

# Public Document Pack



## MAJOR CONTRACTS GOVERNANCE GROUP TUESDAY, 7TH NOVEMBER, 2017

A MEETING of the MAJOR CONTRACTS GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS TD3 6JU on TUESDAY, 7 NOVEMBER 2017 at 2.00 pm

J. J. WILKINSON,  
Clerk to the Council,

2 November 2017

<b>BUSINESS</b>		
1.	<b>Apologies for Absence</b>	
2.	<b>Order of Business</b>	
3.	<b>Declarations of Interest</b>	
4.	<b>SB CARES BUSINESS</b>	
5.	<b>Minute.</b> (Pages 5 - 6)  Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 19 September 2017 to be noted. (Copy attached.)	5 mins
6.	<b>Setting the Scene</b> (Pages 7 - 20)  Presentation by Finance and Commercial Director and Operations Director on progress of SB Cares (Copy attached.)	15 mins
7.	<b>Quarterly Performance Reporting</b> (Pages 21 - 30)  Consider report by Finance and Commercial Director on SB Cares Management Accounts as at 30 September 2017. (Copy attached.)	10 mins
8.	<b>Care Inspectorate.</b> (Pages 31 - 46)  Consider update report by SB Cares Operations Director on Inspections by the Care Inspectorate. (Copy attached.)	10 mins
9.	<b>Internal Audit</b> (Pages 47 - 60)  Consider update report by SB Cares Finance & Commercial Director on progress with Implementation of Internal Audit Recommendations. (Copy attached.)	10 mins

10.	<b>New Service Developments.</b> (Pages 61 - 70)  Consider update report by SB Cares Operations Director on New Services currently being developed. (Copy attached.)	10 mins
11.	<b>Risk Register.</b> (Pages 71 - 84)  Consider update report by SB Cares Finance and Commercial Director on the Context around Risk Register and current status and mitigating actions. (Copy attached.)	10 mins
12.	<b>Any Other Items Previously Circulated.</b>	
13.	<b>Any Other Items which the Chairman Decides are Urgent.</b>	
14.	<b>Items Likely To Be Taken In Private</b>  <b>Before proceeding with the private business, the following motion should be approved:-</b>  “That under Section 50A(4) of the Local Government (Scotland) Act 1973 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 6 of Part 1 of Schedule 7A to the aforementioned Act.”	
15.	<b>Minute.</b> (Pages 85 - 86)  Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 19 September 2017 to be noted. (Copy attached.)	5 mins
16.	<b>TRADING OPERATIONS BUSINESS</b>	
17.	<b>Minute</b> (Pages 87 - 90)  Consider private section of the Minute of Meeting of 14 August 2017. (Copy attached.)	5 mins
18.	<b>SBc Contracts Trading Operation Update at 31 March 2017</b> (Pages 91 - 92)  Consider report by Chief Officer Roads. (Copy attached.)	30 mins

#### NOTES

- Timings given above are only indicative and not intended to inhibit Members' discussions.**
- Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.**

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**Membership of Committee:-** Councillors G. Turnbull (Chairman), G. Edgar, J. A. Fullarton, T. Miers, D. Moffat, E. Thornton-Nicol and T. Weatherston

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**SCOTTISH BORDERS COUNCIL  
LIMITED LIABILITY PARTNERSHIP  
STRATEGIC GOVERNANCE GROUP**

MINUTES of Meeting of the LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP held in the Council Chamber, Council Headquarters, Newtown St Boswells on Tuesday, 19 September 2017 at 2.00 pm

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- Present:- Councillors T. Weatherston (Chairman), J. Greenwell, E. Robson, E. Thornton-Nicol, G. Turnbull (from Item 6).
- Apologies:- Ms K Hamilton (NHS Borders).
- In Attendance:- Mr M Leys (Chief Officer Adult Social Work), J Wilson (Chairman SB Cares), P Barr (Managing Director SB Cares), J McPhail (Finance and Commercial Director SB Cares), L Crombie (Operations Director SB Cares), Paul Cathrow (Service Development Manager SB Cares), J Stacey (Chief Officer Audit and Risk), Democratic Services Officer (P Bolson).
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**1. WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting of the Limited Liability Partnership Strategic Governance Group.

**2. MINUTE**

There had been circulated copies of the Minute of the meeting of 20 June 2017.

**DECISION**

**NOTED the Minute for signature by the Chairman.**

**3. MATTER ARISING**

With reference to the decision at paragraph 6(b) of the Minute of 20 June 2017, Members noted that the programme of visits was now in progress and that additional requests to take part in this programme should be made to Ms Crombie for SB Cares establishments and Mr Wilson for external providers.

**4. QUARTERLY PERFORMANCE REPORTING**

There had been circulated copies of a report by the Finance and Commercial Director SB Cares updating Members on the Management Accounts to 31 July 2017. The Appendix to the report included details of the year to date spend against budget and against the previous year spend for both income and expenditure; the year to date spend by service heading; the balance sheet for the period; and the projected cash flow at 31 March 2018. Ms McPhail advised that a surplus of £115k was being reported as at 31 July 2017, as opposed to the anticipated surplus £88k and she went on to highlight some of the key elements of the current financial position. The income from Bordercare Alarms had held up well following the price increase for the service agreed by Council in December 2016, with the number of cancelled alarms being lower than expected. Mr Leys advised that those clients who had cancelled their alarms had gone back into the Social Work to ensure their safety at home. The new homecare rotas had contributed to savings in staff costs as anticipated and work was ongoing to analyse the cause of a small overspend in staff costs within care homes. Other savings of £17k and £15k were reported against travel costs and catering costs respectively. Discussion followed and Ms McPhail confirmed that progress was ongoing in relation to the sale of items to private clients, with an online service going live on the website in the near future.

## **DECISION**

**NOTED the contents of the report and the actions described to manage budgetary pressures.**

### **5. CARE INSPECTORATE**

With reference to paragraph 6 of the Minute of 20 June 2017, there had been circulated copies of a report by the Operations Director SB Cares giving the updated position on the inspection of SB Care services by the Care Inspectorate. Ms Crombie advised that since the last report to LLP SGG, the final report for Deanfield Care Home had been received and the service had shown improvement in particular areas. Quality of Care and Support had received a Grade 5, with Quality of Management and Leadership; Quality of Staffing; and Quality of Environment receiving Grade 4. This report contained 7 requirements and 2 recommendations. The Hawick Community Support Service had also received a positive report. Only two themes, namely Quality of Care and Support and Quality of Management and Leadership, were inspected on this occasion and both received improved awards to Grade 5. Home Care East (Hawick, Jedburgh and Newcastleton) had been registered only recently and was currently being inspected for all themes. The outcome of the inspection would be reported in due course. Ms Crombie advised that the trend in Care Inspection grades had shown a consistent increase in grades since the inception of SB Cares, with no service now being graded as 3 (Weak) and the number of awards at Grade 5 increasing from 14% to 35%. Further detail was included in the Appendices to the report. Ms Crombie clarified a number of points raised by Members and advised that SB Cares was working with colleagues in HR and Borders College to look at training and how that could be delivered to staff. The Chairman offered congratulations to SB Cares on the improvements made across services.

## **DECISION**

**(a) NOTED:-**

- (i) the finalised reports for Deanfield Care Home and Hawick Community Support Service;**
- (ii) the percentage of services that had received a grade 4 and above;**
- (iii) the requirements and recommendations as contained in the report and Appendix 1;**
- (iv) the increase in grades since the transfer to SB Cares as detailed in Appendix 2 to the report;**

### **6. PRIVATE BUSINESS**

#### **DECISION**

**AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business contained in the following items on the ground that they involved the likely disclosure of exempt information as defined in paragraphs 6 and 8 of the part 1 of Schedule 7A to the Act.**

#### **SUMMARY OF PRIVATE BUSINESS**

### **7. SB CARES BUSINESS PLAN 2017/22**

Members considered the Business Plan for SB Cares for the period 2017/22.

***The meeting concluded at 3.05 pm.***

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**MANAGEMENT ACCOUNTS TO 30<sup>th</sup> SEPTEMBER 2017**

**Report by the Finance & Commercial Director**

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**LIMITED LIABILITY PARTNERSHIP  
MAJOR CONTRACTS GOVERNANCE GROUP**

**7 November 2017**

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**1 PURPOSE AND SUMMARY**

**1.1 To update the Major Contracts Governance Group on the financial position as at 30<sup>th</sup> September 2017**

1.2 The papers attached describe the financial position as at 30<sup>th</sup> September 2017. The accounts comprise:

1.3 Details of year to date spend against budget and against prior year spend by income and expenditure heading;

1.4 Details of year to date spend by service;

1.5 Balance sheet at 30<sup>th</sup> September 2017;

1.6 Projected cash flow to 31<sup>st</sup> March 2018.

**2 RECOMMENDATIONS**

**2.1 It is recommended that the Major Contracts Governance Group:-**

**(a) Notes the contents of the attached management accounts.**

### 3 Summary

3.1 A surplus of £286k against an anticipated surplus of £208k for the six month period is reported. The papers attached contain commentary explaining the key features of the financial position, which the Board are asked to note.

3.2 Key elements which the board are asked to note include:

Income from Bordercare alarms appears to be holding up well despite the significant price increase agreed by the Council in December 2016. A significant number of clients cancelled their services after they were initially notified of the price rise, but this was lower than expected. The price rise has been mitigated by publicising more widely in our correspondence with clients, the availability of VAT exemption for those suffering from certain chronic conditions.

3.3 A shortfall is reported against Spot Contract Income within Homecare. It has been identified that this is, at least partly, attributable to reporting difficulties within the CM2000 reporting system. We are working with colleagues in SBC to resolve this.

3.4 There has been a minor drop off in Alarm Income (£13k) reflecting the loss of contracts with two Residential Social Landlords.

3.5 There is evidence of savings in staff costs in all areas within the homecare service, except Teviot. This is understood to reflect the anticipated effect of the introduction of new rota arrangements. Teviot is the last area to adopt the new arrangements.

3.6 Our ability to scrutinise and comment in detail on variances in staff costs is very limited, because reports formerly used on staff occupancy and hours worked have not been received from SBC since the introduction of Business World. This is particularly significant within Homecare, where data on hours worked is critical to analysing reported variances. We are working with SBC to resolve this

#### 3.7 FORECASTING

The forecast budget position of a £411k surplus is on target to be achieved.

3.8 We will be undertaking an exercise with managers to revise forecasts, and we expect the results of this work to be incorporated in the management accounts report to be tabled at the next meeting of the Board.

## 4 IMPLICATIONS

### 4.1 Financial Recommendations

There are no costs attached to any of the recommendations contained in this report, its content being specifically related to the latest financial positions of SB Cares for 2017/18.

### 4.2 Risk and Mitigations

There is a risk that SB Cares does not deliver the target contribution set out in the Business Plan for 2017/18.

The risks identified above are being managed and mitigated through:-

- (a) Monthly reports of actual expenditure and income against forecasts being made available to Managers from SB Cares Financial & Operational Systems.
- (b) Review of budget variances and monitoring of progress to deliver the Business Plan is reviewed monthly by SB Cares Senior Management Team.
- (C) Regular review of the programme of work to ensure that it is sufficiently resourced to deliver the efficiencies and new business.

### 4.3 Equalities

It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

### 4.4 Acting Sustainably

There are no significant effects on the economy, community or environment.

### 4.5 Carbon Management

No effect on carbon emissions are anticipated from the recommendation of this report.

## 5 CONSULTATION

- 5.1 SB Cares Senior Management Team and SB Cares Board Members have been involved in and agreed the compilation of the budgetary control statements set out in this report.

### Author(s)

Name	Designation and Contact Number
Jen McPhail	Finance & Commercial Director

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	Actual YTD Sep-17 £'000	Budget YTD Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000	Full year outturn Mar-17 £'000
<b>Income</b>							
SBC Contract Income	8,436	8,436	1	16,871	16,871	0	16,458
Spot Contract Income	320	412	-92	860	860	0	811
Bordercare Income	163	165	-2	330	330	0	230
Other Income	106	110	-4	336	336	0	715
<b>Total Income</b>	<b>9,025</b>	<b>9,123</b>	<b>-98</b>	<b>18,397</b>	<b>18,397</b>	<b>0</b>	<b>18,214</b>
<b>Expenditure</b>							
Payroll Costs	-7,686	-7,870	184	-15,913	-15,913	0	-15,215
Travel Costs	-39	-41	2	-82	-82	0	-647
Training and Development	0	0	0	0	0	0	-15
<b>Total Staff Costs</b>	<b>-7,725</b>	<b>-7,911</b>	<b>186</b>	<b>-15,995</b>	<b>-15,995</b>	<b>0</b>	<b>-15,877</b>
<b>Non Staff Costs</b>							
Property Costs	-131	-140	9	-279	-279	0	-278
Energy Costs	-98	-106	8	-212	-212	0	-212
IT Costs	0	-1	1	-1	-1	0	-1
Community Equipment Service	-246	-246	-1	-465	-465	0	-163
Catering Costs	-117	-124	7	-248	-248	0	-253
Transport Costs	-185	-169	-16	-338	-338	0	-344
Supplies and Services	-203	-178	-26	-359	-359	0	-366
Printing and Stationary	-14	-23	9	-46	-46	0	-47
Audit Fees	-11	-12	1	-23	-23	0	-23
Professional Fees	0	0	0	0	0	0	0
Depreciation	-7	-6	-1	-12	-12	0	0
Other Finance Costs	-2	-2	0	-4	-4	0	-2
<b>Total Non Staff Costs</b>	<b>-1,014</b>	<b>-1,005</b>	<b>-10</b>	<b>-1,987</b>	<b>-1,987</b>	<b>0</b>	<b>-1,689</b>
<b>Total Expenditure</b>	<b>-8,739</b>	<b>-8,915</b>	<b>176</b>	<b>-17,982</b>	<b>-17,982</b>	<b>0</b>	<b>-17,566</b>
<b>Surplus / Loss as at 30th September 2017</b>	<b>286</b>	<b>208</b>	<b>79</b>	<b>415</b>	<b>415</b>	<b>0</b>	<b>648</b>

**Commentary**

There is a known issue in Spot Contract reporting which we are working with SBC to resolve. Spot Contract monthly income has been consistently understated due to this.

Income from Alarms Monitoring for individual clients only.  
Budget consists of Income from CES Private Sales (£39k), Alarms income from RSLs (£102k), Funding of PVG Income (£30k), Shopping Service Income (£33k), Private Homecare Income (£13k), Telecare Funding (£50k), and recharges for specialist care (£30k), mainly within LD Services. See comments by Outturn area.

Significant savings are reported within the Homecare service (£149k). Generally our ability to analyse and scrutinise variances within staff costs is very limited due to salaries reports from SBC HRSS not being available since the introduction of Business World. We are working with HRSS to resolve this.

The majority of transport costs are incurred within Older People Day Services and Learning Disability Day Services. Management are developing policy and processes to capture and recharge transport costs to clients or the commissioner.  
Recruitment fees £13k higher than expected. £10k licence costs incurred earlier than anticipated



	Care Homes						Home Care					
	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
<b>Income</b>												
Total Income	2,551	2,552	-1	5,104	5,104	0	4,065	4,169	-104	8,368	8,368	0
<b>Expenditure</b>												
Staff Costs	-2,284	-2,292	8	-4,612	-4,612	0	-3,746	-3,895	149	-7,840	-7,840	0
Travel /Transport Costs	0	0	0	0	0	0	-23	-24	1	-47	-47	0
Property/ Energy Costs	-117	-117	-1	-233	-233	0	0	0	0	0	0	0
Non staff costs	-143	-153	10	-306	-306	0	-44	-63	19	-157	-157	0
<b>Total Expenditure</b>	<b>-2,544</b>	<b>-2,561</b>	<b>17</b>	<b>-5,151</b>	<b>-5,151</b>	<b>0</b>	<b>-3,813</b>	<b>-3,982</b>	<b>169</b>	<b>-8,044</b>	<b>-8,044</b>	<b>0</b>
	Older People Day Centres						CES and Bordercare					
	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
<b>Income</b>												
Total Income	380	379	1	758	758	0	790	803	-13	1,728	1,728	0
<b>Expenditure</b>												
Staff Costs	-179	-185	6	-372	-372	0	-313	-312	-2	-627	-627	0
Travel /Transport Costs	-106	-107	1	-214	-214	0	-31	-33	2	-65	-65	0
Property/ Energy Costs	-12	-14	2	-27	-27	0	-43	-57	14	-113	-113	0
Non staff costs	-20	-12	-8	-24	-24	0	-292	-298	6	-534	-534	0
<b>Total Expenditure</b>	<b>-316.4</b>	<b>-317</b>	<b>1</b>	<b>-637</b>	<b>-636.5</b>	<b>0</b>	<b>-679</b>	<b>-698</b>	<b>19</b>	<b>-1,339</b>	<b>-1,339</b>	<b>0</b>
	LD Day Services, HCSS and BDSS						HQ					
	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000	Actual Sep-17 £'000	Budget Sep-17 £'000	Variance Sep-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
<b>Income</b>												
Total Income	943	922	21	1,844	1,844	0	296	298	-2	595	595	0
<b>Expenditure</b>												
Staff Costs	-798	-814	16	-1,638	-1,638	0	-366	-372	6	-824	-824	0
Travel /Transport Costs	-64	-47	-17	-94	-94	0	0	0	0	0	0	0
Property/ Energy Costs	-57	-56	-1	-112	-112	0	0	-3	3	-6	-6	0
Non staff costs	-24	-9	-15	-43	-43	0	-77	-54	-23	-97	-97	0
<b>Total Expenditure</b>	<b>-943.6</b>	<b>-926</b>	<b>-17</b>	<b>-1,887</b>	<b>-1,887</b>	<b>0</b>	<b>-443</b>	<b>-429</b>	<b>-14</b>	<b>-927</b>	<b>-927</b>	<b>0</b>

**Commentary**

**Care Homes**

**Homecare**

Shortfall in Spot Contract Income due to reporting issue as described in comments on front page

Although the overall staff costs position is within budget, there are variances within facilities. Particularly adverse variances within Deanfield (£30k) and Saltgreens (£20k), and a favourable variance within Waverley (£44k). Discussions with service management have identified that adverse variances within Deanfield and Saltgreens are within expectations given Long Term Sickness and the need to put in place cover arrangements. The favourable variance in Waverley reflects a longer than anticipated period where the facility was operating at less than full capacity.

Savings are reported in all homecare areas other than in Teviot, which reflects the fact that Teviot is the last area to move on to the pilot scheme.

**Older People Day Services**

**CES and Bordercare**

Shortfall in income from alarm monitoring for RSLs due to contract cancellations

**LD Day Services, HCSS and BDSS**

**HQ**

Higher than expected level of recharges for specialist care to SBC.

Recruitment fees £13k higher than expected. £10k licence costs incurred earlier than anticipated

**SB Cares**  
**Balance Sheet**  
**as at 30th September 2017**

	<b>Consolidated accounts</b>	<b>As at 30/09/2017</b>
<b>Non Current Assets</b>	678	673
<b>Current Assets</b>		
Stock	74	74
Debtors	650	730
Cash at bank and in hand	2,950	1,517
Total Current Assets	<u>3,674</u>	<u>2,321</u>
Total Assets	4,352	2,994
<b>Creditors</b>	- 4,718	- 3,074
Total Assets less current liabilities	- 366	- 80
Provision for liabilities - pension	- 3,624	- 3,624
Net Liabilities	<u>- 3,990</u>	<u>- 3,704</u>
<b>Reserves</b>		
Pension Reserve	- 3,624	- 3,624
Other Reserves	- 366	- 366
to date surplus loss	286	286
	<u>- 3,990</u>	<u>- 3,704</u>





**SB Cares**  
**Cashflow Forecasting**  
**2017-18**  
**as at 30th September 2017**



	Apr-17 £'000	May-17 £'000	Jun-17 £'000	Jul-17 £'000	Aug-17 £'000	Sep-17 £'000	Oct-17 £'000	Nov-17 £'000	Dec-17 £'000	Jan-18 £'000	Feb-18 £'000	Mar-18 £'000
	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Income</b>												
SBC Income	0	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025
Spot Contract Income	53	53	53	53	53	53	70	70	70	70	70	70
Other Income	21	21	21	21	21	21	30	30	30	30	30	30
<b>Total Income</b>	<b>75</b>	<b>2,099</b>	<b>2,099</b>	<b>2,099</b>	<b>2,100</b>	<b>2,100</b>	<b>2,125</b>	<b>2,125</b>	<b>2,125</b>	<b>2,125</b>	<b>2,125</b>	<b>2,125</b>
<b>Expenditure</b>												
Payroll (including recharges)	(805)	(804)	(805)	(803)	(811)	(802)	(805)	(805)	(900)	(900)	(805)	(805)
PAYE	(257)	(255)	(257)	(255)	(256)	(250)	(255)	(255)	(285)	(285)	(255)	(255)
Pension and other payroll	(217)	(217)	(217)	(217)	(217)	(216)	(217)	(217)	(243)	(243)	(217)	(217)
VAT	(634)	(126)	(126)	(820)	(126)	(126)	(900)	(126)	(126)	(620)	(126)	(126)
Supplier payments	(279)	(288)	(279)	(275)	(265)	(999)	(279)	(279)	(279)	(279)	(279)	(279)
<b>Total Expenditure</b>	<b>-2,192</b>	<b>-1,690</b>	<b>-1,684</b>	<b>-2,370</b>	<b>-1,675</b>	<b>-2,393</b>	<b>-2,456</b>	<b>-1,682</b>	<b>-1,833</b>	<b>-2,327</b>	<b>-1,682</b>	<b>-1,682</b>
Balance B/f	2,950	833	1,242	1,657	1,386	1,810	1,517	1,186	1,629	1,921	1,719	2,163
Balance C/f	833	1,242	1,657	1,386	1,810	1,517	1,186	1,629	1,921	1,719	2,163	2,606

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## CARE INSPECTION REPORT

Report by the Operations Director

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### LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

7<sup>th</sup> November 2017

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#### 1 PURPOSE AND SUMMARY

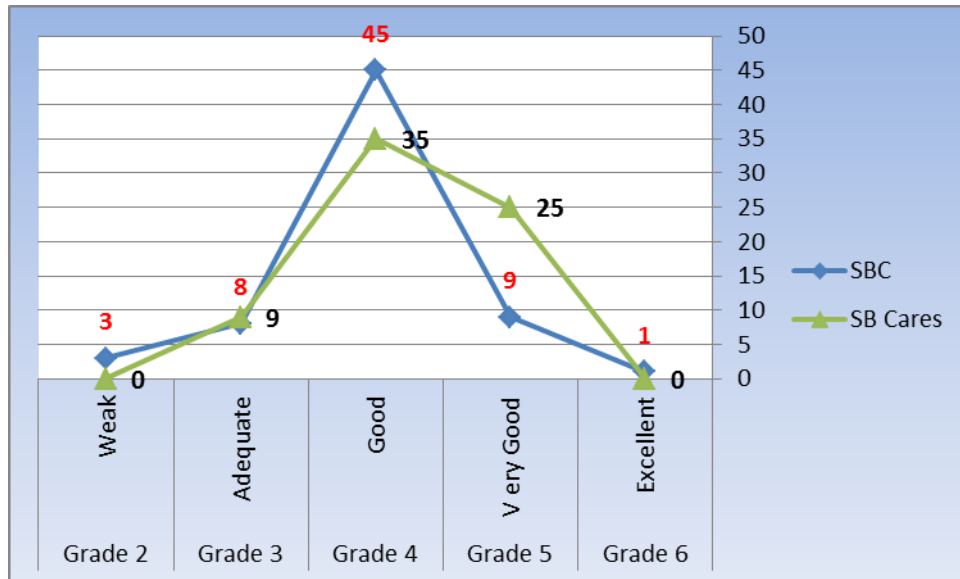
- 1.1 **This report updates the Strategic Governance Group (SGG) on the inspection of services by the Care Inspectorate. Where services have been inspected by the Care Inspectorate between SGG meetings, the grades are reported to the SGG meeting as one of the Key Performance Indicator measures previously agreed.**
- 1.2 Since the last SGG meeting the **Hawick Community Support Service** was inspected on 2<sup>nd</sup> August and we are now in receipt of the final report. During this inspection the Inspector assessed the Quality of Care and Support and Quality of Management and Leadership themes. The grades are recorded as; Quality of Care and Support a 5, and Quality of Management and Leadership was also graded as a 5, which is an increase from the last inspection. The report is very positive with the inspector stating that the grade for Management and Leadership was very nearly a 6. The report contains no requirements or recommendations, See Appendix 1.
- 1.3 **South Area Home Care** service has been inspected for the first time and we are now in receipt of the draft report. The draft grades are 3 for all Quality Themes; the grades are a reflection of the lack of staff working within the service. The managers are not able to carry out their managerial tasks as they are constantly covering rotas and directly working with clients themselves, which has resulted in the reviews, supervision, quality audits and other managerial duties not being carried out within agreed timescales. See Appendix 1.
- 1.4 **Waverley Care Home** has recently been inspected and we are now in receipt of the draft report. Once the report is finalised the grades and feedback will be reported to this meeting.
- 1.5 **Grove Care Home** has recently been inspected and we are awaiting the draft report.

## 1.6 Care Inspection Grades

## 1.7 Quality Improvements in Service Delivery

Since the inception of SB Cares management and staff have been focusing on increasing the quality of service being provided to people receiving our services. As a result of a high level of commitment from everyone involved the trend in Care Inspection grades has shown an increase in grades in the vast majority of areas and the recent Care Inspections reported above continues this improvement.

1.8



1.9 The table above shows the Inspection gradings moving in a positive direction. The aim for all services is to achieve 'Very Good' grades and the above graph shows consistent improvement from 'Good' to 'Very Good' gradings.

1.10 SBC had one service which was graded as Weak in 3 Quality Themes, SB Cares has improved this service and there are currently no services graded as Weak within SB Cares.

1.11 By August 2017 the number of 'Very Good' grades had increased from 14% inspected while in SBC to 35% since transfer into SB Cares.

1.12 It is again pleasing that the HCSS inspection, which took place in September has resulted in an increase in grading, with all assessed grades now being at 5, which is Very Good. It is disappointing, but not unexpected that the South Home Care service was awarded grades of 3 for all three quality themes. It is always more challenging to achieve a grading of 4 or above in a Home Care service, however we continue to focus on improving the grades across all services. All requirements and recommendations are now registered on Covalent, with managers training being rolled out at the moment. Using this system will ensure we have clear visibility of progress against requirements and recommendations across services.

## 2 RECOMMENDATIONS

### 2.1 It is recommended that the Strategic Governance Group:-

- a) Note the final Hawick Community Support report with improved grades
- b) Note the South Home Care area draft report
- c) Note Waverley and Grove Care Homes have recently been inspected
- d) Note the improved grades since the transfer of services into SB Cares

### 3.1 OVERALL GRADINGS Of 4 - GOOD AND ABOVE

- Care Homes 80%
- Care at Home 44%
- Older People Day Services 88%
- Learning /Physical Disability Services 100%

### 3.2 GRADES AND THEMES

Key to Grades:

- 1 – Unsatisfactory
- 2 – Weak
- 3 – Adequate
- 4 – Good
- 5 – Very Good
- 6 – Excellent

### 3.3

#### THEMES

##### Quality of Care and Support:

How well the service meets the needs of each person who uses it

##### Quality of Environment:

Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is

##### Quality of Staffing:

The quality of the staff, including their qualifications and training

##### Quality of Management & Leadership:

How the service is managed and how it develops to meet the needs of the people who use it

#### Author(s)

Name	Designation and Contact Number
Lynne Crombie	Operations Director 01835 826700

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FINAL Hawick Community Support Service 2 <sup>nd</sup> August 2017			
Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		<b>5</b>	<b>4</b>
How well the service meets the needs of each person who uses it	<p><i>Requirements - 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>What People Told Us</u></b> <i>Support workers let me do things for myself and don't do things for me.</i></p> <p><i>My key worker talks to me on a weekly basis. I have been involved in staff interviews.</i></p> <p><b><u>What The Service Does Well</u></b> <i>There are many good things about this service. These include a committed team of staff providing flexible responsive support to people living in their own homes and community. People knew all the staff and each had a key worker. Staff were encouraged to reflect upon the work they did, learn from it and be responsible for it.</i></p> <p><i>We saw good examples where the service had identified risks to individuals and had fully involved the service user to look at measures to reduce these. These included financial risk, self-harm or risk from other. People were supported to help manage risks and there were clear guidelines for staff stating what they could do to help and where the limits of that support was.</i></p>		
<b>Quality of Staffing</b>		<b>N/A</b>	<b>N/A</b>
The quality of the staff, including their qualifications and training	<b>Not Assessed</b>		
<b>Quality of Management &amp; Leadership</b>		<b>5</b>	<b>4</b>
How the service is managed and how it develops to meet the needs of the people who use it	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p>		

### **What The Service Does Well**

*We saw that the service worked in close partnership with other professionals such as the learning disability team, mental health services and the Adult Protection Team, within the local authority. This helped everyone to work together and promoted positive outcomes for individuals.*

*Staff said that they enjoyed their job and that they were committed to supporting each individual to meet their needs and to promote the best possible outcomes for them. Staff told us they felt supported by their line manager and other colleagues.*

*Staff met in peer meetings without their line managers. This enabled them to have a confidential discussion and confidently raise any issues. These could then be passed onto the manager.*

*A main strength of the service was the very good honest and trusting relationships that had developed between staff and people using the service and within the staff team. Staff supported individuals in a caring, sensitive and respectful manner and we thought, through meeting people and looking at other feedback, that service users clearly valued the support they received.*

*Feedback from other professionals was positive of the flexible care and support provided and the positive outcomes for service users. Recently feedback had been gathered from service users, families and other partners using questionnaires. People were asked to comment on the quality of the service. Individual users were also asked to comment on all aspects of the support they received. Very positive feedback had been given. We saw that requests or suggestions for changes to be made to the care and support were acted on.*

### **What The Service Could Do Better**

*We thought that the quality of support planning had improved and that there was a flow to the support plan itself that help guide staff in the work. New paperwork had been introduced to help staff work with people, to meet their goals and outcomes. Depending on how well this works and information is recorded, further development may be needed.*

*We saw that supervision notes and support 1:1 meetings were planned to take place every six-eight weeks, but this target was sometimes not met. Staff did say they felt well supported and had many informal discussions with senior staff. However, in an outreach service it is important managers meet staff formally too.*

*We spoke about developing quality assurance systems further. The manager told us peer evaluation, where a manager from another services come to evaluate yours, is being discussed.*



**FINAL Home Care South  
12<sup>th</sup> September 2017**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		<b>3</b>	<b>First inspection</b>
How well the service meets the needs of each person who uses it	<p><i>Requirements – 1</i></p> <p>1- <i>The service provider must ensure that the level of detail in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs of the individuals they are caring for.</i></p> <p><i>The medication support needs of people receiving care must be accurately recorded and updated as needed to ensure safe and consistent practice.</i></p> <p><i>Risk assessments must be maintained up to date to reflect any changes in the needs of people receiving care.</i></p> <p><i>Personal plans must be updated as care is changed.</i></p> <p><i>Changes to personal plans must be made in a systematic manner by a person authorised to carry out this task. Any handwritten changes must be signed and dated.</i></p> <p><i>This is to comply with the Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4.</i></p> <p><i>Timescale for implementation: six weeks from receipt of this report.</i></p> <p><i>Recommendations – 1</i></p> <p>1. <i>Missed visit recording logs should record the impact of the missed visit on the person using the service and any follow up actions with the individual or their family as a result of the missed visit.</i></p> <p><i>National Care Standards. Care at Home. Standard 4 Management and Staffing</i></p> <p><b><u>What People Told Us</u></b>  <i>I am very happy with all of the carers who visit me. I appreciate very much all their care and support. Well done.</i></p> <p><i>The individual carers know my mother well and are genuinely caring. It is a difficult job but well done.</i></p> <p><i>The team acknowledge my needs and ensure I am fully informed at all times.</i></p>		

	<p><b><u>Findings from the Inspection</u></b></p> <p><i>Both people who experienced care and their relatives told us they were happy with the way staff provided care. Where people raised issues relating to the continuity of care or the timings of visits they were at pains to point out that their experience of the way staff actually provided care was positive. This was consistent with the services own survey which recorded high levels of satisfaction with staff listening to people being respectful and offering choice. This was also consistent with what we saw while watching staff work in people's homes.</i></p> <p><i>The continuity of staff provided to individuals was mixed. In some of the areas we looked at people were being supported by small groups of staff allowing people to get to know the individuals visiting them, feel comfortable with people and form good working relationships. People told us how satisfied they were with this. However this was not consistent across the service. We found examples of people who were receiving care from a large number of staff over a short period of time.</i></p> <p><i>All of the people we visited had a personal plan in their homes and copies of personal plans were kept in the service office. The quality of personal plans was mixed. We saw plans which contained a good level of detail. We also found plans which contained generalised, vague statements which would not have been detailed enough for a member of staff visiting an individual for the first time.</i></p> <p><i>We found instances of medication being offered or administered without any reference to this in the personal plan or guidance in place to staff to ensure safe and consistent practice in this area.</i></p> <p><i>The service had recorded seven missed visits since starting in March 2017. The missed log did not consistently record the impact of the missed visit on the person receiving the service or any follow up actions with the individual and their families (See recommendation 1).</i></p>		
<b>Quality of Staffing</b>		<b>3</b>	<b>First inspection</b>
The quality of the staff, including their qualifications and training	<p><b>Requirements – 2</b></p> <p>1 <i>The service provider must ensure that all new staff are fully prepared for the duties they have to undertake.</i></p> <p><i>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services). Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report.</i></p> <p>2 <i>The service provider must ensure that all staff receive training needed to carry out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales.</i></p>		

	<p><i>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report</i></p> <p><b>Recommendations – 0</b></p> <p><b><u>Findings from the Inspection</u></b></p> <p><i>Staff are introduced to the service by a briefing meeting lasting for around 90 minutes followed by the opportunity to shadow experienced staff. The length of shadowing was dependent on previous experience of providing care. Given that people will be involved supporting vulnerable people with complex needs living in the community we questioned whether this limited introduction was sufficient and adequately prepared people for the important work they were to undertake. (See requirement 1)</i></p> <p><i>Training records indicated that training in areas including; medication, adult support and protection, food, hygiene, infection control and dementia care, there were staff who had either not received initial training or where training had not been refreshed within the service providers own timescales. The service provider told us they had difficulty accessing some forms of training in particular adult support and protection training. (See requirement 2)</i></p> <p><i>A rolling programme was in place to support staff to undertake SVQ (Scottish Vocational Qualifications) accreditation. Approximately one third of staff had achieved these qualifications.</i></p> <p><i>We found that staff were being provided one to one supervision to support their development and ensure they were up date with policies and procedures and aware of the expectations of their employer. However supervision was not being provided consistently to staff in line with the services supervision policy. Staff supervision will be looked at in more detail in future inspections.</i></p>		
<p><b>Quality of Management &amp; Leadership</b></p>		3	First inspection
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p><b>Requirements – 2</b></p> <p>1 <i>The service provider must ensure that sufficient staffing is in place to meet the needs of all the people who use this service. Staffing must be organised and scheduled in a way which ensures all service users are receiving consistent support from people with whom they have time to form a working relationship with.</i></p> <p><i>This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of Users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.</i></p>		

*Timescale for implementation: six weeks from the receipt of this report.*

- 2 *The service provider must ensure that effective Quality Assurance methods are in place. This must include:*

*Ensuring people who use the service have access to reviews six monthly or more frequently if individual circumstances require this.*

*Ensuring systems are put in place to routinely monitor staff care practice.*

*Ensuring systems are in place to audit records returned to the service office.*

*This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011/210 Regulation 4 (1) (a) (b) – welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4.*

*Timescale for implementation: six weeks for the receipt of this report.*

**Recommendations – 0**

**Findings from the Inspection**

*Staff told us they felt supported by managers and where they had contacted managerial staff for advice or to pass on concerns these were acted on. Office staff were aware of the support needs of the individuals who received care.*

*Staffing shortages were described as a major issue affecting the service both by management and direct care staff. Staffing shortages effected continuity of staffing described earlier in the report as it was difficult to build small teams supporting individuals using the service. Staff told us they felt colleagues had left due to pressure of work and being asked regularly to take on additional work.*

*The service provider outlines plans to improve both recruitment and retention. Planned changes to staffing rotas were seen as having the potential to improve retention and make better use of the staffing currently available. (See Requirement 1).*

*Assistant Home Care Managers described the vast majority of their time being taken up with ensuring that all rotas were covered on a daily basis. This was described as placing pressure on both office and direct care staff. Weekends were described as being particularly difficult. On a late Thursday afternoon during the inspection staff were working to allocate an outstanding 49 hours of care (120 visits) for the following weekend. This was restricting the time available for quality assurance work vital to ensuring that good standards were being maintained.*

*Managers were not getting the opportunity to visit people in their homes to assess care and review the condition of documentation. (See Requirement 2).*



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SBC						SB Cares					
Service	Date	QoCS	QoE	QoS	QoLM	Service	Date	QoCS	QoE	QoS	QoLM
<b>Care Homes for Older Adults</b>						<b>Care Homes for Older Adults</b>					
Deanfield Care Home	2014	4	3	4	4		2017	5	4	4	4
Grove House Care Home	2014	4	3	4	4		2017	4	3	4	3
Saltgreens Care Home	2014	4	4	4	4		2017	4	3	4	4
Waverley Care Home	2014	4	3	4	4		2017	4	3	5	4
St Ronans Care Home	2014	4	4	4	4		2016	5	5	5	5
<b>Older People Day Services</b>						<b>Older People Day Services</b>					
Oakview Day Centre (OP)	2014	4	3	4	4		2016	4	3	4	4
Deanfield Day Service (OP)	2014	4	3	4	4	Teviot Day Centre (OP)	2016	4	4	4	4
Saltgreens Day Centre (OP)	2013	4	4	4	4		2017	5	4	4	4

Tweeddale Day Centre (OP)	2013	4	4	4	4	2016	4	4	4	4	
Cheviot Day Service (OP)	2014	4	3	4	4	2017	5	3	4	4	
Berwickshire Dementia Day Service (OP)	2014	3	2	2	2	2017	4	3	4	4	
<b>Learning Disability/Physical Disability Day Services</b>						<b>Learning Disability/Physical Disability Day Services</b>					
Lanark Lodge Day Centre (LD)	2014	5	3	5	5	2016	5	5	5	5	
Ability Centre (PD)	2014	4	4	4	4	2016	5	5	5	4	
Katharine Elliot Day Centre (LD)	2013	5	5	5	4	2016	5	5	5	4	
Victoria Park Day Centre (LD)	2013	5	6	5	5	2016	5	5	5	5	
<b>Learning Disability 24 Community Support (HCSS)</b>						<b>Learning Disability 24 Community Support (HCSS)</b>					
Hawick Community Support Service	2014	4	N/A	4	4	2017	5	N/A	N/A	5	
<b>Home Care</b>						<b>Home Care</b>					
Home Care Galashiels	2014	4	N/A	4	4	Home Care West	2017	4	N/A	3	4
						Home Care East	2017	4	N/A	3	4



	Home Care South	2017	3	N/A	3	3
<b>Key</b> Increased Grades 21 Reduced Grades 5 QoCS - Quality of Care & Support						

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## **PROGRESS WITH IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS**

**Report by Finance & Commercial Director**

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### **LIMITED LIABILITY PARTNERSHIP MAJOR CONTRACTS GOVERNANCE GROUP**

**7<sup>th</sup> November 2017**

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#### **1 PURPOSE AND SUMMARY**

**To inform the Major Contracts Governance Group of the progress by the Senior Management Team (SMT) with the implementation of Internal Audit recommendations made and agreed within the SB Cares Internal Audit Annual Report 2016/17 by SBC's Chief Officer Audit & Risk (Appendix 2).**

- 1.1 Internal Audit is an independent appraisal function established for the review of the internal control system as a service to SB Cares. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of resources and the management of risk.
- 1.2 The Internal Audit activity adds value to the organisation (and its stakeholders) when it considers strategies, objectives, and risks; strives to offer ways to enhance governance, risk management and control processes (by way of making audit recommendations); and objectively provides relevant assurance.
- 1.3 SMT has the responsibility for ensuring that agreed audit actions are implemented to address the identified weaknesses and mitigate risks. At Internal Audit Final Report stage the Audit Recommendations are input to Pentana (previously Covalent), the Council's corporate performance management system. This is designed to assist with Management tracking of implementation, to link with relevant risks and to evidence improvement.
- 1.4 Internal Audit performs follow-up activity to check that recommendations have been implemented and to ensure that the new controls had the desired effect on improving internal control and governance, and reducing risk. Internal Audit works with SMT by attending Senior Management Team meetings monthly to address any actions that become overdue and to review risks, and bring any matters to the attention of the Board.

- 1.5 The Table in Appendix 1 highlights the current status with regards SMT implementation of Internal Audit recommendations arising in 2016/17 (as at 18 October 2017) from the Pentana system.
- 1.6 As stated in the Internal Audit Annual Plan 2017/18 approved by the Board on 25 May 2017 the audit work for 2017/18 is designed to encompass:
- (i) review of key business processes for continuity and sustainability and carry out substantive testing of a sample of transactions for completeness and accuracy;
  - (ii) assessment of the arrangements SB Cares has put in place to secure Best Value through the continuous improvement in the performance of its functions; and
  - (iii) follow-up on implementation of previous audit recommendations and agreed Management Improvement Actions.
- 1.7 Further independent and objective audit testing will be carried out on the areas pertaining to the previous audit recommendations and a full year progress report and assurance will be included within the SB Cares Internal Audit Annual Report 2017/18 to be presented to the Board at the conclusion of the year ended 31 March 2018.

## **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Major Contracts Governance Group:-**
- (a) Acknowledges the progress made by SMT in implementing Internal Audit recommendations; and**
  - (b) Considers whether it is satisfied with the progress or whether any further action is required.**

## **3 IMPLICATIONS**

- 3.1 **Financial Recommendations**  
There are no costs attached to any of the recommendations contained in this report. Implementation of Internal Audit recommendations will be complete within current budget.
- 3.2 **Risk and Mitigations**  
All Internal Audit recommendations have been approved and will be implemented in year.
- 3.3 **Equalities**  
There is no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.
- 3.4 **Acting Sustainably**

There are no significant effects on the economy, community or environment.

**3.5 Carbon Management**

No effect on carbon emissions are anticipated from the recommendation of this report.

**3.6 Rural Proofing**

It is anticipated there will be no adverse impact on the rural area from the proposals contained in this report.

**4 CONSULTATION**

- 4.1 The SB Cares Board and Senior Management Team have agreed the Internal Audit Recommendations.

**Author(s)**

Name	Designation and Contact Number
Jen McPhail	Finance & Commercial Director
Jill Stacey	Chief Officer Audit & Risk, Scottish Borders Council

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## Appendix 1

Recommendation / Area of Improvement	Status Update
<p>5.1 The documents (provided to SMT in detail within Appendix 1 of the full report) should be reviewed by SMT and formally signed-off by relevant parties with a complete set held by both SBC and SB Supports LLP. (Priority 3)</p>	<p>Responsible Officer: Philip Barr, Managing Director            Completion Date: July 2017; revised to March 2018            85% complete - Note: Monthly meetings held with HR, Finance, IT, Business Management and Fleet and ad hoc meetings with other support services e.g. Property, to ensure business relationships are effective. Sign-off of HR and Finance SLAs are dependent on full implementation of Business World.</p>
<p>5.2 SMT should implement the more specific recommendations relating to Payroll (provided to SMT in detail within Appendix 2 of the full report). (P3)</p>	<p>Responsible Officer: Lynne Crombie, Operations Director            Completion Date: November 2017            75% complete - Note: SBC's Corporate Fraud &amp; Compliance Officer is providing assistance on process and has met with Service Managers. Next step: re-issue guidelines.</p>
<p>5.3 The original Business Case and Business Plan forecasts should be compared with up to date, more accurate data and the targets revised accordingly in agreement with the Board and the SGG. (P2)</p>	<p>Complete</p>
<p>5.4 The Transformation Tracker Document should be developed to include whole of programme and individual projects income and costs and clear Return on Investment (ROI) information. (P3)</p>	<p>Responsible Officers: Paul Cathrow, Service Development Manager / Jen McPhail, Finance and Commercial Director            Completion Date: Sept 2017; revised to December 2017            0% complete - Note: The Management Accounts include comments on key projects savings; SMT review the Transformation Tracker monthly to evaluate progress on delivery. It is proposed that an outline of the Transformation Tracker format will be presented to the Board in December 2017 for consideration.</p>
<p>5.5 Balance Sheet Analysis and Cashflow Statements should be added to the routine reporting and Management Accounts developed to maximise transparency and comparability. Ratio analysis should be carried out. (P3)</p>	<p>Responsible Officer: Jen McPhail, Finance and Commercial Director            Completion Date: December 2017            80% complete - Note: The Management Accounts format for 2017/18 includes Balance Sheet Analysis and Cashflow Statement which are presented to SB Cares Board and the Council's LLP Strategic Governance Group. Ratio analysis is still to be developed.</p>

Recommendation / Area of Improvement	Status Update
5.6 SMT should carefully consider what aspects of performance should be measured and how to measure them in order to deliver meaningful management information. (P3)	Complete
5.7 SMT should again request support from performance specialists within the Council to complete the Performance Framework. (P3)	Complete





**Chief Officer Audit & Risk SBC**  
**Jill Stacey**  
**Ext. 5036**



**SBC Internal  
Audit Section**

**Auditors: Lavinia Campbell, Chris Hurt and Ian Wallace**

# **SB Cares Internal Audit Annual Report 2016/17 Executive Summary**

**to**

**SB Cares Board**

**19 May 2017**

SB Cares Board 25 May 2017

## 1 Introduction

- 1.1 This is the second internal audit of SB Cares since it was established on 1 April 2015 as an arms-length external organisation (ALEO) majority owned (99%) by Scottish Borders Council. It was set up to provide a number of adult care services: Care at Home; Residential Care; Extra Care Housing; Border Care; Older Peoples' Day Services; Learning Disability Services; and Borders Ability Equipment Store (BAES).
- 1.2 The ALEO was set up under the LLP structure as it was deemed the most appropriate for the purpose for which it was created. A combination of savings targets, growing cost pressures, changing legislation and increased demand were the driving factors behind its conception. To continue to deliver these services in-house was deemed unsustainable as the actual cost of delivering the services was over £1million in excess of its available budget.
- 1.3 SBC was required to make £5.6million additional savings in Social Work over 5 years, face additional cost pressures of Self Directed Support (SDS) and plan for a forecast 11% increase in demand for services; all set against a changing social work environment of Health & Social Care Integration and commissioning and legislation that required all clients to move towards SDS.

## 2 Audit Scope

- 2.1 The scope of this audit work, specified in the SB Cares Internal Audit Plan 2016/17 approved by SB Cares Board on 24 November 2016, involved assessment and evaluation of the following areas:
  - Corporate Governance: To establish that the governance framework that has been put in place is effective and that roles and responsibilities have been established, are clearly defined and are being fulfilled and whether the governing bodies are receiving sufficient management reporting and information to be able to effectively make decisions, challenge and review.
  - Financial Governance: To establish whether the systems and controls have been put in place and that they are effective (including segregation of duties, reconciliations, and authorisations). Two discrete pieces of work on areas that Management requested for review (Income and Payroll).
  - Financial Management: To review financial management and assess whether assurance, provided through financial reporting, is delivered to Management and governing bodies and is sufficiently useful and transparent to enable effective decision making.
  - Performance Management: To establish whether appropriate performance management arrangements are in place which recognises both the strategic and operational objectives of the Company as well as the contract monitoring requirements of the Council's Adult Social Care service.
  - Follow up on previous audit recommendations and Management Improvement Plan agreed at conclusion of previous Internal Audit review. This included the following development areas: Payroll; Home Shopping, BAES and Management Accounts.

### 3 Management Summary

#### Corporate Governance and Reporting

- 3.1 SB Cares has an established corporate governance framework with defined roles and responsibilities. It is run by a Senior Management Team who report to SB Cares Board (the Board) then to the Council's LLP Strategic Governance Group (SGG). Through the SBC Scheme of Administration (Amended January 2017) the role of the SGG is defined and certain matters reserved for approval by Full Council. The Minutes of the SGG are presented at each Council meeting. Both the Board and the SGG meet regularly (Board monthly and SGG quarterly) following a defined Schedule of Meetings, have formal Agendas and Minutes taken.
- 3.2 During the course of the audit the group structure was summarised and a list was compiled, and provided to Management in detail within Appendix 1 of the full report, of the full set of associated Partnership Agreements, Contracts and Service Level Agreements (SLAs) that define the obligations of each entity and the services that SB Cares will provide. Some of the SLAs remain to be finalised and, as SB Cares Management are not aware of the exact content of some, they cannot be used to best effect. Management have told us of their intention to review these over the next few months to ensure that SB Cares meet the business need. We would support this proposed action and further recommend that the full suite of documents be formally signed off following review by relevant parties and a complete set be held by both SBC and SB Supports LLP. **(Recommendation 5.1)**
- 3.3 SB Cares LLP risk register is still in draft and has never been finalised. Management are taking steps to address this.
- 3.4 From our review we found that the Board and the SGG are generally effective in fulfilling their roles as far as they can be within the confines of the information that is made available to them in terms of its transparency and usefulness for analysis, decision making, scrutiny and review.
- 3.5 We found that some of the reporting to the SGG took on a more positive tone which may not reflect the degree of concern that the Board have relating to delivering the Business Plan or the financial targets.

#### **Conclusion and Audit Opinion**

The governance framework is in place and we consider that the governing bodies are generally effective. However they are hindered in their effectiveness by a number of factors:

- a lack of complete business information to the Board and the SGG (due to lack of quality information available) to make fully informed decisions and fulfil their review scrutiny and challenge role;
- a lack of strategic direction and SB Cares not being fully engaged as an equal Partner within the working arrangement by the commissioning bodies (Integration Joint Board through to the Council's Adult Social Care service);
- a mix of non optimal use by SB Cares of support services SLAs and insufficient support for SB Cares in terms of resource, skills, expertise and investment from SBC;
- SB Supports LLP are working within a very lean structure; and
- the Performance Management Framework that would facilitate performance reporting and contract monitoring is still under development and it relies on good quality information which is lacking.

## Financial Governance

3.6 The Financial Governance testing undertaken this year was a high level review through discussions with Management of the controls in place and their efficacy with limited testing on: Balance Sheet Reconciliations (to verify existence and segregation of duties); Creditors (to verify accuracy and authorisations); Income received (to verify accuracy of recording); Payroll (to verify the effectiveness of the processes in place leading to the calculation of gross pay). With the exception of Payroll (the findings of which are expanded upon in 3.7), from the samples that we reviewed we found that the controls were effective in these areas.

### 3.7 Payroll

A discrete piece of work was carried out on Payroll to establish the workflows, the existence and effectiveness of internal controls and to assess opportunities for simplifying the end-to-end process. We found that although segregation of duties and authorisations are in place, weaknesses and inefficiencies exist. From our review we found that the Payroll system and processes are not sufficiently transparent to facilitate and enable the necessary reconciliations and forecasting. The HR Shared Services SLA (HRSS SLA) remains in draft and has not been signed off and the Management Improvement Actions of the previous audit remain to be implemented. Our Findings and Recommendations on Payroll have been provided to Management in detail within Appendix 2 of the full report. **(Recommendation 5.2)**

### **Conclusion and Audit Opinion**

From the high level limited testing that we carried out this year we established that the systems and processes have been put in place and the systems of internal control have been established. Improvements have been made since we previously audited SB Cares. However more substantive testing needs to be carried out to be able to provide Management with a greater level of assurance on the effectiveness of the systems of internal control. From the more detailed work that we carried out on Payroll we identified some areas of weakness and inefficiency where improvements could be made.

With the agreement of SB Cares Management and the Board we intend to focus on the effectiveness of the systems of internal control and undertake a greater degree of substantive testing and tests of internal controls within the Internal Audit programme of work for 2017/18.

- 3.8 The Business Plan 2016/17 and now 2017/18 sets out the financial projections for the 5 year period and the contribution to be made and returned to the Council by discount to the contract. It was to be achieved through a number of activities designed to increase income and decrease in costs.
- 3.9 The income projections contained within the Business Plan derive from commissioned work undertaken on the original Business Case and were subject to market penetration and sensitivity analysis. The modelling was based on 3 scenarios of income generation and each scenario tested against the market penetration needed to meet the turnover forecast. The likely market was an unknown and the assumed market share is based on % of population over 65 years and 55 years old for the two main new business streams identified.
- 3.10 The two main identified opportunities for new income generation in 2016/17 were maximising opportunities for Alarm Rentals and Equipment Sales. We consider that the analysis carried out and the assumed projections arrived at requires further work.
- 3.11 At this point it would be prudent for Management to re-visit the Business Case and perform an assessment against the current Business Plan and performance to identify whether the assumptions in the Business Case were accurate and whether the methodology used to project forecasts is still considered to be appropriate, robust and accurate; to identify any implications from the changes and developments that were not factored into the Business Case and to remind themselves of some of its key messages and evaluate their plans and projects designed for both efficiencies and income generation against the original projected figures.
- 3.12 We have made a recommendation that, once the accurate cost information is available and SB Cares Management have reviewed and analysed the income projections and efficiency savings in the original Business Case to ensure that they are still realisable from their programme of projects, the projected profit margins are re-calculated and the Business Plan updated with the restated figures and targets. **(Recommendation 5.3)**
- 3.13 A Transformation Programme of Projects was set up at the start of 2016 designed to manage delivery of the projects responsible for delivering the contribution. The Transformation Programme Brief (approved by the Board June 2016) identified the following “Enablers” required for delivery of the Business Plan: Completion of Activity Based Costing (ABC) per unit and forecasts for all services; continual review of savings and investment targets; roll out of forecasts and training to managers; development of forecasting and business intelligence tools. These enablers are still in the process of being developed and until they have been effective business and financial management and planning is not possible.
- 3.14 The Transformation Tracker Document is reported to the SGG and identifies projects, planned financial impact, full year effect and includes both a RAG status for delivery and a RAG status for financial target. In the interests of transparency and to aid review scrutiny and decision making we recommend that the Tracker be developed as a monitoring and reporting tool to include whole of programme / project income and costs (per project), with justification for the figures linked to detailed income and cost analysis based on realistic and justifiable criteria that has been subject to scrutiny. The inclusion for the project on the Transformation Programme should be clearly justified and evidenced, to include robust cost benefit analysis data. **(Recommendation 5.4)**

- 3.15 Budget Monitoring takes place and the resultant report is a standing item on the SGG agenda. Management Accounts have been developed and are presented at each meeting of the Board.
- 3.16 Our previous audit identified Management Accounts and reporting as an area for development by the end of March 2017. We found that though Management Accounts are being produced and presented to the Board, they don't yet contain all the information that Management and the Board required for effective decision making and the SGG for scrutiny, challenge and review. Transparency and comparability is required so that the figures reported within the Management Accounts are easily traceable to the Business Plan, Transformation Tracker and Financial Statements.
- 3.17 We recommend that Balance Sheet analysis and Cashflow Statements be added to the routine reporting and (following completion of Recommendation 5.3) that Ratio Analysis (profitability and liquidity) is introduced. **(Recommendation 5.5)**
- 3.18 Reporting from the Board to the SGG must ensure it presents an accurate picture and provide the detailed quality information to facilitate effective review, scrutiny and challenge and enable effective decision making and performance monitoring. Care should be taken to avoid over positive language that may present a distorted impression of risks and performance.

### Conclusion and Audit Opinion

Target contribution for 2016/17 was only met due to the one-off stock capitalisation which will not be available for future years. The 2017/18 target contribution is at risk of not being met. The income and efficiencies projections forecast in the original Business Plan appear to be too ambitious in terms both time and amount.

Reliance has been placed on the assumptions within the Business Case based on the market penetration and sensitivity analysis carried out by the contractors. These assumptions formed the basis by which the projected figures for income and contribution were arrived at, that informed the resultant Business Plan. The market penetration and sensitivity analysis were high level and the assumptions arrived at based on unknowns. Further due diligence and management of unknowns is required on which to base reliable financial targets before the figures make it onto an approved business plan.

The income projections require further analysis to determine accurate profit margin projection figures and this can only be done once the associated cost per unit is known. Slow development of the necessary costing models means that the information is not yet available to accurately calculate projected profit margins. Additionally the cost to bring the product / service to market needs to be established and factored. Projected Efficiencies based on the 4 cases requires further review to identify whether they are achievable within the environment in which SB Cares operates.

The Transformation Tracker document needs to cover whole of project /programme not just in year and evidence clear justification for the projects inclusion in the Programme supported by ROI (Return on Investment) data.

Management Accounts and Budget Monitoring are in place but require to be further developed to enhance transparency and comparability. The quality of the Management Accounts and Budget Monitoring relies on improvements to the quality and accuracy of information available. This should be improved by the introduction of Zero Based Budgeting and Activity Based Costing models that Management intend to develop and introduce for 2017/18.

## Performance Management

- 3.19 Effective performance management is fundamental to guiding the company in achieving not only its own strategic objectives but also its contribution towards those of the council. And it provides the basis for contract management with SBC.
- 3.20 From our review we found that a Performance Management Framework is being developed although insufficient specialist resource is obstructing progress. Agreed KPIs and metrics are not yet in place that deliver meaningful management information to monitor the strategic and operational objectives and practices of SB Supports LLP and also its contribution towards the wider objectives of the Council's Adult Social Care service. SB Supports LLP is unable to demonstrate full compliance with contract specifications through the production of specified KPIs.
- 3.21 Overall the absence of effective performance monitoring is detrimental both to the business planning process and efforts to target and improve operational efficiency and service quality. We have made two **Recommendations (5.6 & 5.7)** relating to progressing development of the performance management framework and deciding what aspects should be measured to provide them with meaningful information to fulfil their strategic and contractual obligations and to facilitate monitoring of their performance for business planning. Without it in place it is not possible to evidence best value, nor obligations under the contract.

### Conclusion and Audit Opinion

The Performance Management Framework has not been fully developed and so effective performance monitoring and contact monitoring cannot take place.

## 4 Overall Summary and Conclusion

- 4.1 SB Cares Business Plan sets out its 3 Strategic Aims which are: Quality; Efficiency and Business Growth. As it cannot differentiate on cost (because its costs are higher than its competitors owing to the additional services that it is required to provide such as step-in as Provider of Last Resort (POLR) and attending visits in outlying locations which are unprofitable), it aims to be the provider of choice. So to achieve this and be successful it needs to deliver on quality over its competitors.
- 4.2 It must be recognised the contribution that SB Cares and SB Supports staff have made. SB Cares have been working very hard to ensure the success of the commissioned venture, often in uncharted territory with limited resources to do so. SB Cares have been delivering the service to a quality standard as recognised by the Care Inspectorate within the reduced budgets that were agreed. The challenges are the financial constraints, cost control and achieving further efficiencies, income generation, and insufficient specialist resources to deliver a commercial / public service hybrid venture. Improvement action is likely to be in the 'spend to save' arena and sufficient investment with the right people in place will maximise the chances of success.
- 4.3 The SBC Internal Audit function conforms to the professional standards as set out in Public Sector Internal Audit Standards 2013 (PSIAS) including the production of this report to communicate the results of the audit work.
- 4.4 We would like to thank those officers who assisted us during our review.

## 5 Recommendations

Recommendations in reports are suggested changes to existing procedures or processes. The grading of each recommendation reflects our risk assessment of non-implementation, being the product of the likelihood of the risk materialising and its impact. The gradings are:

**Priority 1** – Arising from a finding which leaves SB Cares open to a very high risk of not achieving its strategic objectives, and where the risk is sufficiently significant to require immediate action within one month of formally raising the issue.

**Priority 2** – Arising from a finding which leaves SB Cares open to significant risk of not achieving its strategic objectives requiring reasonably urgent action within three months of formally raising the issue.

**Priority 3** – Arising from a finding which leaves SB Cares open to moderate risk of not achieving its strategic objectives requiring action within six months of formally raising the issue to improve efficiency, effectiveness and economy of operations.

Ref No	Recommendation / Area of Improvement	Priority	Agreed Management Action
5.1	The documents (provided to Management in detail within Appendix 1 of the full report) should be reviewed by Management and formally signed-off by relevant parties with a complete set held by both SBC and SB Supports LLP.	P3	Responsible Officer: Philip Barr, Managing Director Completion Date: July 2017
5.2	Management should implement the more specific recommendations relating to Payroll (provided to Management in detail within Appendix 2 of the full report).	P3	Responsible Officer: Lynne Crombie, Operations Director Completion Date: November 2017
5.3	The original Business Case and Business Plan forecasts should be compared with up to date, more accurate data and the targets revised accordingly in agreement with the Board and the SGG.	P2	Responsible Officer: Philip Barr, Managing Director Completion Date: July 2017
5.4	The Transformation Tracker Document should be developed to include whole of programme and individual projects income and costs and clear Return on Investment (ROI) information.	P3	Responsible Officers: Paul Cathrow, Service Development Manager / Jen McPhail, Finance and Commercial Director Completion Date: September 2017
5.5	Balance Sheet Analysis and Cashflow Statements should be added to the routine reporting and Management Accounts developed to maximise transparency and comparability. Ratio analysis should be carried out.	P3	Responsible Officer: Jen McPhail, Finance and Commercial Director Completion Date: December 2017
5.6	Management should carefully consider what aspects of performance should be measured and how to measure them in order to deliver meaningful management information.	P3	Responsible Officers: Philip Barr, Managing Director / Lynne Crombie, Operations Director Completion Date: July 2017
5.7	Management should again request support from performance specialists within the Council to complete the Performance Framework.	P3	Complete

**Jill Stacey**

Chief Officer Audit & Risk, Scottish Borders Council






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## **NEW SERVICE DEVELOPMENTS**

**Report by the Operations Director**

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### **LIMITED LIABILITY PARTNERSHIP MAJOR CONTRACTS GOVERNANCE GROUP**

**7<sup>th</sup> November 2017**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **To update the Major Contracts Governance Group on the new services currently being developed.**
- 1.2 **Craw Wood Care Home**
- 1.3 SB Cares has been asked to open a Discharge to Assess unit using Craw Wood Care Home in Tweedbank. This facility is being opened in an attempt to mitigate some of the anticipated winter pressures on NHS in-patient beds. The building is owned by Eildon Housing Association and was previously a dementia specialist care home, built in the mid 90's and closed in 2015, but used again temporarily for 18 months until August this year. The aim is to have the service available by 1<sup>st</sup> Dec and earlier if all required resources are in place.
- 1.4 We have secured agreement from the Care Inspectorate to extend the existing Waverley Care Home registration on a temporary basis until 30<sup>th</sup> April 2018. Over the coming weeks further discussion will take place with NHS and SBC colleagues to develop longer term options for providing this type of model.
- 1.5 Clearly this is a significant undertaking within what is a very short timescale and to enable SB Cares to have the resources to respond to this request we have engaged Julie Glen from GMR Care Consultancy to lead on the setting up and opening of the service.
- 1.6 **Health Care Support Workers Project**
- 1.7 In September 2016 due to continues pressure on home care services, originally in the Tweeddale area, the Chief Executives of SBC and NHS requested that NHS recruit Health Care Support Workers to support rapid discharge from hospital for those waiting for Home Care in the Tweeddale area.

- 1.8 A working group, led by NHS colleagues, was set up to agree the role, responsibilities, processes and governance which need to be in place for these workers to increase availability of support in the community to enable discharge from hospital. The area deemed to be most critical was changed to Berwickshire by Social Work colleagues, which was not the area we felt to be in most need.
- 1.9 For a variety of reasons the Health Care Support Workers have just been interviewed and are now going through the appointment process. There are still outstanding governance issues to be resolved, a need to strengthen the processes for allocating work and day to day management arrangements are not in place. Project Management has now been allocated to ensure a more structured approach to this project and regular meetings are now planned to ensure more rapid progress. Our Operations Manager is taking a lead in overseeing the development of this model with our NHS/SBC colleagues and there are weekly operational meetings at the Knoll hospital where our Home Care Manger is part of the multi-disciplinary team implementing this model.
- 1.10 **Coldstream Community Model (previously referred to as the Buurtzorg model)**
- 1.11 Since the joint visit to Holland to experience the Buurtzorg model there have been several meetings involving NHS, SBC and SB Cares manager and staff, including a workshop involving the nursing and SB Cares Home Care staff teams.
- 1.12 Progress on a practical level has been slow due to a number of factors; however a paper is being presented to the IJB with an update on the development of the model, in which a request has been made for project management support to speed up the progress. Please see Appendix 1.
- 1.13 **Enablement**
- 1.14 Social Work are in receipt of the SB Cares Enablement Service proposal and the anticipation is that this proposal will be presented to EMT for approval on 27<sup>th</sup> October. As soon as the model and associated funding has been approved we will develop the finer details of the proposal and move to implementation of the model within our Home Care service.

## **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Major Contracts Governance Group:-**
- (a) Note the request to open the Discharge to Assess care home**
- (b) Note the ongoing collaboration with NHS/SBC on the new Home Care models**
- (c) Note the Enablement proposal is being presented to EMT for approval**

## **3 IMPLICATIONS**

3.1 **Financial Recommendations**

None as all funding requirements for each different service model are being met by other parties for each project.

3.2 **Risk and Mitigations**

Minimal risk at the additional costs being incurred by SB Cares in connection with Craw Wood might not be met by ICF funding, however this is mitigated by the fact that all costs are being channelled through SBC budget code as agreed with SBC Senior Management.

3.3 **Equalities**

N/A

3.4 **Acting Sustainably**

N/A

3.5 **Carbon Management**

N/A

3.6 **Rural Proofing**

N/A

**4 CONSULTATION**

4.1 SB Cares Board and Senior Management Team have been kept updated at every stage on progress around new service developments.

**Author(s)**

Name	Designation and Contact Number
Lynne Crombie	Operations Director

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## **Integrated Joint Board**

### **Buurtzorg (neighbourhood care) in the Borders**

#### **Summary of Progress and Recommendations for Next Steps**

##### **1. *What is Buurtzorg?***

Buurtzorg in Dutch means neighbourhood care. This approach to care in the community was developed over a decade ago in the Netherlands. It has key principles which include a nurse led approach to integrated and holistic care, with teams of no more than twelve, who self-manage to care for a client caseload in a local community.

The model aims for clients to achieve independence working with informal and formal networks depending on the client need. This has been very successful in the Netherlands and Buurtzorg teams are now delivering care across the country through over 10,000 teams. This approach focuses on supporting the staff delivering care by reducing bureaucracy, providing an enabling IT infrastructure and 'back office' support for the teams to maximise contact time with clients.

It has proved very successful in the Netherlands with evidence of improved outcomes for clients, increased satisfaction for both staff and clients.

##### **2. *A Borders Approach to Neighbourhood Care***

Since July last year we have been introducing this concept to the Borders. This has been supported by Healthcare Improvement Scotland (HIS) who have been commissioned by Scottish Government to link and engage with early adopters of this model in Scotland. We are in a national network of areas that are testing this model which include Aberdeen, Highland and a care agency called Cornerstone. We are one of four areas who are actively progressing this model.

During 2016 we held three events in our communities with open invitations to our population as well as our staff. In the events held in Coldstream, Hawick and Galashiels we had over 150 attendees from a mix of carers, those receiving care, third sector organisations, members of the local communities and staff from SBC, NHS and SB Cares. At these events the model was introduced by a Buurtzorg Nurse and then we held facilitated conversations about what this would mean in the Borders. There was a lot of enthusiasm about testing this model and it was decided that we would start in the Coldstream area.

In June this year a study trip, which included the Chief Executives of both SBC and NHS Borders, nurses, SB cares director and a carer went to the Netherlands to learn more about the model to translate this into local implementation.

In Borders the aim is clear that this is an integrated model of care which focuses on building a relationship with the client to provide holistic and outcomes based approach to care.. This is in partnership with SBC, NHS, SB Cares and those receiving care.

##### **3. *Why Buurtzorg?***

Integration is a key policy driver both at strategic level and point of care delivery. Evelyn and Jean who are both receiving both health and social care, in their individual homes, have shared some of their experiences. They were both happy with the care provided but their comments provide some insights about the challenges of integrated care from the perspective of the person receiving care.

Evelyn's comments:

- 'I know all my carers but not by name and I enjoy having a bit of fun with the lasses'
- 'I have no idea how much care I get, nurses come in the morning and carers through the day for meals'
- 'Nurses and carers are always rushing between jobs, they don't have time to sit and chat.'

Jean's comments

- 'Communication is a great disappointment'
- 'It is very difficult to keep in good communication with nurses and carers'
- 'Time is of the essence so I can't often communicate about important things as I don't want to take time'

There are a small group of people in every locality, like Evelyn and Jean, in the Borders who receive both health and social care. Our aim is to test this model in the Coldstream to integrate care and share learning to spread this across the Borders population.

#### **4. How have we approached this in Coldstream?**

##### **a. Executive support**

Our Chief Executives have met with the teams in Coldstream (NHS, SBC and SB Cares) and made clear the permission they have given to progress and explore how this model of care can be introduced in our local context.

##### **b. Supporting Local Teams to Work Differently**

In August we had support from Public World, a consultancy that are contracted by HIS to provide facilitation and implementation expertise (along with a Buurtzorg Nurse) to work with the Coldstream team for three days and explore in detail how to progress this model. In these three days all SB Cares and the District Nurse team met together to explore local solutions to integrate care. Due to the challenges of local workforce we were unable to provide any additional capacity and the teams had to ensure clients continued to receive care, this led to difficulties in having the whole team together at any one time. However, the team decided to work together on one individual (Evelyn above) to explore different ways of integrating care.

##### **c. Impact on Evelyn**

Evelyn is an insulin dependent diabetic who received her insulin in the morning from the district nurse team and then carers are in four times a day to support with meals and some personal care. The teams decided that the District Nurses would make Evelyn her breakfast when visiting to administer her insulin. Over a three week period, Evelyn has progressed from a dependency (sitting

waiting for breakfast to be made) to being able to make this herself. This has been due to the additional investment in time during this morning visit, establishing a relationship with Evelyn to enable her to become more independent. This is a small example of how this approach can be beneficial by improving quality of interaction which has the potential to lead to improved outcomes.

## **5. Our Partnership Approach**

This has been a partnership approach from the outset, firstly with our communities and then between our organisations. We have held several meetings with NHS, SBC and SB Cares colleagues including senior staff and team leaders. They have created a shared vision of our aims in implementing a Buurtzorg model of care:

‘A shared and integrated approach to building and sustaining our communities. This model will catalyse creative solutions to achieve meaningful outcomes through effective communication and **real** team work.’

We have also, in partnership, developed an organisational framework with the key principles that teams will be working towards (Appendix 1). Through this we are aiming to transcend our traditional organisational boundaries and provide seamless and integrated services from the perspectives of those receiving care.

We have also listed our proposed evaluation framework which requires us to see health and social care as a whole system without boundaries. For example the financial framework for care in the locality needs to be evaluated as well as the individual components. We need to move towards an outcomes based approach to care and measure this as well as the processes and tasks that are currently more easily measured. See appendix 2 for the proposed evaluation framework.

## **6. Recommendations**

- To note progress to date on Buurtzorg in the Borders
- To approve the organisational framework within which the teams will operate
- To consider providing project management and project officer support to help to create conditions for success through supporting care teams to break the boundaries of our traditional care models and cut through the bureaucracy that reduces client facing time. This will also support an increased pace of change and improvement.

Erica Reid,

Lead Nurse for Community.

October 2017

Appendix 1 – Organisational Framework

<b>Good Quality Care</b>	<b>Staff Wellbeing</b>	<b>Financial Health</b>
Holistic and person-centred	Appropriate staffing levels	Commissioning Framework
One vision	Clear expectations, well defined	Performance Framework
One Team	Small teams	Clarity
Working to National Care Standards across both health and social care, eg Care Inspectorate	Joint responsibility for care	Local Management
Working in partnership with the client	Work life balance	Joint Responsibility
All staff with appropriate and up to date registration and/or training	Trust each other	
One single point of contact to discuss care provided	Well resourced	
Effective communication with patients – staff listen	Trained and Skilled	
Take an outcomes approach		
Expectations discussed and defined with clients		
Collaboration with formal and informal networks		
Shared Care Plans		



## Appendix 2 – Evaluation Framework

### **Draft Proposed Dataset**

#### **Purpose of Dataset**

To provide evidence the Buurtzorg model can be translated into our local context, and can provide holistic, efficient and effective care. By March 2018 this model will have been tested in Coldstream and Greenlaw with the following measures used to monitor progress and define success.

*(Operational definitions to be confirmed.)*

#### **General Measures**

- Number of staff, WTEs across health and social care team for population base
- Financial framework for delivery of care to the population

#### Process Measures

- Patient/client facing time
- Number of service users seen per day/week who receive both health and social care
- Hours of care per service user
- Number individuals visiting each service user per day/week
- Communication between teams and person receiving care
  - Frequency of meetings and quality of communication

#### Outcome Measures

- Number discharged from caseload
- Number of service users with reduced/reducing hours of care
- Service User Experience
- Staff Experience
- Decreased travel time

#### Balancing Measures

- Unplanned staff absence
- Hospital Admissions
- Prevented admissions
- Readmissions
- New referrals

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