



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

City Chambers
DUNDEE
DD1 3BY

12th May, 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, 20th May, 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, 18th May, 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

AGENDA

- 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 4th February, 2026 is submitted for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC12-2026) for meetings of the Performance and Audit Committee is submitted for noting and updating accordingly.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 3 - Page 9

(Report No PAC14-2026 by the Chief Officer, copy attached – for noting).

5 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 39

(Report No PAC17-2026 by the Clinical Director, copy attached – for decision).

6 PSYCHOLOGICAL THERAPIES WAITING TIMES - Page 55

(Report No PAC23-2026 by the Chief Officer, copy attached – for decision).

7 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2025-26 - Page 61

(Report No PAC20-2026 by the Chief Officer, copy attached – for noting).

8 SELF ASSESSMENT ANNUAL REVIEW OF 2025-26 - Page 91

(Report No PAC13-2026 by the Chief Finance Officer, copy attached – for decision).

9 QUARTERLY FEEDBACK REPORT – 4TH QUARTER 2025/2026 - Page 95

(Report No PAC15-2026 by the Chief Finance Officer, copy attached – for decision).

10 STRATEGIC RISK REGISTER UPDATE - Page 103

(Report No PAC16-2026 by the Chief Officer, copy attached – for noting).

11 ASSURANCE REPORT – IMPLEMENTATION OF IJB DIRECTIONS 2025-26 - Page 135

(Report No PAC21-2026 by the Chief Finance Officer, copy attached – for noting).

12 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 141

(Report No PAC18-2026 by the Chief Officer, copy attached – for noting).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 165

(Report No PAC19-2026 by the Chief Finance Officer, copy attached – for noting).

14 ATTENDANCE LIST - Page 175

(A copy of the Attendance Return (PAC22-2026) for meetings of the Performance and Audit Committee held over 2026 is attached for information and record purposes).

15 DATE OF NEXT MEETING

The next meeting of the Committee will be held remotely on Wednesday 23rd September, 2026 at 10.00am.

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PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated April 2026)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

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

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – 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 – Proxy	Andrew Thomson
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)	Fiona Owens
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
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Jackie Bell

Organisation	Recipient
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



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 4th February, 2026.

Present:-

<u>Members</u>	<u>Role</u>
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member) - Proxy
Dave BERRY	Chief Officer
Barry HUDSON	For the Chief Internal Auditor
Glyn LLOYD	Chief Social Work Officer
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
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:-

Peter ALLAN	Dundee City Council
Matthew KENDALL	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:

Christine JONES	Acting Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)

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 26th November, 2025 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC1-2026, 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 there was an update on the roof works at Kingsway Care Centre within Report No PAC8-2026 (Governance Action Plan Progress Report) and a fuller update would be provided to the next meeting.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 2

There was submitted Report No PAC4-2026 by the Chief Officer providing an update on 2025-26 Quarter 2 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 (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 (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.

V DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC7-2026 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report related to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local Policy.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within the report was to 30th November, 2025; and

- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- there was evidence of a sound system of governance throughout Dundee HSCP;
- the identification of risk and subsequent management of risk was articulated well throughout services;
- there was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff; and
- there was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee further agreed:

- (iii) to note that the Community Alarm Service had been awarded the Platinum Award by the Scottish Government which was the highest possible recognition for digital transformation.

VI DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2

There was submitted Report No PAC2-2026 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 2025/26 (section 6 and Appendix 1); and
- (ii) to note the range of ongoing improvement activity (section 7).

Following questions and answers the Committee further agreed:

- (iii) to note that the Primary Care Project won a Scottish Healthcare award for the management of substance use issues (the wider Dundee Drug and Alcohol Recovery Service (DDARS) were also a finalist in this category);
- (iv) to note that Russell Wood would seek information from Public Health in relation to a query about whether the reduction in Alcohol Brief Interventions was a good or bad indicator and the reason for the reduction;
- (v) to note that work continued with NHS Tayside and Dundee City Council Property and Estates Services to identify suitable alternative properties for substance use and mental health services and this was facilitated by Scottish Futures Trust; and
- (vi) agreed that the Chair and Chief Officer would discuss whether development time for the IJB was required on Drug and Alcohol Services.

VII MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2

There was submitted Report No PAC3-2026 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 of the report).

Following questions and answers the Committee further agreed:

- (iii) that a deeper dive would be undertaken in relation to the children that were on the Child Protection Register due to mental health of their parent/carers;
- (iv) that consideration would be given to including impact of Hope Point in future iterations of the report;
- (v) to note that the suggestion by Councillor Short in relation to IJB members receiving quarterly statistics about Hope Point would be fed back to Penumbra.

VIII UNSCHEDULED CARE

There was submitted Report No PAC5-2026 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
- (ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:

- (iii) to note that not sustaining performance would result in higher costs for the whole system.

IX CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25

There was submitted Report No PAC10-2026 by the Chief Finance Officer reporting that the third annual progress report on the City Plan for Dundee 2022-2032 was considered and agreed by the Dundee Partnership in September 2025. The Dundee Partnership Management Group committed to bringing updates to their individual organisations for noting.

The Committee agreed:-

- (i) to note the progress made since the first report on the City Plan for Dundee 2022-32 in October 2023 (section 5 and Appendix 1);
- (ii) to note that the Strategic Leadership Groups would review performance indicators that had deteriorated and take measures to improve these going forward; and
- (iii) to remit the Health and Social Care Partnership Leadership Team and Strategic Planning Advisory Group to monitor Dundee Health and Social Care Partnership's commitment and inputs to delivering actions supporting this plan.

Following questions and answers the Committee further agreed:

- (iv) to note that Peter Allan, Chief Executive's Service could provide an up to date reflection on any of the data if required;

- (v) to note that Peter would follow up with Councillor McHugh in relation to her queries about the targetting process for child poverty initiatives;
- (vi) to note that more information would be included in the next update in relation to priority groups/relationship with carers etc; and
- (vii) to note the request of the Chair to consider presenting a report on the Linlathen initiatives to a future Integration Joint Board meeting.

X OUR PROMISE 2023-26 ANNUAL UPDATE

There was submitted Report No PAC9-2026 by the Chief Officer providing the annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26. The report outlined key developments over the last 12 months and priorities going forwards, including developments in respect of Scottish Government Whole Family Wellbeing Funding and whole family support opportunities.

The Committee agreed:-

- (i) to 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); and
- (ii) to remit the Chief Social Work Officer to provide a further update on Our Promise in 12 months.

Following questions and answers the Committee further agreed:

- (iii) to note that improvements would be made to the dataset for those that had left care and that discussion would take place with CoSLA and the Scottish Government; and
- (iv) to note that the review of Third Sector commissioned services was subject to the Council's budget consultation.

XI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC8-2026 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 (which was contained within Appendix 1).

Following questions and answers the Committee further agreed to note that the Chief Officer would discuss with Internal Audit colleagues any areas that were becoming a significant risk to governance.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC6-2026 by the Chief Finance Officer providing an update on progress of the one remaining review from 2024/2025 and the 2025/2026 internal audit plan.

The Committee agreed to note the ongoing work undertaken on the 2024/2025 and 2025/2026 plan.

Following questions and answers the Committee further agreed that the links to the NHS Tayside reports with limited assurance would be shared with members.

XIII ATTENDANCE LIST

There was submitted a copy of the Attendance Return PAC11-2026 for meetings of the Performance and Audit Committee held to date over 2025.

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

XIV 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, 20th May, 2026 at 10.00am.

Bob BENSON, Chairperson.

ITEM No ...3(b).....

PAC12-2026

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 4TH FEBRUARY, 2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	24/09/25	VIII	MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4	that an update on the Tayside Psychological Therapies Services position would be brought to a future PAC meeting.	Chief Officer	January 2026 May 2026	Complete – report submitted for May 2026 meeting
2	04/02/26	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2	that information would be sought from Public Health in relation to a query about whether the reduction in Alcohol Brief Interventions was a good or bad indicator and the reason for the reduction.	Russell Wood	September 2026	In Progress
3	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	In Progress
4	04/02/26	VII	MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2	that a deeper dive would be undertaken in relation to the children that were on the Child Protection Register due to mental health of their parent/carers;	Lynsey Webster	September 2026	In Progress
5	04/02/26	VII	MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2	that consideration would be given to including impact of Hope Point in future iterations of the report	Lynsey Webster	September 2026	Complete – request noted by report author

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
6	04/02/26	VII	MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2	that the suggestion by Councillor Short in relation to IJB members receiving quarterly statistics about Hope Point would be fed back to Penumbra.	Chief Officer	May 2026	In progress – request to be passed to Penumbra
7	04/02/26	IX	CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25	that more information would be included in the next update in relation to priority groups/relationship with carers etc.	Peter Allan	May 2026	Complete – request passed to authors to consider incorporating into next update
8	04/02/26	IX	CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25	that consider would be given to presenting a report on the Linlathen initiatives to a future Integration Joint Board meeting	Chief Officer	November 2026	In Progress
9	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	In Progress
10	04/02/26	XII	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	that the links to the NHS Tayside reports with limited assurance would be shared with members.	Chief Finance Officer	May 2026	Complete – links to relevant published reports to be incorporated into Progress Reports



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 3

REPORT BY: CHIEF OFFICER

REPORT NO: PAC14-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 3 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 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 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 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 3.

- 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 3 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year, however because performance in that year was significantly impacted by the COVID-19 pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 3 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

- 5.1 Key analytical messages for the Quarter 3 2025-26 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 1).

Performance against the 2020-21 baseline (see Table 1a, Appendix 1)

- Performance is poorer than the baseline year for emergency admissions, bed days per 100,000 people aged 18+ and the rate of 28-day readmissions per 1,000 admissions of people aged 18+.
 - The rate of emergency admissions has increased in all LCPP areas, with the highest increases in The Ferry (37.2%) and Coldside (26.5%).
 - The rate of emergency bed days has improved in West End, Lochee and Maryfield, however the remaining five LCPPs have shown a deterioration (with the highest increase in The Ferry (36.6%)).
 - The rate of 28-day readmissions has increased by 4% (deterioration). The Ferry (13%) and Maryfield (12%) have the highest increases. Lochee is the only LCPP to show an improvement (5%).
- Performance has improved for the rates of falls related hospital admissions per 1,000 people aged 65+, and for standard and code 9 delayed discharge bed days lost per 1,000 people aged 75+.
 - The rate of falls hospital admissions shows an improvement of 1%. There was improvement in Lochee (18%), West End (12%) and The Ferry (9%). Five LCPPs show deterioration, with the highest increases in North East (22%) and Strathmartine (16%).
 - The rate of standard delayed discharge bed days lost has improved by 19% across Dundee. North East showed the highest improvement at 47%, followed by Maryfield at 39%. Strathmartine and The Ferry were the only LCPPs area to show deterioration with an increase in The Ferry of 3% and Strathmartine of 11%.
 - The rate of complex delayed discharge bed days lost has improved by 28% across Dundee. However, there are extreme variations at LCPP level. Maryfield (-100%) and North East (-94%) show significant improvements. In contrast, the Ferry (+366%) and Coldside (+98%) have seen substantial increases indicating a deterioration in performance. These variations in rates can be explained by small numerators (the numerator is the value above the line in the rate calculation, which in this calculation is the rate of bed days lost)-

Performance against the 2018-19 baseline (see Table 1b, Appendix 1)

- Performance is poorer for the rate of emergency admissions per 100,000 people aged 18+, the rate of 28-day readmissions per 1,000 admissions of people aged 18+, the rate of falls related hospital admissions per 1,000 people aged 65+ and the rate of complex delayed discharge bed days lost per 1,000 people aged 75.
 - The rate of emergency admissions has increased in all LCPP areas, with the highest increases in The Ferry (25%) and Strathmartine (17.3%).
 - The rate of 28 day readmissions increased by 3% indicating a deterioration. West End and Coldside experienced the highest increases, at 23% and 24% respectively. Lochee, East End and Strathmartine showed improvements.
 - The rate of falls related hospital admissions deteriorated by 3% across Dundee. The largest deterioration was seen in East End (20% increase), followed by Maryfield and Lochee (16% increase). West End (-15%) and Coldside (-10%) showed an improvement with a decrease in the rate of admissions.
 - ⊖ The rate of complex delayed discharge bed days lost deteriorated by 1% across Dundee, however there are notable variations across LCPPs. Strathmartine, Lochee and North East showed improvements of 92%, 62% and 88% respectively. Performance deteriorated in 4 LCPPs with increases in West End (355%), The Ferry (77%), Coldside (61%) and East End (53%). These variations in rates can be explained by small numerators (the numerator is the value above the line in the rate calculation, which in this calculation is the rate of bed days lost).
- Performance has improved for the rate of emergency bed days per 100,000 people aged 18+ and the rate of standard delayed discharge bed days lost per 1,000 people aged 75.
 - The rate of emergency bed days shows a 12% improvement across Dundee. Lochee showed the greatest improvement (decrease of 26.3%) followed by Maryfield (decrease of 22.8%). There was deterioration in North East (increase of 4.4%) and The Ferry (increase of 3.8%)
 - ⊖ The rate of standard delayed discharge bed days lost shows 49% improvement across Dundee, all LCPPs showed an improvement with the greatest improvement in Lochee (70%) and East End (65%).

5.2 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 15 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 2 March 2026:

- 0 people waited in hospital and 123 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 7 people were assessed and waiting for a care at home package in hospital (68 hours yet to be provided).

- 12 people were assessed and waiting for a care at home package in the community (46 hours yet to be provided).
- For those already in receipt of a care at home package 114 additional hours were required and not provided.

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

7.1 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.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Officer

DATE: 16 April 2026

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Lisa Traynor
Assistant, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q3 2025-26 against baseline year 2020-21



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+21%	+20.7%	+10.9%	+26.2%	+19.2%	+26.9%	+10.2%	+17.6%	+36.9%
Emer Bed Days rate per 100,000 18+	+8.1%	-3.3%	+13.7%	+13.7%	+4.3%	+17.3%	-4.3%	-11.5%	+33.8%
28 Day Readmissions rate per 1,000 Admissions 18+	+8%	0%	5%	-1%	-7%	+7%	+23%	+17%	+17%
Hospital admissions due to falls rate per 1,000 65+	-1%	-5%	-12%	-9%	+41%	+12%	+17%	-10%	-7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+22%	+23%	+5%	+67%	-12%	-3%	-3%	+21%	+31%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-62%	-78%	-62%	-15%	-88%	-85%	-100%	-69%	+108%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2020-21 baseline. Where performance is poorer than 2020-21 baseline, it is coded as red (worse than 2020-21). Where the performance is better than 2020-21 this is coded as green (better than 2020-21).

Key: Improved/Better Stayed the same Declined/Worse

Table 1b: Performance in Dundee's LCPPs - % change in Q3 2025-26 against baseline year 2018-19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+11.5%	+10.3%	+7.0%	+8.9%	+7.6%	+20.8%	+7.4%	+5.7%	+24.8%
Emer Bed Days rate per 100,000 18+	-12.8%	-26.9%	-8.7%	-11.7%	+5.8%	-5.8%	-24.1%	-23.5%	+1.8%
28 Day Readmissions rate per 1,000 Admissions 18+	+8%	-1%	-12%	+27%	-7%	-5%	+9%	+39%	+14%
Hospital admissions due to falls rate per 1,000 65+	+3%	+35%	-4%	-20%	+32%	+2%	+27%	-13%	+4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-23%	-57%	-43%	+76%	-28%	-54%	-20%	-33%	+7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-46%	-69%	-27%	-31%	-75%	-92%	0%	+317%	-21%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2018-19 baseline. Where performance is poorer than 2018-19 baseline, it is coded as red (worse than 2018-19). Where the performance is better than 2018-19 this is coded as green (better than 2018-19).

Key: Improved/Better Stayed the same Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2025-26 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,108	16,677	18,014	16,132	13,404	15,991	11,453	9,489	13,492
Emer Bed days rate per 100,000 18+	104,605	115,490	134,847	129,219	95,445	113,002	78,776	62,666	121,213
28 Day Readmissions rate per 1,000 Admissions 18+	148	141	152	155	122	148	158	171	133
Hospital admissions due to falls rate per 1,000 65+	31	34	32	32	25	30	33	32	31
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	212	194	177	370	182	104	210	220	220
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	49	44	62	148	21	7	0	63	33

Source: NHS Tayside BSU

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

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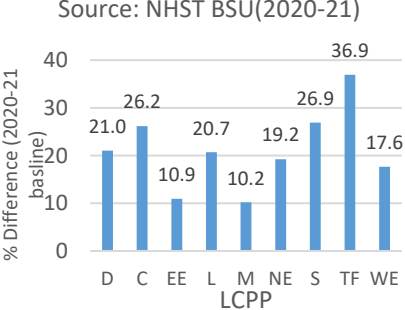
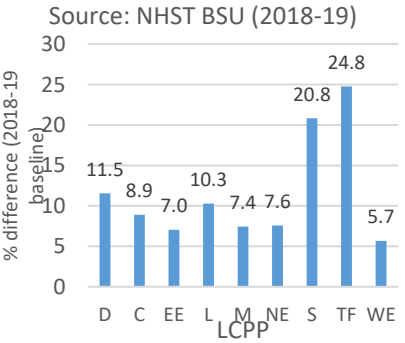
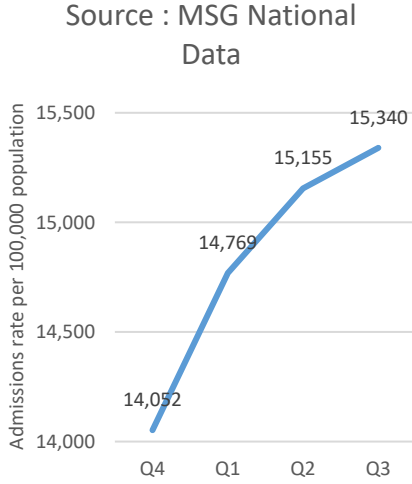
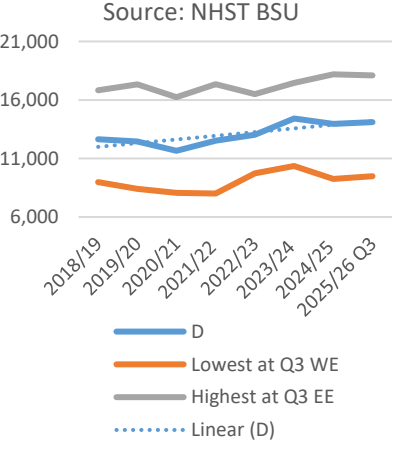
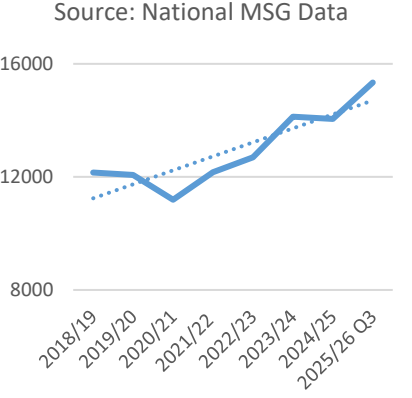
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q3 2025-26 compared to Dundee

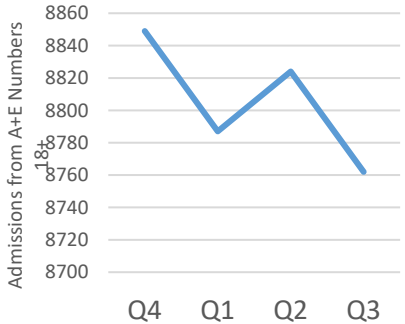
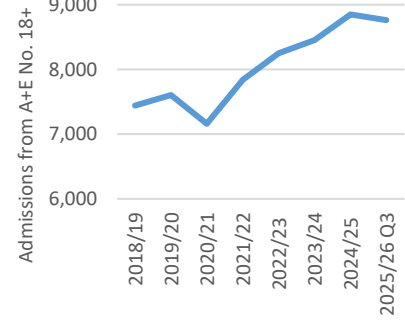
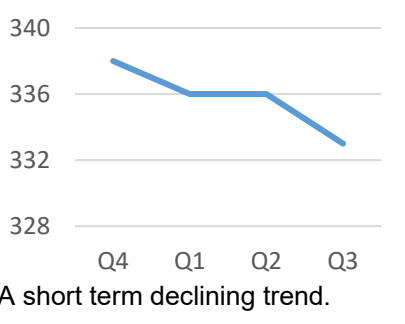
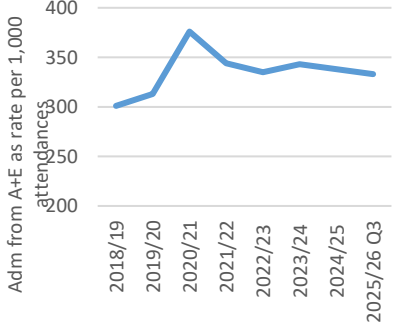
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

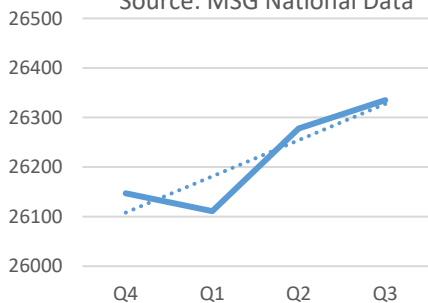
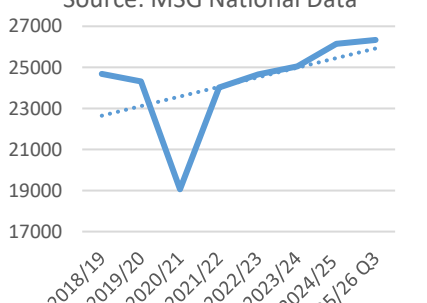
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
* Indicators 1 to 9 are based on the Health and Care Experience 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 2023/24.						
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1 st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2025 survey the	Not Available Nationally	Not Available Nationally			

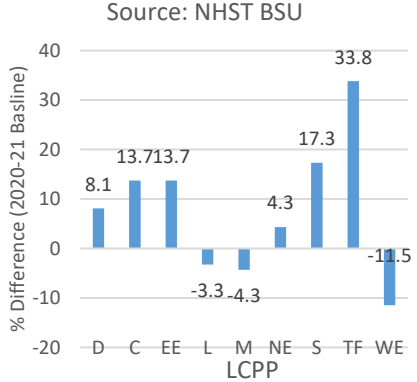
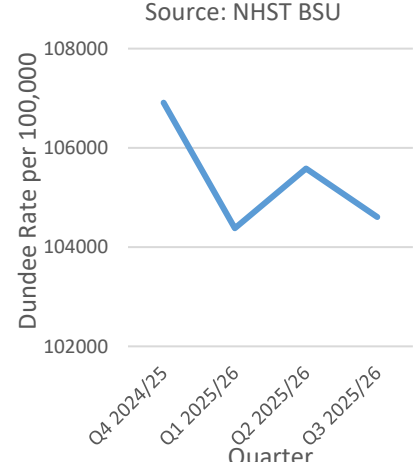
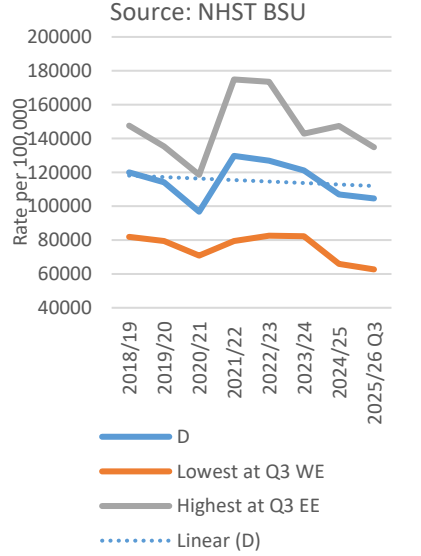
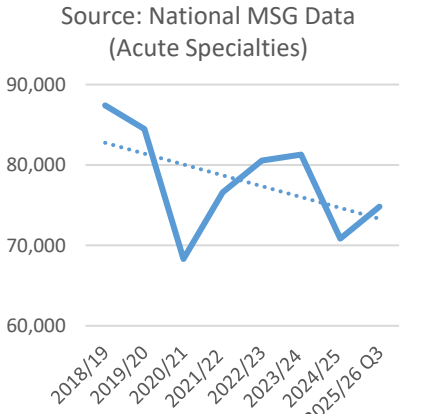
	<p>response rate was 54%.</p> <p>76% of staff reported that they would recommend their organisation as a good place to work.</p>					
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National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																					
11. Premature mortality rate per 100,000 persons	<p>There was a 2.9% increase in 2023 compared to 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years.</p> <p>2023 is latest available published data. 2024 data will be provided in the May release and figures will be updated in the next report.</p>	Not Available	<p>Source : PHS</p> <table border="1"> <caption>Rate per 100,000 population</caption> <thead> <tr> <th>Year</th> <th>Dundee City</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>535</td> <td>430</td> </tr> <tr> <td>2019</td> <td>535</td> <td>425</td> </tr> <tr> <td>2020</td> <td>595</td> <td>455</td> </tr> <tr> <td>2021</td> <td>590</td> <td>465</td> </tr> <tr> <td>2022</td> <td>540</td> <td>440</td> </tr> <tr> <td>2023</td> <td>545</td> <td>440</td> </tr> </tbody> </table>	Year	Dundee City	Scotland	2018	535	430	2019	535	425	2020	595	455	2021	590	465	2022	540	440	2023	545	440	30th	7th	3rd
Year	Dundee City	Scotland																									
2018	535	430																									
2019	535	425																									
2020	595	455																									
2021	590	465																									
2022	540	440																									
2023	545	440																									

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>12. Emer Admissions rate per 100,000 18+</p>	<p>Source: NHST BSU(2020-21)</p>  <p>There was an increase in emergency admissions rate by 21% in Q3 2025-26 compared with the 2020-21 baseline. This equates to an increase of 3001 emergency admissions (deterioration).</p> <p>Source: NHST BSU (2018-19)</p>  <p>There was an increase in the emergency admissions rate by 11.5% in Q3 2025-26 compared with the 2018-19 baseline. This equates</p>	<p>Source : MSG National Data</p>  <p>Admissions rate have steadily increased in the past four quarters.</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p> <p>Source: National MSG Data</p> 	<p>29th</p>	<p>7th</p>	<p>3rd</p>

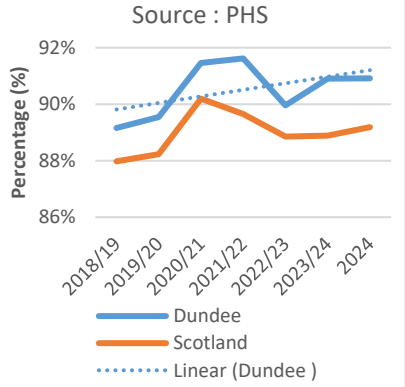
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	to an increase of 1,792 emergency admissions (deterioration).		Emergency admissions rate showing an increasing trend since the pandemic.			
Emergency Admissions Numbers from A&E (MSG)	<p>1,602 more emergency admissions from A+E in Q3 25/26 compared with the 2020/21 baseline.</p> <p>1,322 more emergency admissions from A+E in Q3 25/26 compared with the 18/19 baseline.</p>	<p>Source: MSG National Data</p>  <p>Admissions show a slight short-term decreasing trend, with numbers falling modestly from Q2 to Q3.</p>	<p>Source: MSG National Data</p>  <p>Admission numbers rose overall, with a slight dip in 2020/21, then a steady increase onward, levelling off near 9,000 in recent quarters.</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	<p>Rate decreased by 43, from 376 at the 2020/21 baseline to 333 at Q3 2025/26. This is a decrease of 11%.</p> <p>Rate increased by 32, from 301 at the 2018/19 baseline to 333 at Q3 2025/26. This is an increase of 11%.</p>	<p>Source : MSG National Data</p>  <p>A short term declining trend.</p>	<p>Source: MSG National Data</p> 	Not Available	Not Available	Not Available

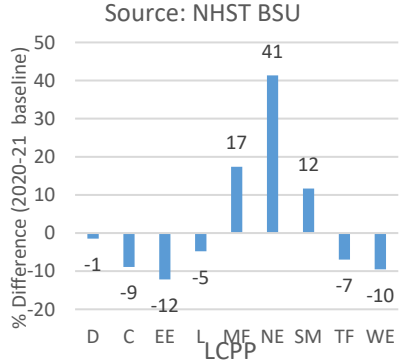
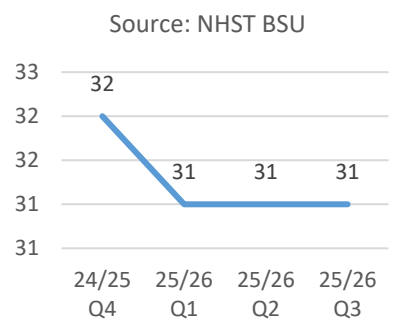
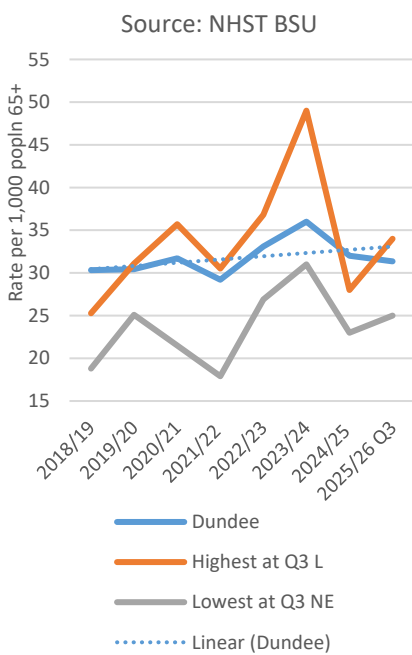
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
			A&E admission rates peaked during the pandemic followed by a decline, with rates now stabilising.			
Number of Accident & Emergency Attendances (MSG)	<p>7274 (38% increase) more A&E attendances in Q3 2025/26 than the 2020/21 baseline.</p> <p>1655 (7% increase) more A&E attendances in Q3 2025/26 than the 2018/19 baseline.</p>	<p>Source: MSG National Data</p>  <p>Attendances have been rising since Q1.</p>	<p>Source: MSG National Data</p>  <p>Upward trend following the pandemic</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate

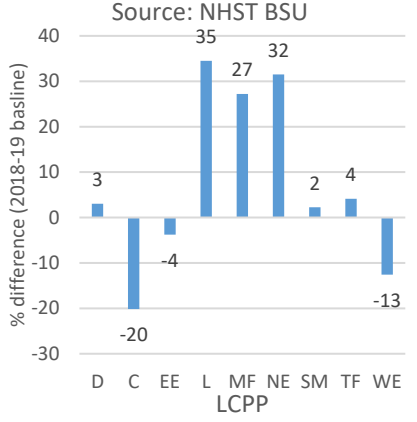
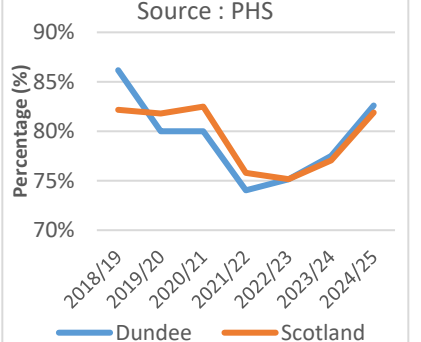
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>13. Emer Bed days rate per 100,000 18+</p>	<p>Source: NHST BSU</p>  <p>There was an increase in the emergency bed days rate by 8.1% between the 2020-21 baseline and Q3 2025-26. This equates to an increase of 9,661 emergency bed days (deterioration).</p> <p>11,293 (34%) less mental health bed days in Q3 2025-26 compared with the 2020-21 baseline (improvement) (source: MSG)</p>	<p>Source: NHST BSU</p>  <p>The emergency bed days rate has shown a consistent downward trend with a slight uptick in Q2 2025/26 (improvement).</p>	<p>Source: NHST BSU</p>  <p>Source: National MSG Data (Acute Specialties)</p> 	10th	1st	2nd

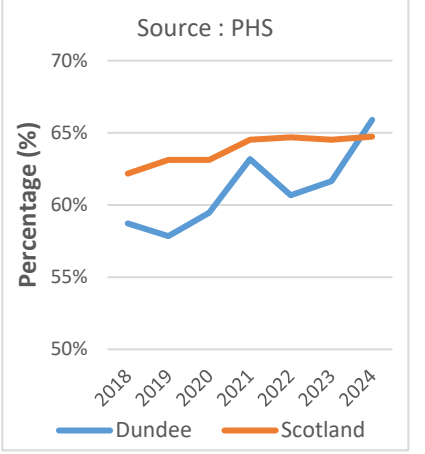
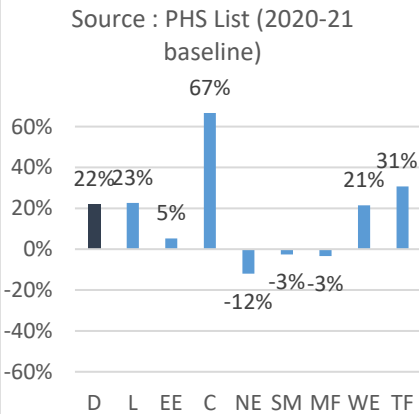
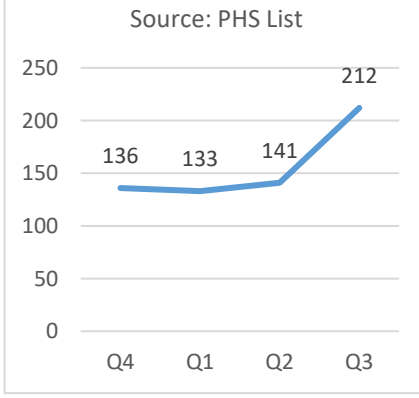
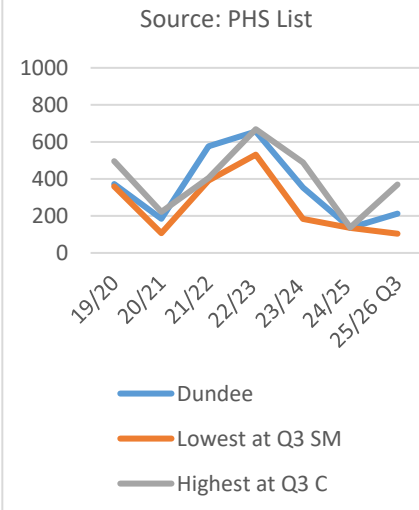
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	<p>Source: NHST BSU</p> <p>There was a decrease in the emergency bed days rate by 12.8% between the 2018-19 baseline and Q3 2025-26. This equates to a decrease of 18,722 emergency bed days (improvement).</p> <p>13,360 (38%) less mental health bed days in Q3 2025-26 compared with the 2018-19 baseline (improvement) (source: MSG)</p>	<p>National MSG Data (Acute Only)</p> <p>National MSG Data (Mental Health Specialties)</p>	<p>National MSG Data (Mental Health Specialties)</p> <p>There has been a steady decrease since the pandemic, indicating an overall downward trend.</p>			

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
		A decrease in the rate of mental health emergency bed days since Q4 2024/25 (improvement)				
<p>14. Emergency Readmissions rate per 1,000 Admissions 18+</p>	<p>Source: NHST BSU</p> <p>The rate is 8% higher at Q3 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1172 readmissions between the 2020-21 baseline and Q3 2025-26.</p> <p>Source: NHST BSU</p> <p>The rate is 8% higher at Q3 2025-26 compared with the 2018-19 baseline. The number of</p>	<p>Source: NHST BSU</p> <p>Admissions have shown a slight increase from Q4 to Q3 2025/26.</p>	<p>Source: NHST BSU</p> <p>Legend: — Dundee — highest at Q3 West End — lowest at Q3 North East ⋯ Linear (Dundee)</p>	29th	8th	2nd

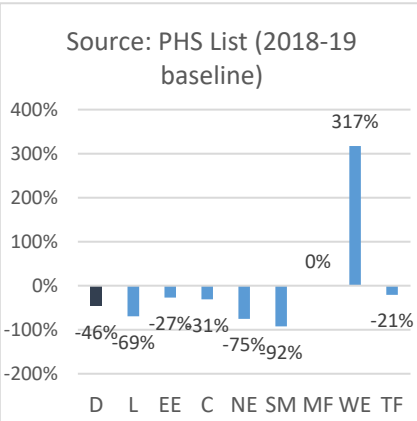
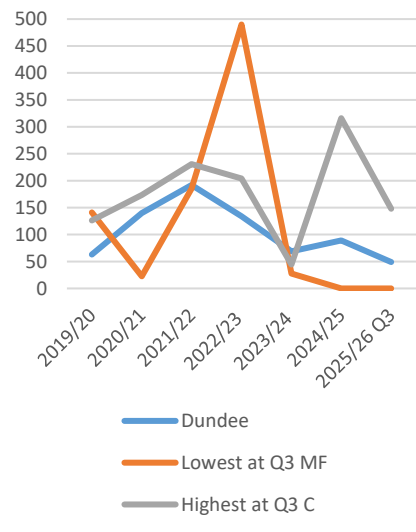
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
	readmissions (numerator) increased by 1087 readmissions between the 2018-19 baseline and Q3 2025-26.																													
15. % of last 6 months of life spent at home or in a community setting	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7 th best in Scotland and 1 st in the family group.	Not Available	<p>Source : PHS</p>  <table border="1"> <caption>Data for Dundee and Scotland Community Care Percentage</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>89.2</td> <td>88.0</td> </tr> <tr> <td>2019/20</td> <td>89.5</td> <td>88.5</td> </tr> <tr> <td>2020/21</td> <td>91.0</td> <td>90.5</td> </tr> <tr> <td>2021/22</td> <td>91.5</td> <td>89.5</td> </tr> <tr> <td>2022/23</td> <td>90.0</td> <td>89.0</td> </tr> <tr> <td>2023/24</td> <td>91.0</td> <td>89.0</td> </tr> <tr> <td>2024</td> <td>90.9</td> <td>89.5</td> </tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018/19	89.2	88.0	2019/20	89.5	88.5	2020/21	91.0	90.5	2021/22	91.5	89.5	2022/23	90.0	89.0	2023/24	91.0	89.0	2024	90.9	89.5	7th	1st	2nd
Year	Dundee (%)	Scotland (%)																												
2018/19	89.2	88.0																												
2019/20	89.5	88.5																												
2020/21	91.0	90.5																												
2021/22	91.5	89.5																												
2022/23	90.0	89.0																												
2023/24	91.0	89.0																												
2024	90.9	89.5																												

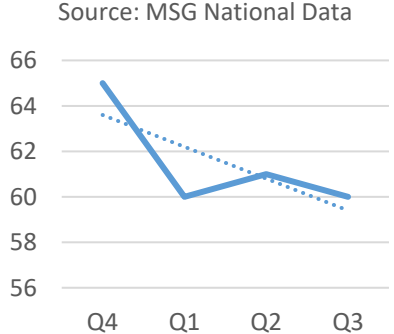
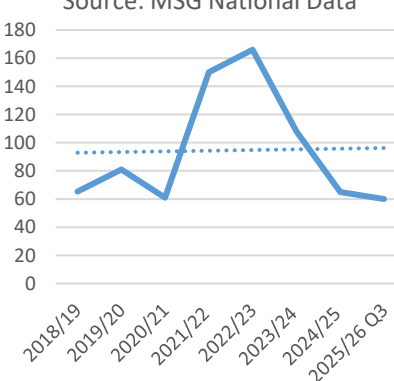
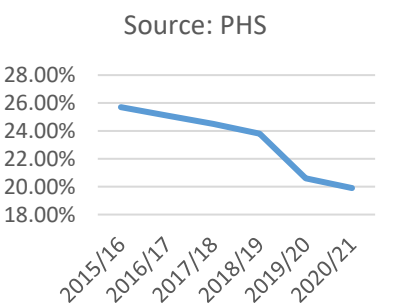
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>16. Hospital admissions due to falls rate per 1,000 65+ population</p>	<p>Source: NHST BSU</p>  <p>The rate of admissions has decreased by 1% in Q3 25-26 from the 2020-21 baseline. This equates to an increase of 81 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in North East with a 41% increase (19 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2020-21.</p>	<p>Source: NHST BSU</p>  <p>The trend shows stable number of falls per 1,000 since Q1 2025/26.</p>	<p>Source: NHST BSU</p> 	31st	8th	3rd

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	<p>Source: NHST BSU</p>  <p>The rate of admissions has increased by 3% in Q3 25-26 from the 2018-19 baseline. This equates to an increase of 53 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Lochee.</p>					
<p>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</p>	<p>A deterioration of 3.6% compared to the 2018/19 baseline but a 2.6% improvement compared to the 2019/20 baseline.</p> <p>Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend.</p>	<p>Not Available</p>	<p>Source : PHS</p> 	<p>17th</p>	<p>6th</p>	<p>1st</p>

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																														
<p>18. % adults with intensive care needs receiving care at home</p>	<p>There has been an increasing trend in the proportion of adults receiving intensive care needs at home.</p> <p>In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.</p>	<p>Not Available</p>	 <p>Source : PHS</p> <table border="1"> <caption>Percentage (%) of adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>58</td> <td>62</td> </tr> <tr> <td>2019</td> <td>57</td> <td>63</td> </tr> <tr> <td>2020</td> <td>59</td> <td>63</td> </tr> <tr> <td>2021</td> <td>63</td> <td>64</td> </tr> <tr> <td>2022</td> <td>61</td> <td>64</td> </tr> <tr> <td>2023</td> <td>62</td> <td>64</td> </tr> <tr> <td>2024</td> <td>66</td> <td>64</td> </tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018	58	62	2019	57	63	2020	59	63	2021	63	64	2022	61	64	2023	62	64	2024	66	64	<p>12th</p>	<p>5th</p>	<p>1st</p>																																						
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	<p>Source : PHS List (2018-19 baseline)</p> <p>23% decrease (improvement) since the 2018/19 baseline.</p>		<p>Overall decline in rate of standard delays since 2022/23. An increase in Q3 2025/26.</p>			
<p>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</p>	<p>Source: PHS List (2020-21 baseline)</p> <p>There has been a 62% decrease (improvement) since 2020–21, with</p>	<p>Source: PHS List</p> <p>A decreasing trend in the number of code 9 delays.</p>		<p>NA</p>	<p>NA</p>	<p>NA</p>

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																				
	<p>reductions observed across all LCPPs except one.</p>  <p>Source: PHS List (2018-19 baseline)</p> <table border="1"> <thead> <tr> <th>LCPP</th> <th>Change (%)</th> </tr> </thead> <tbody> <tr><td>D</td><td>-46%</td></tr> <tr><td>L</td><td>-69%</td></tr> <tr><td>EE</td><td>-27%</td></tr> <tr><td>C</td><td>31%</td></tr> <tr><td>NE</td><td>-75%</td></tr> <tr><td>SM</td><td>-92%</td></tr> <tr><td>MF</td><td>0%</td></tr> <tr><td>WE</td><td>317%</td></tr> <tr><td>TF</td><td>-21%</td></tr> </tbody> </table> <p>46% decrease (improvement) since 2018-19 and with reductions in all LCPPS except one.</p>	LCPP	Change (%)	D	-46%	L	-69%	EE	-27%	C	31%	NE	-75%	SM	-92%	MF	0%	WE	317%	TF	-21%		<p>Source : PHS List</p>  <p>Long term data shows a decreasing trend.</p>			
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<p>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</p>	<p>Bed days rate have decreased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 7272 at Q3 2025-26.</p> <p>Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 7,272 at Q3 2025-26.</p>	<p>Source: MSG National Data</p>  <p>The delayed discharge bed days lost rate per 1,000 showed a steady improvement from Q4 to Q1, followed by a slight increase in Q2, before declining again.</p>	<p>Source: MSG National Data</p>  <p>Delayed Discharge bed days lost rate per 1,000 peaked in 2022/23, then declined steeply and stabilised at a lower rate by 2025/26.</p>	NA	NA	NA
<p>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</p>	<p>5.8% less in 2020/21* than 2015/16 (improvement)</p> <p>*latest data available</p>	Not Available	<p>Source: PHS</p> 	18th	3rd	3rd

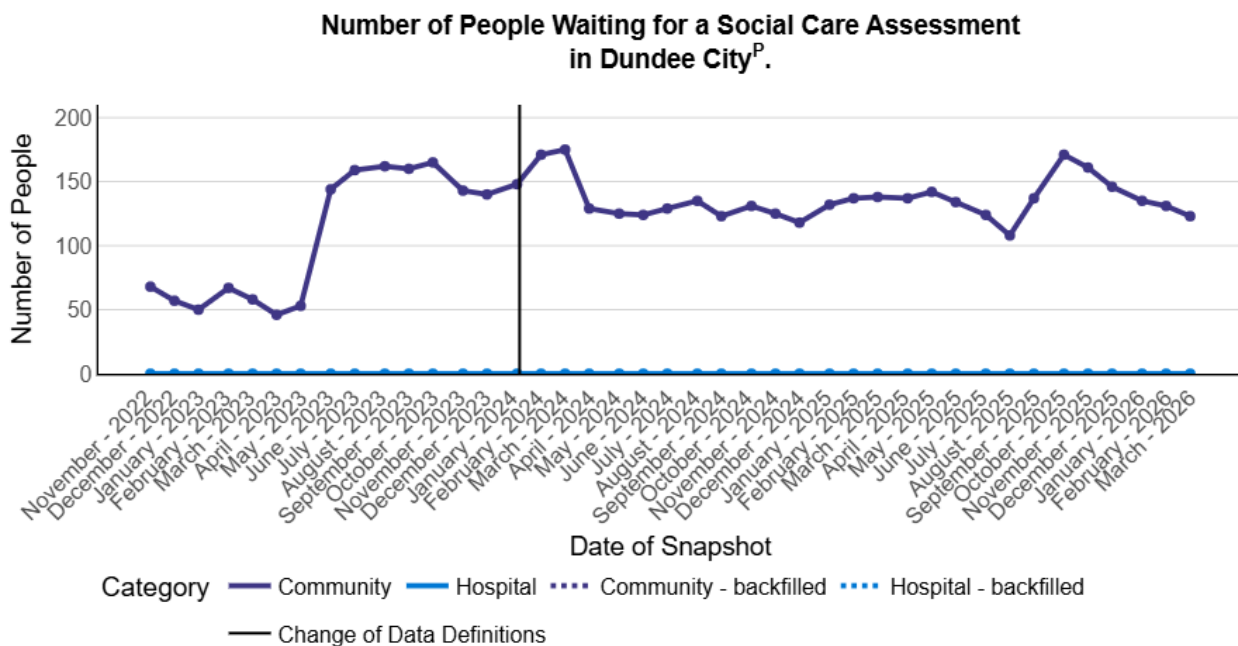
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APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

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.

Chart 1

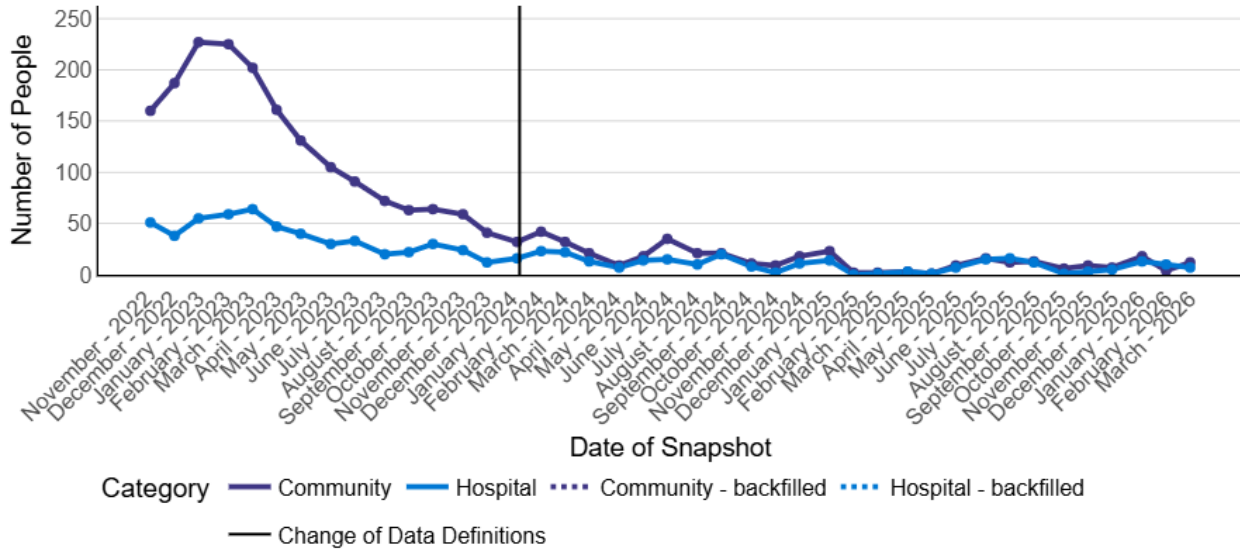


In Dundee as at 02 March 2026

- 0 people waited in hospital and 123 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

Chart 2

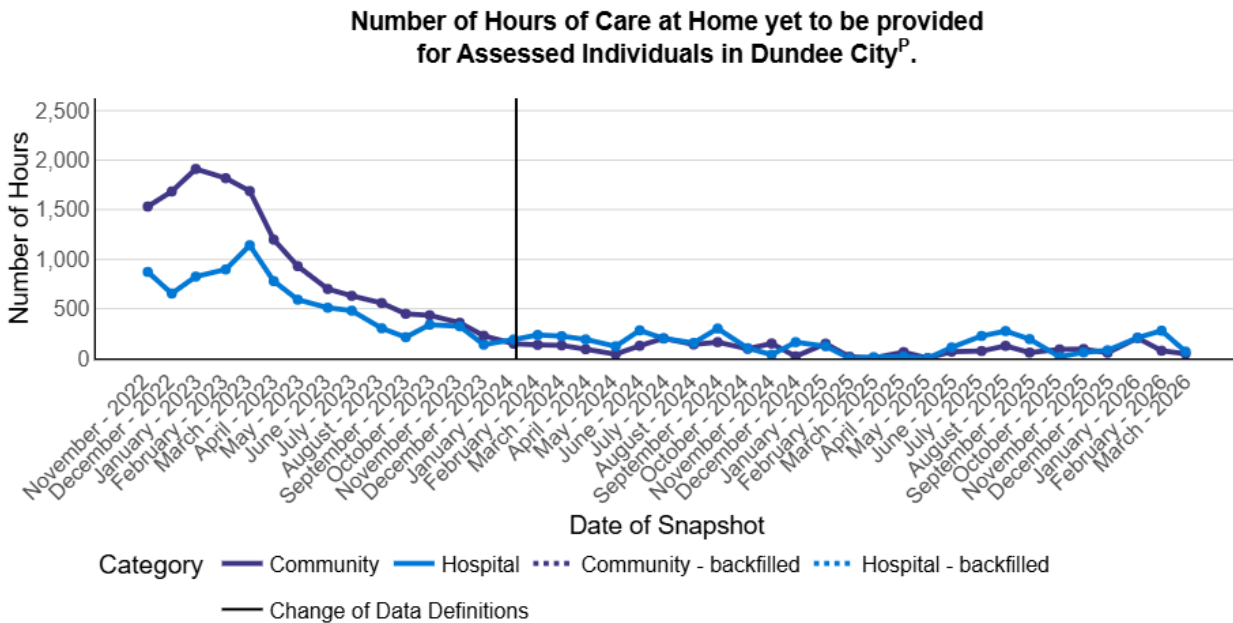
Number of People Assessed and waiting for a Care at Home Package in Dundee City^P.



In Dundee as at 02 March 2026:

- 7 people was assessed and were waiting in hospital for a care at home package.
- 12 people were assessed and were waiting in the community for a care at home package.

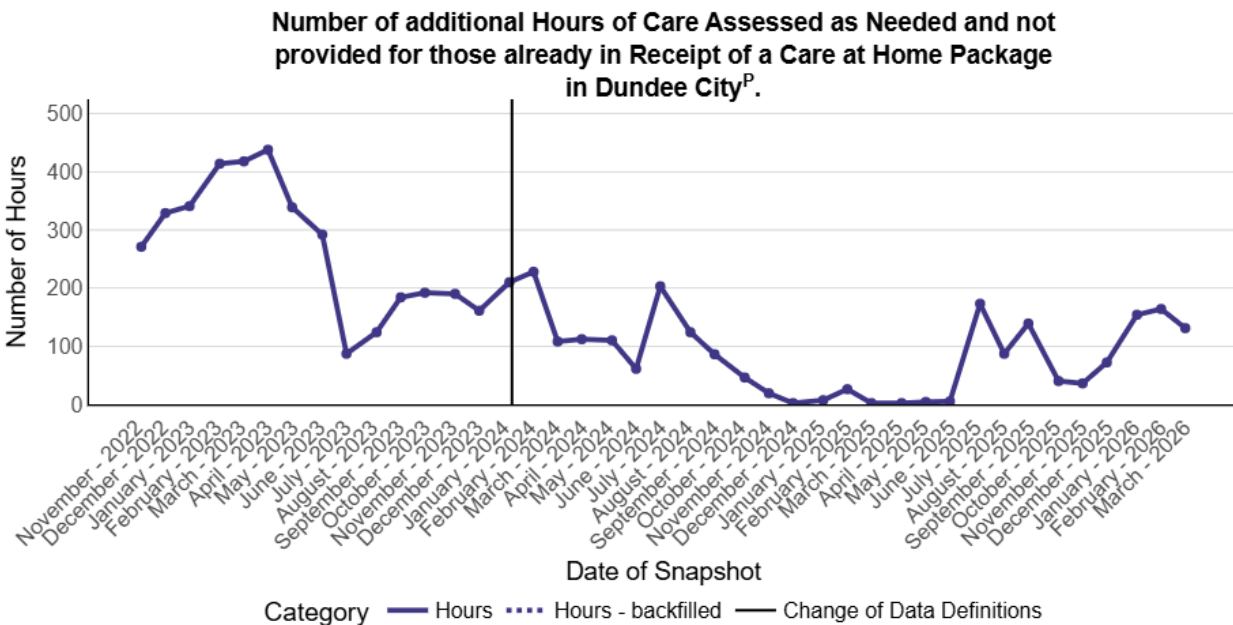
Chart 3



In Dundee as at 02 March 2026:

- 7 people were assessed and waiting for a care at home package in hospital (68 hours yet to be provided).
- 12 people were assessed and waiting for a care at home package in the community (46 hours yet to be provided).

Chart 4



In Dundee as at 02 March 2026:

- For those already in receipt of a care at home package 114 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) indicators¹. 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 rolling² 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.

1

For Q3 the data is for the period 1 January 2025 to 31 December 2025.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC17-2026

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance - Reasonable

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

2.0 RECOMMENDATIONS

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

- 2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within this report is to 31 March 2026.
- 2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:
- There is evidence of a sound system of governance throughout Dundee HSCP.
 - The identification of risk and subsequent management of risk is articulated well throughout services.
 - There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
 - There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 This report will highlight key risks, mitigations and impact. The report will also include recent improvement activity and any issues that require escalation.

4.2 The role of the Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Clinical Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

Each service attends DHSCP CCPGG and presents an annual Quality Assurance Report. The Quality Assurance Report is based on the Clinical Governance Framework with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Exception reports are presented at each CCPG Group highlighting emerging issues.

4.3 Strategic Risks and Service Risks are reported to DHSCP Risk Management Group bi-monthly and are subject to scrutiny by the group.

5.0 ASSESSMENT

a.1

Service	Escalation, Emerging concerns, and Positive areas to note
Community Mental Health & Learning Disabilities	<ul style="list-style-type: none"> • Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services. • Management capacity is a chronic risk as it has taken a significant period to agree a structure. It is further impacted by delays in HR processes and high levels of absence. • The organisational change process for the Model of Care Transformation work across Tayside may further impact on recruitment to essential leadership posts, further reducing available leadership across mental health and learning disability teams. <p><u>Risk (1749): Absence of MH clinical lead</u></p> <p>There is no Clinical Lead currently in post, creating a significant risk to effective clinical leadership, governance, and representation for Dundee in Tayside-wide planning and decision-making. The impact of this may include:</p> <ul style="list-style-type: none"> • Lack of specialist clinical representation in key Tayside discussions (e.g., Model of Care transformation, Governance redesign), increasing the likelihood of decisions that are misaligned with local service needs and strategy. • Reduced operational capacity within the management team, creating gaps in handling complaints, adverse events, and other core governance responsibilities. • Delays in Morbidity and Mortality (M&M) reviews and adverse event learning, with a previously raised formal risk now heightened by the scale of outstanding work. There are currently 139 outstanding adverse events, increasing the likelihood of delayed learning and potential failure to implement timely improvements. • Increased governance vulnerability, as delays may impact compliance, quality assurance, and organisational oversight <p>Actions taken to mitigate potential impact include:</p> <ul style="list-style-type: none"> • Temporary clinical leadership support has been commissioned through a retired consultant psychiatrist working three sessions per week to provide clinical input and support progression of M&M reviews.

Service	Escalation, Emerging concerns, and Positive areas to note
	<ul style="list-style-type: none"> Improvement support is being provided by a limited-capacity improvement advisor to assist with reviewing and progressing adverse event actions. Operational mitigations are in place, with all adverse events being reviewed at the point of occurrence, and immediate actions being progressed through established management processes. Dedicated project management time assigned to review and strengthen systems relating to adverse event management, mortality learning reviews, and reporting processes—aiming to improve timeliness, data flow, and governance oversight. The service is actively exploring options with senior management to re-establish and support the Clinical Lead role to ensure sustainable clinical leadership capacity.
Early Intervention Psychosis Team	<ul style="list-style-type: none"> Substantive funding for the team has not been secured, and an additional charitable foundation bid is currently being explored. The associated risk rating has escalated from amber to red, reflecting the increasing urgency in finding a sustainable solution Through the model of care the sustainability of community models encompasses EIP at a PAN Tayside level and requires prioritisation to sustain current service provision and support to the expansion of the service across Tayside <p>Impact on Patients/Service:</p> <ul style="list-style-type: none"> Workforce insecurity and risk of losing specialist staff. Impaired long-term planning for high-risk patient group. <p>Mitigation/Work Underway:</p> <ul style="list-style-type: none"> Ongoing discussions at leadership level; funding security remains unresolved. Positive Practice & Compliments Across Services
Dundee Drug & Alcohol Recovery Service	<ul style="list-style-type: none"> DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, reflecting ongoing mitigating activity. In addition, one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway. <p>Data from the drug and alcohol suite of indicators informs us that:</p> <ul style="list-style-type: none"> Suspected near-fatal overdoses reported by the Scottish Ambulance Service and Police Scotland have risen from 192 in Q4 2023/24 to 270 in Q2 2025/26. In response, the Tayside Overdose Prevention Group has set up a working group to refresh communication, harm-reduction approaches, and training to strengthen the near-fatal overdose response. The proportion of people who started treatment within 21 days of referral has remained high, consistently ranging between 89% and 94%. The waiting times standard has been met in the past four quarters. The number of referrals for alcohol treatment has gradually increased since Q2 24/25, rising from 453 at Q2 24/25 to 580 at Q2 25/26. The number of individuals starting alcohol treatment has remained steady. The number of unplanned discharges where the service user disengaged decreased by 16% between Q4 23/24 and Q2 25/26 (from 353 to 297). Due to limitations in system reporting it is not possible at this time to determine if this was due to relapse, due to

Service	Escalation, Emerging concerns, and Positive areas to note
	<p>the person receiving an alternative positive intervention or due to the person completing detox and leaving the service prior to a fully planned discharge. Future IT developments are being considered that might allow improved reporting.</p> <p><u>Quality Improvement Summary</u></p> <ul style="list-style-type: none"> • There has been an improvement in the time taken to receive toxicology and post-mortem results, which is helping the team progress both historical and new morbidity and mortality reviews. Management and administrative time has now been allocated to support this work, although capacity to lead the reviews remains a challenge. • The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2025. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022. The next report will be in a similar timeframe in 2026, and the Partnership anticipate continued progress on all 10 standards. • During 2025 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose were quickly identified and supported to access treatment, and increasing numbers have chosen to be supported by the shared-care arrangements with Primary Care. The Primary Care Project won a Scottish Healthcare award for the management of substance use issues (the wider DDARS team were also a finalist in this category). Partners continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT. • The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed. This work is being taken forward by a multi-agency group. • A Cocaine brief intervention training has been developed and has been rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine. A new report detailing the best practice in treating people with Cocaine use problems is being incorporated into future plans to address this issue. • The Residential Rehab Pathway in Dundee is undergoing an independent review commissioned by the ADP. This will report soon, with recommendations of how the Partnership can continue to develop both the use of residential rehabilitation providers as well as supporting individuals to have similar support in their own community in Dundee. • Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery. • The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). The MACH was discussed at a national mental health transformation conference facilitated by Health Improvement Scotland and many areas were

Service	Escalation, Emerging concerns, and Positive areas to note
Primary Care and Health Inequalities	<p>keen to hear how Dundee has developed the model and solved issues like information governance.</p> <p>A draft comprehensive sustainability plan is under review and will be finalised for approval. This plan focuses on:</p> <ul style="list-style-type: none"> • Premises: Reviewing current buildings and exploring opportunities for improved space, co-location, or refurbishment. • Workforce: GP practices seek to recruit and continue to support training GPs. Consideration is given to job design and supporting career development to improve retention, including in the wider MDT roles. • Collaborative Working: Enhancing cross-practice and multi-agency partnerships to share resources, reduce duplication, and improve service delivery. <p>Positive recognition:</p> <ul style="list-style-type: none"> • The Primary Care Drugs Redesign Project won a national award, receiving “significant recognition” for innovation and quality improvement. • Hint and Support Teams received STAR award nominations—public recognition of excellent patient-centred practice. • The Continuity of Care Project involving six GP practices shows proactive, forward-thinking work with plans to share early learning across Tayside.
Psychological Therapies	<p>In September 2024 the Scottish Government wrote to NHS Tayside confirming that NHS Tayside Psychological Therapies Service was one of seven mainland Boards being placed in “enhanced support,” consequent to referral to treatment time (RTT) performance being below the 90% RTT 18-week target.</p> <p>Performance has since shown improvement.</p> <p>In April 2025, RTT performance was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral.</p> <p>November 2025, performance had increased to 78.4% with 684 patient commencing treatment within the 18-week standard.</p> <p>December 2025 performance had further increased to 82.6%, exceeding the national average performance of 80.7%.</p> <p>This improvement reflects both progress since April and the gradual impact of new staff who took up post in late 2025.</p> <p>The total number waiting over 18 and over 52 weeks continues to follow a small but consistent downward trend. Waiting times remain most significantly influenced by the higher volume specialities, particularly Clinical Neuropsychology and adult services (Adult Psychological Therapies and Psychology within CMHTs).</p> <p>Adult services are balanced in terms of demand and new patients seen each month but are not impacting on the total volume of people waiting. New staff scheduled to start will support test of change work in reducing demand and enabling overall waiting list reductions.</p> <p>Further actions underway to impact performance include:</p> <ul style="list-style-type: none"> • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • Allocating all additional staff to areas of greatest need; replacement and additional posts are with HR for advertising.

Service	Escalation, Emerging concerns, and Positive areas to note
	<ul style="list-style-type: none"> • Tests of change in Clinical Health Psychology to ensure full matched care model being used and only those requiring specialist and enhanced psychological care are placed on waiting list. • Recruitment of 2.0wte psychologists to Clinical Neuropsychology (December 2025). The impact of this will become measurable over the coming weeks. • Further advertisement of Clinical Neuropsychology post that involves more integrated working (beginning with certain neurology sub-specialities) • Successful recruiting of 3.6wte specialist trainees who qualified in September 2025, 2.0wte of whom took up post towards the end of 2025. • Ongoing participation of the Psychology Director in whole system Neurology redesign work, resulting in 10 of the 13 longest waits being appointed and removed from the waiting list, where patients have been reviewed in the 'Joint Neuroscience Clinic' with colleagues from older people's services, clinical neuropsychology, older people psychology and neurology supporting a short life working group exploring new clinical pathways. • There are 18 aggregated specialities under this target. 9 are meeting the standard consistently. 3 are currently performing well meeting the target in 80-90% of cases. The remaining 6 are the highest volume specialties (including adult psychological therapies, neuropsychology, community mental health and clinical health psychology). • With the recruitment referenced above and current recruitment in process for Doctoral level posts showing positive signs for success 3 of these specialist areas are predicted to meet the standard by June 2026. • Neuropsychology posts remain hard to fill.
Urgent & Unscheduled Care	<p>Positive work noted:</p> <ul style="list-style-type: none"> • Completion of AHP service redesign, with senior posts filled—stabilising the workforce and improving leadership. • New social work team lead in the Integrated Discharge Team—improving coordination of patient transitions.

a.2 New Current Risks

There were no new current risks added to the system in this reporting period:

b. Workforce Risks

- b.1 There are a number of risks (10, this is an increase of 1 since last reporting period) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

There is an ongoing concern regarding workforce availability across multiple professions within the HSCP. The number of recorded service level risks has increased to ten (an increase of three since the last reporting period), reflecting significant and widening pressures across nursing, medical,

AHP, and social care staffing groups. Most teams are now affected, with mitigations often resulting in additional strain on those services that are able to recruit.

Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a priority for the HSCP.

ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Rating (current) as at 1st October 25	Rating (current) as at 5th January 26	Rating (current) as at 2nd April 26	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	12	12	→	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	16	16	→	9
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	12	12	→	9
1772	Community Learning Disabilities Nursing - Dundee HSCP	LD Liaison vacancy	12						8		3
933	CBIR	Consultant medical staff	9	6	6	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff --Diabetes Team	20	12	12	12	12	9	9	→	6
1740	Tayside Sexual and Reproductive Health	Medical Staffing	9					9	9	→	3
1741	Tayside Sexual and Reproductive Health	Medical Staffing	12					12	12	→	3

b.2 Clinical & Care Governance Arrangements

MEETING DATE	26-Mar-25		21-May-25		16-Jul-25		10-Sep-25		05-Nov-25		14-Jan-26		25-Feb-26	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker
Learning Disability & Mental Health	Y	Y	Y	Y	N	N	Y	N	N	Y	N	N	N	N
Psychology	N	N	N	N	N	N	N	N	N	Y	Y	N	Y	Y
DDARS & Sexual Health	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
Nutrition & Dietetics	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	N
Primary Care	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	Y	Y	Y	Y	n/a	n/a	n/a	n/a	Y	Y

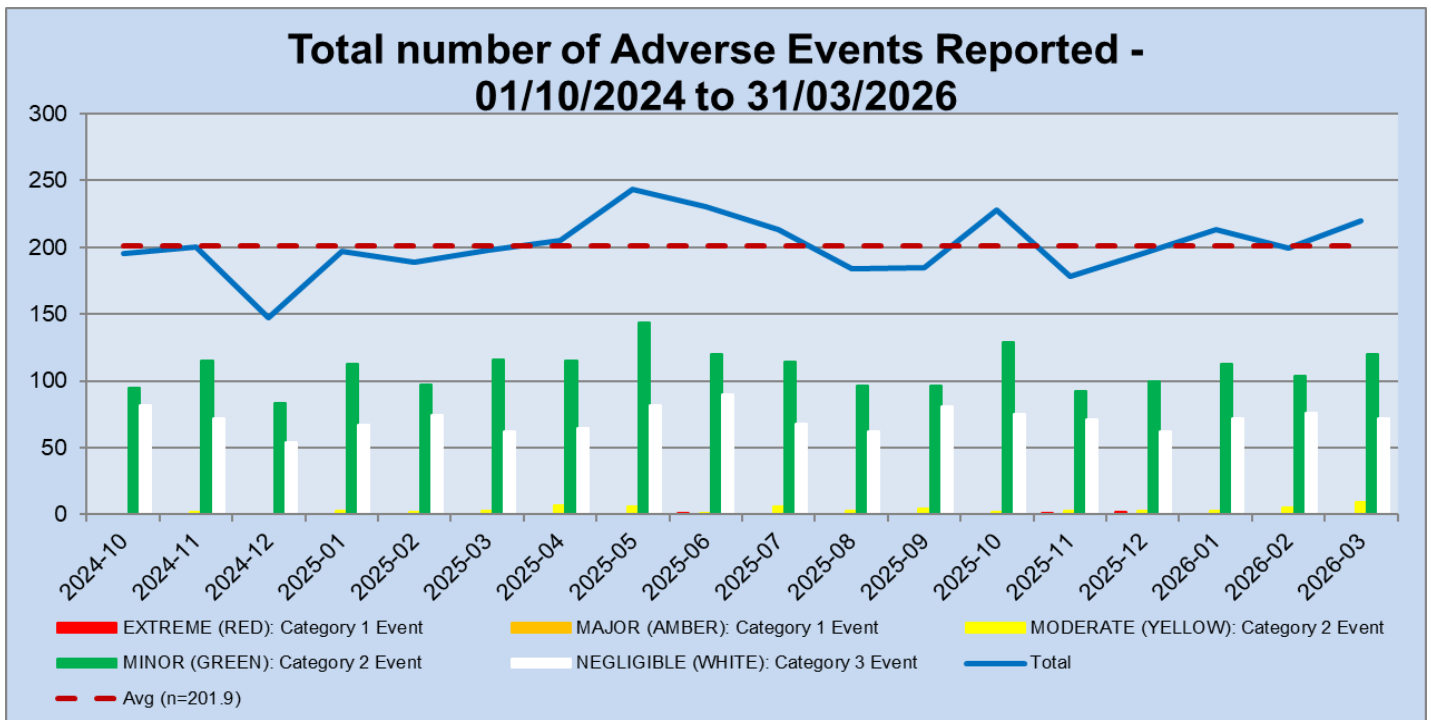
b.3 During this reporting period, exception reports were presented to the CCPG Group from the following services as outlined in the table above.

A Director and Deputy Director of Psychology have now been appointed so attendance at this meeting will now improve.

The leadership capacity for mental health and learning disability services continues to be challenging. Primary governance groups continue to run with communication to the Core Management team for support, as required. Recruitment for additional leadership capacity is currently underway.

c. Adverse Event Management

c.1 Dundee CCPG Forum regularly discusses the themes from adverse events reported, with a view to learning from adverse events and supporting quality improvement. The forum scorecards include good evidence of scrutiny and management of frequently reported adverse events.



A weekly governance huddle is well-established and supports review and management of adverse events, providing an overview of adverse events across the HSCP and early identification of changes in reporting patterns.

Current Themes

There are no current themes requiring escalation.

Category 1 Adverse Events

There have been no Category 1 events recorded for the time period.

Significant Adverse Event Reviews (SAERs)

c.2 There are currently five active Significant Adverse Event Reviews in Dundee HSCP.

132774	Awaiting level 2 sign off
180810	Under review
217481	Draft report bring circulated for comment
240162	Lead Reviewer Identified. Review to commence
252328	Briefing Note Part 1 & 2 present.

DHSCP meet weekly to review adverse events. This group also commissions Significant Adverse Event Reviews and monitors progress of ongoing reviews. 80% of SAERs currently breach the 140

days target for completion. There are multi-faceted reasons for this including identification of review teams and the complexities of the adverse events being investigated.

c.3 The table below shows the number of overdue events by the year and department.

Department	2020	2021	2022	2023	2024	2025	2026	Total*	Change**
Community Mental Health Services	1	0	7	23	21	28	10	90(97)	↓
Primary Care (DDARS)	0	2	5	12	7	10	1	37(40)	↓
General Practice - Dundee HSCP	0	0	1	3	0	20	9	33(29)	↑
West (DDARS)	0	2	0	5	11	9	6	33(31)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	4	25	29(29)	↔
East (DDARS)	0	1	0	1	4	11	4	21(30)	↓
Central (DDARS)	0	0	0	2	4	9	3	18(21)	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	11	6	17(13)	↑
Community Learning Disabilities - Dundee HSCP	0	0	4	3	0	5	5	17(17)	↔
Other - Mental Health (Dundee)	0	0	2	1	4	4	2	13(12)	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	3	3	1	3	10(15)	↓
Area Psychological Therapy Service - Mental Health	0	1	0	0	0	7	2	10(13)	↓
Other - Specialist Palliative Care	0	0	0	0	0	4	4	8(5)	↑
Stroke and Neuro Rehab Unit RVH	0	0	0	0	1	2	4	7(4)	↑
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	0	5	6(3)	↑
Allied Health Professions (Dundee HSCP)	0	0	1	1	0	2	1	5(7)	↓
Other (DDARS)	0	0	0	0	0	3	1	4(7)	↓
Adults and Older People	0	0	0	0	0	1	3	4(2)	↑
Palliative Medicine	0	0	0	0	0	1	2	3(3)	↔
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	1	2	3(1)	↑
Health Inclusion Team, Dundee HSCP Primary Care Services	0	0	0	0	0	1	1	2(2)	↔
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	0	2	2(3)	↓
Speech and Language Therapy (Allied Health Professions, Dundee HSCP)	0	0	0	0	1	0	0	1(1)	↔
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	1	0	0	1(2)	↓
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	0	1(1)	↔
Tayside Sexual and Reproductive Health	0	0	0	0	0	0	1	1(1)	↔
CMHT - Social Work - DHSCP	0	0	0	1	0	0	0	1(1)	↔
Occupational Therapy - Allied Health Professions (Dundee HSCP)	0	0	0	0	0	1	0	1(1)	↔
Occupational Therapy (Dundee HSCP)	0	0	0	0	0	1	0	1(0)	↑
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	0	0	0	0	0(1)	↓
(blank)	0	0	0	0	0	0	0	0(1)	↓
Total	1	6	20	55	59	136	102	379(393)	↓

* Figures in brackets relate to the end of November 2025 report

** Since end of November 2025 report

There has been a longstanding concern regards the overdue verified events, specifically for Mortality and Morbidity Review part 2 following a death of a patient. The focus for teams is very much on contemporary adverse events rather than historical adverse events, due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed, including awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2020	2021	2022	2023	2024	2025	2026
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	0(0)	0(0)	4(1)	0
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)	0
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	7(8)	7(7)	19(26)	11
MINOR (GREEN): Category 2 Event	0(0)	0(0)	2(3)	8(12)	6(15)	41(74)	47
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	0(1)	4(5)	3(6)	8(36)	19
MORTALITY LEARNING EVENT (PURPLE)	0(1)	6(9)	16(22)	36(43)	42(49)	64(71)	25
Total	1	6	20	55	59	136	102

d. Feedback

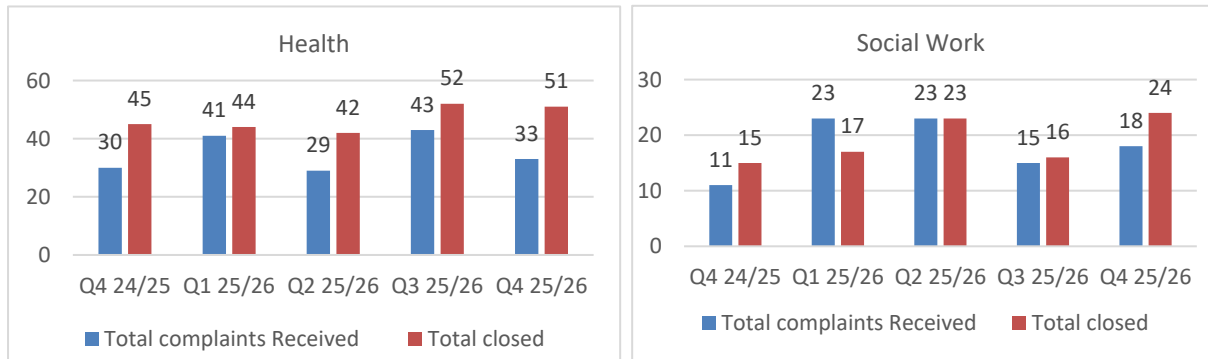
d.1 Complaints

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

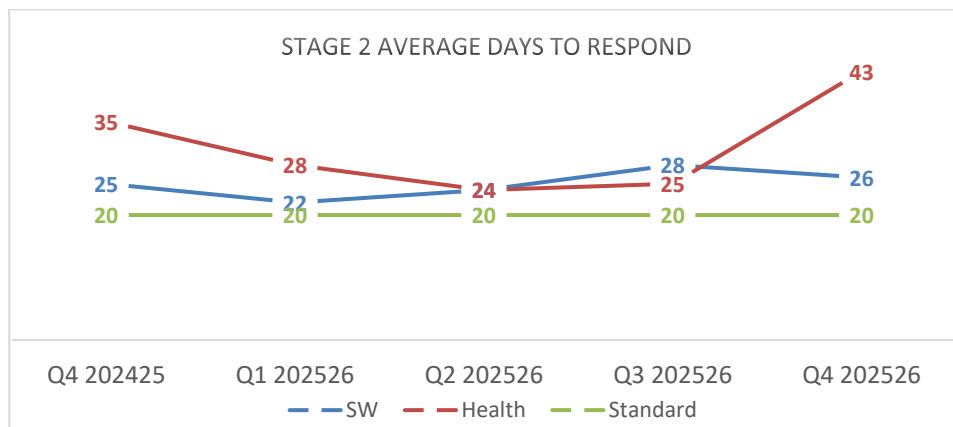
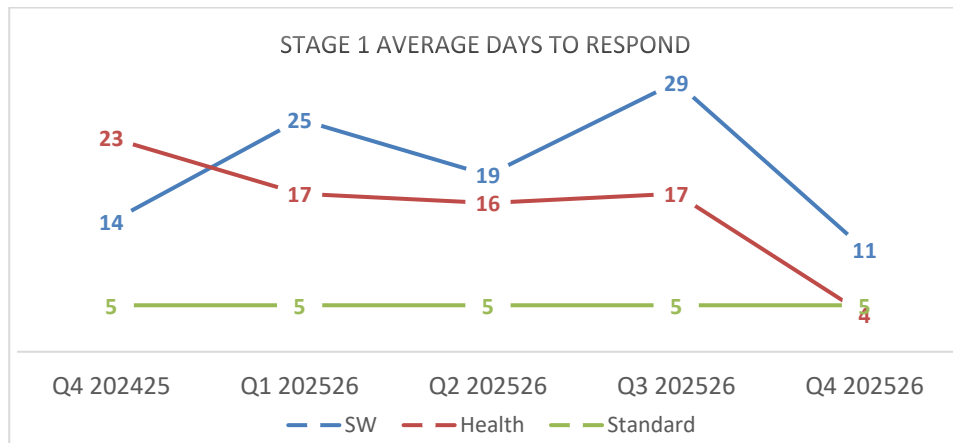
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

- Stage 1 complaints response standard is within 5 working days.
- Stage 2 complaints response standard is within 20 working days.

Number of complaints received & closed quarterly



Average days to respond to complaints:



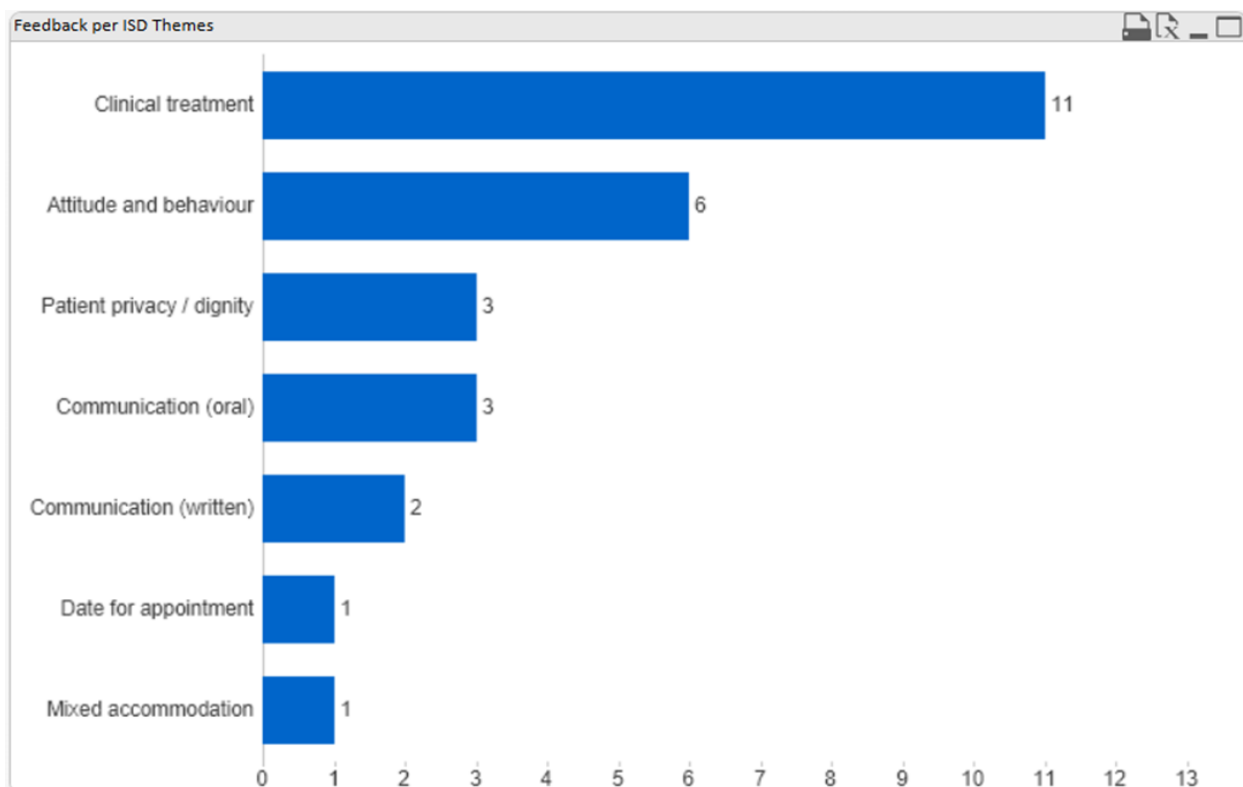
Complaints closed within timescale

Stage 1	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	44%	57%	30%	20%	73%
Health	62%	80%	67%	58%	75%

Stage 2	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	0%	57%	40%	22%	67%
Health	25%	48%	45%	33%	40%

Stage one and two complaints are showing an improving position through Q4.

Key themes for complaints received during the reporting period:



d.3 Positive feedback

Regular feedback is provided from teams into governance forums. Below shows the information provided by The Corner in their latest annual assurance report:

Feedback from 1264 Young People accessing services in 2025:

1. What is your Gender

74% Female

23% Male

2% Other

2. My Visit has helped me?

100% Agree

3. I feel better than I did when I came in?

100% Agree

4. I felt listened to and involved in making decisions about my situation?

100% Agree

5. How did you hear about our service?

38% Friend/Family

6% Corner Website/Social Media

2% Publicity

15% Other Health Care services

1% Pharmacy

4% Corner staff in School/College

10% School staff/Guidance teacher

19% Other

*'Amazing service, lovely environment'**'I felt very happy about today and got the right stuff that I needed'**'Felt comfortable, listened too and feel much better than when I came in'**'Extremely glad I came in feel a lot better now. Very friendly and helpful'**'Helped a lot gave me peace of mind didn't judge'**'Very helpful, great information shared, thank you again!'**'Was happy coming in all staff are lovely! :)'**'I had a great experience, I felt very listened to and had good conversations. These helped to make me feel calm and not panic.'**'It has helped me a lot and I feel very relieved.'**'I feel so re-assured and the process made me feel very comfortable'**'Very helpful and stress free'**'I know a lot more than I did when I first came in.'**'Lovely people very supporting <3'*

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

d.4 Scottish Public Services Ombudsman Reports

No cases within the reporting period.

d.5 External Reports & Inspections

Service	Audits/Inspections												
Psychiatry of Old Age	<p>The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025.</p> <p>There are seven recommendations within the SMART action plan. Six of the seven recommendations have been actioned:</p> <ul style="list-style-type: none"> • MDT documentation completion • Use of updated MDT document templates • Guardianship / power of attorney notification system • Consultation with welfare proxies • Locked door policy awareness • Involvement of patient and relatives in care planning <p>One of the seven recommendations is still in progress: this is ongoing with temporary screening in place. The teams have been successful in securing funding from the Charitable foundation to upgrade the garden spaces.</p> <ul style="list-style-type: none"> • Garden fencing improvements 												
Mental Health – Joint Inspection for Adult Services	<p>The inspection report for the Dundee Health and Social Care Partnership was published on 10 March 2026. Overall, ten quality indicators were considered in the inspection process and grades of Good or above were awarded for all aspects:</p> <table border="1" data-bbox="651 1160 1390 1451"> <thead> <tr> <th>Key Area</th> <th>Evaluation</th> </tr> </thead> <tbody> <tr> <td>Key performance outcomes</td> <td>Good¹</td> </tr> <tr> <td>Experiences of people who use our services</td> <td>Good</td> </tr> <tr> <td>Delivery of key processes</td> <td>Good</td> </tr> <tr> <td>Strategic planning, policy, quality and improvement</td> <td>Very Good²</td> </tr> <tr> <td>Leadership and direction</td> <td>Good</td> </tr> </tbody> </table> <p>Overall, the inspection report reflects very positively on work undertaken over the last ten years within integrated community-based services to strengthen access to mental health and wellbeing supports, with subsequent positive impact on service user outcomes and experiences. Benchmarked against the four Partnership areas inspected through the lens of people living with mental illness, Dundee achieved the highest evaluations.</p> <p>The joint inspection team highlighted 7 key strengths and 4 key areas for improvement. An action plan has been developed to address the area for improvement.</p> <p>The full report (DIJB13-2026) was presented to Dundee IJB on 15 April 2026. An overview of progress will be provided to the IJB before the end of 2026.</p>	Key Area	Evaluation	Key performance outcomes	Good ¹	Experiences of people who use our services	Good	Delivery of key processes	Good	Strategic planning, policy, quality and improvement	Very Good ²	Leadership and direction	Good
Key Area	Evaluation												
Key performance outcomes	Good ¹												
Experiences of people who use our services	Good												
Delivery of key processes	Good												
Strategic planning, policy, quality and improvement	Very Good ²												
Leadership and direction	Good												

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

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	IJB 2 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.
Risk Level	12 (High)
Risk Appetite	Within
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
x	The effectiveness of current controls The measures in place to support the mental health workforce challenges support safe, effective and person centred care. Planned recruitment will support this further.
	The identification and implementation of additional controls
	The presence of a new / emerging risk

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 BACKGROUND PAPERS

None





Dr David Shaw
Clinical Director

DATE: 24 April 2026

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

Level of Assurance		System Adequacy	Controls	
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	<input type="checkbox"/>
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	<input checked="" type="checkbox"/>
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES

REPORT BY: CHIEF OFFICER

REPORT NO: PAC23-2026

1.0 PURPOSE OF REPORT

- 1.1 To provide the Performance and Audit Committee with an overview of the performance of the Psychological Therapies Service against the waiting times standard.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance of the Psychological Therapies Service as outlined in this report.
- 2.2 Instructs the Chief Officer to bring back an updated report to the PAC following further improvement actions put in place by the end of this calendar year.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The existing recruitment strategy aimed at increasing service capacity and reducing waiting times is funded from the current delegated budget for Psychological Therapies.

4.0 MAIN TEXT

- 4.1 Dundee HSCP is the lead partner for Tayside for the Psychological Therapies service. Psychological Therapies (PT) services deliver evidence-based psychological interventions that reduce distress, improve functioning, and support recovery across mental and physical health pathways. In addition to direct therapeutic activity (individual, group, and digital), PT services make a wider system contribution by reducing hospital admissions, inpatient stays, and emergency department use, and by improving outcomes across a range of clinical populations.
- 4.2 The national PT waiting times standard requires 90% of patients to start treatment within 18 weeks of referral. This applies to direct therapeutic interventions and does not capture indirect, consultative, or system-focused psychological work. Services operate in line with the National Specification for Psychological Therapies and Interventions. Performance challenges are widespread nationally, with only 2 of 14 NHS boards currently meeting the standard.
- 4.3 The 18-week standard is not yet met across all specialties or localities within Tayside. NHS Tayside entered Enhanced Support in August 2024, receiving analytical and modelling support (with no additional funding or workforce support).

Despite demand and financial pressures, performance has improved consistently over the past year, reflecting a sustained focus on improvement, service redesign, workforce development, and targeted recruitment. This improvement places Tayside above the national average and demonstrates that current actions are having a measurable impact.

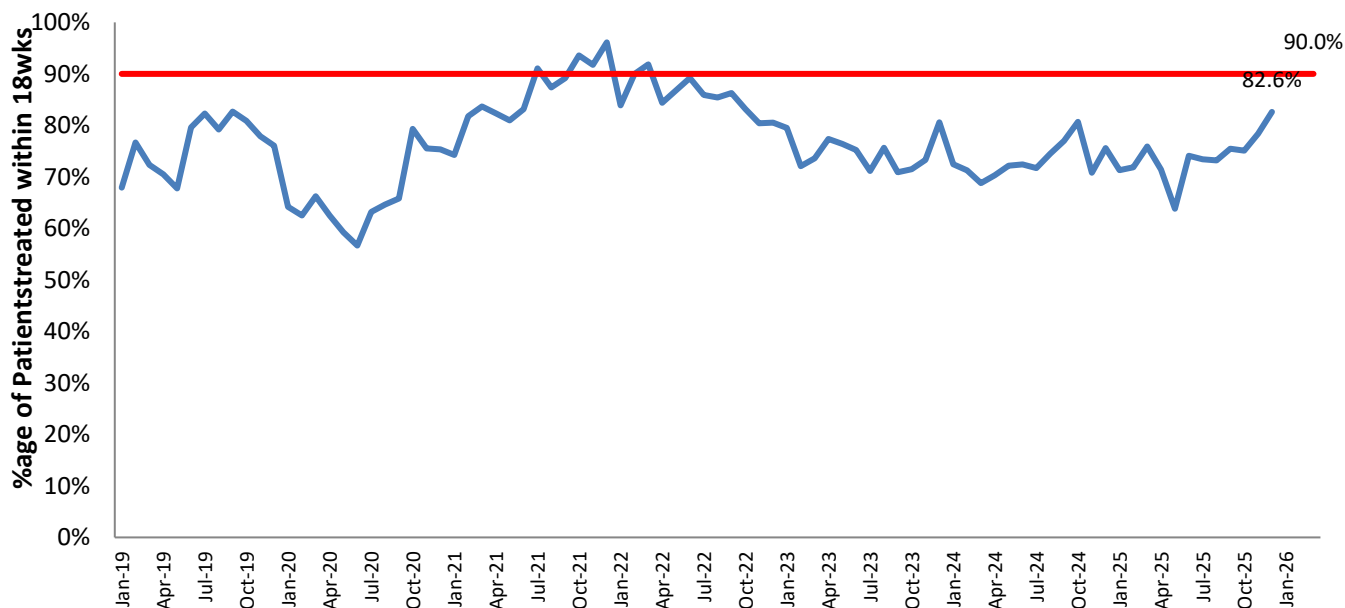
- 4.4 PT services in Tayside operate across 13 clinical specialties, with performance reviewed monthly at specialty level and used to inform targeted improvement actions.

Recent performance shows significant improvement as noted below:

- Performance Baseline Leading to Enhanced Support: March 2024: 70.9%
- Previous Update Report Performance: September 2025: 75.5%
- December 2025: 82.6%

Figure 1, shows the performance from January 2019 to January 2026. It should be noted the current performance is the highest level achieved since October 2022 and now above the national average (National average = 80.7% at December 2025).

Figure 1. Percentage of Psychological Therapies Patients who Commence Treatment within 18 weeks of referral - Source: Public Health Scotland



4.5 This latest performance represents:

- A +9.9% improvement compared to the Annual Delivery Plan baseline
- Performance above the national average (80.7% in December 2025)

Long waits have reduced in parallel:

- 1,005 ongoing waits over 18 weeks (a reduction of 310 compared to baseline)

While similar levels of performance have been achieved previously and not sustained, current improvement is underpinned by a clearer delivery plan, enhanced oversight, and a stronger focus on workforce stability.

In contrast with these encouraging results Tayside currently ranks 13th of 14 boards for waits over 52 weeks. Importantly, these long waits are concentrated within a small number of services, enabling targeted and proportionate action to be taken.

The four services accounting for the majority of long waits are:

- Adult Psychological Therapies (locality-based – Dundee, Angus & Perth & Kinross)
- Adult Psychological Therapies within Community Mental Health Teams (Dundee, Angus, Perth & Kinross)
- Clinical Health Psychology (Tayside-wide)
- Clinical Neuropsychology (Tayside-wide)

Speciality	August 2025 Data			November 2025 Data		
	Number waiting <18 weeks	Number waiting > 18 weeks	Total waiting (with percentage over 18 weeks)	Number waiting <18 weeks	Number waiting > 18 weeks	Total waiting (with percentage over 18 weeks)
Angus Adult Psychological Therapies	249	132	381 (34%)	241	175	416 (42%)
Dundee Adult Psychological Therapies	163	255	418 (61%)	172	52	224 (23%)
Perth & Kinross Adult Psychological Therapies	247	11	258 (4%)	239	14	253 (5%)
Angus CMHT	15	2	17 (12%) *	18	0	18 (0%)
Dundee CMHT	57	104	161 (65%)	17	124	141 (87%)
Perth & Kinross CMHT	7	13	20 (65%)	12	52	64 (81%)
Clinical Health	65	94	159 (60%)	79	75	154 (48%)
Clinical Neuropsychology	131	434	565 (77%)	126	427	553 (77%)

Table 1 below shows the number of Patients waiting across these 4 specialties

Table 1 shows the numbers of patients waiting above and below 18th weeks for the 4 services that causes failure to achieve the 90% RTT target

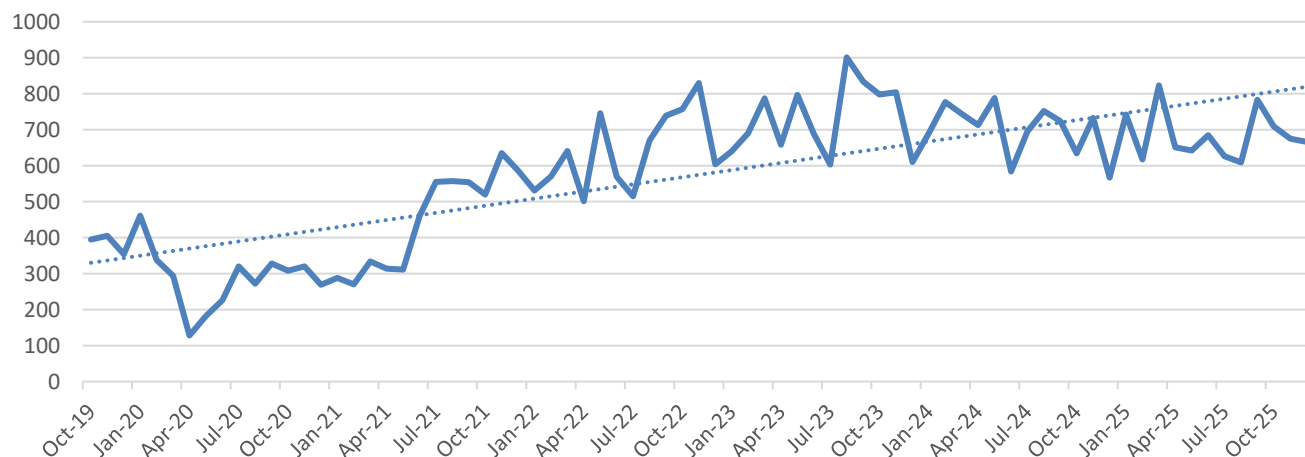
***This figure is not a true indication of level of need within Angus CMHT where routine referrals are not being made where there is no PT presence within the CMHT**

Factors Affecting Waiting Times

Waiting times continue to be influenced by demand, workforce, and financial pressures. These factors are summarised as follows:

- Demand: Referrals have increased by 67% compared to pre-COVID levels, without equivalent workforce growth (see Figure 2 below)
- Workforce:
 - Recruitment: Senior specialist posts, particularly in Clinical Neuropsychology, remain challenging to recruit to
 - Turnover: Recent resignations in key services have temporarily reduced capacity partly offsetting recruitment gains.
- Financial challenges limit financial flexibility and additional investment options.
- Some Clinical Health Psychology waits reflect wider pathway constraints (e.g. bariatric surgery and exceptional aesthetics), where access to surgery rather than PT capacity determines reported waiting times.

Figure 2 – Number of Referrals to Psychological Therapies in Tayside Source: NHST Business Unit



A comprehensive programme of service improvement is underway, with a clear emphasis on impact and achieving sustainable improvement in performance.

Immediate and short-term actions leading to improved performance

- Use of short-term staffing to stabilise services
- Expansion of group-based interventions
- Increased delivery of digital therapies, aligned with national direction
- Closer working with partners to optimise pathways
- Continued development and deployment of trainee psychologists

These actions have directly contributed to recent performance gains and are being further strengthened. In addition, the following areas of focus will continue to support longer term increased performance:

4.6 Service redesign

- Clinical Health Psychology pathway redesign to improve flow and reduce bottlenecks
- Updated Clinical Neuropsychology pathways, including young-onset dementia

Ongoing actions are continuing to address greater consistency in referral triage and allocation across services

4.7 Trajectory and Outlook

Public Health Scotland modelling (August 2025) indicated that several under-performing services could achieve the standard within existing budgeted resource levels, provided staffing levels were maintained. Updated trajectories now reflect recent recruitment successes and increased case complexity.

Current expectations are:

- Dundee Adult PT: Expected to reach the standard by August 2026, assuming current staffing stability and successful appointments to current vacancies.
- Perth & Kinross CMHT: Revised modelling underway; recruitment of 1.6 WTE Band 8A planned (of which 1.0 WTE is an additional post). Recruitment is underway with professionals expected to be in post by May 2026 with anticipated achievement of the 90% target within a further 18 months from that date (November 2027).
- Clinical Health Psychology: Continued improvement expected once staffing is fully restored following recent staff turnover, although demand pressures may influence timescales. Following

completion of a recruitment process we anticipate new starts being in post by August 2026 and should this be successful it is anticipated the 90% target will be reached by February 2027.

- Clinical Neuropsychology: Two permanent appointments from December 2025 are expected to deliver measurable improvement with a reduction of approximately 4% in the backlog by April 2026 followed by a gradual and progressive improvement.
- Further Actions involving workforce recruitment to key vacant posts are continuing.

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 report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 07 May 2026

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2025-26

REPORT BY: CHIEF OFFICER

REPORT NO: PAC20-2026

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1 April 2025 to 31 March 2026.

2.0 RECOMMENDATIONS

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

- 2.1 Note the scale and scope of Care Inspectorate led inspections carried out in 2025-26 during the reporting year (section 4.1)
- 2.2 Note the contents of this report and the gradings awarded as detailed in the attached performance report (Appendix 1) and highlighted in section 4.2.
- 2.3 Note the range of continuous improvement activities progressed during 2025-26 as described in section 4.3 and Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards¹ that came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.
- 4.1.2 During 2025-26 the Care Inspectorate continued to support the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 01 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care settings. The overall inspection framework for adult services continued to be supported by a series of sector specific quality frameworks, which support providers to self-evaluate their own performance and are used by inspectors to provide independent assurance about the quality of care and support. As well as supporting inspection these quality frameworks are also designed

¹ <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/health-social-care-standards-support-life/health-social-care-standards-support-life/govscot%3Adocument/health-social-care-standards-support-life.pdf>

to support improvement activity. The full range of relevant frameworks can be accessed at: Quality frameworks for care services | Care Inspectorate Hub (care homes for adults and older people, care at home, support services, and housing support services). Whilst there is variation across each framework, some core areas of focus are:

- How well people's wellbeing is supported.
- How good the leadership of the service is.
- How good the staff team is.
- How good the setting (physical environment) within the service is.
- How well care is planned.

4.1.3 The Care Inspectorate base their inspection priorities for each service on risk and intelligence and have set out a baseline for which key questions will be evaluated at each inspection dependent on grade and whether there are high scrutiny or medium/ low scrutiny requirements. Two key questions (elements of Key Question 1 – How well do we support people's wellbeing? and Key Question 2 – How good is our leadership?) are the minimum for all services, with the Care Inspectorate having discretion to look at and evaluate any further key question(s) and quality indicator(s) in addition to this if there are any concerns arising from the assessment of the core assurances during the actual inspection.

4.2 Gradings Awarded

4.2.1 Across the services listed in the performance report contained within Appendix 1, 45 inspections were undertaken during 2025-26. This included 26 inspections carried out across 19 care homes (including three Dundee HSCP operate care homes) and 19 inspections carried out across 18 other adult services (including one Dundee HSCP operated service).

4.2.2 Table 1 illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2024-25:

Table 1: Grade Received by Service	Care Homes		Other Adult Services	
	2025-26	2024-25	2025-26	2024-25
Number of Services Inspected	19	17	18	27

6 'excellent' in one or more key questions	-	-	2	12%	2	11%	-	-
5 'very good' in one or more key questions	9	47%	8	47%	11	61%	15	56%
4 'good' in one or more key questions	12	63%	11	65%	11	61%	20	74%
3 'adequate' in one or more key questions	7	37%	7	41%	8	44%	8	30%
2 'weak' in one or more key questions	1	5%	2	12%	1	6%	-	-
1 'unsatisfactory' in one or more key questions	-	-	1	6%	-	-	-	-

4 'very good' and above in all grades (initial annual inspection)	12	63%	10	59%	12	67%	18	67%
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3 'adequate' or below in all grades (initial annual inspection)	1	5%	7	41%	1	6%	9	33%
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There were 25% less inspections carried out in care homes and other adults services this year compared to 2024-25. The grading data evidences an improvement in grades between 2024-25 to 2025-26 for care homes particularly; of note is the reduction of care home providers receiving a grade 3 or below in all grades, however, there were no grade 6's awarded. It is a similar picture in other adult services whereby there has been an improvement in the number of services who previously were graded 3 or below in all grades, however, two services received a grade 6 'excellent'.

- 4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements were placed on 5 of the 19 (26%) care homes inspected and 7 of the 18 (39%) other adult services inspected during 2025-26. Details of the improvement support provided is set out in section 4.3 and Appendix 1.
- 4.2.4 Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services. There were no enforcements put in place for any Dundee service during 2025-26.
- 4.2.5 Table 2(a) shows the overall percentage awarded at grades 1 to 6 for care homes. Of the 26 inspections carried out across 19 care homes, 74 grades were awarded against the key questions noted below:

Table 2(a) – Care Homes (26 inspections, 74 grades awarded)

Table 2(a): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	23%	6 (28.5%)	1 (10%)	2 (15%)	8 (40%)	0
4 'good'	45%	9 (43%)	4 (40%)	8 (62%)	8 (40%)	4 (40%)
3 'adequate'	28%	5 (24%)	4 (40%)	3 (23%)	4 (20%)	5 (40%)
2 'weak'	4%	1 (4.5%)	1 (10%)	0	0	1 (20%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 2(a) demonstrates that grades of 'very good' or excellent' continued to be more evenly spread across Key Questions than had been the case prior to 2024-25 (where they were more likely to be awarded in relation to supporting people's wellbeing and leadership of care home services).

All of the three Partnership operated care homes inspected during 2025-26, ended the year with an evaluation of 'very good' against all Key Questions inspected.

Table 2(b) Support Services with Care at Home (10 inspections / 32 grades awarded)

Table 2(b): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (10%)	0	0	0	0
5 'very good'	37.5%	3 (30%)	1 (25%)	6 (60%)	0	2 (25%)
4 'good'	37.5%	5 (50%)	2 (50%)	1 (10%)	0	4 (50%)
3 'adequate'	22%	1 (10%)	1 (25%)	3 (30%)	0	2 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 2(c) Care at Home with Housing Support (9 inspections / 23 grades awarded)

Table 2(c): Grade 2024-25	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	4.5%	1 (12.5%)	0	0	0	0
5 'very good'	39%	3 (37.5%)	1 (25%)	4 (50%)	0	1 (33.3%)
4 'good'	18%	2 (25%)	0	2 (25%)	0	0
3 'adequate'	29.5%	2 (25%)	2 (50%)	2 (25%)	0	1 (33.3%)
2 'weak'	9%	0	1 (25%)	0	0	1 (33.3%)
1 'unsatisfactory'	0	0	0	0	0	0

Tables 2(b) and 2(c) for other adult services cover a variety of service provision models therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service. Key Question 4 is not inspected against in the majority of other adult services as they are primarily provided in the service user's own home.

4.3 Continuous Improvement

4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality that involves care home providers, other adult service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. Appendix 1 contains further information about the range of improvement support available to providers across care home, care at home, housing support and other adult services.

4.3.2 Improvement activity during 2025-26 included targeted support for care home providers, with the Dundee HSCP care home team continuing to provide support through nurses, social workers and an occupational therapist. In 2025-26, the RGN's within the team undertook training to complete Do Not Attempt Resuscitation documentation for residents who wish to have this in place, reducing delays previously associated with GP completion. The RMN's implemented a more streamlined referral process to support residents and care home staff more quickly with regards to distressed behaviours, assessments and medication intervention where required. The social workers along with the Integrated Manager streamlined a number of processes including requests for 1:1 additional support and Enhanced Support processes when there are increases in notifications for significant events from care homes, supporting improved early intervention. Where significant concerns arise, the Partnership and the Care Inspectorate work closely with providers through enhanced monitoring arrangements and, where required, formal investigatory processes.

4.3.3 A number of high performing services are identified within Appendix 1, including those achieving grades of 'excellent' and 'very good' across multiple aspects of the key questions utilised for inspection. Common areas of strength identified included: strong person-centred and compassionate care; motivated and well-supported staff teams; effective leadership and oversight; effective quality assurance approaches that support continuous improvement; meaningful engagement and communication with people experiencing care and their families; and positive partnership working with external health and social care professionals and the wider community.

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 Service, Strategic Services, the Clerk, Heads of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Officer

DATE: 15 April 2026

Rosalind Guild
Contracts Officer

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Appendix 1

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2025 – 31 MARCH 2026

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2025 to 31 March 2026.

The Care Inspectorate regulate care services for people of all ages in Scotland. Their work includes registering services, inspecting and grading them, dealing with complaints, carrying out enforcement action where necessary and helping services to improve.

The role of the Care Inspectorate is to regulate and inspect care services so that:

- vulnerable people are safe;
- the quality of service delivered is high and continues to improve;
- people know the standards they have a right to expect;
- reports are made available publicly on the quality of services across Scotland; and
- they can support the review and development of how services are delivered.

The Care Inspectorate played a key role in supporting the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 1 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care setting.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE SERVICES INSPECTED

A total of 45 inspections were carried out in 37 services during 2025-26 (see Appendices A and B):

- 26 inspections in 19 care homes

- 19 inspections in 18 other adult services

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. A breakdown of the requirements are listed in Appendix C for care homes and in Appendix D for other adult services.

Inspection/investigations are also carried out if complaints are made against a service and can result in a change to grades. Upheld complaints are recorded on the Care Inspectorate website (www.careinspectorate.com).

Table 1 shows which sectors received an inspection during 2025-26:

Table 1: Inspected Services - Sector Data	DHSCP	Private	Voluntary*	Total
Number of Care Homes	3	16	-	19
%	16%	84%	-	100%
*As of 2024-25 there are no voluntary care homes in Dundee due to closures				
Number of Other Adult Services	1	5	12	18
%	5%	28%	67%	100%

Summary of the gradings awarded in Dundee

Table 2 illustrates the number of services who received the undernoted gradings in one or more of the key questions inspected and the comparison from previous year 2024-25.

Table 2: Grade Received by Service	Care Homes		Other Adult Services	
	2025-26	2024-25	2025-26	2024-25
Number of Services Inspected	19	17	18	27

6 'excellent' in one or more key questions	-	-	2	12%	2	11%	-	-
5 'very good' in one or more key questions	9	47%	8	47%	11	61%	15	56%
4 'good' in one or more key questions	12	63%	11	65%	11	61%	20	74%
3 'adequate' in one or more key questions	7	37%	7	41%	8	44%	8	30%
2 'weak' in one or more key questions	1	5%	2	12%	1	6%	-	-
1 'unsatisfactory' in one or more key questions	-	-	1	6%	-	-	-	-

4 'very good' and above in all grades (initial annual inspection)	12	63%	10	59%	12	67%	18	67%
3 'adequate' or below in all grades (initial annual inspection)	1	5%	7	41%	1	6%	9	33%

There were 25% less inspections carried out in care homes and other adults services this year compared to 2024-25. The grading data evidences an improvement in grades between 2024-25 to 2025-26 for care homes particularly of note is the reduction of care home providers receiving a grade 3 or below however there were no grade 6's awarded. It is a similar picture in other adult services whereby there has been an improvement in the number of services who previously were graded 3 or below however two services received a grade 6 'excellent'.

Table 3 – Care Homes (26 inspections, 74 grades awarded)

Table 3: Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	23%	6 (28.5%)	1 (10%)	2 (15%)	8 (40%)	0
4 'good'	45%	9 (43%)	4 (40%)	8 (62%)	8 (40%)	4 (40%)
3 'adequate'	28%	5 (24%)	4 (40%)	3 (23%)	4 (20%)	5 (40%)
2 'weak'	4%	1 (4.5%)	1 (10%)	0	0	1 (20%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(a) Support Services with Care at Home/Housing with Care (10 inspections / 32 grades awarded)

Table 3(a): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (10%)	0	0	0	0
5 'very good'	37.5%	3 (30%)	1 (25%)	6 (60%)	0	2 (25%)
4 'good'	37.5%	5 (50%)	2 (50%)	1 (10%)	0	4 (50%)
3 'adequate'	22%	1 (10%)	1 (25%)	3 (30%)	0	2 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(b) Care at Home with Housing Support (9 inspections / 23 grades awarded)

Table 3(b): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	4.5%	1 (12.5%)	0	0	0	0
5 'very good'	39%	3 (37.5%)	1 (25%)	4 (50%)	0	1 (33.3%)
4 'good'	18%	2 (25%)	0	2 (25%)	0	0
3 'adequate'	29.5%	2 (25%)	2 (50%)	2 (25%)	0	1 (33.3%)
2 'weak'	9%	0	1 (25%)	0	0	1 (33.3%)
1 'unsatisfactory'	0	0	0	0	0	0

Tables 3(a) and 3(b) for other adult services cover different models of service provision therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service however data evidences that all services are performing well with no grades of 'weak' awarded. Key Question 4 in the majority of other adult services is not inspected against as services are primarily provided in the service user's own home.

Moyness Care Home (owned by Balhousie Holdings Limited) – Following on from concerns raised by Dundee Health & Social Care Partnership (Dundee HSCP) Care Home Team and from feedback following an inspection visit carried out by the Care Inspectorate on 20 August 2025, a pre-Large Scale Investigation meeting was held on 27 August 2025. It was agreed at that meeting to move forward with the Large Scale Investigation (LSI) process and Balhousie Care Group voluntarily agreed to placing an embargo on new admissions to the care home during this process. A follow up visit by the Care Inspectorate on 8 January 2026 saw grades improved and outstanding requirements met and the LSI subsequently concluded on 15 January 2026. A new care home manager was appointed in February 2026. The care home continues to be monitored through the Enhanced Contract Monitoring process. Close monitoring will continue until both the Care Inspectorate and Dundee HSCP are satisfied that the improvements made will be sustained.

Balhousie Clement Park (owned by Balhousie Holdings Limited) – At a pre-LSI meeting held on 2 December 2025 it was agreed to proceed to a full LSI given the concerns noted by Dundee HSCP Care Home Team. The provider had also agreed to a voluntary moratorium on admissions during this process. The concerns in conjunction with the management arrangements at that time had not offered Dundee HSCP reassurance that a lesser enhanced monitoring process would suffice. The Care Inspectorate had also imposed a number of requirements to be met at their inspection visits held in May and November 2025. In January 2026 the Care Inspectorate again visited and as a number of the requirements had not as yet been met, downgraded some of the previous grades. A number of complaints had also been received and upheld by the Care Inspectorate during this time. The care home manager resigned from post in January 2026. Following a number of LSI meetings to discuss the action plans in place there was evidence that improvements were being made and the embargo on admissions was lifted in March 2026. The LSI process subsequently ended on 10 April 2026. Enhanced contract monitoring will commence to ensure that improvements are sustained and support the provider whilst seeking a replacement care home manager.

Care Inspectorate Key Messages – High Performing Services

Ellen Mhor Care Home (Cygnet (OE) Limited)

- People were supported by staff who knew them well and treated them with compassion, dignity, and respect.
- The team were supported by a competent management team and people received a high standard of personal care and support.
- People were recognised as individuals, and they were encouraged to exercise their skills and abilities.
- It was clear that people enjoyed the activities on offer and appreciated the support made available to help them connect with loved ones and the wider community.

Forebank Care Home (Brookesbay Care Group)

- People experienced warm and compassionate care.
- Mealtimes were relaxed and staff supported people with dignity and kindness on a one-to-one basis where required.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Staff felt well supported, confident and competent in their roles.
- The detailed quality assurance system prompted a culture of continuous improvement.

Janet Brougham Care Home (Dundee Health & Social Care Partnership)

- The service promoted people's independence, whenever possible.
- People had a choice of various activities daily which suited their needs and preferences.
- A person-centred approach was in place and people felt respected.
- The service was responsive, keen to make sure people were getting the right care and support.
- The staff team enjoyed their jobs and were enthusiastic.

Mackinnon Centre (Dundee Health & Social Care Partnership)

- People felt warmly supported by caring staff.
- People's strengths and abilities were valued.
- The environment was welcoming, personal and well kept.

Turriff House Care Home (Dundee Health & Social Care Partnership)

- Leaders of the service had very good oversight of performance and were improvement-focussed.
- Staff were very good at developing meaningful relationships with people experiencing care and their families.
- The service had developed strong partnerships with external health professionals.
- People were supported to maintain links with the local community.
- The provider was very good at communicating, engaging, and involving all stakeholders in service development.
- Continued investment in environmental improvements would benefit people experiencing care.

TayCare at Home (TayCare at Home Limited)

- The service demonstrated an outstanding commitment to person centred care and all of people's needs including family members.
- People and their families consistently told us that their lives had improved due to the care and support they received. "the care exceeded all our expectations."
- People and their outcomes were central to the decision-making process, resulting in improved quality of life for people.
- People were supported to build, maintain or re-gain their confidence and to have a strong sense of their own identity and wellbeing.
- The rights of people were recognised, respected and were always promoted.
- Staff were passionate in their role and felt well supported.
- There was a strong focus on internal career progression and ongoing development for staff.
- People benefited from a stable staff team who knew them very well.

The Richmond Fellowship Scotland – Dundee Services (The Richmond Fellowship Scotland Ltd)

- All of the supported people we spoke to, told us that they were very happy with their support and spoke positively about the staff.
- The service put supported people at the heart of their work and had found innovative ways to improve people's support.
- Staff had undertaken a comprehensive range of relevant training, which they told us was informative, had increased their knowledge and was relevant to their roles.
- We found that the staff group was well motivated and approached their work in a caring and sensitive manner.
- Staff told us that their seniors and the manager were accessible, approachable and supportive.
- The staff we spoke to told us that they were part of a mutually supportive team. The service encouraged more experienced staff members to mentor their less experienced colleagues.
- The service had a wide range of well written and relevant policies and procedures in place, which underpinned the quality of support it provided.
- We heard from other professionals that the service communicated well with them and was excellent at supporting people with complex support requirements.
- The service had detailed plans to improve all the communal outdoor areas.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 5 of the 19 (26%) care homes inspected and 7 of the 18 (39%) other adult services inspected.

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2025-26 the Care Inspectorate received one or more complaints relating to 5 care home services and 5 services for other adults. Of these, all were upheld or at least one of the following elements upheld.

Complaints – Care Homes	Complaints – Other Adult Services
<p>Wellbeing</p> <ul style="list-style-type: none"> • Social • Other <p>Healthcare</p> <ul style="list-style-type: none"> • Palliative care 	<p>Healthcare</p> <ul style="list-style-type: none"> • Tissue viability • Medication issues • Inadequate healthcare or healthcare treatment <p>Communication</p>

<ul style="list-style-type: none"> • Inadequate healthcare or healthcare treatment • Contenance care • Infection control issues • Medication issues • Oral health • Tissue viability • Hydration • Other <p>Staff</p> <ul style="list-style-type: none"> • Levels • Training/qualifications <p>Communication</p> <ul style="list-style-type: none"> • Between staff and service users/ relatives/ carers <p>Choice</p> <ul style="list-style-type: none"> • Care and treatment <p>Environment</p> <ul style="list-style-type: none"> • Other <p>User Participation</p> <ul style="list-style-type: none"> • Other <p>Record-Keeping</p> <ul style="list-style-type: none"> • Other <p>Food</p> <ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Between staff and service users/ relatives/ carers <p>Policies and Procedures</p> <ul style="list-style-type: none"> • Complaints procedure • Other <p>Record-keeping</p> <ul style="list-style-type: none"> • Personal plans/ agreements <p>Staff</p> <ul style="list-style-type: none"> • Training/qualifications • Levels • Other <p>Privacy and Dignity</p> <ul style="list-style-type: none"> • Privacy and Dignity <p>Choice</p> <ul style="list-style-type: none"> • Care and Treatment • Activities
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Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

There were no enforcements put in place for any Dundee service during 2025-26.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

Care Home Services

The care home team continues to support all older peoples' care homes in Dundee through support from RGN's, RMN's, social workers and an occupational therapist. In the past 12 months the RGN's within the team have undertaken training to now be able to complete Do Not Attempt Resuscitation documentation for residents who wish to have this in place. This has reduced delays in the completion of this as previously GPs would be required to complete this.

The RMN's now have a more streamlined referral process which is ensuring that residents and care home staff are supported more quickly with regards to distressed behaviours, assessments and medication intervention where required.

The social workers along with the Integrated Manager have streamlined a number of processes including requests for 1:1 additional support and Enhanced Support processes for when there are increases in notifications for significant events from care homes. These processes have significantly improved early intervention.

Local Authority Care Homes

Turriff House and Mackinnon Centre now have processes in place to support self-funding service users to access their respite services. This has allowed greater equality in terms of access to services.

Mackinnon Centre has also began trials with Royal Victoria Hospital to support some intermediate care after discharge. This will allow for a period of settlement and final assessment before adults with physical disabilities fully return home which will ensure appropriate supports are in place and will reduce likelihood of re-admission to hospital.

Menziesshill House continues to be industry leading with inter-generational work in Scotland by creating links with various schools, nurseries and other child-based centres. This has now expanded to partnering with a martial arts group who are trialling how this sport can help improve residents' mobility, function and mental health.

DHSCP

Colleagues from across the partnership continue to meet at a variety of platforms to support care homes. In the past 12 months, significant work has been undertaken with regards to reviewing criteria for admission to residential or nursing care homes which will improve outcomes for people.

Significant work has been and continues to be undertaken to improve the hospital discharge experience for residents returning to care homes. This has included an educational video for NHS staff who are involved in discharges to help them understand why smooth transitions are vital.

Work has been undertaken to try to encourage GP alignment for care homes. This will reduce the volume of GPs each individual care home has to work with for their residents. Benefits of this will be a better understanding for GPs of residents' needs and medical history but also smoother reprocesses for the ordering and receiving of medications.

Scottish Care

The Independent Sector Lead for Dundee from Scottish Care continues to work in close partnership with the partnership. These links have enhanced the Provider forums which take place on a monthly basis with quarterly education / information's sessions now taking place.

The Independent Sector Lead has now a fully established Dundee Activity Network which brings residents of care homes together four times per year for festive activities in conjunction with Leisure Dundee. This brings benefits to residents' needs and stimulation.

The recruitment issues within the sector have led to the Independent Sector Lead working closely with the developing young workforce section based within secondary schools in the city. A pilot was held in 2025 where pupils were given the opportunity to undertake care home related tasks, understand more about the environment and meet residents from homes in the hope this will encourage them to pursue a career within the Social Care Sector.

Care at Home/Housing with Care Services

During 2025-26 an invitation to tender was advertised via Public Contracts Scotland for suitable providers to join the care and support framework for the provision of services for the period from 9 September 2025 to 31 March 2029. This led to an increase in the number of providers on the framework from 22 to 35 providers. In addition to the provision of care at home, support and respite at home (for the supported person), a new service type was introduced – respite for carer. Three new providers who joined the framework are now delivering services in Dundee.

Following the framework contract awards, the allocation process was reviewed and a new terms of reference was drawn up to support the process, to ensure allocations are made as efficiently as possible by filling gaps that have already been paid for. Any new packages of care that are allocated outside of the paid gaps are being made in a fair and transparent manner as detailed within the terms of reference.

The level of unmet need continues to remain low whilst budgetary pressures are being managed, by focusing on providing services to people in line with their social work assessment of need and eligibility criteria within gaps in existing runs wherever possible.

Two new Housing with Care developments were progressed during the year, with Bield Housing & Care having been identified for the provision of Housing with Care at Rockwell Gardens and Hillcrest Futures having been identified for Doon Place. Rockwell will be a transfer of service provision from the internal social care team and will mainly be for older people, with Doon Place being a new service development for younger adults with more complex needs.

Care At Home/Housing Support (LD & MH)

During 2025-26 work has continued on Strategic Housing Investment Plan (SHIP) developments. These are new housing developments which provide supported accommodation to tenants who have a variety of assessed support needs and who have either a learning disability or mental health needs. One development was completed and handed over to the Partnership in March 2026.

Support providers are identified/ agreed via the Dundee Collaborative Group, which uses a partnership working approach to decision-making and is viewed positively by providers involved in the process.

Quarterly contract meetings were held throughout 2025-26 to monitor the provision of commissioned mental health and learning disabilities service areas. These involved all relevant stakeholders. In addition to these individual meetings there are also budget meetings with key Partnership colleagues, and these have a wider focus on budgets across this service area. Information is shared and there are ongoing workstreams to look at areas of improvement and/or development.

In 2024-25 a Test of Change was implemented to support individuals pre- and post- diagnostic support to individuals with Autism, as well as those not seeking a formal diagnosis, and who may not meet thresholds for receiving support from other commissioned services. The service is intended to address a gap in need and provide direct support as well as signposting individuals to other supports available across the city and work in partnership with other stakeholders to achieve this. A coordinating group meets regularly to support the ongoing development and evaluation of the service. In 2025/26, the Test of Change was extended in duration (until the end of September 2026) and in scope, to include two part-time Peer Worker posts, which were identified by the coordinating group as aligned with the aims and objectives of the Test of Change. The service continues to strengthen links with statutory and other third sector provision across Dundee, and support individuals on the Tayside Adult Autism Consultancy Team (TAACT) waiting list and is complementary to ongoing work developing the Neurodevelopmental Pathway.

**APPENDIX A
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2025 TO 31 MARCH 2026**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Completed Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaint(s) received during 25-26	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?			
Balcarres HC-One Limited	Care Home (Older People)	Private	29.01.26	5	-	5	5	-	No	Yes	No
Balhousie Clement Park Balhousie Holdings Limited	Care Home (Older People)	Private	26.06.25	3	4	4	4	3	Yes	Yes	No
			18.11.25	Follow-up visit by Care Inspectorate – no change to grades							
			22.01.26	3	3	3	3	3	Yes	-	-
Balhousie St Ronan's Balhousie Holdings Limited	Care Home (Older People)	Private	02.05.25	4	4	3	4	3	No	No	No
			11.11.25	-	-	4	-	4	No	No	No
Ballumbie Court HC-One Limited	Care Home (Older People)	Private	Last Inspection 08.05.24						-	-	-
Benvie Duncare Ltd	Care Home (Older People)	Private	08.08.25	4	5	-	4	-	No	No	No

Bridge View Sanctuary Care Limited	Care Home (Older People)	Private	Company name changed – New registration – No previous reports						-	-	-
The Bughties Enhance Healthcare Ltd	Care Home (Older People)	Private	19.05.25	4	-	4	4	-	No	No	No
Carmichael House Carmichael House (Dundee) Limited	Care Home (Older People)	Private	29.05.25	4	4	4	4	4	No	No	No
Ellen Mhor Cygnnet Healthcare	Care Home (Learning Dis)	Private	14.08.25	5	-	-	5	-	No	No	No
Forebank Care Home Brookesbay Care Group	Care Home (Older People)	Private	09.12.25	5	-	-	5	-	No	No	No
Harestane Care Home Priority Care Group Limited	Care Home (Older People)	Private	Last inspected 03.12.24						-	-	-
Janet Brougham House Dundee HSCP	Care Home (Older People)	Dundee HSCP	20.11.25	5	-	-	5	-	No	No	No
Lochleven Thistle Healthcare Ltd	Care Home (Older People)	Private	15.07.25	Visit to follow-up on complaint investigation findings					Yes	Yes	No
			05.12.25	3	3	4	3	3	Yes	No	No
McGonagall House Enhance Healthcare Limited	Care Home (Adults-ARBD)	Private	11.12.25	4	-	4	5	-	No	No	No
Mackinnon Centre Dundee HSCP	Care Home - Respite (Phys/Sensory Impairment)	Dundee HSCP	25.02.26	5	-	-	5	-	No	No	No
Menzieshill House Dundee HSCP	Care Home (Older People)	Dundee HSCP	Last inspected 23.07.24								
Moyness Care Home Balhousie Holdings Limited	Care Home (Older People)	Private	20.08.25	2	2	3	3	2	Yes	No	No

			05.11.25						-	-	-
			08.01.26	3	3	-	-	3	Yes	No	No
Orchar Nursing Home Orchar Care Ltd	Care Home (Older People)	Private	Last inspected 26.07.24						No	Yes	No
Pitkerro Care Centre Hudson Healthcare Ltd	Care Home (Older People)	Private	22.05.25	4	-	-	3	-	Yes	Yes	No
Redwood House Redwood House (Broughty Ferry) Limited	Care Home (Older People)	Private	14.10.25	4	3	4	4	4	No	No	No
Riverside View Care Home HC-One Limited	Care Home (Older People)	Private	27.08.25	3	-	-	4	-	Yes	No	No
			10.12.25	Follow-up visit by Care Inspectorate – no change to grades						-	-
Sense Scotland Dundee Respite Sense Scotland	Care Home (Learning Dis)	Private	Last Inspected 22.11.23						No	No	No
St Columba's Care Home Priority Care Group Limited	Care Home (Older People)	Private	03.10.25	4	4	4	5	4	No	No	No
Thistle Care Home Cygnet Social Care	Care Home (Learning Disabilities)	Private	03.07.25	4	-	-	4	-	No	No	No
Turriff House Dundee HSCP	Care Home (Older People)	Dundee HSCP	09.07.25	5	-	5	5	-	No	No	No
White Top Dundee HSCP	Care Home (Learning Dis - Respite)	Dundee HSCP	Last inspected 25.11.24						-	-	-

KEY:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

**APPENDIX B
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2025 TO 31 MARCH 2026**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaints received during 25-26	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?			

SUPPORT SERVICES – WITH CARE AT HOME

Blackwood North East Care and Support Services Blackwood Homes and Care	Housing Support Service	Voluntary	16.05.25	5	5	5	-	4	No	No	No
British Red Cross Support at Home The British Red Cross Society	Housing Support Service	Voluntary	27.08.25	5	-	4	-	5	No	No	No
Hillcrest Futures – North Grimsby/ Dundee Outreach Service Hillcrest Futures Limited	Housing Support Service	Voluntary	27.10.25	4	4	5	-	3	Yes	No	No
The Inclusion Group (Dundee)	Support Service – Care at Home	Voluntary	02.02.26	4	-	3	-	-	Yes	No	No
MM Support Dundee and Angus	Housing Support Service	Private	14.11.25	4	3	3	-	4	Yes	No	No
My Care Tayside My Care (Tayside) Limited	Support service – care at home and housing support	Voluntary	19.01.26	4	-	5	-	3	Yes	Yes	No
My Homecare (Dundee) Ltd	Support Service	Private	21.05.25	3	4	3	-	4	Yes	No	No

TayCare at Home TayCare at Home Limited	Support service	Private	26.05.25	6	-	5	-	5	No	No	No
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HOUSING WITH CARE SERVICES (SUPPORT SERVICES WITH CARE AT HOME)

Dundee Housing with Care Bield Housing and Care	Care at Home/ Housing Support	Voluntary	26.05.25	4	-	5	-	4	No	No	No
Hillcrest Futures Dundee Housing with Care Service	Care at Home/ Housing Support	Voluntary	23.02.26	5	-	5	-	-	No	Yes	No

CARE AT HOME/HOUSING SUPPORT (24/7 SERVICES)

Balfield t/a Westlands	Care at Home/ Housing Support	Private	05.02.26	5	-	5	-	5	No	No	No
Carr Gomm Support Services 6	Care at Home/ Housing Support	Voluntary	24.03.26	3	2	3	-	2	No	Yes	No
Cornerstone Dundee Housing Support and Care at Home	Care at Home/ Housing Support	Voluntary	18.04.25	3	3	4	-	3	Yes	Yes	No
Dudhope Villa and Sister Properties	Care at Home / Housing Support	Private	26.11.25	4	-	4	-	-	No	No	No
Dundee City Council – Weavers Burn	Care at Home/ Housing Support	Dundee HSCP	05.03.26	5	5	5	-	-	No	No	No
Jericho Society Dundee Housing Support The Jericho Benedictine Society	Care at Home / Housing Support	Voluntary	10.10.25	4	3	3	-	-	Yes	No	No
			06.02.26	Follow-up visit by Care Inspectorate - no change to grades						-	-

The Richmond Fellowship Scotland – Dundee Services	Care at Home/ Housing Support	Voluntary	03.11.25	6	-	5	-	-	No	No	No
Sense Scotland Supported Living: Dundee 2 & Surrounding Areas Sense Scotland	Care at Home / Housing Support	Voluntary	09.06.25	5	-	5	-	-	No	No	No
Turning Point Scotland – Dundee	Care at Home/ Housing Support	Voluntary	Complained received and upheld 08.05.25						-	Yes	-

KEY:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

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APPENDIX C
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES
CARE INSPECTORATE REQUIREMENTS 2025-26

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
26.06.25	Balhousie Clement Park	Care Home - Private	3	4	4	4	3
<p>Requirement 1 By 30 September 2025, the provider must ensure that service users are safe from harm by administering medication safely. In particular, the provider must at a minimum:</p> <p>a) Ensure that medication administration records are completed accurately. b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication. c) Ensure that the effectiveness of pain medication is evaluated and people receive pain medication promptly.</p> <p>Requirement 2 By 30 September 2025, the provider must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments are accurate and up-to-date. Inspection report for Balhousie Clement Park page 8 of 12 Inspection report To do this, the provider must, at a minimum:</p> <p>a) Accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs; b) Accurately identify any risks to the person's health and wellbeing and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them; and c) Are reviewed every six months, or more often if required, with the person and/or their representative.</p>							
18.11.25	Follow-up visit		3	-	2	-	-
Requirements 1 and 2 above – not met							
22.01.26	Follow-up visit		3	3	3	3	3
<p>Requirement 3 By 13 April 2026, you must ensure that the care service is led and managed in a manner that results in peoples' health, safety and wellbeing needs being met. In particular you must ensure that:</p> <p>a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of peoples' care experiences, observation of staff practice and communication, seeking people's and staff views and review of care. b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to peoples' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing peoples' care plans. c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met. d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on people's experiences and outcomes.</p> <p>Requirement 4 By 16 March 2026, the provider must ensure that staff are deployed in sufficient numbers and with the right mix of skills, knowledge, and experience to meet the assessed needs of people experiencing care at all times. To achieve this, the provider must:</p> <p>1. Ensure staffing levels and deployment are planned, reviewed, and adjusted based on the needs of people using the service.</p>							

2. Review and improve the skill mix to ensure staff have the appropriate skills and competence to support people safely and effectively.
3. Ensure all staff working in the service understand their roles and responsibilities and are identifiable to people experiencing care.
4. Monitor and evaluate the impact of staffing arrangements to ensure they result in positive outcomes for people.

Requirement 5

By 30 June 2026, the provider must ensure that the environment supports people's wellbeing, independence and outcomes. To achieve this, the provider must at a minimum:

1. Carry out a full assessment of the Discovery Suite to identify environmental areas requiring improvement.
2. Develop and implement a comprehensive improvement plan that ensures the environment meets people's needs, promotes independence, and creates a safe, welcoming, and enabling setting.
3. Involve key stakeholders—including people experiencing care, staff, and relevant professionals—in the assessment, planning, and evaluation of improvements.

Requirements 1 and 2 above - not met

15.07.25	Lochleven	Care Home - Private	Complaint Investigation follow up inspection – requirement made on 5 May 2025 not met				
05.12.25			3	3	4	3	3

Requirement 1

By 13 February 2026, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:

- a) the quality assurance systems and processes in relation to care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement.

Requirement 2

By 12 December 2025, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular, you must:

- a) take prompt action to replace any equipment that is not fit for purpose without delay.

Requirement 3

By 13 February 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- a. ensure care plans accurately and consistently reflect the current health and care needs of the person
- b. ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c. ensure people/their representatives are included in care planning reviews and decisions.

The requirement made on 5 May 2025 and extended at the visit on 15 May 2025 has now been met outwith timescale.

20.08.25	Moyness Care Home	Care Home - Private	2	2	3	3	2
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Requirement 1

By 31 October 2025, the provider must ensure that the care service is led and managed in a manner that results in people's health, safety, and wellbeing needs being met. In order to achieve this you must:

- a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service and ensure this is shared and understood by all staff.

- b) Establish clear communication processes and systems to share information about people's current or changing needs on a daily basis. This should include, but is not limited to, wound care, falls, nutrition, infections, and medication.
- c) Establish clear clinical oversight in relation to care planning and delivery of treatment and care. This may include, but is not limited to, observation of people's care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes, and records.
- d) Ensure that referrals are made promptly to the relevant health professional.

Requirement 2

By 31 October 2025, the provider must ensure that people experience care in an environment that is safe, well maintained, and minimises the risk of infection. In order to achieve this the provider must:

- a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well maintained.
- b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks, are in place and effective to ensure that the environment is consistently safe and well maintained.
- c) Ensure that safe infection control practices are adhered to by all staff at all times.
- d) Ensure there is sufficient stock of PPE, including masks, which is stored appropriately to minimise the risk of infection.
- e) Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Public Health Scotland.

Requirement 3

By 31 October 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met and that they experience positive outcomes. To do this, the provider must, at a minimum:

- a) Implement audits which enable the quality of the service to be monitored and which identify areas for improvement.
- b) Ensure any identified areas for improvement are addressed without delay.
- c) Ensure there is always appropriate and effective leadership of the service.

2 outstanding requirements from a previous visit were not met therefore timescales extended

05.11.25	Follow up inspection	No change to grades			
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Requirement 4

By 5 January 2026, the provider must ensure that the administration of medication is safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:

1. Ensure that medication prescribed to service users is available within the service at all times
2. Put in place, and implement, a system to audit the quality of medication records to ensure that prescribed medication is administered as directed and in accordance with a service user's individual needs
3. Demonstrate that monitoring arrangements are capable of identifying any errors in administration, or recording, of a service user's medication and that appropriate actions are taken to address such errors
4. Ensure that clear, personalised protocols are in place in relation to as required medications
5. Ensure appropriate assessments are undertaken to assess people's pain and that appropriate pain relief is provided.

Requirement 5

By 5 January 2026, the provider must ensure that people's moving and handling needs are safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:

1. ensure that all staff are appropriately trained and competent in safe moving and handling practices.
2. ensure that's people's mobility and safe moving and handling needs are fully assessed and care planned.
3. Put in place, and implement, a system to audit the quality of moving and handling practices to ensure that all moving and handling is carried out as directed and in accordance with a service user's individual needs

Requirement 2 above met with the others remaining outstanding and timescale extended to 5 January 2026

08.01.26	Follow up inspection	3	3	-	-	3
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All requirements met with the exception of requirement 1 above and another outstanding from a previous inspection (see below)

Requirement 6

By 22 June 2025, the provider must make proper provision for the care and support needs of service users. In particular, the provider must:

- a) Ensure the regular assessment of need and associated risks.
- b) Ensure care planning which fully directs the care team as to how individual's needs should be met.
- c) Ensure the regular review of the care plan to ensure it remains reflective of the individual's needs.
- d) Ensure regular audit of care records to confirm care is provided in accordance with the care plan.
- e) Ensure changes in the individual's condition, such as significant weight loss, prompts a review and change to the delivery of care. To be completed by 22 June 2025.

22.05.25	Pitkerro Care Centre	Care Home - Private	4			3	
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Requirement 1

By 30 July 2025, the provider must ensure that people living upstairs are able to access outdoor space as they wish. To do this, the provider must, at a minimum ensure that:

- a) The lift is replaced and is fully functioning.
- b) Implement effective contingency measures to reduce the impact of the lift being out of order.

27.08.25	Riverside View	Care Home - Private	3			4	
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Requirement 1

By 17 September 2025, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:

- a) ensure that people receive their time critical medications, at the prescribed time
- b) ensure that medication administration records are completed accurately.

10.12.25	Follow up inspection	No change to grades					
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All outstanding requirements met from above and previous inspections

Legend:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

**APPENDIX D
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP - ADULT SERVICES (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2025-26**

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
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27.10.25	Hillcrest Futures – North Grimsby/ Dundee Outreach Service	Housing Support Service – with care at home Private	4	4	5	-	3
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Requirement 1

By 12 January 2026 the provider must ensure people's outcomes are being met based on their assessed care and support needs, which are accurately reflected in people's personal plans. This should include, but is not limited to:

- Ensuring that six monthly reviews of people's care and support are carried out, which involve people and their legal representatives where required.
- Legal information is up to date and current, and clearly identifies people's legal representatives.
- Ensuring that support documentation and risk assessments are up to date and include any changes in support, instructions from external peripatetic professionals, and that these are relayed to all relevant staff.

02.02.26	The Inclusion Group (Dundee)	Support Service – care at home Private	4	-	3	-	-
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Requirement 1

By 31 March 2026, the provider, must ensure that people are kept safe by ensuring;

- people are supported by staff who have been recruited in line with best practice and current legislation in Scotland.
- that staff are aware of their responsibilities to apply to register with the Scottish Social services Council (SSSC) and to be registered within set timescales.

14.11.25	MM Support Dundee and Angus	Housing Support Service Private	4	3	3	-	4
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Requirement 1

By 30 January 2025, the provider must ensure that staff are recruited safely to ensure that people using the service are kept safe. To do this, the provider should follow the 'Safer Recruitment Through Better Recruitment (2023)' guidance document. This includes, but is not limited to:

- Ensuring right to work checks, Protection of Vulnerable Groups (PVG) checks, and, if necessary, overseas police checks have been completed prior to employees commencing work.
- Ensuring satisfactory employment references and, if necessary, character references are received prior to employees commencing work.

19.01.26	My Care (Tayside) Limited	Support Service – with care at home and	4	-	5	-	3
----------	---------------------------	---	---	---	---	---	---

		housing support Private					
Requirement 1							
By 15 June 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:							
a) ensure care plans accurately and consistently reflect the current health and care needs of the person							
b) ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks							
c) ensure that reviews are completed six monthly in accordance with legislative requirements or when there are changes in a person's needs							
d) ensure the management team implements an ongoing quality assurance system which creates effective oversight in monitoring the quality of reviews, risk assessments and updated care plans.							

21.05.25	My Homecare (Dundee) Limited	Support Service Private	3	4	3	-	4
Requirement 1							
By 31 August 2025, the provider must demonstrate that safe systems are in place for the management and administration of medication. In particular:							
- where support is required, the provider must ensure medication is administered at regular intervals as instructed by the prescriber and in line with the residents' lifestyle and daily routine.							
- the provider must ensure staff are appropriately trained and supported in medication management.							
- the provider must ensure that in the event of errors, staff seek advice and guidance from the prescriber or other appropriately qualified practitioner.							
- the provider must ensure that there is robust oversight of medication errors that highlight what improvements are required.							
Requirement 2							
By 31 August 2025, the provider, must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with 'Safer Recruitment Through Better Recruitment' 2023 guidance and current legislation in Scotland. In order to achieve this, the provider, must at a minimum:							
- demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements.							

18.04.25	Cornerstone Dundee Housing Support and Care at Home	Care at Home/ Housing Support Service	3	3	4	-	3
Requirement 1							
By 24 October 2025, the service must make sure that there are appropriate and quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes. To do this, the provider must, at a minimum:							
a) implement audits which enable the quality of the service to be monitored and which identify areas for improvement							
b) ensure any identified areas for improvement are addressed without delay							
c) ensure appropriate and effective leadership of the service at all times.							
Requirement 2							
By 24 October 2025, extended from 02 November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:							
a) ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements							
b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks							
c) ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments							
d) ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.							

A requirement from a previous inspection remains in part unmet therefore the timescale has been extended for the provider to meet all parts of the requirement.

10.10.25	Jericho Society Dundee Housing Support	Care at Home/ Housing Support	4	3	3	-	-
<p>Requirement 1 By 31 January 2026, to ensure people are kept safe and well, the provider must report all notifiable events to the Care Inspectorate in accordance with the established guidance in: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.</p>							
<p>Requirement 2 By 31 January 2026, the provider must ensure that mandatory PVG or disclosure checks are completed in accordance with legislation and that recruitment is conducted in accordance with best practice guidance. The provider must at a minimum: a) Ensure that recruitment practice meets legal requirements and follows best practice guidelines including the Care Inspectorate / SSSC safer recruitment through better recruitment good practice guidance and the Scottish Council for Voluntary Organisations good governance recruitment guidelines. b) Ensure that all PVG checks are conducted before individuals assume their position and have unsupervised access to people using the service.</p>							
06.02.26	Follow-up inspection	No change to grades					
Requirements 1 and 2 remains outstanding – to be address by the new provider once they assume responsibility for the service.							

Legend:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: SELF ASSESSMENT ANNUAL REVIEW OF 2025-26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC13-2026

1.0 PURPOSE OF REPORT

- 1.1 To enable Performance and Audit Committee to undertake a self-assessment review of 2025-26 activity, which will subsequently be utilised to provide assurance to IJB.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of the report.
- 2.2 Confirms the activities undertaken by Performance and Audit Committee during 2025-26 are in line with its remit and terms of reference and instructs a report be submitted to IJB for oversight and assurance purposes.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 The Performance and Audit Committee (PAC) was established as a Standing Committee of the Integration Joint Board (IJB) at the IJB meeting of the 30 August 2016 (Item IX of the minute refers) to ensure the IJB met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance. Following this approval, the PAC first met on 17 January 2017 and has met on a regular basis ever since.
- 4.2 As part of good practice, PAC Terms of Reference are to be reviewed periodically to ensure the committee continues to have the remit to operate effectively and fulfil its duties. The most recent review of Terms of Reference was approved by IJB on 22 October 2025 (Article IX of the minute refers).
- 4.3 The purpose of the PAC is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of governance processes. The PAC also scrutinises performance and best value arrangements.
- 4.4 Over the course of 2025/26 the PAC met remotely on four occasions. The agendas of these meetings consisted of a core suite of regular reporting to each meeting of the PAC with additional reports presented as necessary or at the request of members of the committee. The PAC also receives annual reports falling as part of their remit. From May 2025 to February 2026, PAC considered the following reports:

Item	21/05/25	24/09/25	19/11/25 – Adjourned (not quorate)	26/11/26	04/02/26
Governance & Assurance:					
Strategic Risk Register	✓	✓			
Governance Action Plan	✓	✓			✓
PAC Action Tracker	✓	✓			✓
PAC Annual Self-Assessment Review 2024/25	✓				
Review PAC Terms of Reference		✓			
Implementation of IJB Directions 2024/25 Annual Assurance Report	✓				
Internal Audit 2025/26 Plan Approval		✓			
Internal Audit Plan Progress Report	✓	✓			✓
Best Value Report		✓			
City Plan for Dundee 2022-2032 – Annual Report for 2024/25					✓
Our Promise Report					✓
Performance:					
Quarterly Performance Report	✓	✓		✓	✓
Quarterly Feedback Report (previously known as Complaints Performance)	✓			✓	
Care Inspectorate Gradings for Care Homes 2024/25		✓			
Drug and Alcohol Service Indicators		✓			✓
Mental Health Service Quarterly Indicators		✓			✓
Annual Performance Report 2024/25		✓			
Unscheduled Care Performance Report		✓			✓
Annual Accounts:					
Dundee IJB Audited Annual Accounts 2024/25 and External Auditors Annual Report				✓	
Clinical & Care Governance:					
Dundee HSCP Clinical, Care and Professional Governance Assurance Report	✓	✓		✓	✓

From the above it can be seen that the PAC considered a range of areas including:

- Regular governance reporting updates
- Reports in respect of year end assurances and audited annual accounts
- Regular reporting on internal audit activity
- Regular reporting on risk management and the IJBs Strategic Risk profile
- In depth reporting on specific areas of performance
- Assurances around Clinical Care and Professional Governance

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 an annual report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Christine Jones
Acting Chief Finance Officer

DATE: 24 April 2026

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –20 MAY 2026

REPORT ON: QUARTERLY FEEDBACK REPORT – 4th QUARTER 2025/2026

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC15-2026

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2025/26. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work 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.
- 2.5 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

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 Health and Social Care Partnerships Social Work 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.

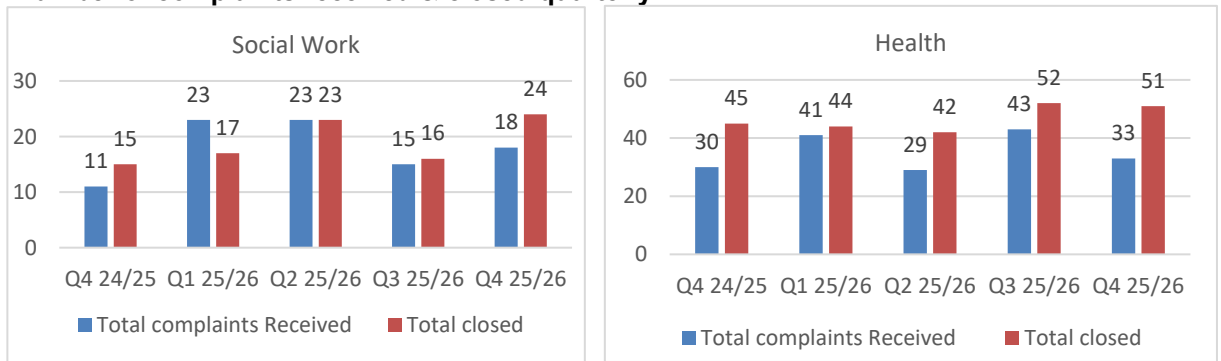
4.3 While the first graph, at section 5.1, advises the volume of complaints received during the period, this report is based upon complaints closed within the period. Please note that not all figures will add up to 100% due to data quality issues within the data provided from the complaints systems (for 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.

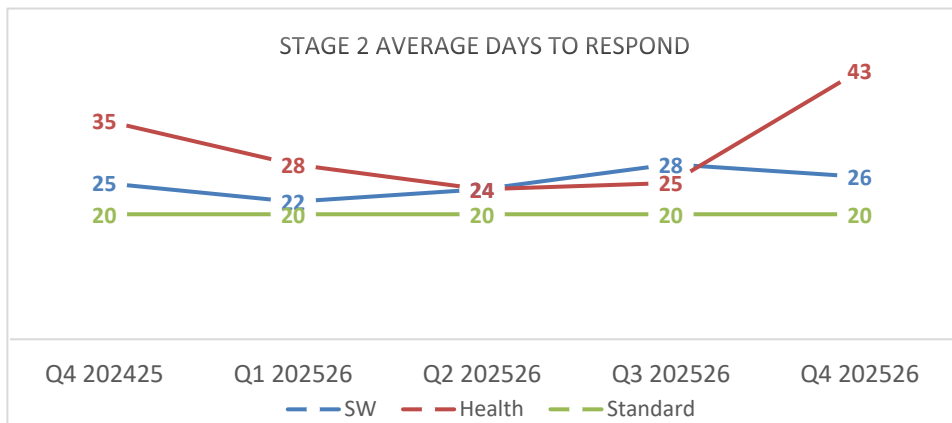
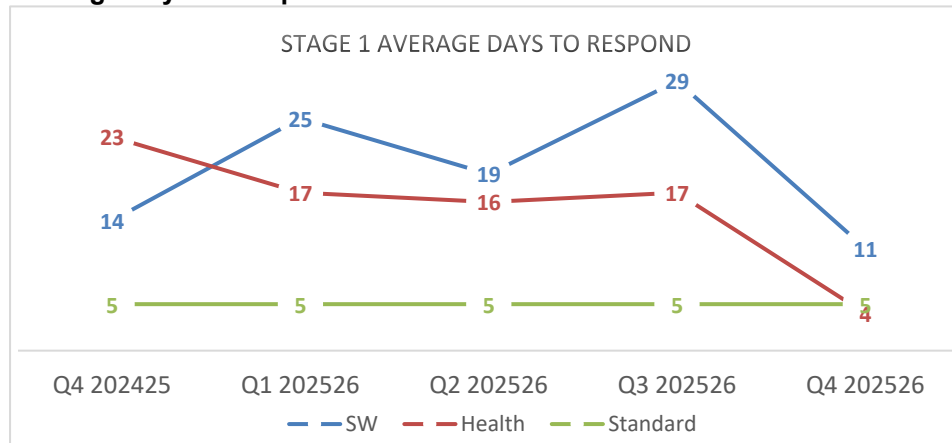
5 Complaints Received

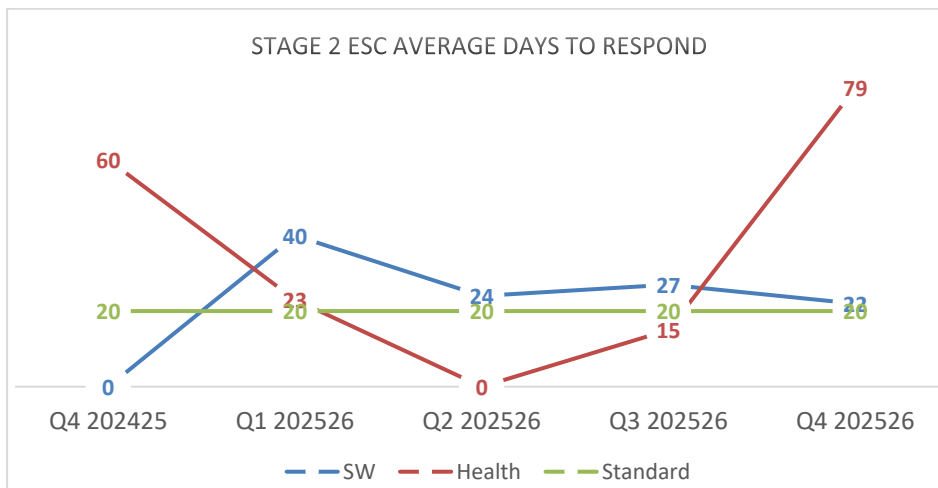
5.1 In the fourth quarter of 2025/26 a total of 51 complaints were received about social work and health services delivered by the HSCP.

Number of complaints received & closed quarterly



5.2 Average Days to Respond





The graphs above indicate that across the board services are facing significant challenges responding within expected timescales. Average timescales at stage 1 have been improving for both social work and health complaints, whilst timescales at stages 2 have been deteriorating for health complaints.

5.3 Complaints Stages – Proportion Closed within Timescale

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

Stage 1	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	44%	57%	30%	20%	73%
Health	62%	80%	67%	58%	75%

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

Stage 2	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	0%	57%	40%	22%	67%
Health	25%	48%	45%	33%	40%

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	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	0%	57%	40%	22%	67%
Health	25%	48%	45%	33%	0%

5.4 Q4 has seen an increase in proportion of complaints closed within timescales across both Social Work and Health for stage 1 and stage 2 complaints. Stage 1 complaints are often much easier and quicker to resolve than stage 2 complaints.

5.5 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 our services, there will be complaints which cannot be completed within timescales due to their complexities.

- 5.6 Regular communication with staff working on complaints, especially the overdue responses, which has been ongoing emphasises that where possible timeous responses should be sent.

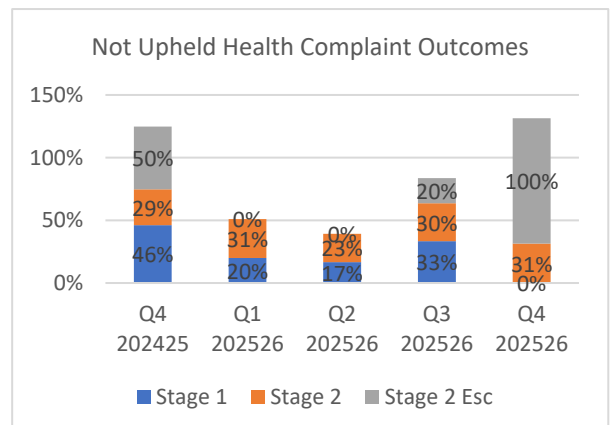
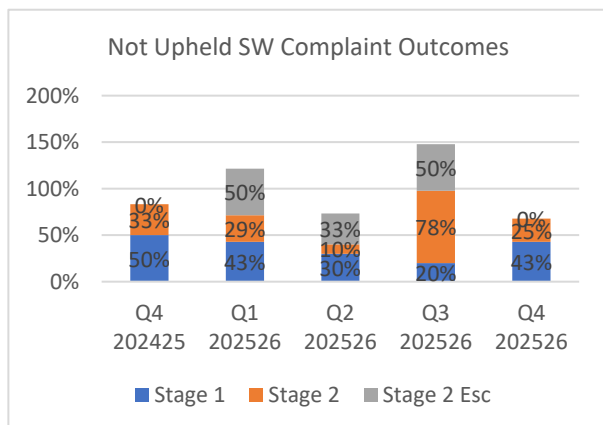
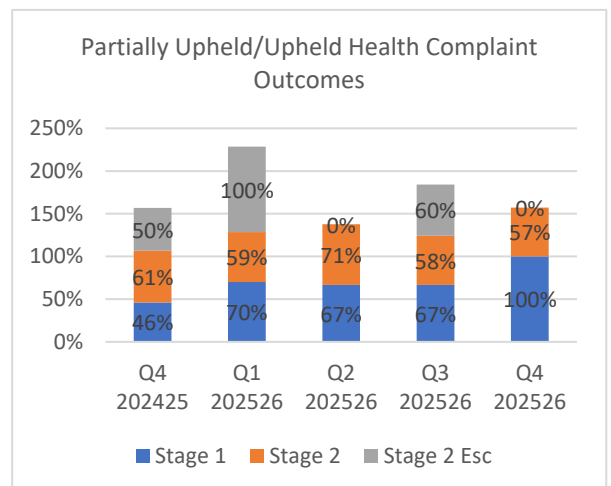
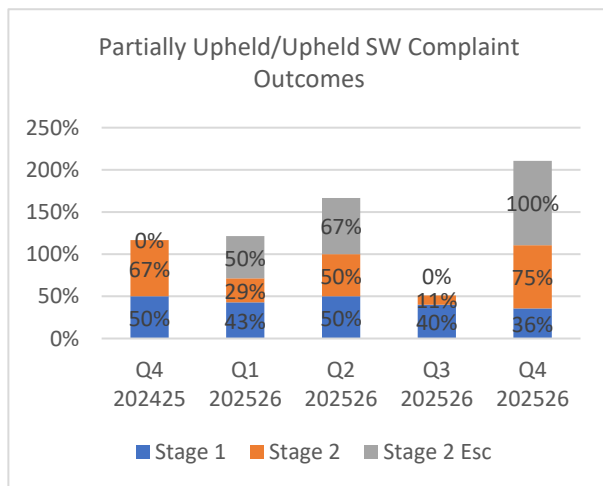
Complaint responses and the patient care should be handled separately. For example, the complaint response can advise of what the care plan is going to look like moving forward as apposed to waiting on the new care plan being put in place to respond to the complaint. This way of complaint management could help to further improve response timescales.

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

6 Complaint Outcomes

- 6.1 Over quarter four there were 40 upheld or partially upheld complaints within Social Work and Health.

This wide range of complaint outcomes suggests that all complaints are investigated fully. Where the complaint is upheld that means that the DHSCP agree with the complainants' reasons for 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 three there were 40 partially upheld or upheld complaints for social care and health 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 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 Open Complaints

- 8.1 On the 20th April there were a total of 28 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	0	4	1	0	6	1	1	13
Health	3	1	1	1	5	3	1	15

- 8.2 Fourteen 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.
- 8.3 There are three Social Work and Health complaints under review by the SPSO where we have been asked to provide further information relating to the complaint.

9 Compliments

- 9.1 The Partnership received a compliment regarding our Tayside Reproductive Health Service advising that the receptionist was very efficient, polite and helpful. Also, the triage nurse was again very polite, helpful and positive on the phone and arranged an appointment for the same day. Clinic ran on time and the clinician was professional, polite, efficient and caring in their assessment and treatment. The nursing assistant was friendly and reassuring providing a positive experience overall.

10 IJB Complaints

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

11 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. 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.
- 11.2 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 be available on Care Opinion in due course.
- 11.3 Currently activities for fully utilising Care Opinion include:
- Finalising the mapping over where services previously sat on the NHST or other Tayside HSCP Care Opinion (negotiating process for delegated services).

- Finalising the identification of responders from each team, adding them to Care Opinion as responders, creating alerts for them and ensuring they have login details and access to training / support.
- Creating bespoke posters using service specific QR code (awaiting a more final service tree).
- Developing a longer-term communication plan to promote the use of Care Opinion to service users and the workforce.

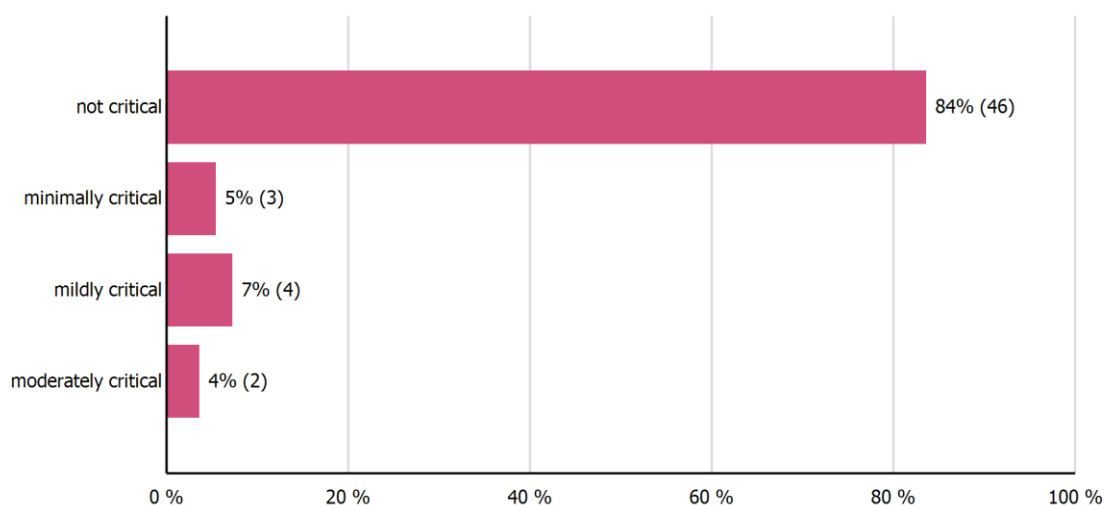
11.6 Regular metrics and reporting of Care Opinion activity will be incorporated into the standing feedback items presented to the IJB and CCPG. Metrics are being considered, but could include items such as:

- No. of stories received
- Positive vs negative feedback %
- Breakdown of services receiving feedback
- Actions or changes taken

In the meantime, an overview of the activity within Care Opinion for 2025/26 is provided below (noting that this reflects partial information as the system has not yet been fully implemented):

- 55 stories were received, of which 37 had been responded to.
- The majority of responses were made within 5 days of the stories being published.
- The 55 stories had been viewed 3,628 times; the three most frequently viewed stories were:
 - Positive story - impact of Dundee Adult Psychology Service on quality of life.
 - Positive story – impact of MacMillan nurses on the quality of care provided to a patient and support for their family members.
 - Critical story – feedback on challenges making telephone contact with Dundee Community Care and Treatment Services.
- Moderators rated the criticality of the 55 stories received as follows (criticality scores are assigned by moderators, not the public).

How moderators have rated the criticality of these stories



12 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 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	IJB10 Engagement – There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.
Risk Level	12 (High)
Risk Appetite	Within
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	The identification and implementation of additional controls The implementation of Care Opinion should be considered as an additional planned mitigating control for this risk – significantly enhancing routes to receive and analyse routes for receiving feedback from services users.
	The presence of a new / emerging risk

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: 21 April 2026

Cheryl Russell
Customer Care & Governance Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: STRATEGIC RISK REGISTER UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: PAC16-2026

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 In February 2026, the IJB approved a revised Strategic Risk Management Framework, accompanied by a fully updated IJB Strategic Risk Register. The IJB also noted a new report template for the provision of assurance, via the PAC, regarding strategic risk management, to be implemented from May 2026 onwards. (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 18 February 2026 refers). This is the first assurance report to be submitted to the PAC under these revised arrangements.

4.2 The revised Strategic Risk Management Framework and accompanying arrangements, include the regular review of strategic risks by the Health and Social Care Partnership's Core Management Team (with frequency aligned the residual risk levels). A new risk assessment section has now also been implemented within IJB report formats, that directly links report content to implications for the strategic risk register. This format was implemented in March 2026, requiring the Core Management Team to regularly review potential implications for strategic risks identified within this section of the report.

4.3 Since February 2026 the following risks have been subject to a substantive review:

- 1IJB – Financial Sustainability
- 2IJB – Workforce Capacity
- 3IJB – Property Infrastructure
- 4IJB – Public Service Reform
- 5IJB – Increased Service Demand
- 8IJB – Digital Infrastructure

Given the short space of time between the substantive review of the strategic risk register in February 2026 and the first scheduled review of these risks, no changes to risk levels, descriptors or mitigations were identified.

4.4 Risk implications identified in reports to the IJB meetings of 31 March 2026 and 15 April 2026 have also been reviewed, leading to additional mitigating actions being added to the following risks:

- 1IJB – Financial Sustainability
- 6IJB – External Provider Sustainability
- 10IJB – Engagement

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

4.5 When approving the new Strategic Risk Management Framework, the IJB noted that work is ongoing to address the need for an assurance plan for strategic risks that are shared with the corporate bodies (NHS Tayside and Dundee City Council). Due to pressures associated with the 2026/27 budget setting process this work has not yet been completed; it is expected that arrangements will be agreed and reported to the next meeting of PAC in September 2026.

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 Chief 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: 24 April 2026

Clare Lewis-Robertson
Lead Officer

Dundee Integration Joint Board

Strategic Risk Register

Last updated: 23 April 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	12	Within appetite	High	<>
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	12	Within appetite	High	<>
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	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities	X	
Next Review: June 2026	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: <ul style="list-style-type: none"> ◆ No provision made for demographic growth within 25/26 budget. ◆ Delayed delivery of savings and transformation proposals contained within the 25/26 budget. ◆ Ongoing restrictions on public sector funding impacting on budget settlements for Dundee City Council, NHS Tayside and, subsequently, the IJB. 			
Resulting in: <ul style="list-style-type: none"> ◆ 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
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
Planned Mitigating Actions	Control Type
Review of the IJB's Strategic Commissioning Plan, and subsequently the HSCP Delivery Plan	Directive

Risk Ref: 2 IJB		Risk Title: Workforce Capacity	
Residual Score: Within appetite	Risk Category: Workforce	Risk Appetite: Open	
Risk Response: Reduce and Share	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities		
Next Review: June 2026	Self-Care		
	Open Door		
	Planning Together		
	Workforce	X	
	Working Together		
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.			
Key Contributing Factors: <ul style="list-style-type: none"> ◆ 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). 			

- ◆ Poor communication with stakeholders, including members of the workforce.
- ◆ Resistance to change from stakeholders, including members of the workforce.

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

Risk Ref: 3 IJB		Risk Title: Property Infrastructure	
Residual Score: Outwith appetite	Risk Category: Performance / Quality	Risk Appetite: Cautious	
Risk Response: Reduce and Share	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities	X	
Next Review: June 2026	Self-Care	X	
	Open Door	X	
	Planning Together	X	
	Workforce	X	
	Working Together	X	
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.			
Key Contributing Factors: <ul style="list-style-type: none"> ◆ 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. 			
Resulting in: <ul style="list-style-type: none"> ◆ Underutilisation of some property with potential to support service integration and delivery - hotpots' include Kingsway Care Centre, Royal Victoria Hospital and Constitution House. ◆ 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.

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

Risk Ref: 4 IJB		Risk Title: Public Service Reform	
Residual Score: Outwith appetite	Risk Category: Compliance / Legislative / Regulatory	Risk Appetite: Minimal	
Risk Response: Reduce	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities	X	
Next Review: June 2026	Self-Care	X	
	Open Door	X	
	Planning Together	X	
	Workforce	X	
	Working Together	X	
Risk Description: There is a risk of significant volume and scale of public sector reform, both in the short and long-term.			
Key Contributing Factors:			
<ul style="list-style-type: none"> ◆ Significant volume of ongoing national reform specifically focused on health and social care, including the establishment of the National Care Service Advisory Board and associated features of the Care Reform (Scotland) Act 2025 ◆ 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.

Resulting in:

- ◆ Reactive, rather than 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	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities	X	
Next Review: June 2026	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: <ul style="list-style-type: none"> ◆ 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

Risk Ref: 6 IJB		Risk Title: External Provider Sustainability	
Residual Score: Within appetite	Risk Category: Performance / Quality	Risk Appetite: Cautious	
Risk Response: Reduce	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities		
Next Review: May 2026	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: <ul style="list-style-type: none"> ◆ 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 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. 			
Resulting in: <ul style="list-style-type: none"> ◆ 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
Social Care Contracts Team, including contract monitoring and provider relationship investment	Detective / Corrective / Preventive
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: February 2026	Inequalities	X	
Next Review: May 2026	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: <ul style="list-style-type: none"> • 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

Risk Ref: 8 IJB		Risk Title: Digital Infrastructure			
Residual Score: Outwith appetite	Risk Category: Performance / Quality	Risk Appetite: Cautious			
Risk Response: Reduce and Share	Related to Achievement of Strategic Priority				
Last Review: February 2026	Inequalities				
Next Review: June 2026	Self-Care				
	Open Door	X			
	Planning Together	X			
	Workforce	X			
	Working Together				
Risk Description: There is a risk of digital infrastructure being inadequate to support the delivery of modern integrated health and social care priorities.					
Key Contributing Factors: <ul style="list-style-type: none"> • 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. 					
Resulting in:					

- Use of inefficient manual process and / or workarounds by the workforce (eg double input to both social work and health professionals' systems.)
- 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

Risk Ref: 9 IJB		Risk Title: Information Governance	
Residual Score: Within appetite	Risk Category: Performance / Quality	Risk Appetite: Cautious	
Risk Response: Reduce and Share	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities		
Next Review: May 2026	Self-Care		
	Open Door		
	Planning Together	X	
	Workforce	X	
	Working Together		
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.			
Key Contributing Factors: <ul style="list-style-type: none"> • 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, without specific workforce capacity to respond to this. • 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. 			
Resulting in: <ul style="list-style-type: none"> • 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.
- 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
Planned Mitigating Actions	Control Type

Risk Ref: 10 IJB		Risk Title: Engagement	
Residual Score: Within appetite	Risk Category: Reputational	Risk Appetite: Open	
Risk Response: Reduce	Related to Achievement of Strategic Priority		
Last Review: February 2026	Inequalities		
Next Review: May 2026	Self-Care		
	Open Door		
	Planning Together	X	
	Workforce	X	
	Working Together	X	
Risk Description: There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.			
<ul style="list-style-type: none"> • 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. 			
Resulting in:			

- 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

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	Related to Achievement of Strategic Priority	
Last Review: February 2026	Inequalities	
Next Review: May 2026	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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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
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
Continued focus on strengthening participation in and work of the SPAG	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 25	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26
1 IJB	Financial Sustainability	25	25	25									
2 IJB	Workforce Capacity	16	12	12									
3 IJB	Property Infrastructure	20	20	20									
4 IJB	Public Sector Reform	20	16	16									
5 IJB	Increased Service Demand	20	16	16									
6 IJB	External Provider Sustainability	16	12	12									
7 IJB	Data Quality	16	12	12									
8 IJB	Digital Infrastructure	20	16	16									
9 IJB	Information Governance	16	12	12									
10 IJB	Engagement	20	12	12									
11 IJB	Whole System Collaboration	16	12	12									

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

REPORT ON: ASSURANCE REPORT – IMPLEMENTATION OF IJB DIRECTIONS 2025-26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC21-2026

1.0 PURPOSE OF REPORT

1.1 To review and provide assurance that IJB Directions have been issued and implemented during 2025-26 in line with IJB Directions Policy

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report advising that Directions detailed in section 4.6 and section 4.7 have been issued in line with controls detailed in section 4.5.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Section 53 of the Public Bodies (Joint Working)(Scotland) Act 2014 provides that local authorities, health boards and integration authorities must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to that Act. The Scottish Government issued updated Guidance to local authorities, health boards and integration authorities on Directions from Integration Authorities to Health Boards and Local Authorities in March 2020.

4.2 The IJB's Directions Policy was approved on 19 April 2023 (Article IX of the Minute of the meeting refers).

4.3 The IJB is responsible for approving all Directions. Directions will be reviewed and issued at the start of the financial year to establish the budget for each service to be delivered. In order to provide flexibility and take account of strategic and financial developments and service changes throughout the year, or a change in local circumstances; Directions will be issued at any time as required by IJB decisions and will be subject to formal approval by the IJB as part of that decision making process.

4.4 Performance and Audit Committee will assume responsibility for monitoring and maintaining an overview of progress of the implementation of Directions. The PAC will escalate key delivery issues to the IJB.

4.5 The Directions Policy incorporates the following responsibility for PAC - The Performance and Audit Committee will review the effectiveness of the IJB's performance in relation to Directions on an annual basis having regard to the following controls:

- A policy is in place to define the aims and purpose of Directions;
- The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met (in particular, the requirement to issue a Direction in relation to **all** functions);

- The Directions have been clearly stated;
- The Directions issued comply with the Scottish Government's Statutory Guidance;
- Directions are necessary and proportionate;
- The procedure ensures Directions clearly align to the Strategic Plan;
- The procedure ensures Directions are communicated with DCC and NHST, including setting expectations for their completion;
- A procedure is in place to ensure Directions are subsequently revised during the year in response to developments and there is a process in place to revoke/ supersede previous versions; and
- A robust process is in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

4.6 The IJB approved and issued the following Directions during 2025/26

IJB Meeting date	Report (number and name)	Direction issued to Dundee City Council, NHS Tayside or both	Full Text of Direction	Date of Review	Comment / Progress
16/04/25	No Directions Issued				
18/06/25	DIJB39-2025 – Dundee Integration Joint Board Budget Update 2025/26 (amendment to DIJB14-2025)	Both NHS Tayside & Dundee City Council	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report. Further Directions will be issued by Dundee Integration Joint Board during 2025/26 as to the future provision of these services.	March 2026	Complete
20/08/25	DIJB57-2025 – Delivery of Primary Care Improvement Plan – Annual Update (superseding DIJB43-2024)	NHS Tayside	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).	August 2026	Not yet due
20/08/25	DIJB58-2025 – Scottish Government NHS Renewal Funding – Urgent and Unscheduled Care	Both NHS Tayside & Dundee City Council	Dundee Integration Joint Board directs NHS Tayside and Dundee City Council to develop additional services and capacity to meet the Scottish Government's expectations as outlined in this report and in the joint letter from the Chief Operating Officer, NHS Scotland Directorate and Chief Operating Officer and Deputy Chief	March 2026	Complete

			Executive, NHS Scotland dated the 26 June 2025 as they relate to delegated services to the IJB.		
20/08/25	DIJB59-2025 – Application for Transformation Funding for Continuity of Care in General Practice	NHS Tayside	To implement the Continuity of Care service provision as set out within this report	August 2027	Not yet due
22/10/25	No Directions Issued				
10/12/25	DIJB91-2025 – Housing with Care Provision	Dundee City Council	Dundee Integration Joint Board directs Dundee City Council to cease to directly provide Housing with Care Services at Rockwell Gardens in Dundee and reduce the number of social care officer posts at the service by 450 hours per week and enters into a contractual arrangement with an external care provider to provide up to 250 hours of social care per week to individuals residing in Rockwell Gardens. The IJB also directs Dundee City Council to redirect social care hours provided at Brington Place and Baluniefield housing with care to mainstream care at home services and cease to provide housing with care services at these properties, reducing social care provision at the service by 300 hours per week.	March 2026	Complete
18/02/26	DIJB3-2026 - Application for Transformation Funding for Stock Control Test of Change	NHS Tayside	Delivery of Test of Change Stock Controller project in CTAC service and on RVH site	October 2028	Not yet due
31/03/26	DIJB10-2026 – Dundee Integration Joint Board Proposed Budget 2026/27	Both NHS Tayside & Dundee City Council	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further	June 2026	Not yet due

			Directions will be issued by Dundee Integration Joint Board during 2026/27 as to the future provision of these services.		
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4.7 The IJB previously approved and issued the following Directions during 2024/25 – an update on planned progress during 2025/26 is noted

IJB Meeting date	Report (number and name)	Direction issued to Dundee City Council, NHS Tayside or both	Full Text of Direction	Date of Review	Comment / Progress
17/04/24	No Directions Issued				
19/06/24	No Directions Issued				
21/08/24	DIJB47-2024 – Transformation Funding for Community Facing Palliative Care Services	NHS Tayside	Provide for a Band 7 Clinical Nurse Specialist to the above service over 18 months to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care as outlined in this report	February 2026	Ongoing – Update to be provided by August 2026
21/08/24	DIJB48-2024 - Psychological Therapy Service - ADHD	NHS Tayside	To implement the additional service provision as set out within this report	March 2026	Ongoing – Update to be provided by October 2026
21/08/24	DIJB24-2024 – Redesign of MacKinnon Centre Services	Dundee City Council	Instructs Dundee City Centre to cease providing a Skills Service at MacKinnon Centre	None	Complete
21/08/24	DIJB43-2024 – Delivery of Primary Care Improvement Plan – Annual Update	NHST Tayside	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).	March 2025	Complete
23/10/24	No Directions Issued				
11/12/24	No Directions Issued				
19/02/25	DIJB3-2025 – Future Provision of Practical Support Services	Dundee City Council	The IJB directs Dundee City Council to formally withdraw the provision of practical support services.	February 2026	Complete

19/02/25	DIJB11-2025 – Review of Older People Day Opportunities	Dundee City Council	The IJB directs Dundee City Council to cease to commission day services from Alzheimer's Scotland.	August 2025	Complete
26/03/25	DIJB14-2025 – Dundee Integration Joint Board Proposed Budget 2025/26	Both	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2025/26 as to the future provision of these services.	June 2025	Complete

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 an annual report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Christine Jones
Acting Chief Finance Officer

DATE: 24 April 2026

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –20 MAY 2026
REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT
REPORT BY: CHIEF OFFICER
REPORT NO: PAC18-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since February 2026, seven actions have been completed and 28 actions remain ongoing. No additional actions have been added during this reporting period.

4.2 Of the 28 ongoing actions, eight have had progress recorded progress towards implementation since the last update was provided to PAC. Of the 20 actions where there has been no progress in the last reporting period, nine actions are dependent on the completion of annual reports or statutory processes which have scheduled timelines in place. The need to focus available capacity on the 2026/27 budget setting process, particularly the capacity of teams that support finance, governance and planning functions, has slowed progress over the last reporting period. However, it is anticipated that a number of actions will now be able to progress substantially over the summer period and be completed before the submission of the next report in September 2026.

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 additional, emerging risks.

Please note that the content of the Governance Action Plan was considered when producing the revised IJB strategic risk register, including in relation to risk scoring and control measures. As this exercise was completed in February 2026, the Governance Actin Plan and strategic risk register are fully aligned at the present time.

7.0 CONSULTATIONS

- 7.1 The Acting Chief Finance Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS



- 8.1 None.




Dave Berry
Chief Officer



DATE: 21 April 2026

IJB Outstanding Actions – Governance Action Plan May 2026

Completed since last update





		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		<p>DHSCPGAPEA20211124</p> <p>Reporting against risk management improvement actions and strategic risk register</p> <p>Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB’s risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>21.04.26</p> <p>Revised strategic risk register and reporting arrangements now approved by IJB and being implemented.</p>
2		<p>DHSCPGAPIA20211124-1.2</p> <p>Enhanced Performance Reporting</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.</p>	30 Jun 2022	Head of Service, Strategic Services	<p>21.04.26</p> <p>Revised strategic risk register and reporting formats now implemented – these allow a direct link to be made between the content of reports, including performance reports, and the content of the strategic risk register (including the effectiveness of controls).</p>


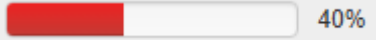

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
3		DHSCPGAPIA20220622-4 The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)	31 Dec 2022	Chief Finance Officer	21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This includes implementation of risk appetite within the risk register format.
4		DHSCPGAPIA20220622-7 Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC. Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.	30 Nov 2022	Chief Finance Officer	21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. New report format includes reporting against all risk management actions.
5		DHSCPGAPIA20230621-2.1 Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile. The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite".	31 Dec 2023	Chief Finance Officer	21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This has included implementation of risk appetite into the risk register content, format and reporting templates.



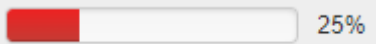

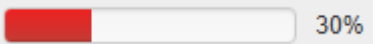
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.			
6		DHSCPGAPIA20230621-2.2 Implementation of Risk Appetite To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how: · risk appetite is to be taken into consideration as part of decision making · risk appetite affects	31 Dec 2023	Chief Finance Officer	21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This has included implementation of risk appetite into the risk management framework, risk register content, format and reporting templates.
7		DHSCPGAPIA20250618-7 Committee papers, links to strategic risk and risk appetite Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it. The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and	31 Oct 2025	Chief Finance Officer Acting Head of Strategic Services	21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This includes an updated IJB report format (risk assessment section) to support a focus on the impact of reports and recommendations on the content of the strategic risk register including risk appetite.


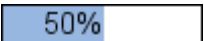

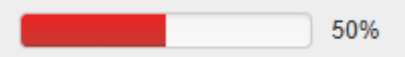
	Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
	<p>the adoption and application of these will help to ensure links to risk and performance. Example reports from ICE fieldwork include:</p> <ul style="list-style-type: none"> • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 2022-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score. 			

In progress


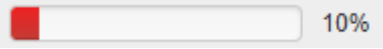

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		<p>DHSCPGAPAIAR20190212</p> <p>Improved hosted services arrangements</p> <p>Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services</p>  <p>10% increase</p>	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>21.04.26</p> <p>Internal audit of Lead Partner arrangements is ongoing. Further actions for improvement to current governance, performance and risk management arrangements will be identified via this report.</p>
2		<p>DHSCPGAPEA20201124</p> <p>Regular reporting against savings and transformation proposals</p> <p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.</p>  <p>No change in % achieved</p>	31 Aug 2021	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>07.01.2026</p> <p>Financial reporting has continued to the IJB including updates on individual savings and transformation programmes. Senior Management Team Budget Delivery Group now embedded and meeting monthly to exercise oversight of progress.</p>



		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
3		<p>DHSCPGAPEA20251126-01</p> <p>Services redesign to improve financial sustainability</p> <p>The IJB is forecasting an operational overspend of £6 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £52 million over the five years to 2029/20. The IJB must use its strategic commissioning role to work with partners and engage with service users to accelerate redesign through the Transformation Programme.</p> <p> 40%</p> <p>5% increase</p>	31 Dec 2025	<p>Chief Officer</p> <p>Chief Finance Officer</p>	21.04.2026
4		<p>DHSCPGAPIA20210623-6</p> <p>Compliance from Partner Bodies</p> <p>There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.</p>	31 Dec 2021	Chief Finance Officer	21.04.26

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 90% 15% increase			
5		DHSCPGAPIA20211124-1.1 Revision of Integration Scheme As set out in the Integration Scheme, ‘a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan’ should be included  25% No change in % achieved	30 Jun 2022	Head of Service, Strategic Services	21.04.26 This action cannot be further progressed until the next revision of the Integration Scheme – which is the responsibility of the corporate bodies, rather than of the IJB. The next revision is due to be completed in 2027.
6		DHSCPGAPIA20211124-1.5 Development of Strategic Plan Performance Measures – 2023/24 The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).  30%	31 Mar 2024	Head of Service, Strategic Services	21.04.26 IJB has agreed to retain and revise the existing strategic plan. SPAG are developing proposed revisions for submission to the IJB, which will include addition of high level performance measures.





		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		5% increase in % achieved			
7		<p>DHSCPGAPIA20220622-5</p> <p>Clinical and care governance arrangements will feed into the formation of IJB directions</p> <p>A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p> <p></p> <p>No change in % achieved</p>	31 Dec 2022	<p>Chief Officer</p> <p>Clinical Director</p>	<p>21.04.26</p> <p>Review of Directions Policy was deferred to June 2026 meeting due to capacity challenges related to the 2026/27 budget setting process.</p>
8		<p>DHSCPGAPIA20220720-1</p> <p>Cat 1 Responder -Definition of IJB Duties</p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.</p> <p></p> <p>No change in % achieved</p>	31 Oct 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>7.01.26</p> <p>IJB Standing Orders due to be updated in early 2026 where information about duties of the IJB as Cat 1 responder will be reflected as appropriate.</p>

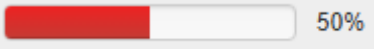

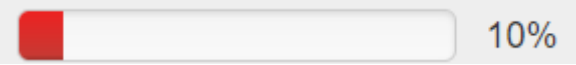

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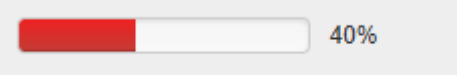

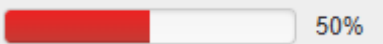
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
9		<p>DHSCPGAPIA20230130-1</p> <p>Sustainability of Primary Care - assurance from lead partner</p> <p>Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.</p> <p> 10%</p> <p>No change in % achieved</p>	31 Mar 2023	Head of Health and Community Care	<p>21.04.26</p> <p>Request made to Angus Chief Officer and report scheduled for June IJB meeting.</p>
10		<p>DHSCPGAPIA20230621-1</p> <p>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</p> <p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring</p>	31 Dec 2023	Chief Finance Officer	<p>21.04.26</p> <p>IJB has agreed to retain and revise the existing strategic plan. SPAG are developing proposed revisions for submission to the IJB, which will include recommendations regarding rationalization / prioritization of strategic shifts to reflect available resources.</p>

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		<p>should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.</p>  <p>No change in % achieved</p>			
11		<p>DHSCPGAPIA20230927-1.1</p> <p>Viability of External Providers - Financial Monitoring Process</p> <p>It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.</p>	31 Dec 2023	Head of Service, Strategic Services	<p>21.04.26</p> <p>This work has not progressed further at this time due to competing pressures and priorities for the relevant officers / teams.</p>

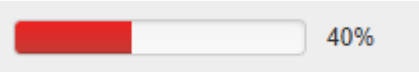

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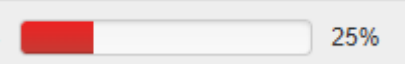

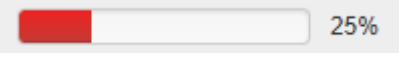
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 <p>No change in % achieved</p>			
12		<p>DHSCPGAPIA20240131-1.1</p> <p>Operational Planning - Development of operational plans</p> <p>All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.</p>  <p>No change in % achieved</p>	30 Sept 2024	Chief Finance Officer Head of Service, Strategic Services	21.04.26 This work has not progressed further at this time due to competing pressures and priorities for the relevant officers / teams associated with 2026/27 budget setting.
13		<p>DHSCPGAPIA20240131-2.1</p> <p>Operational Planning - Review of Terms of Reference</p> <p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p>	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.04.26 This continues to be added to terms of reference as they are reviewed. For example, the SPAG Terms of Reference have been updated and the first annual review has taken place.


		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 50% 25 % increase			
14		DHSCPGAPIA20240131-3.1 Operational Planning - project management arrangements The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.  10% No change in % achieved	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 No further progress at this time. It should be noted that the HSCP delegated workforce does not include corporate project management capacity. Some specific areas of work have dedicated project managers aligned to improvement work, for example unscheduled care.
15		DHSCPGAPIA20240131-4.1 Operational Planning - alignment to strategic plan The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should:	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.04.26 Review of Carers Strategy now complete and Mental Health and Wellbeing Strategy ongoing, both of which have included improved alignment to the overall IJB strategic plan.





		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		<ul style="list-style-type: none"> Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. <p>Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.</p>  <p>No change in % achieved</p>			
16		<p>DHSCPGAPIA20240619-2</p> <p>Resource Framework and Annual Delivery Plans</p> <p>A firm timeline for prioritised completion of the resource and performance frameworks and an Annual Delivery Plan should be put in place. These documents are key to DIJB achieving financial sustainability over the coming years and will need to demonstrate areas of investment and disinvestment. DIJB should ensure that updates on progress are given at each meeting until the documents are presented for approval.</p>  <p>No change in % achieved</p>	31 Oct 2024	Head of Service, Strategic Services	<p>21.04.2026</p> <p>Following completion of 2026/27 budget setting the delivery plan is now being updated for the year. It is anticipated that this will be completed in May 2026.</p> <p>The IJB has now agreed to retain and revise the strategic plan, which is due to be submitted in June 2026. This will then allow the resource and performance frameworks to be completed by October 2026.</p>

PAC-2026



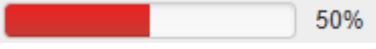

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
17	●	<p>DHSCPGAPIA20240619-3</p> <p>Terms of reference for PAC</p> <p>The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.</p>  <p>No change in % achieved</p>	31 Aug 2024	Chief Finance Officer	<p>7.01.2026</p> <p>Next annual assurance report has been scheduled on the IJB planner for August 2026 and note has been added regarding assurance language to be incorporated within the report format.</p>
18	●	<p>DHSCPGAPIA20240619-4</p> <p>Register of Interests and Statutory Information</p> <p>A document control front sheet should be included with each statutory document, clearly showing the latest date of review and the version number.</p>  <p>20% increase</p>	31 Aug 2024	Chief Finance Officer	<p>21.04.2026</p> <p>Document control tables added to Financial Regulations and the Scheme of Delegation (December 2026). The Register of Member Interests was last published for 2024. Work has started to revise and publish this again as soon as possible and thereafter on an annual basis.</p>
19	●	<p>DHSCPGAPIA20240619-5</p> <p>PAC and Strategic Risk Register</p> <p>In relation to the Strategic Risk Annual Report, the PAC should receive, review and then endorse this for onward submission to DIJB.</p>	31 May 2025	Chief Finance Officer, Head of Service, Strategic Services	<p>21.04.26</p> <p>Noted – future annual reports will go to PAC then to IJB. This is not due until February 2027, following the review and replacement of the previous risk register in early 2026.</p>

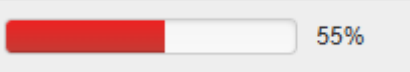
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 25% No change in % achieved			
20	●	DHSCPGAPIA20240619-6 Directions A monitoring process for directions should be implemented, including requesting progress reports from the partners as required.  60% No change in % achieved	31 May 2025	Chief Finance Officer	21.04.2026 Assurance report regarding implementation of Directions commenced to PAC in May 2025. This will now take place on an annual basis and has been reflected in the IJB Report Planner. Arrangements for ongoing monitoring throughout the year to inform the annual overview report are being finalized via a review of the Directions Policy (due to be submitted to the IJB in June 2026).
21	●	DHSCPGAPIA20240619-9 Assurance Principles We recommend DIJB formally considers FTF's Assurance Principles and adopts these for use across the governance groups of Dundee City IJB. These will provide the clarity around the use of assurance levels that are used by the NHS Tayside Clinical Governance Committee.  25% No change in % achieved	31 Oct 2024	Chief Finance Officer	8.01.2026 Recommendation to be reviewed as part of 25/26 updated Internal Control Evaluation and IA Annual Report, to consider any impact of changes from PSIAS to GIAS, as well as refreshed IJB Risk Register.




		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
22		<p>DHSCPGAPIA20250129-1</p> <p>Workforce - modelling future service demand and workforce requirements</p> <p>The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to understanding Service demand and modelling staff requirement reflected in the Workforce Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation.</p> <p>Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.</p>	30 Apr 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p> <p>Lead Officer, Quality Data and Intelligence</p>	<p>21.04.26</p> <p>No further progress has been made at this time.</p>

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 75% No change in % achieved			
23		DHSCPGAPIA20250129-5 Workforce - workforce planning group reporting There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide assurance over the effectiveness of arrangements to mitigate workforce risks.  90% 15% increase	31 Mar 2025	Head of Service, Strategic Services Head of Health and Community Care	21.04.26 Workforce risk is included in the revised IJB strategic risk register and will facilitate future reporting regarding mitigating controls.
24		DHSCPGAPIA20250618-2 Budget planning Budget monitoring reports, identifying significant variances, are provided to each IJB meeting. Overspends are reported in almost every delegated services, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.	31 Aug 2025	Chief Finance Officer	21.04.26 Lessons learned from 2026/27 have been discussed by the Core Management Team and incorporated into timelines and plans for budget planning for 2027/28.

PAC-2026

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		 85% 10% increase			
25		DHSCPGAPIA20250618-5 Fraud assurances to PAC The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud arrangements are in place within the partner bodies governance arrangements." No specific assurances have been presented to the PAC since update to the ToR.  50% No change in % achieved	31 Dec 2025	Chief Finance Officer	7.01.26 Assurance report to IJB scheduled on report tracker for August 2026.
26		DHSCPGAPIA20250618-9 Information governance assurances The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties.... will adhere to the Information Sharing Protocol Para 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information	31 Oct 2025	Acting Head of Strategic Services	7.01.2026 Information Governance Assurance Report scheduled on IJB Report Tracker for June 2026.

	Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
	<p>Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST. A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided.</p> <p>The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital.</p> <div data-bbox="327 1114 745 1190">  <p>A horizontal progress bar with a red segment on the left and a white segment on the right. The text '55%' is displayed to the right of the bar.</p> </div> <p>No change in % achieved</p>			

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
27		<p>DHSCPGAPIA20250618-10</p> <p>Consolidated transformation reporting and results</p> <p>Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations.</p>  <p>No change in % achieved</p>	31 Dec 2025	Chief Finance Officer	<p>7.01.2026</p> <p>Regular financial monitoring reports have been enhanced to provide progress with savings delivery. Specific service Transformation reports are presented as regularly as possible.</p> <p>Ongoing emphasis on transformation and financial sustainability continues to be the priority for senior leadership team and budget delivery group.</p>
28		<p>DHSCPGAPIA20250618-11</p> <p>Control document for suite of governance documents</p> <p>We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis. DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate.</p>	31 Dec 2025	Chief Finance Officer	<p>21.04.2026</p> <p>Whilst individual governance documents have been updated with version control tables, a consolidated control document is yet to be developed. This will be progressed over the next reporting period.</p>

PAC-2026

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		<input data-bbox="331 256 622 300" type="text"/> 0% No change in % achieved			

PAC-2026

New Actions (including initial update)

	Title and Description	Due Date	Ownership	Initial Update
	None during this reporting period.			



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC19-2026

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 and the 2025/26 internal audit plan.
- 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 and 2025/26 plan.
- 2.2 Note that the Annual Internal Audit Plan for 2026/27 and Internal Audit Charter will be presented to the September 2026 PAC meeting.

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 2025/26 Internal Audit Plan at the September 2025 meeting. Internal audit work undertaken to deliver the 2025/26 plan and the one remaining review from 2024/25 is set out in Appendix 1.
- 4.3 FTF Internal Audit, working with our partners in Dundee City Council, is committed to ensuring that internal audit assignments are reported to the target PAC. 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 to be provided)

4.4 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by the NHS Tayside and Dundee City Council Internal Audit Services.

Following an initial delay due to work pressures and other priorities within the Dundee City Council Internal Audit Service, and initial engagement with officers to progress the review, fieldwork on Internal Audit D05-25 Lead Partner Services is complete with a draft report to be issued during May 2026.

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. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

NHS Tayside reports:

Report Description	Assurance	Key findings
T11/26 Internal Control Evaluation	Reasonable	<p>The Internal Control Evaluation (ICE) provided assurance on the overall systems of internal control that support the achievement of the Health Board's objectives. This review provided early warning of any significant issues that may affect the Governance Statement.</p> <p>The final report included 18 audit findings intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.</p> <p>Each audit finding contained an assessment of risk. For the 18 audit findings, three have been assessed</p>

		<p>as 'significant', 13 as 'moderate', and two as 'merits attention'.</p> <p>The ICE report provided Reasonable Assurance that governance arrangements are sufficient to control and direct the organisation to ensure delivery of sound strategic objectives.</p> <p>Internal Audit have concluded that: -</p> <ul style="list-style-type: none"> • Corporate Governance arrangements continue to operate effectively and efficiently, with robust and dynamic leadership provided by the Chief Executive and Chair. There have been several changes in governance arrangements at Board and Committee and at Executive level. These enhancements continue to evolve and become embedded. • The operation and assurance provided to the Clinical Governance Committee (CGC) has developed and strengthened under the leadership of the Executive Medical Director and Executive Nurse Director, as the Accountable Officers for clinical governance. Three new clinical governance risks have been introduced in 2025/26 with reporting and review planned for the latter part of the year. The CGC work plan will continue to evolve and be refined as arrangements continue to mature. • Full delivery of the Staff Governance Committee work plan 2025/26 should ensure adequate coverage of the five strands of the Staff Governance Standard. The focus of the strategic workforce risk has shifted from the previous risk alignment to the 'Better care' corporate objective to the 'Improve staff experience and wellbeing' corporate objective. • While the financial position remains challenging, financial governance and reporting is transparent and comprehensive. Finance reports clearly state that current service models are unaffordable, and the savings required to close the financial gap will significantly adversely impact on people and performance. Corporate Objective 13 focuses on financial sustainability and is reporting an amber RAG status. • Data and Information Governance assurance is now reported through the CGC and Performance and Resources Committee and included is a finding on assurance provision in this high-risk area. Digital redesign will continue through the year and into 2026/27. Completion of cyber training remains an area for improvement. Capacity within the Information Governance and Cyber Assurance team is a known risk and has been escalated to Executive level. <p>The full report can be accessed on page 84 here: Tayside Health Board Audit & Risk Committee 10 February 2026</p>
T14/26 Risk Management – CIA validation of self-assessment	Reasonable	NHS Board Chief Executives commissioned a review of current risk management practices across NHS Scotland via a questionnaire sent to members of the National Risk Group (NRG), with the aim of providing

2025/26		<p>an accurate picture of the individual approaches to risk management with Boards.</p> <p>To assess risk management practices during 2025/26, NHS Tayside completed a self-assessment against the questionnaire. Validation of the findings was reserved to the Chief Internal Auditor who independently provided a score and opinion for each question. No significant areas of non-compliance were identified; however there were slight variations in the scores for three of 31 questions, with feedback recognising that a risk improvement plan is to be developed and implementation commenced during 2026/2027.</p> <p>The NHS Tayside self-assessment score was 117/150 and the Chief Internal Auditor appraisal was 114/150. While there is a minor difference in scores, there was no material difference of opinion. This demonstrates NHS Tayside's well established and continuously improving approach to risk management, clear strategic governance structure and regular oversight at Board and Committee level.</p>
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Dundee City Council reports:

Report Description	Assurance	Key findings
Multi Agency Screening Hub (MASH) Intake Process	Substantial	<p>Multi Agency Screening Hub (MASH) intake processes are generally sound, with most expected controls in place and operating satisfactorily. However, we observed that the service retains insufficient information to gain assurance over compliance with referral handling timescales set out in Inter-Agency agreements. We found that controls could be strengthened by standardising referral logs, monitoring the time taken to action referrals, and formalising the coordination between Children and Adult services. Further, reinstating management scrutiny over MASH activities could strengthen the controls over the process.</p>
Mosaic Payments	Limited	<p>Processes for the administration of payments to Fostering Agencies are not well defined. The controls in place are not fully effective and there are areas where controls which could mitigate errors leading to overpayment are absent. Gaps in control have the potential to lead to significant financial risk given the volume, frequency, and relatively high value of these payments.</p> <p>We have raised a number of high priority recommendations and one critical recommendation, which are intended to reduce the likelihood of payment errors arising, enhance the ability of management to detect such errors, and to mitigate their potential financial value.</p>

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: 24 April 2026

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Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓	✓	✓	N/A
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report. Follow up of previously agreed governance actions including Internal Audit recommendations.	IJB meeting June 2025 	✓	✓	✓	✓	Both the Internal Control Evaluation (ICE) and the Annual Report 2024/25 were reported at the June 2025 IJB meeting. Progress to address ICE findings will be reported to the IJB PAC within the Governance Action Plan.
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	IJB meeting June 2025 	✓	✓	✓	✓	

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D05-25	Lead Partner Services	<p>Lead Partner Governance and Assurance arrangements</p> <p>Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning.</p> <p>Update: Fieldwork complete and draft report is with FTF Chief Internal Auditor for review, prior to issue to the IJB officers to provide management responses.</p>	<p>May 2025</p> <p>September 2025</p> <p>November 2025</p> <p>February 2026</p> <p>20 May 2026</p> 	✓	✓			
2025/26								
D01-26	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2025	✓	✓	✓	✓	N/A
D02-26	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2026	✓	✓	✓	✓	N/A
D03-26	Internal Control Evaluation (reported in March)	<p>Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report.</p> <p>Follow-up of previous agreed governance actions including Internal Audit recommendations.</p> <p>Update:</p>	<p>May 2026</p> <p>June 2026 IJB meeting</p> 	✓	✓			

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Note that D03/26 Internal Control Evaluation will be issued as a final report by 31 May 2026 and will be formally reported to the IJB in June 2026, as part of the Internal Audit Annual Report for 2025/26.						
D04-26	Annual Report 2025/26 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB Meeting June 2026	✓				
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: <i>'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out its functions and requirements', including 'professional, technical and administrative resource.'</i>	TBC	✓				

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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 *	✓			
NHS Tayside (Non Executive Member)	David Cheape *	✓			
Chief Social Work Officer	Glyn Lloyd	✓			
Chief Officer	Dave Berry	✓			
Acting Chief Finance Officer	Christine Jones	A			
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	✓			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓			
Carers' Representative	Martyn Sloan	✓			
Chief Internal Auditor ***	Jocelyn Lyall	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).