwell Drive and Portman Street.

17. Next Meeting

The next meeting was noted as Wednesday, 9th June 2021 at 9.30am via Microsoft Teams.