Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

10th November, 2026

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 18th November, 2026 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 16th November, 2026.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 23rd September, 2026 is submitted for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC44-2026) for meetings of the Performance and Audit Committee is submitted for noting and updating accordingly.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2026-27 QUARTER 1 - Page 9

(Report No PAC45-2026 by the Chief Officer, copy attached – for noting).

5 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE INTERIM UPDATE - Page 35

(Report No PAC37-2026 by the Clinical Director, copy attached – for noting).

6 QUARTERLY FEEDBACK REPORT – 2nd QUARTER 2026/2027 - Page 39

(Report No PAC40-2026 by the Chief Officer, copy attached – for noting).

7 STRATEGIC RISK REGISTER UPDATE - Page 47

(Report No PAC42-2026 by the Chief Officer, copy attached – for noting).

8 GOVERNANCE ACTION PLAN (PAC41-2026)

The Performance and Audit Committee is reminded that the most recent progress report on the Governance Action Plan was considered at its meeting in September 2026 (Article XII of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23rd September, 2026 refers).

Given the relatively short period since that update and ongoing staffing pressures, there has been limited further progress against individual actions.

As reported in September, officers are working with Internal Audit to review and streamline the Governance Action Plan, including reviewing the continuing relevance of outstanding actions and refreshing the presentation of the plan. This work has progressed but is not yet complete. The outcome of the review and an updated Governance Action Plan will now be presented to the Committee in February 2027.

The Committee is asked to note the limited progress against individual actions, the ongoing review with Internal Audit and the revised reporting timetable.

9 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 79

(Report No PAC38-2026 by the Acting Chief Finance Officer, copy attached – for noting).

10 OUR PROMISE 2023-26 ANNUAL UPDATE - Page 85

(Report No PAC43-2026 by the Chief Officer, copy attached – for noting).

11 ATTENDANCE LIST - Page 97

(A copy of the Attendance Return (PAC36-2026) for meetings of the Performance and Audit Committee held over 2026 is attached for information and record purposes).

12 DATE OF NEXT MEETING

The date of the next meeting will be advised.

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PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated October 2026)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	Recipient
Elected Member (Chair)	Ken Lynn *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Colleen Carlton *
NHS Non Executive Member	David Cheape *
Person providing unpaid care in the area of the local authority	Martyn Sloan *
Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
Chief Social Work Officer	Glyn Lloyd
Chief Internal Auditor	Jocelyn Lyall
Staff Partnership Representative	Raymond Marshall
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – IJB Proxy	Councillor Lynne Short
Elected Member – IJB Proxy	Councillor Roisin Smith
Elected Member – IJB Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Nicky Connor
NHS Non Executive Member – IJB Proxy	Kris Bryce
NHS Non Executive Member – IJB Proxy	Brian Jones
NHS Non Executive Member – IJB Proxy	Linda Martindale
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Joni McBride
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster

Organisation	Recipient
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Jackie Bell
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Pauline Gillen
Health and Social Care Partnership	Angie Smith
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
NHS Tayside	Jayne Smith
NHS Tayside	Russell Wood
Dundee City Council (Members' Support)	Susan Young
NHS Tayside	Orazio Giuffrida
All IJB Members	

ITEM No …3(a)……..

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd September, 2026.

Present:-

Members	Role
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member) - Proxy
Dave BERRY	Chief Officer
Barry HUDSON	For Chief Internal Auditor
Glyn LLOYD	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Non-members in attendance at the request of the Chief Finance Officer:-

Andrew DIFFIN	Dundee City Council
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Lynne MORMAN	Health and Social Care Partnership
Shahida NAEEM	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Russell WOOD	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

David CHEAPE	Nominated by Health Board (Non-Executive Member)
Christine JONES	Acting Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Raymond MARSHALL	Staff Partnership Representative
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 20th May, 2026 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC32-2026, for meetings of the Performance and Audit Committee for noting and updating accordingly.

Following questions and answers the Committee further agreed:

(i) to note that in relation to action 6, work was underway with Internal Audit colleagues with a view to providing an update to the November meeting.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 4

There was submitted Report No PAC30-2026 by the Chief Officer providing an update on 2025-26 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

(i) to note the content of the summary report;

(ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 of the report (tables 1, 2 and 3);

(iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 of the report (table 3); and

(iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:

(v) that further investigation would be made into why there were increased hospital admissions in the final quarter of the last financial year; and

(vi) to note that a decision was still needed on whether two reporting year baselines would be retained.

V MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 4

There was submitted Report No PAC25-2026 by the Chief Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

(i) to note the content of the report, including current performance against the suite of mental health service indicators (section 6 and appendix 1 of the report); and

(ii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

Following questions and answers the Committee further agreed:

(ii) that further information would be provided to Councillor Tolland in relation to the slight decrease in the number of referrals for psychological therapies in the Lochee ward.

VI DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 4

There was submitted Report No PAC31-2026 by the Chief Officer providing an update on the performance of Drug and Alcohol Services.

The Committee agreed:-

(i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2025/2026 (section 6 and Appendix 1 of the report); and

(ii) to note the range of ongoing improvement activity (section 7 of the report).

Following questions and answers the Committee further agreed:

(iii) to note that the new Public Health Consultant would be meeting with all services in relation to issues around non-fatal overdoses; and

(iv) to note the suggestion by the Chief Social Work Officer that a rep from the Scottish Prison Service be invited to an Alcohol and Drug Partnership (ADP) meeting in relation to their compliance with Medication Assisted Treatment (MAT) standards.

VII DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE UPDATE REPORT

There was submitted Report No PAC33-2026 by the Clinical Director providing an update on the current Clinical, Care and Professional Governance position across Dundee Health and Social Care Partnership (DHSCP), highlighting significant governance risks, exceptions, learning and improvement activity identified through local governance arrangements. The report also advised the Committee of the Reasonable Assurance opinion accepted through NHS Tayside Clinical Governance reporting arrangements and highlighted significant governance matters relevant to the Committee's oversight responsibilities.

The Committee agreed:-

(i) to note the current Clinical, Care and Professional Governance position across Dundee HSCP services;

(ii) to note the significant governance risks, exceptions and improvement activity outlined within this report;

(iii) to note that a Reasonable Assurance opinion in relation to Clinical, Care and Professional Governance arrangements has been accepted through NHS Tayside Clinical Governance reporting arrangements; and

(iv) to take assurance that arrangements are in place to identify, monitor, escalate and manage governance risks, quality concerns and learning arising from adverse events, complaints and external scrutiny which may impact delivery of IJB functions and strategic priorities.

Following questions and answers the Committee further agreed:

(v) to note that the Chief Officer was considering what was appropriate to bring back to the Integration Joint Board in relation to the Kingsway Care Centre.

VIII UNSCHEDULED CARE

There was submitted Report No PAC26-2026 by the Chief Officer providing an update on Unscheduled Care Services and Discharge Management performance in Dundee.

The Committee agreed:-

(i) to note the current position in relation to complex and standard delays as outlined in sections 5-8 of the report; and

(v) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

IX QUARTERLY FEEDBACK REPORT – 1ST QUARTER 2026/2027

There was submitted Report No PAC24-2026 by the Chief Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2026/2027. The complaints included complaints handled using the Dundee City Council Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

(i) to note the complaints handling performance for health and social work complaints set out within the report;

(ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting;

(iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld; and

(iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

Following questions and answers the Committee further agreed:

(v) to note the increasingly complex nature of complaints being received due to some complainants using AI and the impact this had on capacity.

X STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC23-2026 by the Chief Officer providing an update in relation to the Strategic Risk Register and strategic risk management activities.

The Committee agreed to note the content of the report, including the Strategic Risk Register Report contained within Appendix 1 of the report.

Following questions and answers the Committee further agreed:

(i) to note that the Development Session on the review of risk appetite scheduled recently did not go ahead due to lack of attendance and this had been rescheduled to take place on 28th October, 2026;

(ii) to note that risks in relation to Public Sector Reform would be included in the next iteration of the Risk Register; and

(iii) that the Chief Officer would liaise with Angie Smith about the issues raised by the Chair in relation to access to records across services.

XI HEALTH AND CARE EXPERIENCE SURVEY 2025/26 ANALYSIS

There was submitted Report No PAC29-2026 by the Chief Officer providing an update on the results from the 2025/2026 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

The Committee agreed:-

(i) to note the content of the report, including the results of the 2025/2026 survey for Dundee Health and Social Care Partnership (appendix 1 of the report);

(ii) to note the longitudinal changes to performance over the last four biennial surveys (section 5); and

(iii) to note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6).

XII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC28-2026 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made against the actions within the Governance Action Plan (contained within Appendix 1 of the report).

Following questions and answers the Committee further agreed:

(i) to note that work was underway to review and consolidate the historic actions and an update would be brought to the PAC meeting in November (as already noted under the Action Tracker discussion).

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC34-2026 by the Chief Finance Officer providing an update on progress of the one remaining review from 2024/2025, the 2025/2026 internal audit plan and mandatory audits from the 2026/2027 plan.

This report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee noted the ongoing work on the 2024/2025, 2025/2026 and the 2026/2027 plan.

XIV INTERNAL AUDIT PLAN 2026/27

There was submitted Report No PAC35-2026 by the Chief Finance Officer seeking approval of the 2026/2027 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and to agree the appointment of the Chief Internal Auditor for the financial year. This would be the eleventh year of Fife, Tayside and Forth Valley Internal Audit Service (FTF) providing the lead role, with the annual plan delivered jointly by the NHS Tayside and the Dundee City Council internal audit teams.

The Committee agreed:-

(i) to the continuation of FTF as the IJB's lead internal auditors;

(ii) the continuation of the Chief Internal Auditor arrangement for 2026/2027;

(iii) to approve the 2026/2027 Annual Internal Audit Plan; and

(iv) to review and approve the updated Internal Audit Charter as set out in Appendix 1 of the report.

XV BEST VALUE ARRANGEMENTS & ASSESSMENT 2025/26

There was submitted Report No PAC27-2026 by the Chief Finance Officer providing assurance that the Integration Joint Board and partners had arrangements in place to demonstrate that Best Value was being achieved.

The Committee agreed:

(i) to note the content of the report and the full Best Value assessment as set out in Appendix 1 to the report; and

(ii) to note that the outcome of the assessment provided assurance that Best Value was being achieved through the Integration Joint Board's governance arrangements and activities.

XIV ATTENDANCE LIST

There was submitted a copy of the Attendance Return PAC36-2026 for meetings of the Performance and Audit Committee held to date over 2026.

The Performance and Audit Committee agreed to note the position as outlined.

XV DATE OF NEXT MEETING

The Performance and Audit Committee agreed to note that the next meeting of the Performance and Audit Committee would be held remotely on Wednesday, 18th November, 2026 at 10.00am.

XVI VALEDICTORY

Dave, on behalf of the Performance and Audit Committee , expressed thanks to the Chair for his contribution and leadership over the past few years.

Bob BENSON, Chairperson.

ITEM No …3(b)……..

PAC44-2026

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – SEPTEMBER 2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	04/02/26	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2	discussion to take place with the Chair about whether development time for the IJB was required on Drug and Alcohol Services.	Chief Officer	September 2026	Confirmed - to be scheduled for early in 2027 development session programme.
2	04/02/26	XI	GOVERNANCE ACTION PLAN PROGRESS REPORT	that a discussion would take place with Internal Audit colleagues about any areas that were becoming a significant risk to governance.	Chief Officer	~~September 2026~~ January 2027	In Progress – see agenda note PAC 41-2026
3	20/05/26	VIII	SELF ASSESSMENT ANNUAL REVIEW OF 2025/26	that benchmarking would be explored with colleagues across Tayside.	Acting Chief Finance Officer	June 2027	Not yet due. Ongoing – to be discussed with colleagues
4	20/05/26	VIII	SELF ASSESSMENT ANNUAL REVIEW OF 2025/26	that the greater involvement of PAC members in the self-assessment process would be explored with Internal Audit colleagues.	Acting Chief Finance Officer	February 2027	Not yet due. Ongoing – to be discussed with Internal Audit colleagues
5	20/05/26	X	STRATEGIC RISK REGISTER UPDATE	that a date for a development session to review the risk appetite would be arranged and an update provided to a future IJB meeting.	Acting Head of Service, Strategic Services	~~September 2026~~ December 2026	Complete – session held on 28 October 2026.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
6	23/09/26	IV	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 4	that further investigation would be made into why there were increased hospital admissions in the final quarter of the last financial year	Lead Officer (Quality, Data and Intelligence)	February 2027	Not yet due. In progress - initial consideration of further analysis within relevant team.
7	23/09/26	X	STRATEGIC RISK REGISTER UPDATE	that the Chief Officer would liaise with Angie Smith about the issues raised by the Chair in relation to access to records across services	Chief Officer	November 2027	Not yet due. Ongoing – to be discussed with colleagues

ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 18 NOVEMBER 2026**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2026-27 QUARTER 1**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC45-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2026-27 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the content of this summary report.

2.2 Note the revised presentation of data and the plans for continued dashboard development.

2.3 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 2 (tables 1a and, 2).

2.4 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 2.

2.5 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 1.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting year and the preceding five reporting years. For Quarter 1 2026-27, quarterly performance reports performance is measured against the 2021-22 baseline year.

5.0 Modernisation of Performance Monitoring Approach

5.1 This report is the first iteration in a planned modernisation of how performance is reported to committee and aims to increase efficiencies and automation of data processing in order to maximise analytical capacity within the Quality, Data and Intelligence Team.

5.2 Performance monitoring is progressing towards the utilisation of interactive dashboards as a replacement of word documents. The preparation of Microsoft Word documents containing charts and analysis is resource demanding and is limited in the level of information which can be conveyed. A quarterly performance report dashboard has been developed using PowerBi and the intention is for this dashboard to support future reporting the PAC.

5.3 At this stage of the process a download of the dashboard has been utilised to form Appendix 2 of this report. The dashboard download replicates the information previously reported via the construction of Microsoft Word documents. A briefing session will be provided to IJB members in 2027 regarding the development and use of the data dashboard prior to any further changes being made to the reporting format.

6.0 QUARTER 1 PERFORMANCE 2026-27 – KEY ANALYTICAL MESSAGES

6.1 Key analytical messages for the Quarter 1 2026-27 period are:

- Significant variation by Local Community Planning Partnership (LCPP) continues, with poorest performance for many of the National Indicators in the most deprived LCPPs (see Table 2, Appendix 2).

Performance against the 2021-22 baseline (see Table 1a, Appendix 2)

- Performance is poorer than the baseline year for emergency admissions, bed days per 100,000 people aged 18+ and rate of 28-day readmissions per 1,000 admissions of people aged 18+
    - The rate of emergency admissions has increased in all LCPP areas (overall increase of 19%), with the highest increases in The Ferry (28%), followed by Strathmartine (15%).
    - The rate of 28-day readmissions has increased by 5.5% (deterioration). Coldside (22%) and West End (21%) had the highest increases. There was an improvement in North East (8%), Strathmartine (6.4%) and East End (3.4%).
- Performance has remained stable for the rate of falls-related hospital admissions per 1,000 people aged 65+.
    - There were improvements in Maryfield (24%) and Coldside (17%), while performance in North East deteriorated by 58%.
- Performance has improved for the rates emergency bed days per 100,000 people aged 18+, standard delayed discharge and for code 9 delayed discharge bed days lost per 1,000 people aged 75+.

- The rate of emergency bed days has improved by 7%. The largest improvements were observed in East End (16%) and West End (13%). Coldside and North East showed a deterioration.

- Across Dundee, the rate of standard delayed discharge bed days lost improved by 63%. Improvements were observed in all LCPP areas, with the largest improvement seen in East End (85%)

- The rate of complex delayed discharge bed days lost has improved by 81% across Dundee and there were improvements across every locality except North East where there was a deterioration (65% increase). The locality with the greatest improvement was Maryfield (97% decrease), followed by The Ferry (88% decrease).

6.2 Public Health Scotland publishes a report on the number of people who are waiting for a Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered.

Data published from January 2024 onwards reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

The number of people waiting for assessments is showing an upward trend while the number of people waiting for care at home packages remains low.

In Dundee, as of 7 September 2026:

- 0 people waited in hospital and 107 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.
- 18 people were assessed and waiting for a care at home package in hospital (283 hours yet to be provided).
- 11 people were assessed and waiting for a care at home package in the community (80 hours yet to be provided).
- For those already in receipt of a care at home package 206 additional hours were required and not provided.

7.0 POLICY IMPLICATIONS

7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

8.0 RISK ASSESSMENT

8.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

9.0 CONSULTATIONS

9.1 The Acting Chief Finance Officer, Acting Head of Strategic Services, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Officer

DATE: 26 OCTOBER 2026

Lynsey Webster
Lead Officer, Quality Data and Intelligence Team

Rachel Willmot,
Senior Officer, Quality Data and Intelligence Team

Shahida Naeem
Senior Officer, Quality Data and Intelligence Team

APPENDIX 1 – Biennial Health and Care Experience Survey Indicators 1 – 9

National Indicator	Difference From 2023/24 Survey	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
* Indicators 1 to 9 are based on the Health and Care Experience Survey (HACE), which is a sample survey of people aged 17+ registered with a GP practice in Scotland. This data is reported every two years, with the most recent data available for 2025/26.				
1.% of adults able to look after their health very well or quite well*	Improved performance when comparing with 2023/24 survey which was 88%. Improved position when ranking with other HSCPs – 29th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. No change in Tayside ranking – 3rd	22nd	2nd (90.3%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*	Improved performance when comparing with 2023/24 survey which was 77%. Poorer position when ranking with other HSCPs – 10th in 2023/24 survey. No change in position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 1st in 2023/24 survey.	11th	3rd (79%)	3rd
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*	Improved performance when comparing with 2023/24 survey which was 65%. No change in position when ranking with other HSCPs – 10th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 4th in 2023/24 survey. No change in Tayside ranking – 2nd in 2023/24 survey.	10th	3rd (67%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*	Improved performance when comparing with 2023/24 survey which was 64%. Improved position when ranking with other HSCPs – 13th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 4th in 2023/24 survey. Poor position in Tayside ranking – 1st in 2023/24 survey.	4th	3rd (69%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*	Improved performance when comparing with 2023/24 survey which was 68%.	17th	4th (72%)	2nd

	Improved position when ranking with other HSCPs – 22nd in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. No change in Tayside ranking – 2nd in 2023/24 survey.			
6.% of people with positive experience of care at their GP practice*	Improved performance when comparing with 2023/24 survey which was 71%. Poorer position when ranking with other HSCPs – 14th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	16th	3rd (72%)	3rd
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*	No change in performance when comparing with 2023/24 survey which was 71%. Poorer position when ranking with other HSCPs – 14th in 2023/24 survey. No change in position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	19th	3rd (71%)	3rd
8.% of carers who feel supported to continue in their caring role*	Poorer performance when comparing with 2023/24 survey which was 34%. Poorer position when ranking with other HSCPs – 8th in 2023/24 survey. Poorer position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	28th	7th (28%)	1st
9.% of adults supported at home who agreed they felt safe*	Improved performance when comparing with 2023/24 survey which was 77%. Improved position when ranking with other HSCPs – 11th in 2023/24 survey. Poorer position when ranking with Family Group HSCPs – 1st in 2023/24 survey. Improved position in Tayside ranking – 2nd in 2023/24 survey.	8th	3rd (79%)	1st

Dundee Health & Social Care Partnership

Source: NHS Tayside BSU

Partnership Performance Report
Appendix 1 - Performance Summary

Year/Quarter
- (●) 2026/27 Q1
- ( ) 2025/26 Q4
- ( ) 2025/26 Q3

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Table 1a Performance in Dundee LCPPs

% change in 2026/27 Q1 against baseline year 2021/22

	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100k 18+	18.79%	21.23%	12.46%	21.68%	19.18%	14.87%	8.52%	28.19%	27.58%
Emer Bed Days rate per 100k 18+	-6.77%	-9.08%	-15.96%	3.05%	1.22%	0.26%	-10.90%	-12.66%	-7.81%
28 Day Readmissions rate per 1k Admissions 18+	5.50%	4.52%	-3.39%	22.33%	-7.67%	-6.44%	9.30%	21.12%	9.62%
Hospital admissions due to falls rate per 1k 65+	0.29%	4.07%	1.31%	-16.63%	58.28%	6.91%	-23.97%	-0.28%	5.00%
Delayed Discharge Bed Days Lost rate per 1k 75+ (Standard)	-63.09%	-74.37%	-84.55%	-29.91%	-37.27%	-55.88%	-62.67%	-56.35%	-66.58%
Delayed Discharge Bed Days Lost rate per 1k 75+ (Code 9)	-81.06%	-76.80%	-72.65%	-89.67%	65.41%	-70.71%	-96.96%	-58.05%	-88.07%

Note: This table shows the position against the 2021/22 baseline. Where performance is poorer than the baseline, it is coded as red (worse

Key: Improved/Better Stayed the same Declined/Worse

Table 2 Performace in Dundee's LCPPs

LCPP Performace in 2026/27 Q1 compared to Dundee

	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100k 18+	14,451	17,189	19,041	15,830	14,489	16,346	11,546	9,775	13,510
Emer Bed days rate per 100k 18+	105,850	115,320	135,365	128,115	100,816	117,159	83,546	62,698	118,511
28 Day Readmissions rate per 1k Admissions 18+	149	150	165	157	123	148	156	163	133
Hospital admissions due to falls rate per 1k 65+	31	36	33	29	29	29	30	33	32
Delayed Discharge bed days lost rate per 1k 75+ (Standard)	214	196	137	328	232	186	229	259	181
Delayed Discharge bed days lost rate per 1k 75+ (Code 9)	37	24	43	60	95	13	6	69	21

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP performance is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP performance is better than Dundee this is coded as green (better than Dundee).

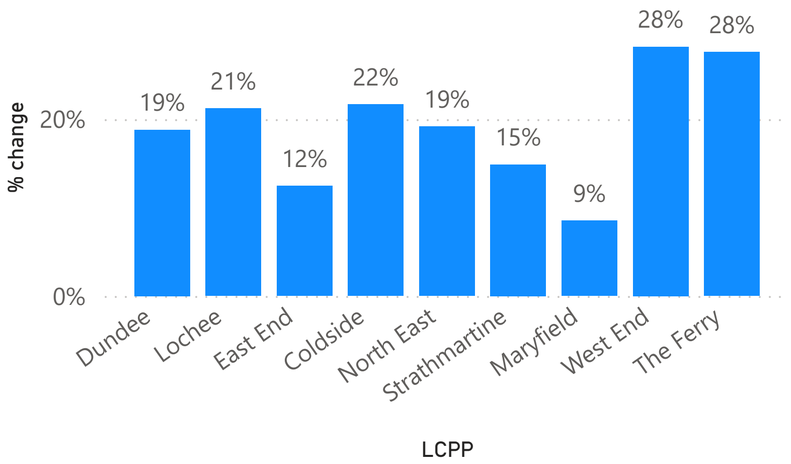
Key: Improved/Better Stayed the same Declined/Worse

Source: Source: NHS Tayside BSU and PHS (Delayed Discharge data)

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Emergency admissions rate

% change in 2026/27 Q1 against baseline year 2021/22



There was an increase in emergency admissions rate by 19% in Q1 2026/27 compared with the baseline year 2021/22.

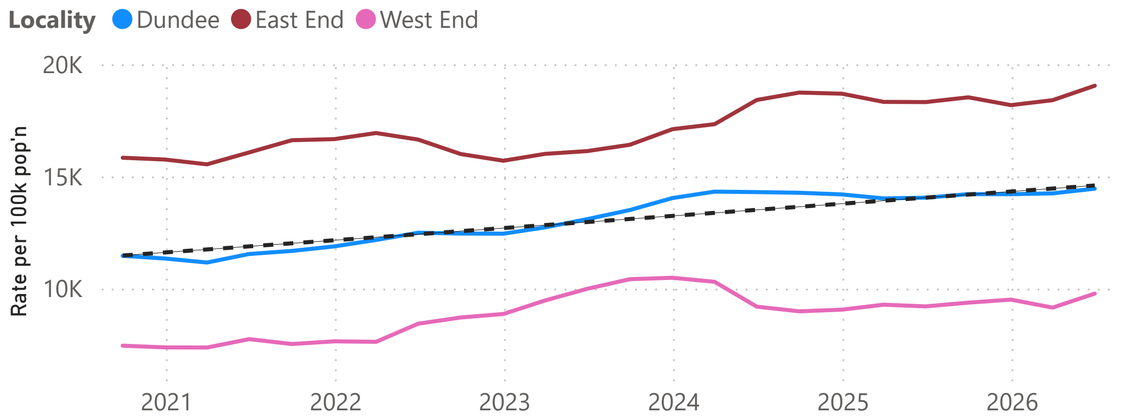
This equates to an increase of 2371 emergency admissions (deterioration).

The long-term trend indicates a sustained increase in emergency admissions over time. At Q1 2026/27, East End recorded the highest emergency admissions rate, while West End recorded the lowest.

Admissions rates have shown a steady upward trend over the past four quarters, increasing by 5% between Q2 2025/26 and Q1 2026/27.

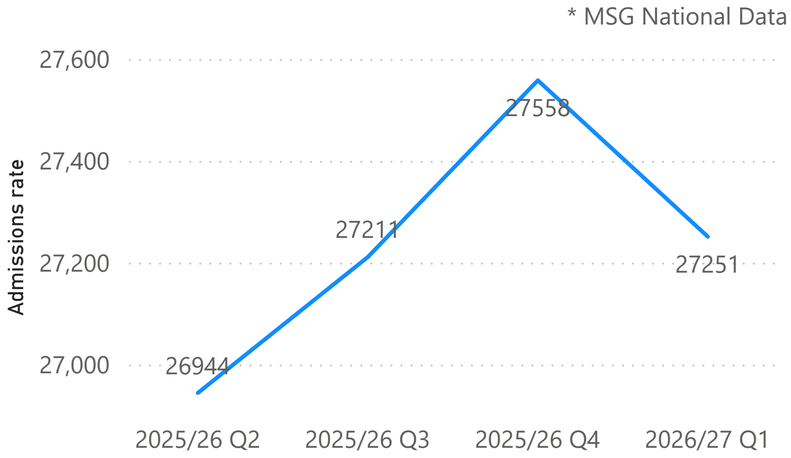
Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Emergency admissions rate



Short Term Trend

Admissions rate per 100k pop'n



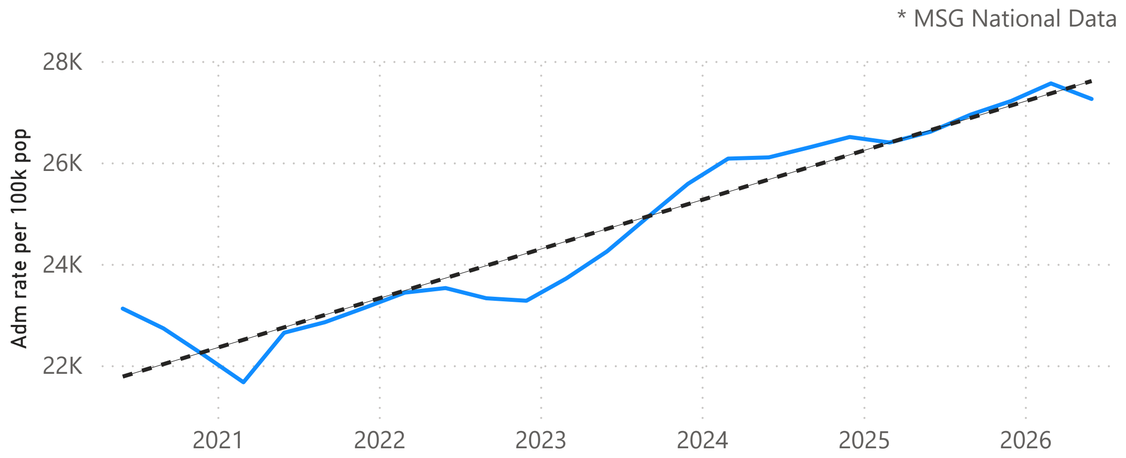
Comparison with other Partnerships

30th out of 31 partnerships in Scotland

8th in the family group position

3rd in Tayside position

Admissions Rate per 100k pop'n



PAC Data Appendix - MSG Indicators

Emergency Admissions Numbers from A&E, 18+ population

Emergency Admissions from A&E as a rate per 1k Attendances, 18+ population

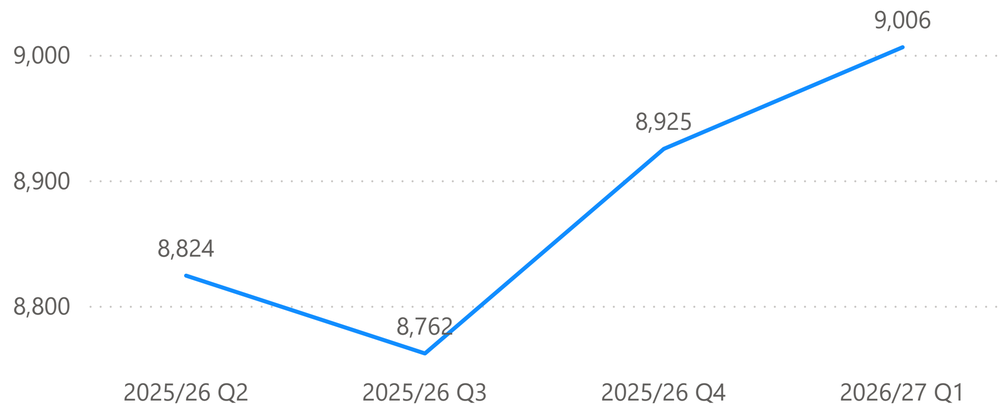
Source: MSG National Data

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

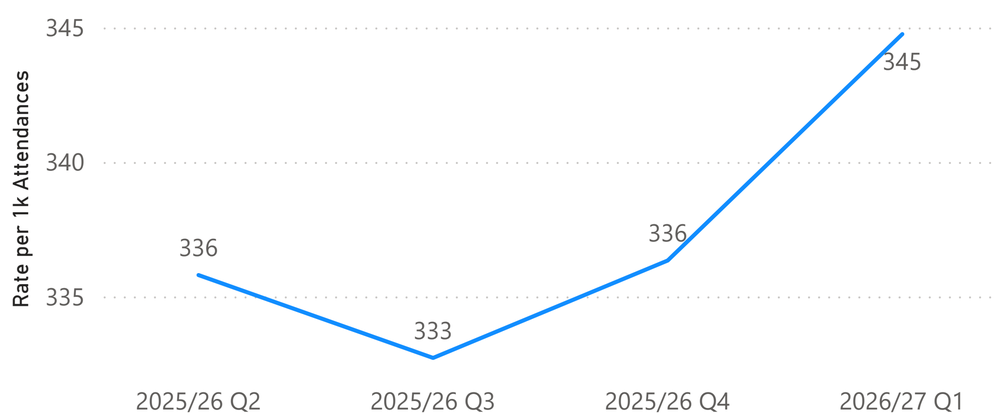
Dundee Health & Social Care Partnership

Short Term Trend

Emergency Admissions Numbers from A&E (MSG)

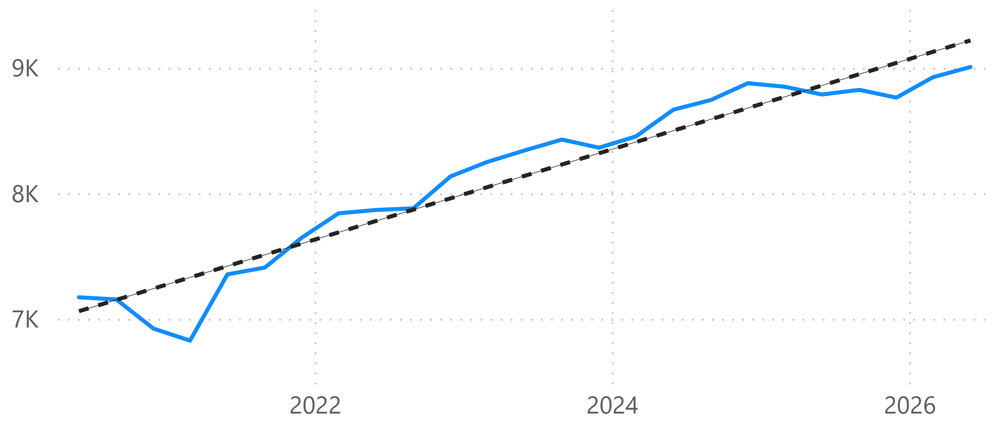


Admissions from A&E as a rate per 1k Attendances

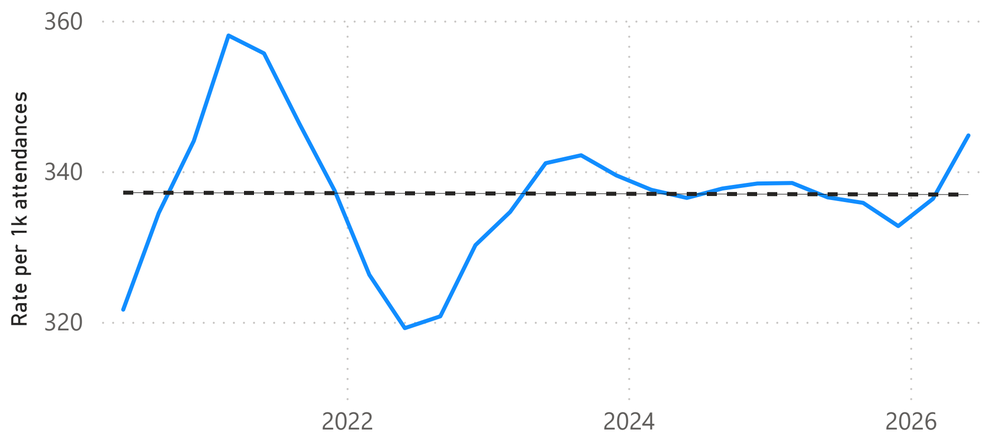


Long Term Trend

Emergency Admissions Numbers from A&E (MSG)



Admissions from A&E as a rate per 1k Attendances



There were 1,166 more emergency admissions from A&E in Q1 2026/27 compared with the baseline year of 2021/22.

The long-term trend shows that emergency admissions have been rising steadily since the pandemic, reaching over 9,000 in Q1 2026/27.

In the short term, there was a slight dip in Q3 2025/26 before admissions increased again, rising by 244 between Q3 2025/26 and Q1 2026/27.

The rate has decreased by 13, from 358 in the baseline year (2021/22) to 345 in Q1 2026/27, representing a reduction of 3.6%.

The higher rate recorded in the baseline year was likely influenced by the impact of the COVID-19 pandemic.

The short term trend shows an increase from Q3 2025/26 to Q1 2026/27.

PAC Data Appendix - MSG Indicators

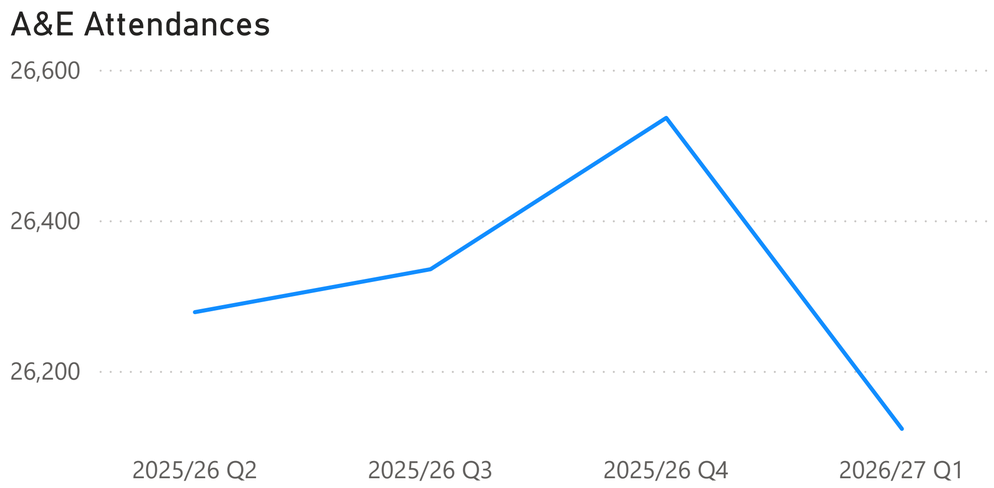
Number of A&E Attendances, 18+ population

Source: MSG National Data

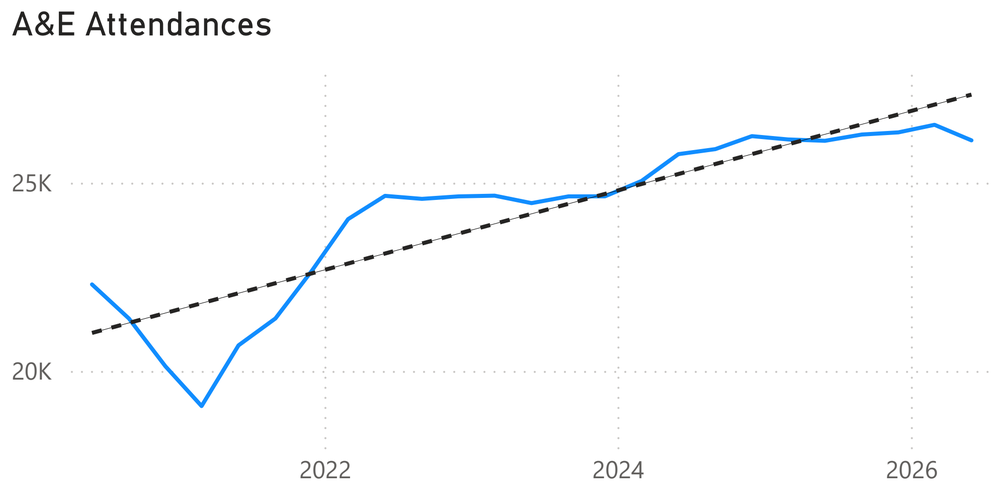
NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Short Term Trend



Long Term Trend



There were 7,057 more A&E attendances in Q1 2026/27 than in the 2021/22 baseline year, representing a 37% increase.

The long-term trend shows A&E attendances have increased since the pandemic, although there was a slight decrease in the short term between Q4 2025/26 and Q1 2026/27.

PAC Data Appendix - National Indicator

13. Emergency Bed Day rate per 100k population 18+

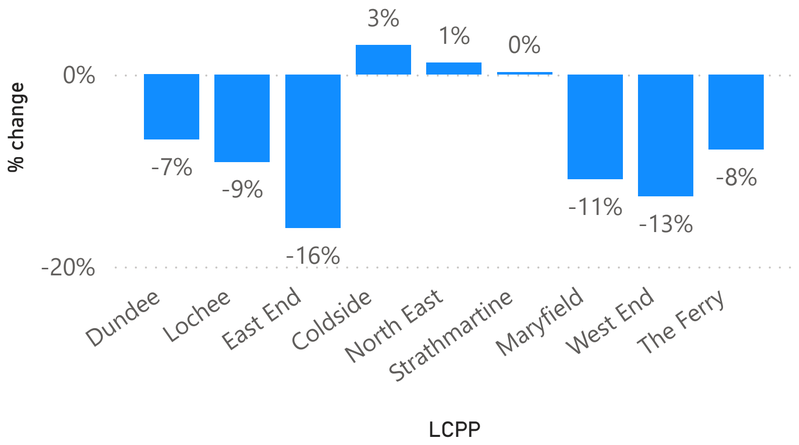
Source: NHS Tayside BSU & MSG National Data (*)

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Emergency bed day rate

% change in 2026/27 Q1 against baseline year 2021/22



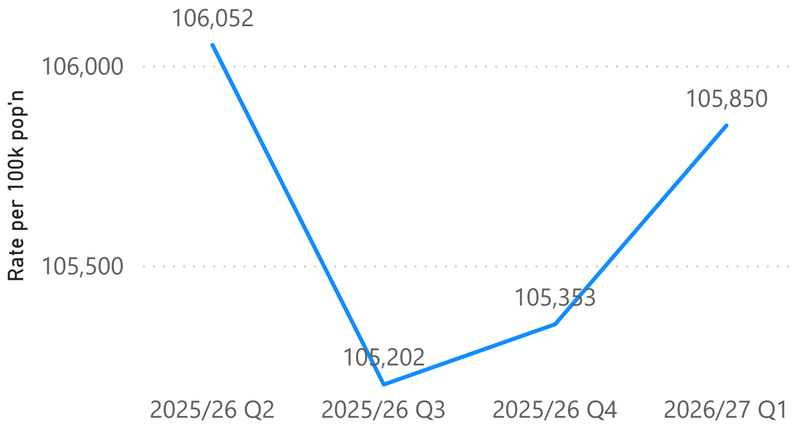
There was a decrease in the emergency bed day rate by 18.4% between 2021/22 and Q1 2026/27, this equates to a decrease of 29,057 emergency bed days (improvement).

There has been a steady decreasing trend with numbers now beginning to stabilise.

There has been a short-term upward trend, with an increase between Q3 2025/26 and Q1 2026/27.

Short Term Trend

Emergency bed day rate



Comparison with other Partnerships

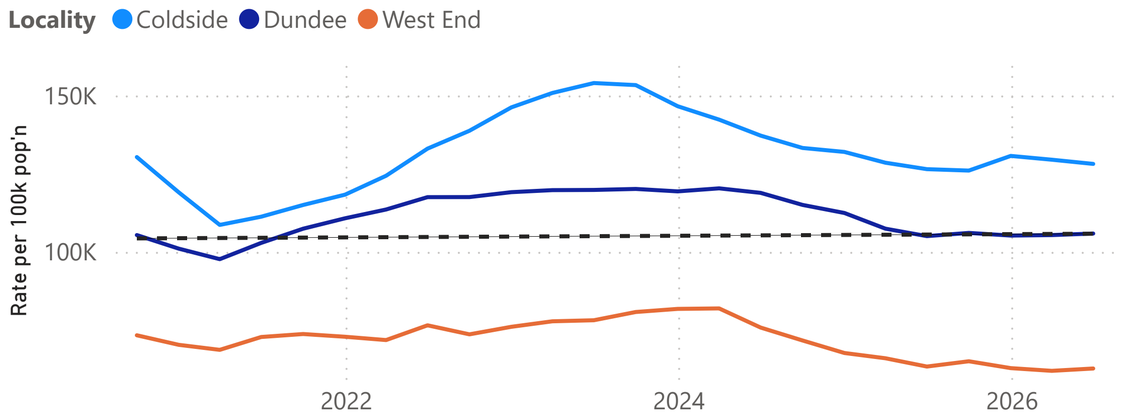
11th out of 31 partnerships in Scotland

1st in the family group position

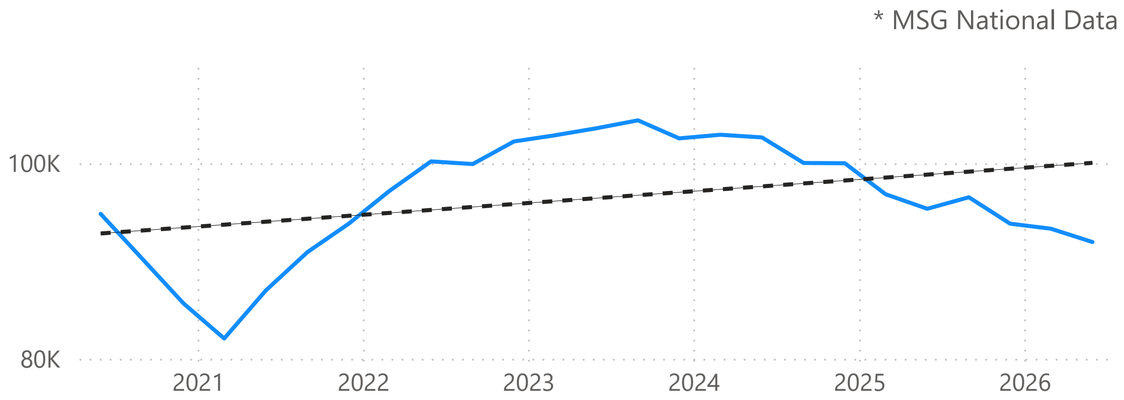
2nd in Tayside position

Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Emergency bed day rate



Emergency Bed Days (Acute only)



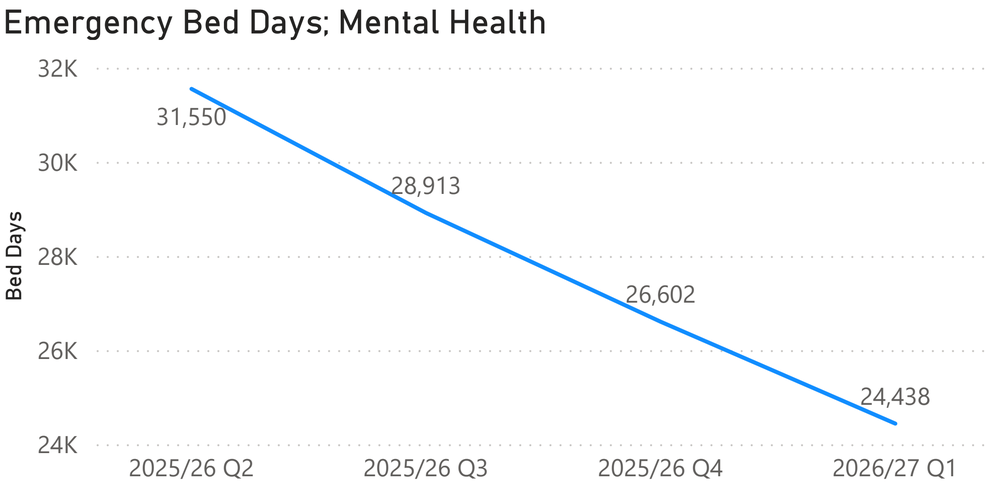
PAC Data Appendix - MSG Indicators

Emergency Bed Days; Mental Health

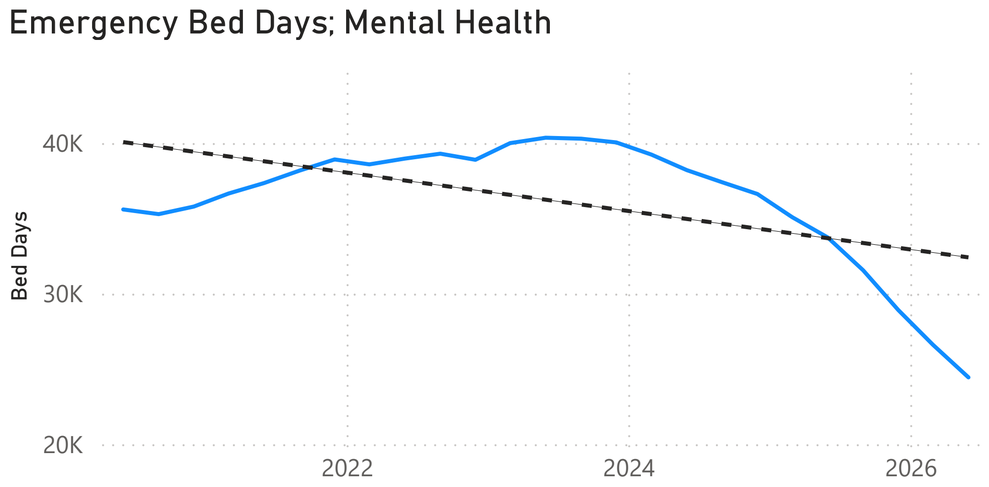
NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Source: MSG National Data

Short Term Trend



Long Term Trend



A decreasing long and short term trend for Mental Health emergency bed days.

PAC Data Appendix - National Indicator

1. Rate of Emergency Readmissions rate per 1k admissions within 28 days, 18+ population

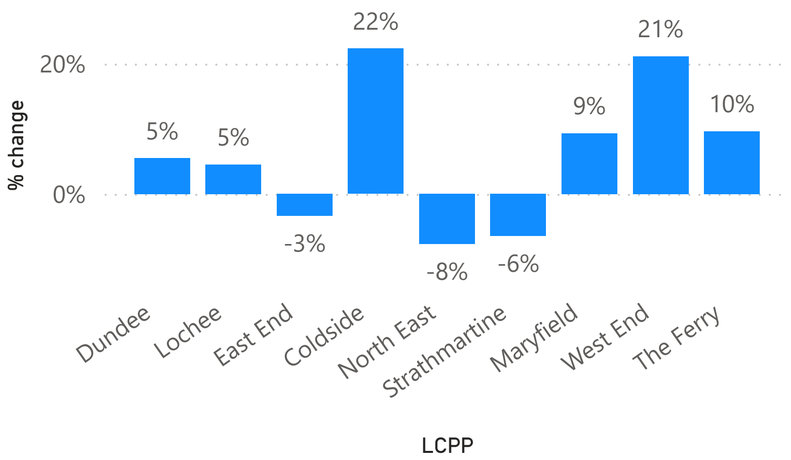
NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Source: NHS Tayside BSU

Rate of Readmissions within 28 days

% change in 2026/27 Q1 against baseline year 2021/22



The rate is 5% higher at Q1 2026/27 than 2021/22 baseline.

The number of readmissions (numerator) increased by 1152 readmissions between 2021/22 baseline and Q1 2026/27.

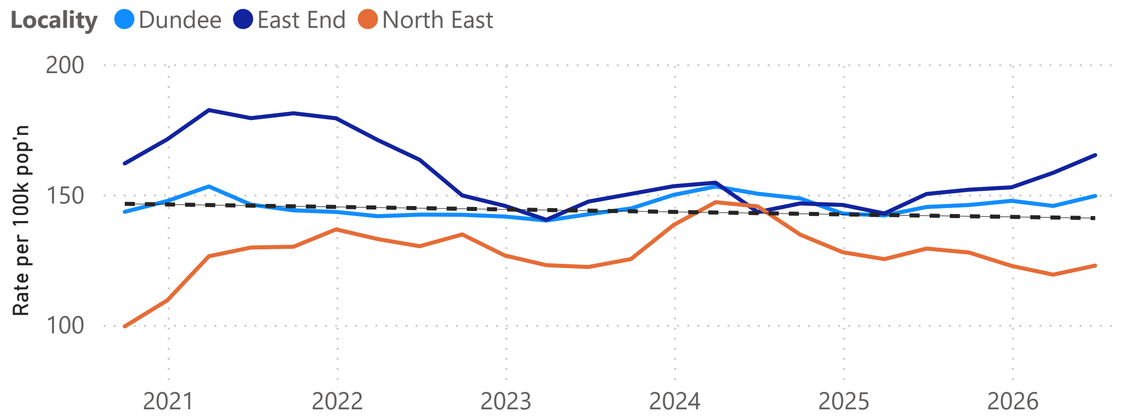
The long-term trend shows a decrease up to Q4 2024/25, followed by a steady increase.

East End has the highest rate per 1,000 admissions, while North East has the lowest.

The short term trend show an increase between Q4 2025/26 to Q1 2026/27.

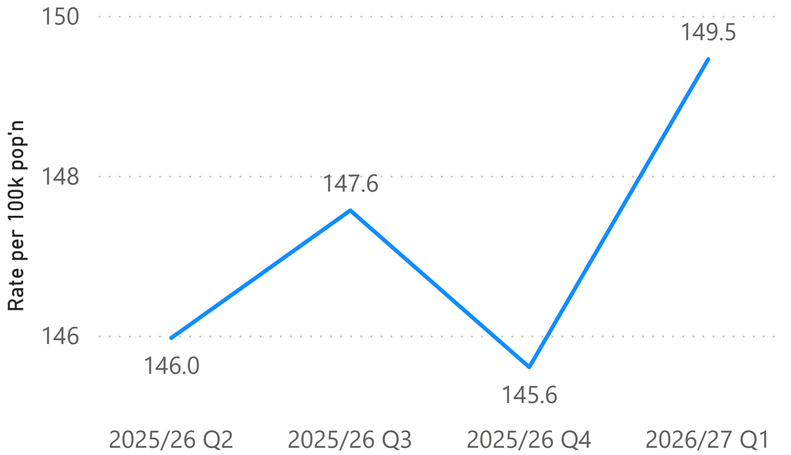
Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Emergency readmissions



Short Term Trend

Emergency readmissions



Comparison with other Partnerships

30th out of 31 partnerships in Scotland

8th in the family group position

2nd in Tayside position

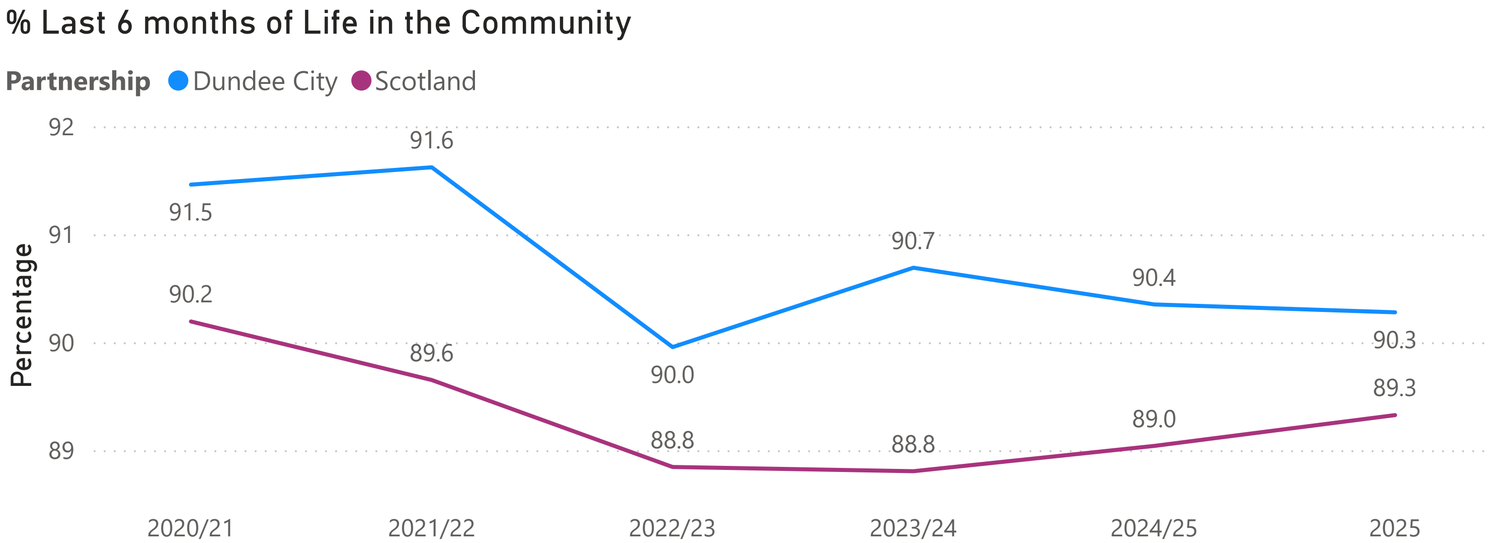
PAC Data Appendix - Core Suite of Integration Indicators

15. Proportion of Last 6 months spend at home or in a community setting, all ages

Source: PHS Core Indicators

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Annual Trend



Decrease from 91.5% in 2020/21 to 90.3% in 2025 (deterioration). Dundee is 10th best in Scotland and 1st in the family group.

2025 is the most recent data for this indicator.

Comparison with other Partnerships

10th out of 31 partnerships in Scotland

1st in the family group position

3rd in Tayside position

PAC Data Appendix - National Indicator

16. Hospital admissions rate due to falls rate per 1k 65+ population

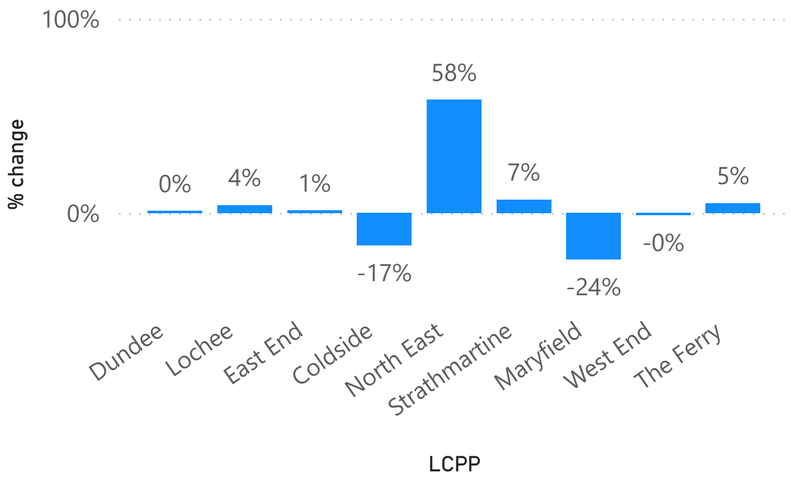
Source: NHS Tayside BSU

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Admissions rate due to falls

% change in 2026/27 Q1 against baseline year 2021/22



0.03% change between baseline year 2021/22 and Q1 2026/27. This equates to a decrease of 27 falls related hospital admissions.

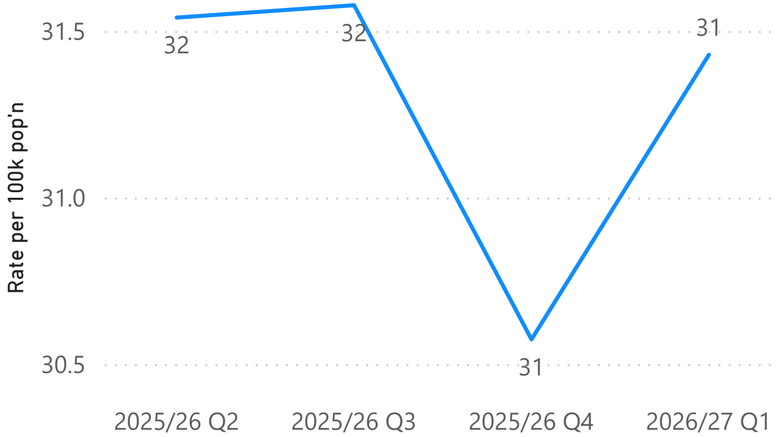
The greatest increase in falls was in the North East with a 58% increase and the lowest in Maryfield with a 24% decrease.

The long-term trend for Dundee shows a decreasing trend, with a small increase at Q1 2026/27. At Q1 2026/27, Lochee had the highest rate of admissions due to falls, while Strathmartine had the lowest rate.

Admissions due to falls decreased in Q4 2025/26 before increasing slightly in Q1 2026/27.

Short Term Trend

Admissions rate due to falls



Comparison with other Partnerships

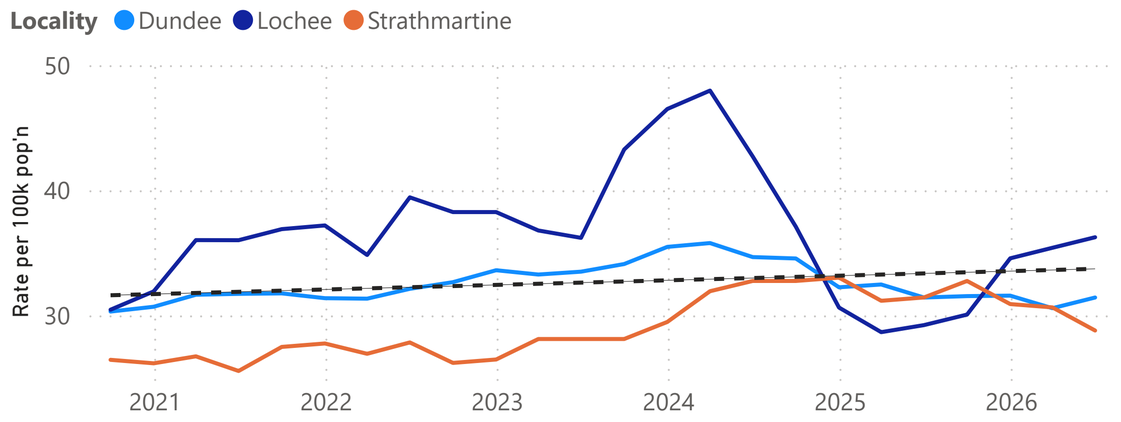
31st out of 31 partnerships in Scotland

8th in the family group position

3rd in Tayside position

Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Admissions rate due to falls



PAC Data Appendix - Core Suite of Integration Indicators

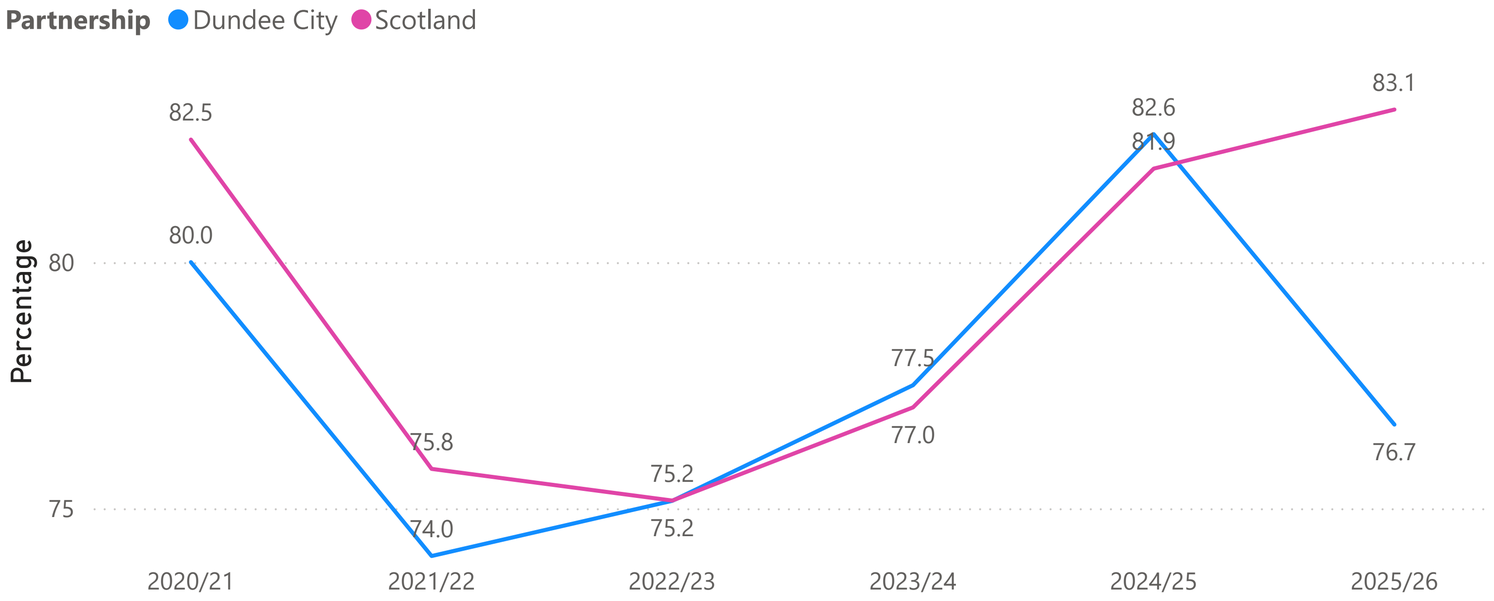
17. Percentage of Care Services graded 'Good' (4) or better in Care Inspectorate Inspections

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Source: PHS Core Indicators

Annual Trend

% Care Services graded 'Good' (4) or better in Care Inspectorate Inspections



76.7% at 2025/26, which is an improvement of 2.7% compared to the 2021/22 baseline year.

Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend, however performance deteriorated to 76.7% in 2025/26.

Comparison with other Partnerships

26th out of 31 partnerships in Scotland

8th in the family group position

2nd in Tayside position

PAC Data Appendix - Core Suite of National Indicators

18. Percentage of Adults with Intensive Care Needs receiving Care at Home

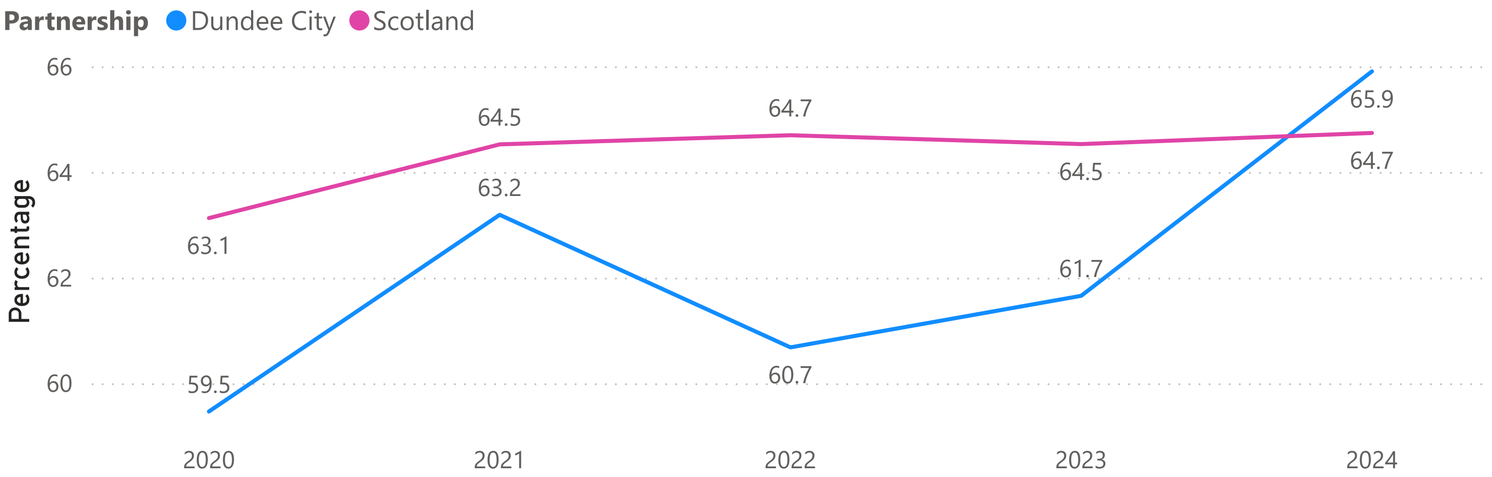
NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Source: PHS Core Indicators

Annual Trend

% adults with intensive care needs receiving care at home



There has been an increasing trend in the proportion of adults receiving intensive care needs at home.

In 2024, 66% received intensive care at home, representing an increase of 5.2% compared to 2022(60.7%).

Note: data for 2025 not yet published by PHS.

Comparison with other Partnerships

12th out of 31 partnerships in Scotland

5th in the family group position

1st in Tayside position

PAC Data Appendix - National Indicator

19(i) Delayed discharge bed days lost rate per 1k 75+ (Standard)

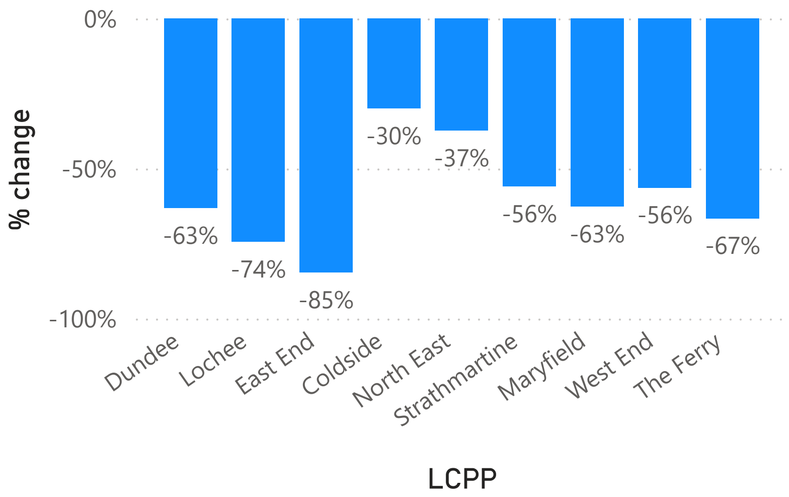
Source: Public Health - LIST

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

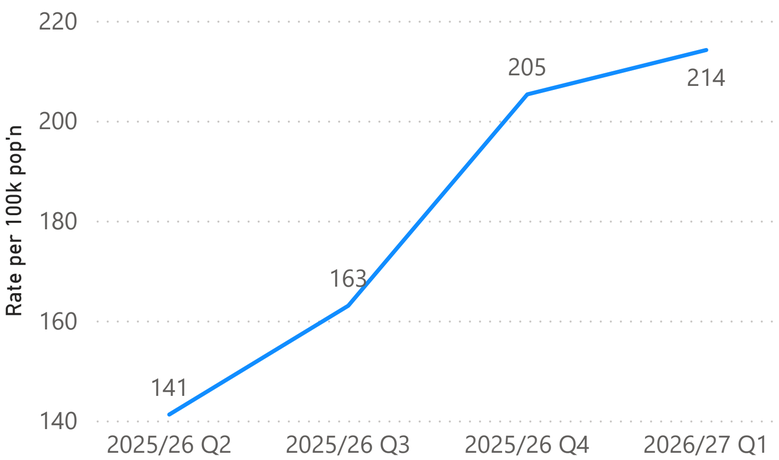
Dundee Health & Social Care Partnership

Delayed discharge rate, standard

% change in 2026/27 Q1 against baseline year 2021/22



Delayed discharge rate, standard



The rate has decreased by 63% since the 2021/22 baseline year, representing an improvement.

East End has seen the largest decrease, with the rate falling by 85% since the 2021/22 baseline year.

The long-term trend shows that the rate per 1,000 population aged 75 and over has begun to increase.

West End had the highest rate among the 75 and over age group, while East End had the lowest.

The short term trend show an increasing trend since Q2 2025/26.

Comparison with other Partnerships (All reasons)

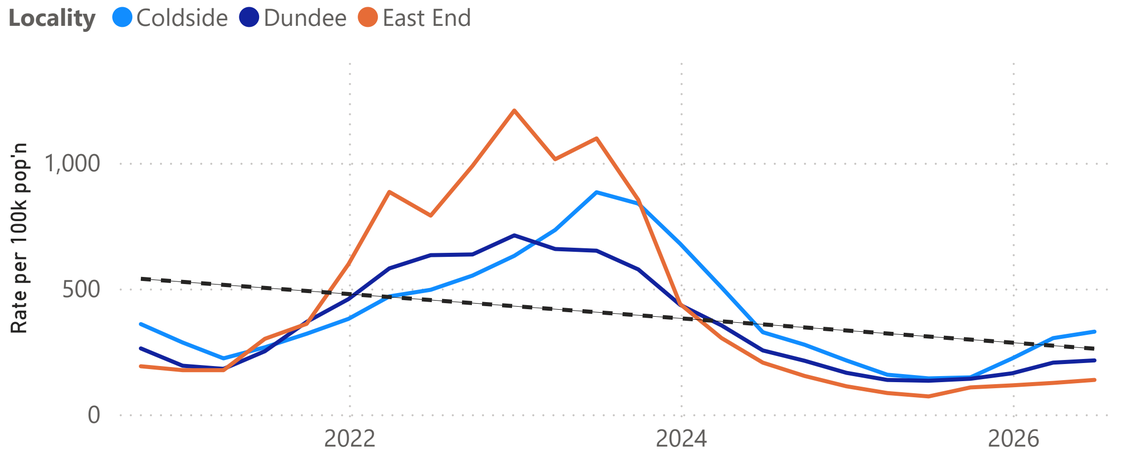
3rd out of 31 partnerships in Scotland

1st in the family group position

2nd in Tayside position

Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Delayed discharge rate, standard



PAC Data Appendix - National Indicator

19(ii). Delayed discharge bed days lost rate per 1k 75+ (Code 9)

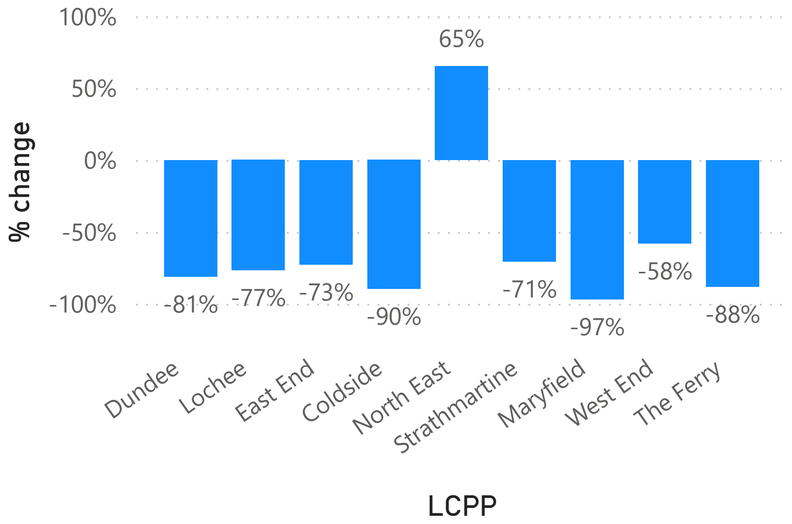
Source: Public Health - LIST

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

Delayed discharge rate, code 9

% change in 2026/27 Q1 against baseline year 2021/22



There has been an 81% decrease since the 2021/22 baseline year, representing an improvement.

Decreases have been observed across all LCPP areas, with the exception of North East. However, it should be noted that Code 9 delays involve relatively small numbers, and therefore even small changes can have a noticeable impact on the rates.

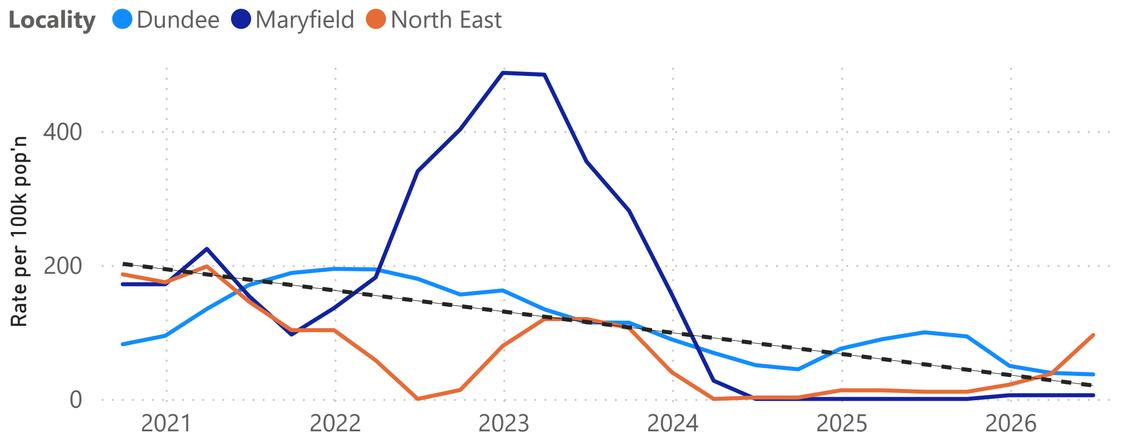
The long-term trend shows a decrease in the rate of Code 9 delays.

Maryfield had the lowest rate in Q1 2026/27, while North East had the highest.

There has been a short-term decrease in the rate of Code 9 delays, falling from 93 per 1,000 population aged 75 and over in Q2 2025/26 to 37 per 1,000 in Q1 2026/27.

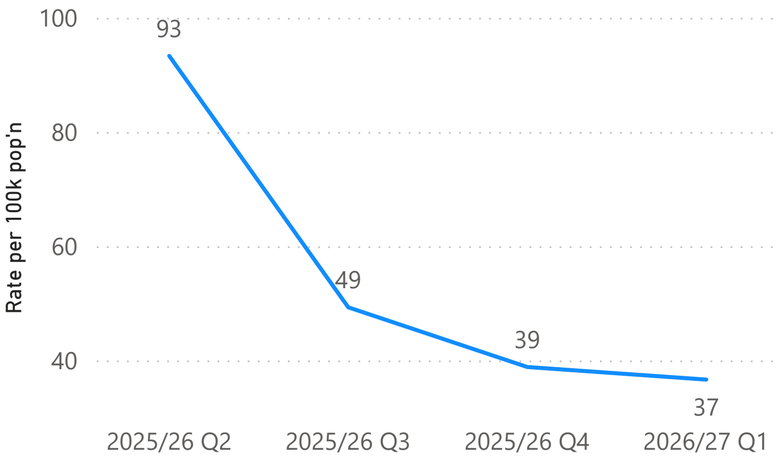
Long Term Trend

Comparison of Highest and Lowest Locality to Dundee - Delayed discharge rate, code 9



Short Term Trend

Delayed discharge rate, code 9



Comparison with other Partnerships (All reasons)

3rd out of 31 partnerships in Scotland

1st in the family group position

2nd in Tayside position

PAC Data Appendix - MSG Indicator

Delayed Discharge Bed Days Lost Rate per 1,000 18+ (All Reasons)

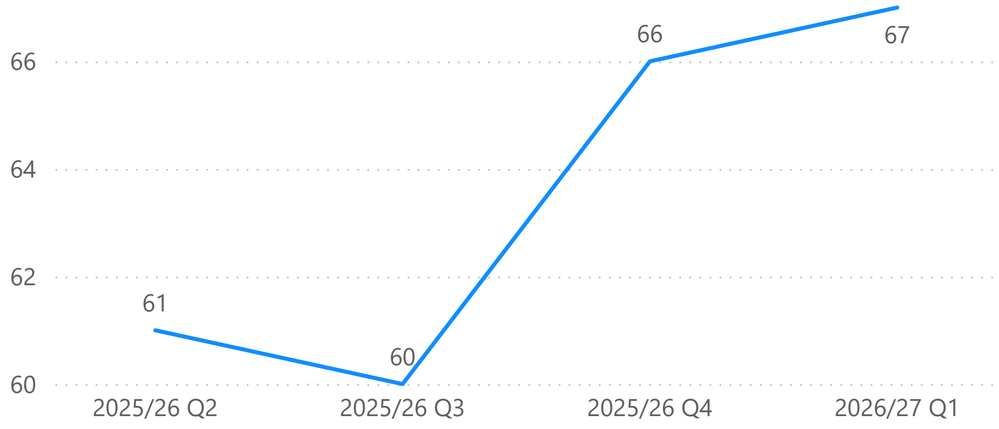
Source: MSG National Data

NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Dundee Health & Social Care Partnership

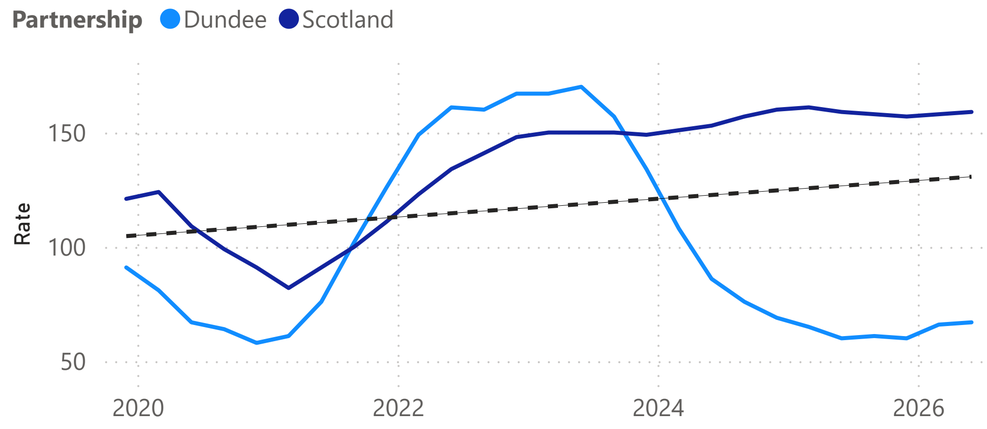
Short Term Trend - Last 4 quarters

Delayed Discharge bed days lost per 1k 18+ population



Long Term Trend

Delayed Discharge bed days lost per 1k 18+ population



The long-term trend shows an increasing trend in delayed discharge bed days lost per 1,000 population aged 18 and over.

The short-term trend shows an upward trend since Q3 2025/26.

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NOTE: Data is taken from live systems, therefore, performance indicators may change from previous reports published.

Source: Public Health Scotland

PAC Data Appendix 2 - Care at Home

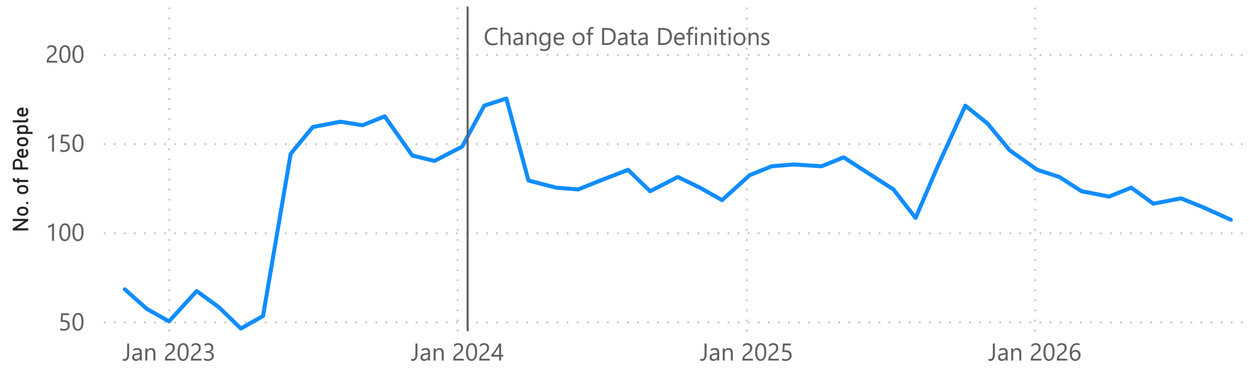
People Requiring a Social Care Assessment and Care at Home Services

Dundee Health & Social Care Partnership

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home services to be delivered.
The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

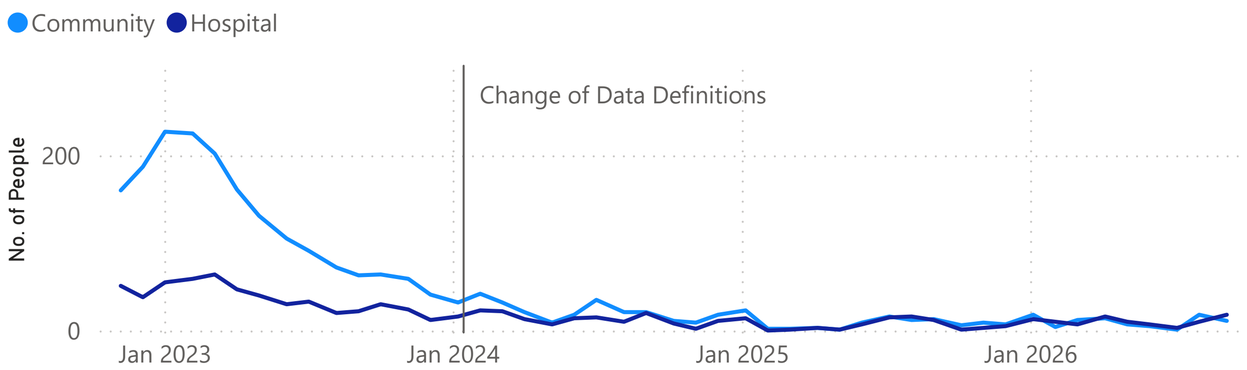
1. Number of People Waiting for a Social Care Assessment

As at 07/09/2026, 0 people waited in hospital and 107 people waited in the community for a social care assessment.



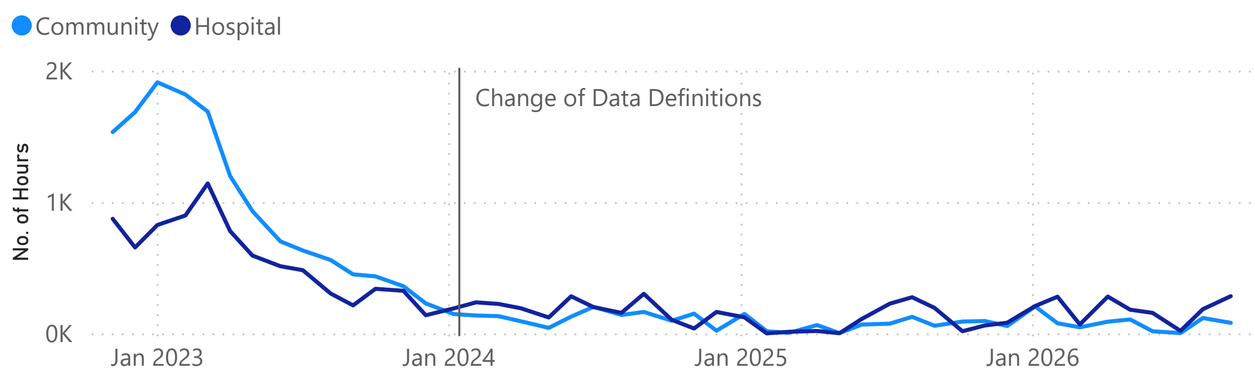
2. Number of People Assessed and Waiting for a Care at Home Package

As at 07/09/2026, 18 people were assessed and waited in hospital and 11 people were assessed and waited in the community for a care at home package.



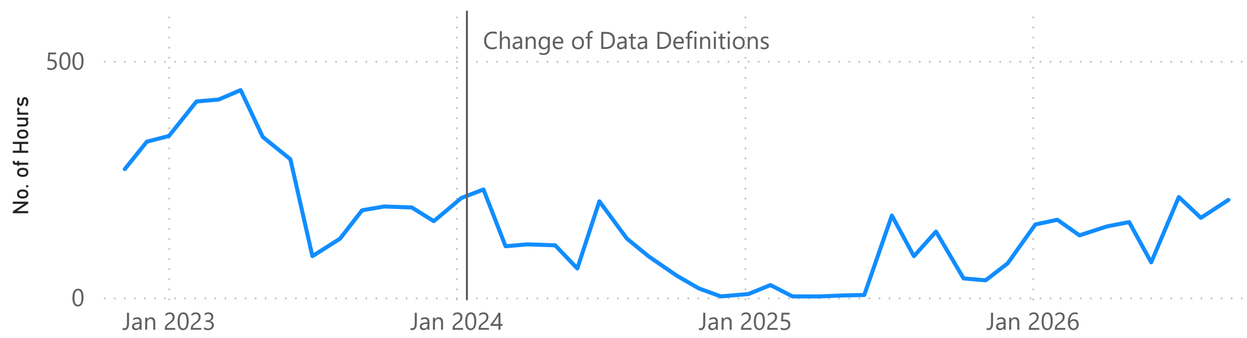
3. Number of Hours of Care at Home yet to be provided for Assessed Individuals

As at 07/09/2026, 283 hours were yet to be provided for 18 people waiting in hospital and 80 hours were yet to be provide to 11 people waiting in the community for a care at home package.



4. Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package

As at 07/09/2026, for those already in receipt of a care at home package 206 additional hours were required and not provided.



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APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators[1]. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[2] monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland was only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

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[1] For Q1 the data is for the period 1 July 2025 to 30 June 2026.

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ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 18 NOVEMBER 2026**

REPORT ON: **DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE INTERIM UPDATE**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC37-2026**

1.0 PURPOSE OF REPORT

1.1 To provide the Performance and Audit Committee with an interim, high-level update on Clinical, Care and Professional Governance arrangements across Dundee Health and Social Care Partnership, pending completion of the current NHS Tayside Clinical Governance assurance reporting process.

1.2 The report highlights governance arrangements and areas of continuing oversight relevant to Integration Joint Board functions. It does not pre-empt the detailed findings or assurance opinion that will be considered through NHS Tayside Clinical Governance reporting arrangements.

2.0 RECOMMENDATIONS

2.1 The Performance and Audit Committee is asked to:

- note the interim update on Dundee Health and Social Care Partnership Clinical, Care and Professional Governance arrangements and the areas of continuing oversight set out in section 5;
- notes that the current assurance reporting cycle is progressing through the established NHS Tayside Clinical Governance reporting arrangements and that this report does not pre-empt the detailed findings or assurance opinion arising from that process;
- Note that a Reasonable Assurance opinion in relation to CCPGG has previously been accepted through NHS Tayside Clinical Governance reporting arrangements.
- Take assurance that arrangements are in place to identify, monitor, escalate and manage governance risks, quality concerns and learning arising from adverse events, complaints and external scrutiny which may impact delivery of IJB functions and strategic priorities

3.0 FINANCIAL IMPLICATIONS

3.1 No direct financial implications arise from this report.

4.0 BACKGROUND

4.1 DHSCP maintains established Clinical, Care and Professional Governance arrangements to support the delivery of safe, effective and person-centred care. Governance oversight is provided through local governance structures, quality assurance arrangements, risk management processes and continuous improvement activity.

4.2 The Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) oversees governance risks, quality concerns, adverse events, complaints, inspection activity and

improvement priorities. Relevant matters are reported and escalated through established local and NHS Tayside clinical governance arrangements.

The Performance and Audit Committee Terms of Reference require the Committee to receive assurance in relation to Clinical, Care and Professional Governance through a report presented at each meeting by the Clinical Director. The Committee's role is to consider the implications for Integration Joint Board functions and strategic oversight; detailed clinical governance scrutiny and assurance is progressed through NHS Tayside reporting arrangements.

4.3 Mental Health and Learning Disability Services are reported through separate NHS Tayside MHLD Clinical Governance assurance arrangements. Relevant reports are shared with Dundee HSCP CCPGG for awareness and are not duplicated in detail within this report.

4.4 The current Dundee HSCP Clinical, Care and Professional Governance assurance report is progressing through NHS Tayside governance arrangements. This report therefore provides a high-level update on governance activity, oversight and improvement work currently underway within Dundee HSCP.

5.0 ASSESSMENT

5.1 GOVERNANCE ARRANGEMENTS AND ASSURANCE REPORTING

5.1.1 Established Clinical, Care and Professional Governance arrangements continue to support oversight of quality, safety, professional practice, patient experience, workforce and risk across Dundee HSCP services.

5.1.2 Governance development continues through implementation of the NHS Tayside Clinical Governance Framework and the approved Dundee HSCP Strategic Clinical Governance Improvement Plan 2026–2029. A supporting implementation plan is being developed to set out delivery, monitoring and oversight arrangements. Detailed progress will be reported through the established clinical governance reporting cycle.

5.1.3 Participation in the NHS Tayside Clinical Governance Accreditation Programme continues, with 83% of Dundee HSCP Primary Governance Groups currently participating in Foundation Level Accreditation. Support continues for the remaining group to participate. This work supports continued development of governance reporting, governance intelligence and organisational learning.

5.1.4 Work continues to strengthen the consistency of governance reporting and the triangulation of governance intelligence to support identification of emerging themes, risks, organisational learning and improvement priorities. Governance intelligence continues to identify areas requiring ongoing oversight and improvement, including complaints handling, timeliness of adverse-event review and closure, workforce sustainability and timely review of service risks.

5.2 Patient Safety, Quality Improvement and Learning

5.2.1 Services continue to review adverse events, feedback, complaints, risk and other governance intelligence to identify learning and improvement opportunities. Matters requiring additional scrutiny or escalation are progressed through established local and NHS Tayside clinical governance arrangements.

5.2.2 Learning from adverse events is reported through established governance arrangements to support oversight of emerging themes, service improvement and organisational learning. Detailed findings and any assurance opinion from the current reporting cycle will be presented to the PAC after completion of the NHS Tayside Clinical Governance process.

5.3 Complaints, Feedback and Learning

5.3.1 Governance arrangements continue to support the review of complaints, adverse events and feedback, with learning considered through established local governance arrangements and relevant NHS Tayside reporting routes.

5.3.2 Continued development of governance arrangements is supporting a stronger focus on organisational learning and the use of governance intelligence to inform improvement activity.

5.3.3 Learning from adverse events is routinely reported to the Dundee HSCP CCPGG through learning summaries, supporting oversight of emerging themes, service improvement and organisational learning. Learning summaries arising from SAERs will also be reported through NHS Tayside Clinical Governance reporting arrangements to support wider organisational learning, shared learning and assurance.

5.4 Workforce and Service Resilience

5.4.1 Workforce sustainability and service resilience remain areas of continuing governance oversight. Workforce, operational and governance arrangements support monitoring of capacity, service pressures and safe service delivery, with matters requiring escalation progressed through the appropriate clinical governance routes.

5.5 Risk Management

5.5.1 Risk management arrangements remain embedded within Dundee HSCP governance structures and support the identification, review, management and escalation of strategic and operational risks. Matters requiring additional oversight continue to be progressed through established governance and risk management arrangements.

5.5.2 No current service risks exceed the highest risk threshold.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

This is an interim update report. Whilst governance risks, concerns and learning continue to be monitored through established governance arrangements, no new strategic risks or significant changes to existing strategic risks are identified for consideration by the PAC at this time.

8.0 CONSULTATIONS

8.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

9.0 DIRECTIONS

9.1 No Direction is required to Dundee City Council or NHS Tayside because the PAC is being asked to note an interim governance update.

10.0 BACKGROUND PAPERS

None

Dr David Shaw
Clinical Director (CPGG Chair)

DATE: 28 October 2026

Angela Smith
Interim Head of Health and Community Care (CPGG Chair)

Jayne Smith
Nurse Director

Niki Walker
Clinical Governance Facilitator

ITEM No …6……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 18TH NOVEMBER 2026**

REPORT ON: **QUARTERLY FEEDBACK REPORT – 2nd QUARTER 2026/2027**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC40-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the second quarter of 2026/27. The complaints include complaints handled using the Dundee City Council Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note the complaints handling performance for health and social work complaints set out within this report.

2.2 Note the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.

2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.

2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee City Council's Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

4.3 While the first graph advises the volume of complaints received during the period, the remaining content of the report is based upon complaints closed within the period. Please note that not all figures will add up to 100% due to data quality issues within the data provided from the

complaints systems (for example, missing fields or complaints received but transferred to a non-DHSCP service).

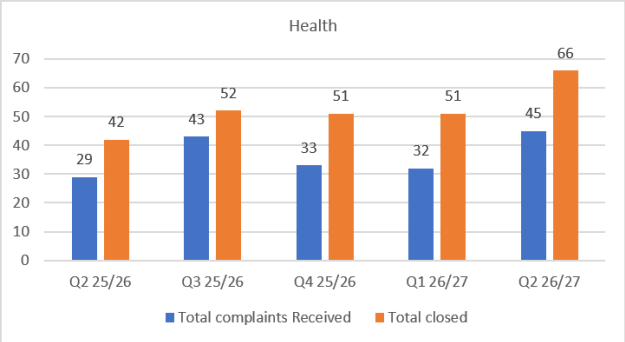
4.4 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints the Health and Social Care Partnership has committed to providing a cohesive complaint report that supports IJB members to compare complaints activity and outcomes across the multiple processes as easily as possible. Therefore, NHS complaints have been included in the same category of reporting. However, there are some difficulties in gaining timeous access to the NHS complaint data to allow categorisation to be undertaken and reported.

5.0 Complaints Received

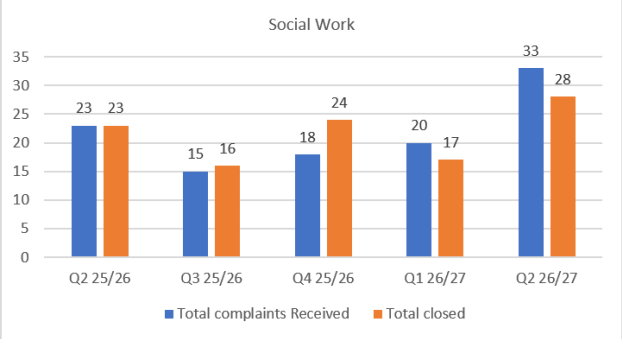
5.1 In the second quarter of 2026/27 a total of 78 complaints were received about Social Work and Health. With Social Work receiving 33 complaints and Health receiving 45 complaints within the quarter, this is the highest we have seen.

5.2 Health & Social Care complaint volumes are increasing every quarter.

Graph 1 Number of Health complaints received & closed quarterly

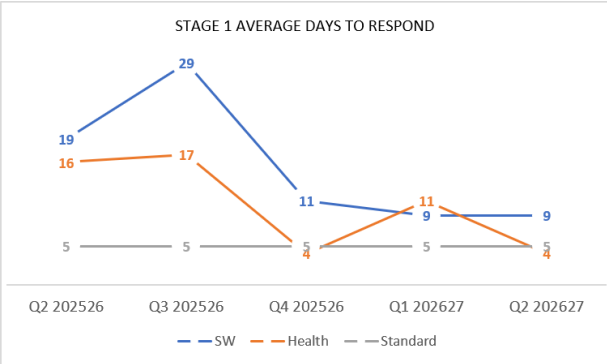


Graph 2 Number of Social Work complaints received and closed quarterly

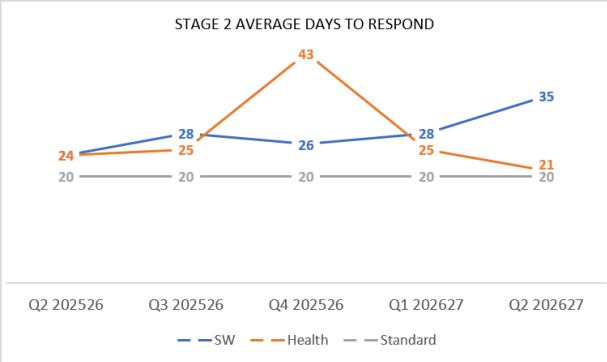


5.3 Average Days to Respond

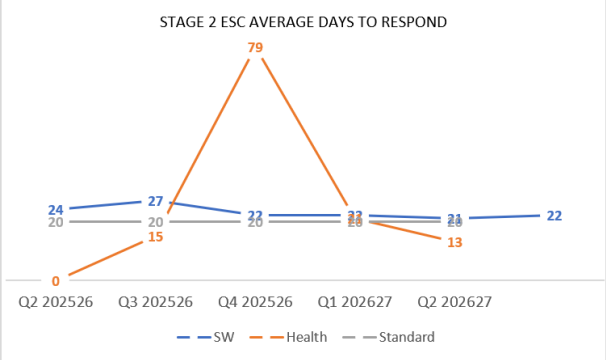
Graph 3 Stage 1 Average Days to Respond



Graph 4 Stage 2 Average Days to Respond



Graph 5 Escalated Stage 2 Average Days to Respond



5.4 **Complaints Stages – Closed within Timescale**

Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
SW	30%	20%	73%	71%	50%
Health	67%	58%	75%	80%	80%

Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
SW	40%	22%	67%	78%	67%
Health	45%	33%	40%	33%	56%

Stage 2 Escalated complaints are stage 1 complaints which have been escalated to a stage 2 complaint. This can happen for a variety of reasons.

Stage 2 Esc	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
SW	40%	22%	67%	100%	50%
Health	45%	33%	0%	50%	33%

5.5 Stage 1 complaints are often much easier and quicker to resolve than stage 2 complaints. However, quarter 2 across Social Work has seen a decrease in complaints closed within timescales for all complaints. This is associated with a number of factors including an increase

in the number of people who have made multiple complaints, use of AI for generating complaints and contact in general, and staff capacity issues. This trend of increasing complaints and slower response times is being monitored and responded to a view to minimising the risk of a further increases in complaints.

Health complaints for quarter 2 have seen a decrease in response times only for escalated complaints. Health services are also seeing an increase in the number of complaints, including AI-generated complaints, and in the number of people who have made multiple complaints.

5.6 Feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of Partnership services, there will be complaints which cannot be completed to an appropriate standard within timescales due to their complexities.

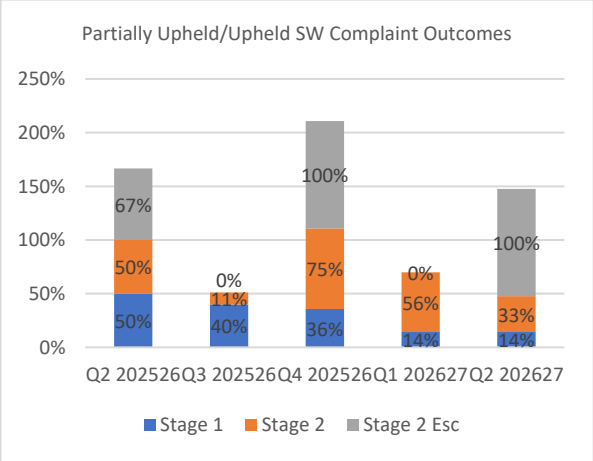
5.7 Regular communication with staff working on complaints, especially the overdue responses, is ongoing to ensure that they are aware that where possible timeous responses should be sent.

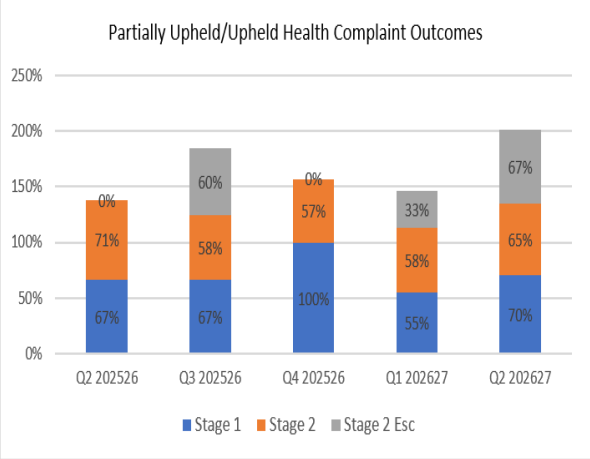
5.8 Complaint responses and the patient care should be handled separately to ensure that complaint responses for not become overdue. For example, the complaint response can advise of what the care plan is going to look like moving forward as opposed to waiting on the new care plan being put in place to respond to the complaint.

5.9 There has also been discussion of the DHSCP staff who support complaints administration and processes having access to Qlikview for easier access to complaints information and to improve complaints handling.

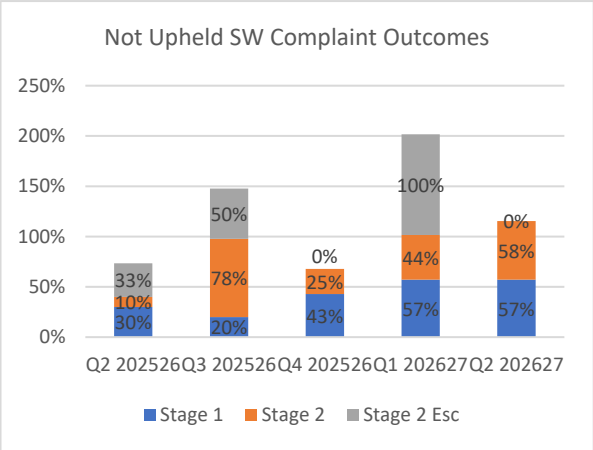
6.0 Complaint Outcomes

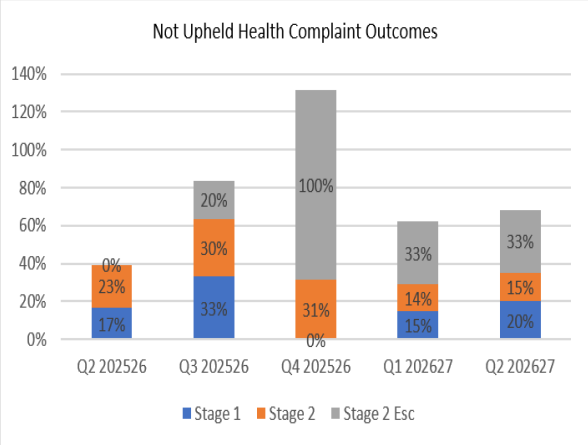
6.1 Over quarter two there were 50 upheld or partially upheld complaints across Social Work and Health. Broken down we can see that Health has 42 upheld or partially upheld compared to only 8 for Social Work.





6.2





On the whole, complaints are being not upheld and where the complaint is upheld that means that the DHSCP agree with the complainants' reasons for the complaint.

7 Planned Service Improvements

7.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator, and these must be completed within a set timeframe.

7.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.

7.3 Within quarter two there were 8 partially upheld or upheld complaints for social care which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, the Partnership aims to minimise complaints of the same nature being received.

7.4 An example of this we now advise service users of a change to their Social Worker in writing, including any details of interim arrangements.

7.5 Learning summaries from complaints will be attached as an appendix to this report in time. This will be built upon and included within reports to demonstrate what learning DHSCP has taken from feedback received and how we have made improvements moving forward.

8.0 Open Complaints

8.1 On the 22nd October there were a total of 34 open health and social care complaints.

	0-5 days	6-10 days	11-15 days	16-20 days	>20 days	>40 days	>60 days	Total
SW	2	1	0	0	3	0	4	10
Health	0	4	4	2	2	0	1	13

8.2 Eight of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve. This is similar to previous reports.

8.3 There are two Social Work complaints under review by the SPSO where we have been asked to provide further information relating to the complaint to see if they will take the complaint forward for investigation by them.

Confirmation has been received from the SPSO that they will not be taking one of these complaints forward. The SPSO decision regarding the other complaint is currently outstanding.

9 Compliments

9.1 Compliments have not been received in time for inclusion of the report.

10.0 IJB Complaints

10.1 No complaints about the Integration Joint Board have been received.

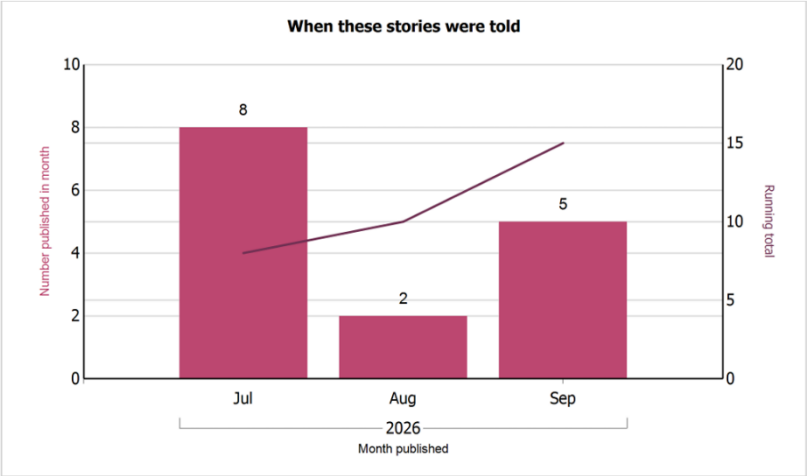
11.0 Care Opinion

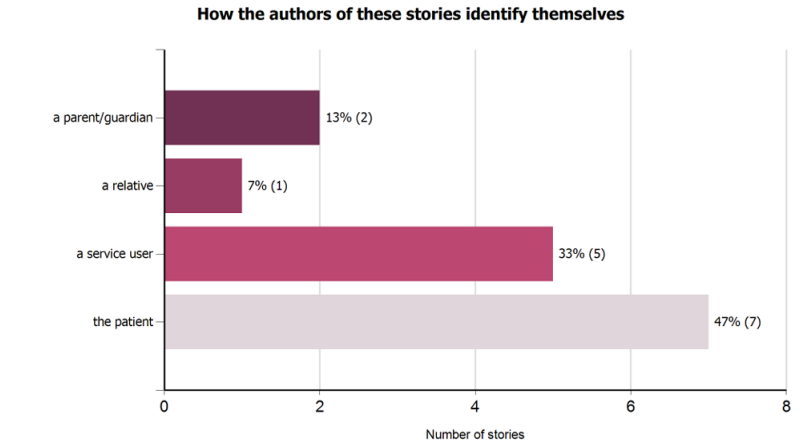
11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway to develop and implement the system within all service areas across the partnership.

11.2 Care Opinion is an independent not-for-profit website which has been backed by the Scottish Government for use across all NHS boards in Scotland since 2013.

11.3 The majority, at least 70%, of stories submitted to Care Opinion are positive pieces of feedback. Care opinion makes it easier for staff to hear how their work has made a difference and is valued by the local community. The online feedback tool contributes towards a culture of openness, fairness, and transparency. All services provided by DHSCP will eventually be available on Care Opinion.

11.4 Over quarter 2 the Partnership received 15 stories on Care Opinion compared to 12 last quarter, of these 15 stories, 80% were completely positive compared to 92% last quarter, with 20% containing some level of criticism. These 15 stories have been read over 639 times.





POLICY IMPLICATIONS

12.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

13 RISK ASSESSMENT

13.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

14 CONSULTATIONS

The Acting Chief Finance Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

15 BACKGROUND PAPERS

None

Dave Berry
Chief Officer

DATE: 22 October 2026

Cheryl Russell
Customer Care & Governance Officer

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ITEM No …7……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 18TH NOVEMBER 2026**

REPORT ON: **STRATEGIC RISK REGISTER UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC42-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and strategic risk management activities.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the content of this report, including the Strategic Risk Register Report contained within Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 STRATEGIC RISK REGISTER UPDATE

4.1 Since September 2026 all of the risks within the register have been subject to a substantive review. Key amendments are summarised below. No amendments have been made, other than to 4 IJB – Public Sector Reform. The risk has been updated to reflect the renewed focus of national reform following the Scottish Government's Programme for Government 2026-2031.

4.2 Risk implications identified in reports to the IJB meetings of 21 October 2026 and the PAC meeting of 23 September 2026 have also been reviewed, leading to:

- 1IJB – Financial Sustainability – additional mitigating actions

This addition did not result in any change to the residual or planned scores for the relevant risks.

4.3 At the IJB development session held on 28 October 2026, members reviewed the five strategic risk appetite categories and supported retaining the existing levels: minimal for compliance, legislative and regulatory risks; open for reputational and workforce risks; and cautious for performance and quality and financial risks. Minor refinements to the descriptors and supporting rationale will be incorporated into the risk appetite matrix.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Acting Chief Finance Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 28 October 2026

Dundee Integration Joint Board

Strategic Risk Register

Last updated: 28 October 2026

Please refer to Dundee IJB Strategic Risk Management Framework for supporting information regarding risk identification, analysis and evaluation.

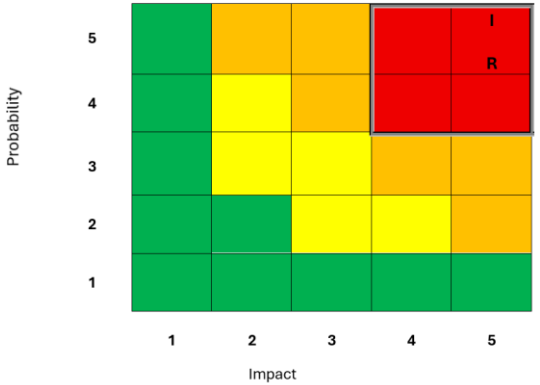
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Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
1 IJB	**Financial Sustainability** There is a risk of the IJB being unable to maintain financial sustainability.	25	25	Outwith appetite	Extreme	<>
2 IJB	**Workforce Capacity** There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.	16	12	Within Appetite	High	<>
3 IJB	**Property Infrastructure** There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.	20	20	Outwith appetite	Extreme	<>
4 IJB	**Public Sector Reform** There is a risk of significant volume and scale of public sector reform, both in the short and long-term.	20	16	Outwith appetite	Extreme	<>
5 IJB	**Increased Service Demand**	20	16	Outwith appetite	Extreme	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.					
6 IJB	**External Provider Sustainability** There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).	16	16	Outwith appetite	Extreme	↑
7 IJB	**Data Quality** There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.	16	12	Within appetite	High	<>
8 IJB	**Digital Infrastructure** There is a risk of digital infrastructure being inadequate to support the delivery of modern	20	16	Outwith appetite	Extreme	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	integrated health and social care priorities.					
9 IJB	**Information Governance** There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.	16	16	Outwith appetite	Extreme	↑
10 IJB	**Engagement** There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.	20	12	Within appetite	High	<>
11 IJB	**Whole System Collaboration** There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.	16	12	Within appetite	High	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	< > No change in risk exposure		↑ Increase in risk exposure		↓ Decrease in risk exposure	

Risk Ref: 1 IJB	Risk Title: Financial Sustainability	
Residual Score: Outwith appetite	**Risk Category:** Financial	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** October 2026 **Next Review:** January 2027	**Related to Achievement of Strategic Priority** Inequalities X Self-Care X Open Door X Planning Together X Workforce X Working Together X	

Risk Description:
There is a risk of the IJB being unable to maintain financial sustainability.

Key Contributing Factors:

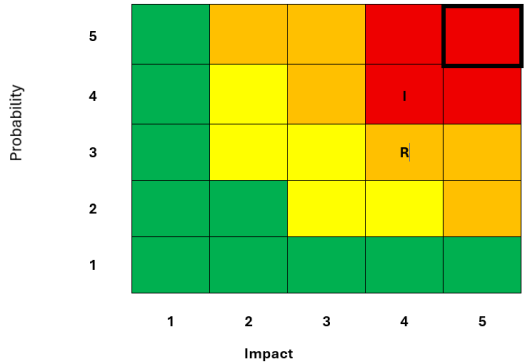
- No provision made for demographic growth within successive budgets.
- Delayed delivery of savings and transformation proposals contained within the 25/26 and 26/27 budget.
- Ongoing restrictions on public sector funding impacting on budget settlements for Dundee City Council, NHS Tayside and, subsequently, the IJB.
- Increasing underlying costs of service delivery, for example cost and volume of prescribing activity, demand for social care services.

Resulting in:

- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Poorer outcomes for people with health and social care needs, both in the short and long-term.
- Reputational damage associated with inability to deliver a balanced budget.
- IJB reserve levels have reduced below that set out within the Reserves Policy.

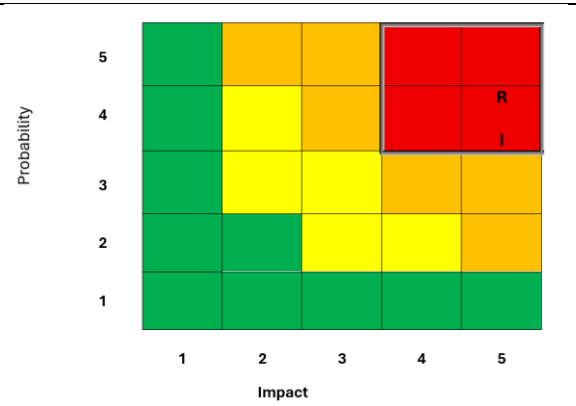
- Impact on financial viability of external providers (third and independent sector).
- Financial risk to Dundee City Council and NHS Tayside associated with risk sharing provisions within the Integration Scheme.

Current Mitigating Actions	Control Type
Enhanced financial monitoring systems and controls	Detective
Agreement of 2026/27 budget, including savings and transformation proposals	Corrective
2027/28 budget development process	Preventive
5-Year Financial Framework	Preventive
Transformation programmes	Preventive
Financial forecasting and analysis	Detective
Senior Management Team Budget Delivery Group	Preventive
Engagement with Council, NHS Tayside, Scottish Government and national networks	Detective / Preventive
Regular financial reporting aligned to management, partners and IJB	Preventive
Regular meetings of CFO with NHS Tayside and Dundee City Council Directors of Finance	Preventive
Financial controls measures implemented by officers, senior management and budget holders in overspending areas.	Corrective
Programme of controls and improvements overseen by Prescribing Management Group	Detective / Corrective
Implementation of Best Value framework with associated actions	Preventive
Planned Mitigating Actions	Control Type
Review of the IJB's Strategic Commissioning Plan, and subsequently the HSCP Delivery Plan	Directive

<table>
<tr><th>Risk Ref: 2 IJB</th><th colspan="2">Risk Title: Workforce Capacity</th></tr>
<tr><td>Residual Score:
Within appetite</td><td>Risk Category:
Workforce</td><td>Risk Appetite:
Open</td></tr>
<tr><td>Risk Response:
Reduce and Share
Last Review:
October 2026
Next Review:
January 2027</td><td>Related to Achievement of Strategic Priority
<table>
<tr><td>Inequalities</td><td></td></tr>
<tr><td>Self-Care</td><td></td></tr>
<tr><td>Open Door</td><td></td></tr>
<tr><td>Planning Together</td><td></td></tr>
<tr><td>Workforce</td><td>X</td></tr>
<tr><td>Working Together</td><td></td></tr>
</table></td><td>
</td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
♦ Complex governance arrangements for the health and social care workforce undermines clarity of leadership and accountability.
♦ Financial sustainability challenges necessitate reduction in overall workforce numbers.
♦ Inadequate capacity within senior leadership structure to effectively support workforce planning.
♦ Inadequate specialist workforce planning capability and capacity, including specialist modelling and projection capability and capacity (service demand and workforce).
♦ Inability to access workforce data from individual employers and to collate, analyse and report integrated workforce data (from NHS Tayside, Dundee City Council and commissioned services).
♦ Misalignment between health and social care priorities and those of employing organisations (NHS Tayside, Dundee City Council and third and independent sector).
♦ Policy and regulatory changes across multiple stakeholders (national, regional and local).</td></tr>
</table>

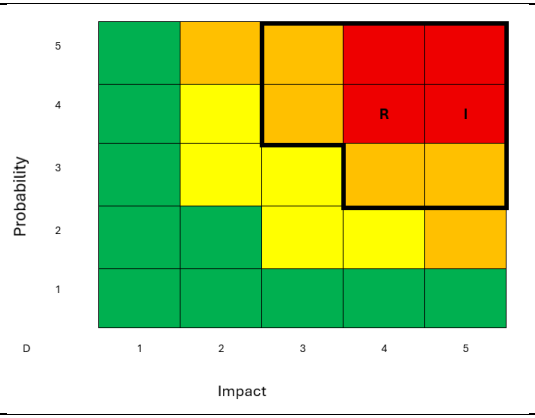
♦ Poor communication with stakeholders, including members of the workforce. ♦ Resistance to change from stakeholders, including members of the workforce. ♦ High levels of absence across HSCP services.
Resulting in: ♦ Lack of capacity to deliver savings and transformation activity required to implement strategic priorities and shifts, and to support financial sustainability. ♦ High absence levels, low morale and poor health and wellbeing within the workforce. ♦ Poorer outcomes for people with health and social care needs, both in the short and long-term.

Current Mitigating Actions	Control Type
Implementation of Health and Care (Staffing) (Scotland) Act 2019	Detective
Enhanced focus on absence management	Corrective
Workforce plan, including action plan and risk register	Directive
Workforce wellbeing actions	Corrective
Clinical Care Governance Forum	Detective
Professional Leadership: nursing, AHP and social work	Preventive
Planned Mitigating Actions	Control Type
Actions within the Workforce Plan still to be delivered (Plan, Attract, Employ, Train, Nurture)	Corrective / Preventive

<table>
<tr><th>Risk Ref: 3 IJB</th><th colspan="2">Risk Title: Property Infrastructure</th></tr>
<tr><td>Residual Score:
Outwith appetite</td><td>Risk Category:
Performance / Quality</td><td>Risk Appetite:
Cautious</td></tr>
<tr><td>Risk Response:
Reduce and Share
Last Review:
October 2026
Next Review:
January 2027</td><td>Related to Achievement of Strategic Priority
<table>
<tr><td>Inequalities</td><td>X</td></tr>
<tr><td>Self-Care</td><td>X</td></tr>
<tr><td>Open Door</td><td>X</td></tr>
<tr><td>Planning Together</td><td>X</td></tr>
<tr><td>Workforce</td><td>X</td></tr>
<tr><td>Working Together</td><td>X</td></tr>
</table></td><td>
</td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
♦ Restrictions on access to capital funding via NHS Tayside and Dundee City Council for investment in both existing and new property developments.
♦ Financial sustainability challenges necessitate reduction in scale of property portfolio and maintenance programme in both NHS Tayside and Dundee City Council.
♦ Lack of dedicated workforce capacity to focus on implementation of property strategy and interface with corporate bodies.
♦ Property is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.
♦ Lack of integrated public sector property strategy for Dundee.</td></tr>
<tr><td colspan="3">Resulting in:
♦ Underutilisation of some property with potential to support service integration and delivery - hotpots' include Kingsway Care Centre, Royal Victoria Hospital and Constitution House.</td></tr>
</table>

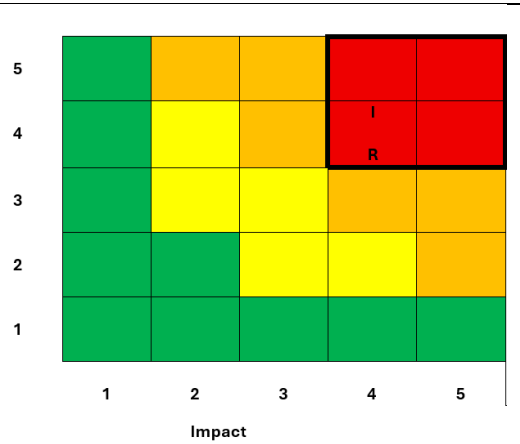
- Poor quality of service delivery and office environment for health and social care services / workforce, impacting on service user and workforce experience.
- Impact on staff morale within sites with significant maintenance issues.
- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Short-notice disruption to workforce when required to vacate office spaces, impacting on morale.
- Short notice disruption to services users when temporary closures, repairs or changes to service delivery model are required to manage property condition and health and safety risks.

Current Mitigating Actions	**Control Type**
IJB Property Strategy	Corrective / Preventive
Remedial actions to address property maintenance at Kingsway Care Centre	Corrective
GP Property Strategy	Corrective / Preventive
Planned Mitigating Actions	Control Type
Scottish Government Whole System Planning requirements	Corrective / Preventive
SFT Workstream	Preventive

<table>
<tr><th colspan="2">Risk Ref: 4 IJB</th><th colspan="2">Risk Title: Public Service Reform</th></tr>
<tr><td>Residual Score:
Outwith appetite</td><td>Risk Category:
Compliance / Legislative / Regulatory</td><td colspan="2">Risk Appetite:
Minimal</td></tr>
<tr><td>Risk Response:
Reduce</td><td rowspan="4">Related to Achievement of Strategic Priority<table><tr><td>Inequalities</td><td>X</td></tr><tr><td>Self-Care</td><td>X</td></tr><tr><td>Open Door</td><td>X</td></tr><tr><td>Planning Together</td><td>X</td></tr><tr><td>Workforce</td><td>X</td></tr><tr><td>Working Together</td><td>X</td></tr></table></td><td colspan="2" rowspan="4">
</td></tr>
<tr><td>Last Review:
October 2026</td></tr>
<tr><td>Next Review:
January 2027</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="4">Risk Description:
There is a risk of significant volume and scale of public sector reform, both in the short and long-term.</td></tr>
<tr><td colspan="4">Key Contributing Factors:
Significant volume of ongoing national reform specifically focused on health and social care, including the Scottish Government’s programme of public sector reform established in the 2026-2031 Programme for Government.
Lack of clarity regarding the detail arrangements / requirements of new legislative, strategic and policy initiatives for health and social care.
Insufficient capacity within the Partnership workforce to consistently and comprehensively identify and engage with consultation mechanisms informing national developments and reform.
National consultation mechanisms are not considered to be robust (concerns regarding both methodologies and transparency / impact).
Legislative and policy change outwith health and social care but that impacts on IJB functions does not always take sufficient account of the IJB governance arrangements.
Changes have included a significant increase in reporting / oversight requirements, adding additional pressures into local systems.</td></tr>
</table>

Resulting in: ♦ Reactive, rather then proactive / planned, response to significant changes in national strategy and policy. ♦ National strategy and policy not sufficiently reflecting local needs and requirements, including the needs and preferences of people who use health and social care services. ♦ Potential for misalignment between national strategy and policy and local arrangements. ♦ Potential for breach of statutory duties or non-compliance with other regulatory frameworks or national oversight / reporting mechanisms.

Current Mitigating Actions	**Control Type**
Annual Delivery Plan for Dundee Health and Social Care Partnership	Corrective
Officer membership of range of national networks and professional bodies	Detective
Interface with NHS Tayside and Dundee City Council regarding communication of national legislative changes	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Restructure of Strategic Planning and Business Support Team, including increased capacity at interface with national planning and policy arrangements	Preventive / Detective

Risk Ref: 5 IJB	Risk Title: Increased Service Demand	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** October 2026 **Next Review:** January 2027	**Related to Achievement of Strategic Priority** Inequalities: X Self-Care: X Open Door: X Planning Together: Workforce: Working Together:	

Risk Description:
There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.

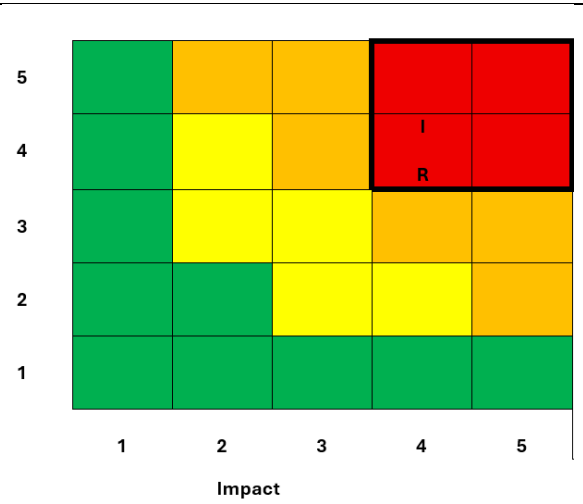
Key Contributing Factors:

- Key demographic factors include: ageing population and associated health needs (such as dementia), increased number of young people living into adulthood with complex health and care needs, diabetes and obesity.
- Cost of living continues to impact on both service users and workforce health and wellbeing.
- Members of the public consistently report challenges identifying and accessing relevant health and social care supports, leading to escalating need and crisis intervention.
- Lack of capacity, intelligence and analytical tools to undertake required needs and demand forecasting to facilitate effective forward planning.
- No financial provision with 2025/26 budget to meet additional costs associated with rising demand due to sociodemographic factors.

Resulting in:

- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Poorer outcomes for people with health and social care needs, both in the short and long-term.
- Widening health and wellbeing inequalities within Dundee's population.
- Impact on staff morale and wellbeing.

Current Mitigating Actions	Control Type
Focus on health inequalities within IJB Strategic Commissioning Framework and supporting strategic plans.	Directive
Inequalities focused initiatives – Health Inequalities Engine Room, Linlathen Local Fairness Initiative, Fairness Leadership Panel	Corrective
Targeted service provision	Corrective
Co-production and engagement with communities	Detective / Corrective
Commissioning investment in early intervention, direct access services to reduce escalation of need and support prevention within Mental Health and Learning Disability	Preventive
Transformation programmes	Preventive
Joint Strategic Needs Assessment and ongoing data analysis	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Improvements to public information and access to services	Corrective
Dundee Partnership Whole Family Wellbeing Initiative	Corrective / Preventive
Development of adult pressures overview to demonstrate changing needs and demand	Detective

Risk Ref: 6 IJB	Risk Title: External Provider Sustainability	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** September 2026 **Next Review:** December 2026	**Related to Achievement of Strategic Priority** Inequalities Self-Care Open Door Planning Together: X Workforce: X Working Together	

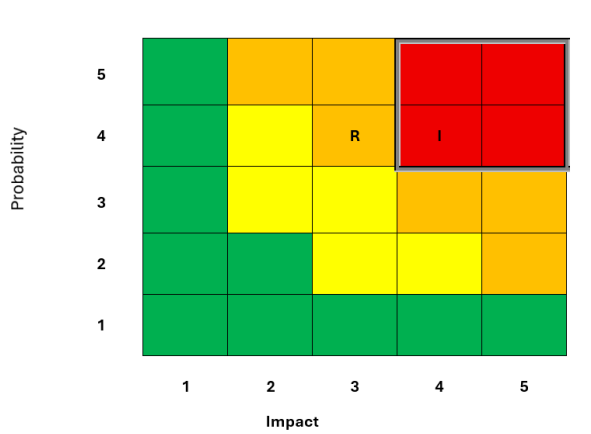
Risk Description:
There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).

Key Contributing Factors:

- Reduced public sector funding across the health and social care sector, resulting in financial pressures for external providers.
- Impact of IJB savings plans contained within 2025/26 and 2026/27 budgets.
- Impact of inflation and other increased operating costs (such as changes to National Insurance Contributions).
- Challenges within the workforce market for providers, including recruitment and retention issues associated with terms and conditions.
- Changes to national immigration legislation and policy impacting workforce supply.
- Many levers to mitigate risk regarding external provider viability / sustainability are outwith the IJB's direct control and are part of national decisions and arrangements.
- Resource pressures within HSCP Social Care Commissioning and Contracts functions.

Resulting in: ♦ High number of providers reporting financial losses from 2024/25 onwards, and / or significantly reduced reserve levels. ♦ Short notice default / exit from contracts not considered to be financially viable resulting in disruption of service for service users. ♦ Potential unplanned closure of services, with possibility of limited alternative providers within the marketplace.

Current Mitigating Actions	**Control Type**
Scottish Cares Lead role and co-ordinated engagement with providers	Detective / Corrective / Preventive
Engagement with national negotiation and engagement mechanisms (i.e. Scotland Excel)	Detective / Preventative
Fair Work developments	Preventative
Planned Mitigating Actions	Control Type
Development of provider risk assessment framework and register	Detective
IJB Strategic Funding Review to take place during 2026/27	Detective / Corrective / Preventive

Risk Ref: 7 IJB	Risk Title: Data Quality	
Residual Score: Within appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce	**Related to Achievement of Strategic Priority**	
Last Review: September 2026		
Next Review: March 2027		

Inequalities	X
Self-Care	
Open Door	
Planning Together	X
Workforce	
Working Together	

Risk Description:
There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.

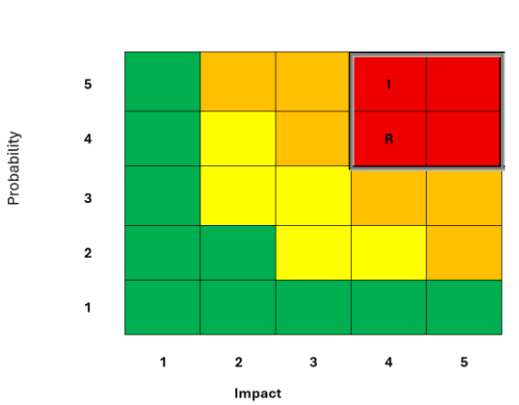
Key Contributing Factors:

- Reduction in overall workforce capacity, particularly admin and clerical capacity, reducing focus on accurate maintenance of information systems.
- Overly complex processes and recording systems which do not enable accurate recording of information.
- Lack of management and leadership capacity to exercise effective oversight of data quality issues.
- Lack of investment in tools to enable collation and viewing of data across the wider system and encourage access, oversight and focus on data quality.
- Lack of culture of shared ownership / responsibility for data quality.
- Some aspects contributing to this risk are not delegated functions to the IJB (including some admin and clerical support and digital functions), therefore limiting levers and actions directly available to mitigate impacts.

Resulting in:

- Limited and / or unreliable data being available to inform service and strategic planning and performance and quality monitoring.
- Inability to accurately and rapidly identify service users to inform resilience responses.
- Potential workforce risk due to inaccurate information relating to safety and lone working.
- Loss of income to the Partnership due to inaccurate / missed charging for services, contributing to financial sustainability risks.
- Potential reputational risk of publication / provision of inaccurate data.
- Additional capacity being required to continuously monitor and manage data quality issues including the preparation of statutory information returns, redirecting resource from tasks more directly associated with delivery of strategic priorities and shifts.

Current Mitigating Actions	Control Type
Review of health and social care billing processes.	Detective / Corrective
Data quality reports regularly produced and provided to some teams	Detective
Data quality checks completed prior to submission of statutory returns	Corrective
Planned Mitigating Actions	Control Type
Use of new technology to automate some data analysis and reporting process to release capacity for other work	Corrective

<table>
<tr><th>Risk Ref: 8 IJB</th><th colspan="2">Risk Title: Digital Infrastructure</th></tr>
<tr><td>Residual Score:
Outwith appetite</td><td>Risk Category:
Performance / Quality</td><td>Risk Appetite:
Cautious</td></tr>
<tr><td>Risk Response:
Reduce and Share
Last Review:
October 2026
Next Review:
January 2027</td><td>Related to Achievement of Strategic Priority<table><tr><td>Inequalities</td><td></td></tr><tr><td>Self-Care</td><td></td></tr><tr><td>Open Door</td><td>X</td></tr><tr><td>Planning Together</td><td>X</td></tr><tr><td>Workforce</td><td>X</td></tr><tr><td>Working Together</td><td></td></tr></table></td><td>
</td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of digital infrastructure being inadequate to support the delivery of modern integrated health and social care priorities.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
Number and complexity of IT systems, and lack of interoperability of digital systems.
Financial sustainability challenges necessitate reduction in scale of digital developments and maintenance programme in both NHS Tayside and Dundee City Council.
Lack of dedicated workforce capacity and capability to focus on implementation digital developments within the HSCP.
Digital is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.
Lack of digital delivery plan to bridge the gap between digital strategies of Dundee City Council and NHS Tayside, and support implementation in integrated functions.
Lack of integrated public sector digital strategy for Dundee.</td></tr>
<tr><td colspan="3">Resulting in:
Use of inefficient manual process and / or workarounds by the workforce (eg double input to both social work and health professionals’ systems.)</td></tr>
</table>

- Reputational damage both from a public and employer of choice perspective / loss of credibility due to inability to keep-up with modern digital expectations.
- Inefficiencies detract from capacity available to deliver strategic shifts and priorities at scale and pace described within IJB's Strategic Commissioning Framework.
- Impact on staff morale and wellbeing.
- Impact on service user experience, including initial access to services and need to share information multiple times with different services / teams.
- Impact on ability to effectively co-ordinate integrated information sharing and working resulting in potential for poorer outcomes for people with health and social care needs.

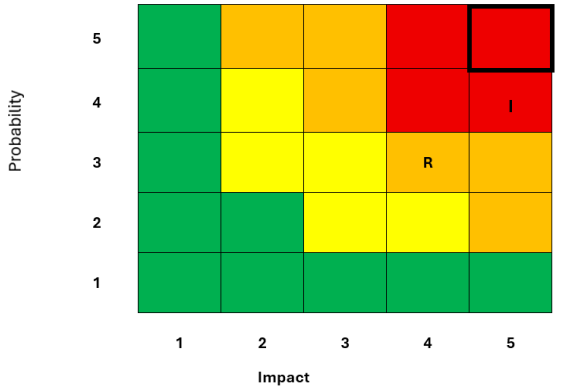
Current Mitigating Actions	**Control Type**
Digital Strategy Group with representation from NHS Tayside and Dundee City Council	Corrective / Preventive
Participation in Digital Maturity Assessment process being led by Dundee City Council	Detective
Planned Mitigating Actions	Control Type
Digital Delivery Plan	Corrective / Preventive
Increase in digital implementation and workforce development capacity within the HSCP workforce	Corrective
Investment of Transformation monies to fund digital developments for Community Nursing and other community-based services.	Corrective
Implementation of new digital operating model and product support approach within Dundee City Council	Corrective

<table>
<tr><th>Risk Ref: 9 IJB</th><th colspan="2">Risk Title: Information Governance</th></tr>
<tr><td>Residual Score:
Outwith appetite</td><td>Risk Category:
Performance / Quality</td><td>Risk Appetite:
Cautious</td></tr>
<tr><td>Risk Response:
Reduce and Share
Last Review:
September 2026
Next Review:
December 2027</td><td colspan="2">Related to Achievement of Strategic Priority
<table>
<tr><td>Inequalities</td><td></td></tr>
<tr><td>Self-Care</td><td></td></tr>
<tr><td>Open Door</td><td></td></tr>
<tr><td>Planning Together</td><td>X</td></tr>
<tr><td>Workforce</td><td>X</td></tr>
<tr><td>Working Together</td><td></td></tr>
</table></td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
• Different information governance and security risk tolerance and standards in place within Dundee City Council and NHS Tayside.
• Workforce employment arrangements are barrier to staff accessing information required to fulfil their roles.
• Increasing number of Subject Access Requests, Freedom of Information requests and complaints activity related to information governance issues.
• Increasing complexity of Freedom of Information requests and complaints, including use of AI by requestors / complainants.
• Ongoing scrutiny of corporate bodies by Scottish Information Commissioner.
• Staffing pressures across teams and services who support the processing and compilation of Subject Access Requests, Freedom of Information requests and complaints responses.
• Changes to digital systems have impacted on ability to share and store information in a secure but accessible way.
• Increase in cybersecurity threats experienced across the public sector.</td></tr>
</table>

Resulting in:

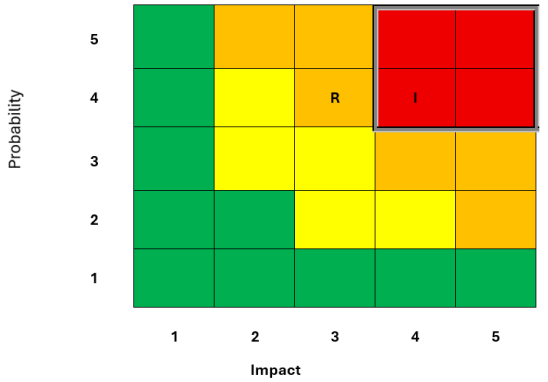
- Impact on workforce morale.
- Inability to share information in an efficient and effective way, redirecting resource from tasks more directly associated with strategic priorities and shifts.
- Delays in responding to information requests, with associated reputational impact and risks of regulatory action (including financial penalties for the corporate bodies).
- Risk averse behaviours and practices which in themselves limit information sharing and quality of services / response to health and social care needs.

Current Mitigating Actions	Control Type
Approval of information sharing protocol between Dundee City Council and NHS Tayside for Dundee HSCP	Directive / Preventive
Regular management reporting of performance against statutory requirements	Detective
Information governance learning and development resources and guidance	Preventive
Continuous monitoring of compliance with statutory requirements for Freedom of Information, Complaints and Subject Access Requests (including via Senior Management Team)	Detective / Corrective
Planned Mitigating Actions	Control Type
Finalisation of updated Standard Operating Procedures for all information governance processes	Preventive

<table>
<tr><th>Risk Ref: 10 IJB</th><th colspan="2">Risk Title: Engagement</th></tr>
<tr><td>Residual Score:
Within appetite</td><td>Risk Category:
Reputational</td><td>Risk Appetite:
Open</td></tr>
<tr><td>Risk Response:
Reduce
Last Review:
September 2026
Next Review:
March 2027</td><td>Related to Achievement of Strategic Priority
<table>
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<tr><td>Open Door</td><td></td></tr>
<tr><td>Planning Together</td><td>X</td></tr>
<tr><td>Workforce</td><td>X</td></tr>
<tr><td>Working Together</td><td>X</td></tr>
</table></td><td>
</td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
• Workforce capacity and capability to plan and deliver communication and engagement across all relevant functions and with all stakeholders.
• Restricted capacity of stakeholders to participate in communication and engagement processes, including service users and members of the public (competing priorities).
• Multiple needs and requirements to ensure that processes and materials are effective and accessible for all stakeholders (one size fits all approach is not sufficient).
• Insufficient acknowledgement and support of contributions, particularly from those participating on an unpaid basis.
• Communication is not a delegated function to the IJB, therefore restricting levers and actions available to directly mitigate risks.
• Limited visibility of IJB members and other leaders across all stakeholder groups.</td></tr>
<tr><td colspan="3">Resulting in:</td></tr>
</table>

- Strategic plans and service developments being ineffective in meeting local needs and preferences, resulting in poorer outcomes for people with health and social care needs.
- Reduced confidence and credibility of the IJB with stakeholders.
- Lack of realistic and shared expectations relating to strategic priorities and shifts, as well as availability and quality on services and supports.
- Potential challenges to decisions made by the IJB that were not properly informed by engagement and understanding of needs and impacts.

Current Mitigating Actions	Control Type
Focused engagement activity in place across a number of key processes / services - strategic plan, budget development, carers strategic plan, mental health and wellbeing strategic plan.	Preventive
Joint work with Dundee Partnership, Dundee City Council and NHS Tayside to make best use of all available engagement information.	Corrective
Revision of arrangements for lived experience representation at IJB and SPAG.	Preventive
Support available from Healthcare Improvement Scotland to support engagement in relation to service change.	Preventive
Participation in Area Partnership Forums and other mechanisms to support workforce communication and engagement	Preventive
IJB visits to health and social care teams and services	Preventive
Planned Mitigating Actions	Control Type
Implementation of approach to service user and carer representative recruitment, support and development for the IJB.	Preventive / Corrective
Restructure of Business Support and Strategic Planning Team, including increased capacity to support communication and engagement	Corrective
Implementation of improvement areas to support fulfilment of Children's Rights Duties, including Voice focused actions	Preventive / Corrective
Implementation of Care Opinion	Detective

Risk Ref: 11 IJB	Risk Title: Whole System Collaboration	
Residual Score: Within appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce and Share **Last Review:** September 2026 **Next Review:** March 2027	**Related to Achievement of Strategic Priority** Inequalities: Self-Care: Open Door: Planning Together: Workforce: Working Together: X	

Risk Description:
There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.

Key Contributing Factors:

- Scale and complexity of network of relevant health and social care and community planning partners, including complexity of governance arrangements for health and social care.
- Limited strategic commissioning and planning capacity within the HSCP and other partner organisations.
- Differing planning requirements and processes used by different partners, driven by legislative requirements and national policy, funding and reporting arrangements.
- Differing cultures and priorities across partner organisations.
- Redesign of Mental Health and Learning Disability Services under the Whole System Change Programme and related scrutiny reports.

Resulting in:

- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework
- Poorer outcomes for people with health and social care needs, both in the short and long-term

- Impact on service user experiences of service delivery.
- Inefficient use of total public sector resource due to duplication of effort and / or conflicting plans and unintended consequences.
- Increased potential for disintegration of health and social care services.

Current Mitigating Actions	Control Type
Participation in joint strategic planning groups for health and social care	Preventive
SPAG as key site for co-ordination of planning	Preventive
Participation in Community Planning Partnership	Preventive
Representation on national groups that influence planning arrangements and requirements (i.e. HSCS)	Preventive
Visibility and governance in relation to Tayside-wide Mental Health and Learning Disability Whole System Change Programme	Detective
Influence the delivery of new models of care and whole system change programme to promote & safeguard better outcomes	Preventive
Participation in Protecting People Committees	Preventive
Development and agreement of strategic plans with whole system alignment – e.g. Tayside Primary Care Foundational Strategy 2026-28, Children's Services Plan	Preventive
Agreement of shared models of service delivery e.g. GP Out of Hours	Corrective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Detective
Participation of Chief Officer and others in Mental Health WSPC and work to develop single mental health strategic plan for Tayside	Preventive / Corrective
Explore collaborative opportunities with other partners including Angus and Perth & Kinross IJBs	Corrective
Restructure of Strategic Services, including increased capacity at interface with national planning and policy arrangements	Corrective

Table 2: Overview of Changes in Risk Scoring													
Risk	**Risk Title**	**Inherent Risk**	**Feb 26**	**Mar 26**	**Apr 26**	**May 26**	**Jun 26**	**Jul 26**	**Aug 26**	**Sep 26**	**Oct 26**	**Nov 26**	**Dec 26**
1 IJB	Financial Sustainability	25	25	25	25	25	25	25	25	25	25		
2 IJB	Workforce Capacity	16	12	12	12	12	12	12	12	12	12		
3 IJB	Property Infrastructure	20	20	20	20	20	20	20	20	20	20		
4 IJB	Public Sector Reform	20	16	16	16	16	16	16	16	16	16		
5 IJB	Increased Service Demand	20	16	16	16	16	16	16	16	16	16		
6 IJB	External Provider Sustainability	16	12	12	12	16	16	16	16	16	16		
7 IJB	Data Quality	16	12	12	12	12	12	12	12	12	12		
8 IJB	Digital Infrastructure	20	16	16	16	16	16	16	16	16	16		
9 IJB	Information Governance	16	12	12	12	12	12	12	16	16	16		
10 IJB	Engagement	20	12	12	12	12	12	12	12	12	12		
11 IJB	Whole System Collaboration	16	12	12	12	12	12	12	12	12	12		

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ITEM No …9……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 18TH NOVEMBER 2026**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

REPORT BY: **ACTING CHIEF FINANCE OFFICER**

REPORT NO: **PAC38-2025**

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance & Audit Committee (PAC) with an update on progress of the one remaining review from 2024/25 plan, the 2025/26 and 2026/27 internal audit plans.

1.2 This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the PAC:

2.1 Notes the ongoing work on the 2024/25, 2025/26 and the 2026/27 plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Global Internal Audit Standards require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 The PAC approved the 2026/27 Internal Audit Plan at the September 2026 meeting. Internal audit work undertaken to deliver the 2025/26 plan, the one remaining review from 2024/25 and mandatory audits from 2026/27 is set out in Appendix 1.

4.3 FTF Internal Audit, working with our Dundee City Council partner, is committed to ensuring that internal audit assignments are reported to the target PAC. Timely and effective engagement from management, including prompt provision of information and responses, is essential to support completion of audit work and ensure that assurance is reported to the Committee within the agreed timetable. Delivery of elements of the 2024/25 and 2025/26 Internal Audit Plans has been delayed, reflecting wider organisational pressures and competing priorities. The progress of each audit has been risk assessed, and a RAG rating added showing an assessment using the following definitions:

Risk Assessment		Definition
Green		**On track or complete**
Amber		**In progress with minor delay**
Red		**Not on track (reason provided)**

4.4 Resources to deliver Dundee IJB audits are provided by the NHS Tayside and Dundee City Council Internal Audit Services.

4.5 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions. There are no relevant reports from the NHS Tayside Audit and Risk Committee held in October 2026 and the Dundee City Council Scrutiny and Audit Committee meeting held in September 2026 which are required to be reported to Dundee IJB.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and Chief Internal Auditor were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 21 October 2026

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2026/27								
D01-27	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2026	✓	✓	✓	✓	**N/A**
D02-27	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2027	✓	✓			
D03-27	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	May 2027					
D04-27	Annual Report 2026/27 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB meeting June 2027					
D05-27	Resource Allocation	Application of eligibility criteria for care and support packages across adult and older people services (including direct payments and commissioned arrangements)	TBC					
Remaining Audits from 2024/25 and 2025/26								
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements	~~May 2025~~	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning. **Update:** Fieldwork complete and draft report was discussed with the Acting Chief Finance Officer and Associate AHP Director Dundee Health and Social Care Partnership in June 2026. Pan Tayside findings were discussed at the Tayside Lead Partner Forum in July 2026 and the Acting Chief Finance Officer is to provide further information to the auditors to finalise the report.	~~September 2025~~ ~~November 2025~~ ~~February 2026~~ ~~20 May 2026~~ ~~23 September 2026~~ ~~18 November 2026~~ February 2027 					
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: *'It will be the responsibility of the Parties to work collaboratively to provide the IJB with support services which will allow the IJB to carry out is functions and requirements', including 'professional, technical and administrative resource."*	TBC 	✓	✓			

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Planning work delayed due to operational pressures within the Internal Audit team. Assignment Plan sent to Management for approval on 18 August 2026.						

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ITEM No …10……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 18TH NOVEMBER 2026**

REPORT ON: **OUR PROMISE 2023-26 ANNUAL UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC43-2026**

1.0 PURPOSE OF REPORT

1.1 This report provides the Performance and Audit Committee with the annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26 (Appendix 1). The report outlines key developments over the last 12 months and also includes an update on Whole Family Wellbeing Funding activities (Appendix 2).

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note continued progress made in the implementation of Our Promise 2023-26 and improved outcomes for care experienced children, young people and care leavers (section 4).

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Children and Young People (Scotland) Act 2014 requires Local Authorities to develop a 'Corporate Parenting Plan' to outline how it will meet the needs of 'Looked After Children'. The Independent Care Review published in February 2020 was critical of this stigmatising language and promoted a stronger collective ambition to achieve transformational improvements in the way we support families. It emphasised the importance of ensuring families can remain together and when that is not possible children live in family-based care settings. In The Promise, it outlined 5 key foundations of Family, Care, People, Voice and Scaffolding. In The Money and Follow the Money, it also commented on avoidable financial costs.

4.1.2 Although Dundee IJB is not a listed Corporate Parent under the Children and Young People (Scotland) Act 2014, both Dundee City Council and NHS Tayside, and therefore Dundee Health and Social Care Partnership, must consider and comply with duties in the course of their operations. However, the IJB has an interest in being informed of and co-operating with work to support, protect and improve outcomes for care experienced young people from a variety of perspectives:

- In Scotland, care experienced young people have additional protections and entitlements in law up until their 26th birthday and therefore are likely to be accessing and supported by a range of adult health and social care services.

- Services commissioned by the IJB will support adults who are connected to care experienced children and young people, whether as part of whole family support or for Kinship and Foster Carers.

- An effective approach to supporting care experienced children and young people is essential to reducing the inequalities gap in terms of health and social care outcomes, and in doing so contributes to reducing future demand for adult health and social acre services.

4.2 Developments

4.2.1 In response to the Independent Care Review, Dundee City Council developed Our Promise to mirror the 5 foundations covering the periods 2020-23 and 2023-26. Out of the total of 28 initiatives outlined in the current plan, work has started on all of them, 24 have been completed; 3 are underway; and 1 will commence in late 2026. As outlined in Appendix 2, the 14 initiatives allocated WFWF funding over the last 12 months have also been active in either building the capacity of existing services to help maximise resources or directly providing new supports to help meet family's needs. Some trends over the last 3 years, benchmarking and continued priorities now include:

- **Number in care** - the total number of children and young people in alternative care arrangements has reduced by 22% from 374 in March 2023 to 292 in March 2026. This does not include children, and young people subject to a Compulsory Supervision Order (CSO) at home, which has increased from 45 to 91.

  This means that the total number of children and young people subject to CSOs at home or in alternative care has reduced from 419 to 383 (9%) between March 2023 and March 2026. National figures from the Local Government Benchmark Framework (LGBF) for the three-year period 31st July 2022 to 31st July 2025 show a three-year decrease of 6%.

- **Balance of care** - the balance of family-based Kinship Care and Foster Care versus internal or external residential care has increased from 85.7% in March 2023 to a peak of 91% in June 2025 and 90% in March 2026. In the latest available Local Government Benchmarking Framework (LGBF) comparison, the national average was 88.3%.

  As further improvements in the balance of family-based versus residential care towards exemplar Local Authorities of 95% are dependent upon the availability of Foster Carers, this has continued to be a key priority and actions to increase their recruitment and retention are described in section 4.6.

- **Missing episodes of children and young people from Children's Houses** - there has been a reduction in the number of missing episodes from the Council's Children's Houses from 389 in 2022 to 182 in 2025 (53%). Typically, these involve repeat missing episodes of a small cohort of children and young people when they do not return home on time.

  This is one indicator of greater stability in the Children's Houses, where 3 of the 6 houses inspected by the Care Inspectorate are currently graded as Very Good; 1 is graded as Good; and 2 are graded as Adequate. A shared Children's House Improvement Plan and targeted support to individual houses is contributing towards improvements.

- **School attendance** – the overall attendance rate for care experienced pupils in 2025-26 was 82%, slightly lower than the LGBF Family Group average of 82.3%. It is adversely affected by the much lower attendance levels of children and young people subject to a CSO or in Kinship Care, whereas the attendance level of pupils in Foster Care is 90%.

  Section 4.6 provides details of the response, which involves holistic whole family support to overcome barriers to school attendance at home, in schools and in the wider community. The

development of Whole Family Support, initially in the Northeast and Eastend, is also including a targeted focus on this cohort of families.

- **Attainment** – the percentage of care experienced pupils achieving 1+ award at SCQF Level 4 or better decreased from 81% in 2024-25 to 52% in 2025-26. For the past four years the average achieving one or more awards at SCQF Level 5 or better has been 52%. It is again affected by children and young people on a CSO at home or in Kinship Care.

  It should be noted that as around 20-30 care experienced pupils leave school each year, small reductions in the number achieving one or more awards at SCQF Level 4 or 5 indicates more marked percentage decreases. Nevertheless, they still generally lag their mainstream peers, especially when in the care of their immediate or wider birth family.

4.2.2 The key objectives of keeping vulnerable families together, supporting children and young people in family-based settings, keeping them safe, improving outcomes and reducing financial costs are therefore being increasingly realised but those on CSOs at home or in Kinship Care continue to experience poorer outcomes and the recruitment of Foster Carers has remained a challenge. These are key priorities and further details on more recent and planned activity are outlined in section 4.7 of this report.

4.3 People

4.3.1 In relation to the workforce, Children's Social Work teams have continued to implement a national Newly Qualified Social Worker (NQSW) scheme placing limits on the number of families they support in the first 12 months. A new Supervision Framework was also launched in November 2025. Overall, the average number of families supported by Social Workers has risen from 15 to 17 and the service has embedded Magic Notes to enhance efficiencies. Testing identified that it reduced the time spent on administrative tasks by an average 7-9 hours a week per worker.

4.3.2 To evaluate and help further improve Children's Social Work practice, audits of assessments, plans, chronologies and engagement continue to be carried out 3 times a year. When this programme started in May 2021, 58% were graded as Good or better overall. This rose to 93% in June 2023 and 94% in December 2023. In a further audit carried out in June 2025 focused on children and young people on CSOs at home, 93% were rated as Good or better.

4.3.3 The most recent audit carried out in January 2026 involved a review of assessments, plans, chronologies, engagement and support to children and young people in Children's Houses, with overall practice rated Good or better for 87% of cases. The strongest areas related to assessments and engagement, with most children and young people supported to contribute to planning and progress against meaningful outcomes.

4.4 Family

4.4.1 The details in Appendix 2 provide an overview of WFWF services focused on the key priorities of pre-birth and early years (Alternatives Counselling, Tayside Council on Alcohol and National Literacy Trust); disability and additional support needs (The Yard); poverty and healthy weight (Dundee Bairns); and holiday provision (Holiday Programme Partnership). They also include approaches designed to maximise the capacity, availability and effectiveness of existing services, such as the FORT referral system, DIAS Advocacy Strategy, DVVA Volunteer Strategy, Crichton Street Hub, Together to Thrive and Positive Destinations Framework.

4.4.2 In relation to Early Years, babies and infants under the age of 5 years remain disproportionately represented on the Child Protection Register or away from their birth family in alternative care. Currently, 22% of care experienced children are aged 0-5 years compared with a national average of 17%. In addition to universal services and new WFWF projects, the New Beginnings Team therefore continues to provide targeted support. Over the last 12 months, 85% of babies referred to the team were able to remain either at home in the care of their parent or in extended family with a Kinship Carer.

4.4.3 The Council's Children and Families Service also finalised a review of Third Sector commissioned services, which currently involves £2.3m annual funding to 14 organisations. They deliver a range of services, from substance use, parenting, mediation, one parent families, advocacy, disability

and supported accommodation. The review was informed by the 10 principles of flexible family support outlined in the Independent Care Review and is designed to meet varying overlapping needs in more integrated, accessible and responsive ways, including for children and young people currently subject to a CSO at home or residing in Kinship Care.

4.5 Voice

4.5.1 For younger children, the Children and Families New Beginnings Team has been trained in using a Mental Health Observational Indicator Set to make observations of children with their main care giver and inform support. To help drive improvements in engagement, the service has continued to gather data on the proportion of children and young people who either attend or, more frequently, have their views represented at meetings. This now shows that for those children and young people who have had a decision-making meeting, 95% had their views represented either by being given opportunities to speak during the meeting or others speaking on their behalf.

4.5.2 To strengthen opportunities for children and young people to speak and be heard, the Council also continues to commission Who Cares? Scotland to provide an advocacy service for care experienced children and young people. Over the last 12 months, Who Cares? advocated for 51 children and young people across all types of care arrangement, including external residential care. Examples of the impact of advocacy include changes being made to the frequency of family contact for a child and a landlord extending a notice to quit a tenancy for a care leaver attending University. The service recognises the value of independent challenge and comments on the value of advocacy from children and young people have included:

- 'I feel like the whole team – Social Work, School and Who Cares? – are doing a good job'
- 'She just says what I want her to say. She checks with me before she talks to anyone'.
- 'I'm happy because I'm going to get more family time and can call my Grandma at the weekend now'.

4.5.3 Following staffing changes, the Champions Board, which had been operating in all 8 Secondary Schools, is currently being reviewed with proposals due to be presented in late October 2026. Options include retaining the existing model, extending it to include Primary Schools, focusing specifically on care experienced children and young people on CSOs at home or in Kinship Care, developing a linked or separate board for the Children's Houses or all of these. It has proved to be a helpful forum for engaging with and actively listening to children and young people, including responses to requests such as participation in a Columba 1400 Leadership Development Academy and other organised activities.

4.5.4 The WFWF funded Advocacy Strategy is intended to widen the availability of advocacy and includes a Delivery Plan 2026-27 focused on the joint development of an Advocacy Charter, partnership training to raise workforce knowledge and skills, digital platforms to raise community awareness, engagement with communities and exploration of available capacity across different settings. It will align with the development of Whole Family Support initially in the Northeast and Eastend, including engagement with communities to inform the design and delivery of services in accordance with Human Rights and the United Nations Convention on the Rights of the Child (UNCRC). Details on the impact will be provided in the next 12-month report.

4.6 Care

4.6.1 A range of developments have continued to strengthen support to children, young people and care leavers in different care settings. In response to the lower school attendance and attainment levels of children and young people on CSOs at home or in Kinship Care, Welfare Rights assessments, a Place2B online parenting programme, school holiday activity camps, targeted leisure and sports activities and trauma informed support from 2 Clinical Psychologists continues to be in place. The service is ensuring that they each have a Coordinated Support Plan, including enhanced transition support from Primary to Secondary School and targeted support from Pupil Support Workers.

4.6.2 The introduction of an education tracking tool is supporting the identification of a cohort of children and young people on CSOs or in Kinship Care with attendance levels below 60%. Following

further data analysis, initial targeted intervention is focusing on Primary 6 and Primary 7 pupils across five Primary Schools. It will provide a tailored, person-centred approach aimed at understanding and addressing the complex factors contributing to non-attendance. Evaluation of outcomes will inform future development, including the potential scaling and integration of the approach within the service's Improving Presence Strategy.

4.6.3 However, both nationally and locally the recruitment of Foster Carers remains a challenge, with internal Foster Carer households reducing from 75 in 2022 to 53 in 2026. It restricts opportunities to care for children and young people in family-based settings when residing with birth family is not currently possible. In response, the Council introduced a 58% increase in fees from £172 to £272 per child per week from September 2026, alongside a range of other extended supports. The impact of this on recruitment and retention will continue to be monitored.

4.6.4 In relation to care experienced young people entering positive destinations after leaving school, data for the period 2025-26 is not yet available but there were 25 leavers in 2024-25. Of these, 20 (80%) entered a positive destination, compared with 100% in 2023-24 and 71% in 2022-23. As noted in paragraph 5.1 on attainment, small numbers can result in a significant percentage shift, and the service continues to support care leavers to enter and sustain positive destinations. In respect of care leavers aged up to 26 years supported by the Aftercare Team, 48 out of 69 (70%) were in education, training or employment in July 2026.

4.7 **Summary and Next Steps**

4.7.1 This report describes how Our Promise continues to have a positive overall impact in supporting vulnerable families. The number of children and young people in care have continued to reduce; the balance of family-based care has increased; foundational Social Work practice is improving; children, young people, parents/carers and communities are increasingly listened to; Care Inspectorate inspections of regulated services are getting better overall; missing episodes from Children's Houses are reducing; costs are reducing; and WFWF initiatives are either contributing towards enhanced support or show promise.

4.7.2 However, there still remains a disproportionate number of babies and infants subject to formal Child Protection processes and ultimately in care; children and young people on CSOs at home and in Kinship Care are less likely to progress well at school; there are challenges in the recruitment of Foster Carers; and the care experienced population still lags their peers in educational attainment by some margin. This will continue to inform Council and partnership priorities, including the development of the data-driven place-based Whole Family Support initiative in the Northeast and Eastend.

4.7.3 Going forward, the Children's Services Planning Partnership Plan 2026-29 approved by Elected Members in June 2026 includes Priority 5 as Our Promise and outlines a further range of actions in accordance with the 5 foundations. It includes a specific focus on the areas for improvement identified in this report, alongside other actions such as the development of the co-located multi-agency Crichton Street Hub for vulnerable adolescents and planned housing pathways for care leavers. Further annual updates will form part of annual updates on this plan.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Acting Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 28 OCTOBER 2026

Glyn Lloyd
Chief Social Work Officer

Appendix 1

Our Promise to Care Experienced Children, Young People and Families 2023-26
Action Plan

Foundation	Actions	Leads	Measuring Impact	Timescales
Voice	**Implement Infant Pledge for babies and toddlers in care -** 'Hello in There Wee One' has now been published and is being implemented in the New Beginnings Team.	Service Manager	Audit of practice in test sites	¼ audits
	Coordinate Champions Boards – were operating in all 7 Secondary Schools and a current review due to be finalised in late October 2026.	Education Officer	Survey Champions Boards	¼ meetings
	Review advocacy to improve access and impact – WFWF funding to DIAS for development of an Advocacy Strategy, with Delivery Plan to be implemented from 2026-27.	Service Manager	% offered and accessing	March 2024
	Implement findings of survey on brother/sister care – teams received training on being together, informing care plans, having contact and/or knowing of whereabouts, where appropriate.	Service Manager	Implementation of plan	March 2025
	Implement and scale What Matters to You in locality areas – Cafe Conversations and Make it Happen Fund have informed the development of Whole Family Support (WFS).	Head of Service	Formal evaluation	March 2026
	Include a focus on voice in audits of practice – audits now provide data on different age group attendance and/or representation at key decision-making meetings.	Service Manager	% where voice informed plans	¼ audits
Family	**Coordinate targeted deployment of WFWF** – all WFWF funding up to March 2027 allocated and partnership awaiting confirmation of continued funding to inform sustainability or exit strategies.	Head of Service	Develop specific measures	Nov 2023
	Develop a clear edge of care offer to all families review of commissioned services completed, and flexible family support mirrored in contractual agreements.	Senior Manager	Numbers in care	June 2024

	Review working arrangements to provide support at time of need – WFWF Total Mobile made final proposals in November 2025 and will form part of WFS Developments in 2026-27.	Senior Manager	Family stability/disruption	June 2024
	Conduct Welfare Rights assessments with all families at risk – families with Kinship Care arrangements all receive Welfare Rights assessment.	Practice Manager	Income maximisation	June 2024
	Implement Contextual Safeguarding for adolescents at risk – a Contextual Safeguarding Panel has been established supported by the Crichton Street Hub from September 2026.	Senior Manager	Audits of Child's Plans	June 2024
	Explore and apply models of best practice in family support – relates to review of commissioned services finalised in October 2025.	Senior Manager	specific measures	March 2024
Care	**Develop and implement brothers/sisters practice guidance** – developed and implemented across teams, which continue to navigate complexities in care arrangements.	Senior Manager	Measures inform by survey	June 2025
	Implement therapeutic and other supports to Kinship Carers – Corra funded Clinical Psychologists provide routine trauma informed advice and support to both Kinship Care Team and Kinship Carers	Service Manager	Numbers in Kinship Care	June 2025
	Target school attendance support to pupils in Kinship Care – additional supports being extended and systems tightened to more effectively target	Education Officer	Educational outcomes	March 2024
	Develop and implement new Foster Carer support strategy – strategy developed and implemented. Fees also increased by 58% from September 2026.	Service Manager	Recruitment and satisfaction	Nov 2023
	Complete secure care self-evaluation and implement improvements – not progressed due to competing priorities but multi-agency group will progress September to March 2026-27.	Senior Manager	Compliance with standards	December 2026
	Develop and implement new Continuing Care practice guidance – developed and implemented so Aftercare Team now receive advance notification and transfer aged 16 years	Senior Manager	Compliance with standards	June 2024

	Review Aftercare support to care leavers aged up to 26 years – reviewed and high % of eligible care leavers receive support, including Unaccompanied Asylum-Seeking Children (UASC)	Senior Manager	% supported and outcomes	June 2024
	Enhance supportive post-care housing support - new provision at Reid Square and Fairbairn Street. Policy of no 16–17-year-olds in homeless accommodation	Senior Manager	Homelessness	June 2024
	Implement Youth Participation action plan – being implemented with Youth Participation Group including additional capacity from WFWF and extension of mentoring support and new school systems.	Senior Manager	Positive destinations	June 2024
People	**Implement risk assessment and defensible decision training** – initial focus on Children's Homes and now delivered to all front-line Social Work teams	Service Manager	Audits of practice	¼ audits
	Implement Welfare Rights training – Welfare Rights member of Our Promise Partnership; routine assessments of Kinship Carers; and advice/guidance available for other families	Service Manager	Audits of practice	¼ audits
	Implement an annual foster carer training plan – developed and implemented and now also extends to Kinship and Foster Panels to promote consistency of approach	Service Manager	Attendance and satisfaction	Annual
	Ensure high quality Child's Plans for all care experienced children – audits show marked improvements in the % graded as Good or better	Service Manager	Audits of practice	¼ audits
	Scale parenting programme training across teams – Place2B used by Kinship Team and review of commissioned services to include a focus on parenting	Service Manager	Audits of practice	¼ audits
Scaffolding	**Fully implement GIRFEC Practice Profile in all sites –** guidance developed for all sites and data gathered on Team Around the Child Meetings. Audit of quality to take place in late 2026-27.	Education Officer	Audits of practice	Bi-an audits

Implement new Social Work Practice Standards – implemented across all teams and supporting workforce to prioritise support in accordance with levels of risk and need	Senior Manager	Audits of practice	January 2024
Revise all Social Work procedures to be Our Promise compatible – key procedures reviewed and action plan developed for all remaining procedures	Service Manager	Audits and staff survey	December 2026

APPENDIX 2

Whole Family Wellbeing Funding 2025-26				
Provider	**Funding**	**Service**	**Activity**	**Outcomes**
Alternatives Counselling	£34,267	Therapeutic support to vulnerable expectant and new mothers	Over 450 sessions of counselling, neonatal ward support and wellbeing groups	Increased attachment and reduced overwhelm and anxiety
Tayside Council on Alcohol	£263,295	Birch Programme for women who have had children removed from their care	Targeted holistic support to 48 parents of 100 children	Improved housing stability, health, relationships and employment
National Literacy Trust	£57,238	Talk and Play Together to improve whole family literacy skills	Supported 63 families and distributed 653 books	Strengthened relationships, confidence and literacy
Dundee Repertory Theatre	£79,954	Creative Family Wellbeing Service with whole family dramatherapy	Provided 26 family places and 9 workshops for NHST and DCC staff on family therapy	Improved emotional expression, regulation and confidence
Dundee Bairns	£97,525	Provision of food and healthy eating advice via school tea clubs	Delivered 63 group sessions to 400 families and 18,000 meals in 22 schools	Improved school engagement and reduced food insecurity
The Yard	£57,238	Family support and summer play for parents with a child with a disability	Recorded 221 family engagements across all age groups and 33 parent support sessions	Increased confidence, reduced family stress and less isolation
The Yard	£98,452	Support to children with ASN transitioning from Primary to Secondary	Delivered 61 transition sessions to 149 children and young people	A survey showed 100% of pupils reported increased confidence
Dundee City Council	£127,084	Coordination of Holiday Partnership Programme with various services	Targeted support to 2,625 children, including breakfasts and lunches	Enhanced wellbeing and improved school attendance/engagement
Dundee City Council	£104,728	Development and Delivery of Positive Destinations Improvement Plan	Coordination of in-school and post-school pathways and support groups	Earlier identification, enhanced support and improved tracking
DVVA	£77,160	Coordination and maximisation of volunteer services	Development of a Volunteer Strategy, Go Volunteer Platform and Volunteer Passport	Streamlined volunteer recruitment, support and training
DIAS	£91,587	Development of a Joint Advocacy Strategy by 4 independent organisations	Consultation on and co-design of a partnership strategy	Advocacy Strategy and Delivery Plan to be implemented in 2026-27
FORT	£54,000	Referral and triage function for services requiring access to additional support	Over 300 staff trained and 53 referrals triaged to relevant support	Seamless and timeous access to varying family support
Dundee City Council	£91,000	Renovation of Crichton Street to host a co-located multi-disciplinary team	Works completed and new hub ready for formal opening in October 2026	Intention to improve joint support to vulnerable adolescents
Mental Health Foundation	£156,668	A capacity building Together to Thrive model for services supporting children	Over 200 referrals received via FORT for children awaiting CAMHS assessment	Families reported greater confidence in managing emotions

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ITEM No …11……..

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2026 TO DECEMBER 2026

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
Organisation	**Member**	**Meeting Dates 2025**			
		04/02	20/5	23/9	18/11
NHS Tayside (Non Executive Member)	Bob Benson *	✓	✓	✓	
Dundee City Council (Elected Member)	Siobhan Tolland *	A/S	✓	✓	
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	A/S	A/S	
NHS Tayside (Non Executive Member)	David Cheape *	✓	✓	A	
Chief Social Work Officer	Glyn Lloyd	✓	A/S	✓	
Chief Officer	Dave Berry	✓	✓	✓	
Acting Chief Finance Officer	Christine Jones	A	✓	A	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	✓	A	A	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	
Carers' Representative	Martyn Sloan	✓	✓	✓	
Chief Internal Auditor ***	Jocelyn Lyall	A/S	A/S	A/S	

✓ Attended
A Submitted apologies
A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members
** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.
*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.
**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

^ Meeting didn't take place as wasn't quorate.
^^ Special meeting.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland).