



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

City Chambers  
DUNDEE  
DD1 3BY

12th July, 2022

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 July, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 18th July, 2022.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk).

Yours faithfully

VICKY IRONS

Chief Officer

### **A G E N D A**

#### **1 APOLOGIES FOR ABSENCE**

#### **2 DECLARATION OF INTEREST**

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

### **3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

#### **(a) MINUTE - Page 1**

The minute of previous meeting of the Committee held on 2nd February, 2022 is attached for approval.

#### **(b) ACTION TRACKER - Page 7**

The Action Tracker (PAC18-2022) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

### **4 MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE – DUNDEE CITY COUNCIL**

On a reference to Article IV of the minute of meeting of Dundee Integration Joint Board held on 22nd June, 2022 the Performance and Audit Committee is asked to note that Councillor Siobhan Tolland and Councillor Dorothy McHugh have been appointed as members of the Committee.

### **5 HEALTH AND CARE EXPERIENCE SURVEY 2021/2022 ANALYSIS - Page 15**

(Report No PAC10-2022 by the Chief Finance Officer, copy attached).

### **6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 – QUARTER 4 - Page 29**

(Report No PAC11-2022 by the Chief Finance Officer, copy attached).

### **7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 49**

(Report No PAC12-2022 by the Chief Finance Officer, copy attached).

### **8 INTERNAL AUDIT REPORT – DUNDEE INTEGRATION JOINT BOARD AS A CATEGORY 1 RESPONDER - Page 59**

(Report No PAC13-2022 by the Chief Finance Officer, copy attached).

### **9 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 77**

Report No PAC14-2022 by the Chief Finance Officer, copy attached).

### **10 INTERNAL AUDIT ANNUAL PLAN 2022/2023 - Page 87**

(Report No PAC15-2022 by the Chief Finance Officer, copy attached).

### **11 ANALYTICAL REVIEW OF EMERGENCY ADMISSION RATES (PAC16-2022)**

Unscheduled hospital care is one of the biggest demands on Partnership resources. Whilst significant improvements have been made in some aspects of unscheduled care, performance in relation to repeat emergency admissions remains an area requiring further understanding and improvement. The Performance and Audit Committee has received a series of in-depth analytical reports for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29th May, 2018, Article IV of the minute of the Dundee PAC on 25th March, 2019 and Article XIV of the minute of the Dundee PAC on 22nd September, 2020 refer). In November 2021, following identification of continued poor performance against the Scottish and Family Group benchmarks within the 2021/22 Quarter 1 Performance Report, the Chief Finance Officer was instructed to submit a further in-depth analysis of readmissions data (Article VII of the minute of the Dundee PAC on 24th November, 2021 refers).

Previous analysis has identified that differences in recording practice between NHS Tayside and other Health Boards has contributed to poor performance in relation to the rate of readmissions to hospital within 28 days of discharge per 1,000 admissions (national indicator 14). Local data from NHS Tayside has not been available since Q1 2021/22 as NHS Tayside Business Unit has prioritised the further investigation and improvement of coding and recording to ensure greater parity when benchmarking performance across Partnerships. This is valuable work which will improve the robustness of readmissions data and provide greater confidence in performance indicators and analytical outputs in the future. However, in the short-term this means that Partnership information staff do not have contemporary data to utilise in further in-depth analysis for readmissions.

Whilst NHS Tayside Business Unit complete the work on coding and recording, Partnership information staff have utilised the time to plan next steps in relation to readmissions analysis:

- Further analysis of data by Scottish Index of Multiple Deprivation (SIMD), gender and age;
- Analysis of the readmission ratio, which is the number of readmissions observed over the expected readmissions;
- Confirmation of specialities with highest readmission rates and further analysis of data for each of these specialities; and,
- Considering any further analytical work that can be undertaken to further examine patterns of readmission, focused on the fact that the reason for the initial admission and subsequent admissions within 28 days do not have to be the same, they can be for completely different reasons.

In addition, Partnership information staff are working with operational colleagues to contextualise readmissions activity as part of the pathway of unscheduled care and articulate the impact of wider improvement activity on a broader suite of indicators that provide a more holistic overview of unscheduled care performance and quality.

At this time NHS Tayside Business Support Unit has not been able to confirm a timescale for the completion of their work on data coding and recording. As soon as readmission data becomes available to Partnership information staff work will be progressed to complete analytical work and a full report will be submitted to the Performance and Audit Committee. An updated position will be provided to the meeting of PAC scheduled for 23rd November, 2022.

The Performance and Audit Committee is asked to note the updated position.

## **12 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 91**

(Report No PAC17-2022 by the Chief Finance Officer, copy attached).

## **13 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 101**

(Report No PAC19-2022 by the Clinical Director, copy attached).

## **14 ATTENDANCE LIST - Page 139**

(A copy of the Attendance Return (PAC20-2022) for meetings of the Performance and Audit Committee held over 2020 is attached for information and record purposes).

## **15 DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Wednesday, 28th September, 2022 at 10.00 am

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## **PERFORMANCE AND AUDIT COMMITTEE** **PUBLIC DISTRIBUTION LIST**

### **(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE**

**(\* - DENOTES VOTING MEMBER)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
NHS Non Executive Member (Chair)	Pat Kilpatrick *
Elected Member	Councillor Siobhan Tolland *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Donald McPherson*
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

### **(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
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)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
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 Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Jordan Grant

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 2nd February, 2022.

Present:-

Members

Role

Trudy MCLEAY (Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
James COTTON	Registered medical practitioner (Not providing primary medical services)
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Christine JONES	Partnership Finance Manager
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kara BROWN	Audit Scotland
Matthew KENDALL	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer

Trudy MCLEAY, Chairperson, in the Chair.

Prior to the commencement of the business the Chair advised that she would be retiring from her position as a Non-Executive Member with NHS Tayside effective from 31<sup>st</sup> March 2022 and that as such this would be her last meeting of the Committee. Tributes were made to the personal contribution she had made over her period of office as Chair of the Committee.

## **I APOLOGIES FOR ABSENCE**

There were no apologies for absence submitted on behalf of:-

Raymond MARSHALL	Staff Partnership Representative
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## **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 24th November, 2021 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC8-2022) for meetings of the Performance and Audit Committee.

The Committee agreed to note the content of the Action Tracker.

**IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021/2022 QUARTER 2**

There was submitted Report No PAC1-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The report also proposed a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

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

Following questions and answers the Committee further agreed:-

- (iv) to note reply from Dr Kendall following enquiry from Bailie Wright in relation to the admissions figures for the Coldside area that work in relation to Falls was continuing and that so far the data collected was not showing any pattern for lighting or pavement conditions being the cause;
- (v) to note that Kathryn Sharp would send Bailie Wright a copy of the previous Falls Report for her reference;
- (vi) to note the advice of Trudy McLeay that in relation to elderly people in Dundee there was currently a Safe Slipper Campaign taking place arranged by Richard McIntosh whereby elderly people could exchange their slipper footwear for safer walking alternatives to assist their stability and lessen possibility of any falls;
- (vii) to note the observation of Cllr Short in relation to percentage information expressed there would be benefit for baseline figure information to be contained in future reports to allow a further understanding of the position;
- (viii) to note following enquiry from Cllr Short that Dave Berry would take forward the possibility of the Integration Joint Board being appraised of work undertaken by Robin Falconer through the Health and Wellbeing Networks in Maryfield and Coldside areas;
- (ix) to note following enquiry from Trudy McLeay that Lynsey Webster would further investigate the figures and underlying causes in relation to Emergency Admissions which were showing a deterioration;



- (x) to note the request from Trudy McLeay for the Committee to be provided with a timeframe for Quarter 2 Data and that there may be benefit for report from Lynne Morman to be issued to the Committee for their reference;
- (xi) to note the observation from Donald McPherson in relation to the variance between the figures for Delayed Discharge between The Ferry area and the other areas in Dundee and what could be learned from this and that in this respect the advice of the Chief Officer that a full report on Delayed Discharge would be submitted to the next meeting of the Committee;
- (xii) to note that Cllr Short would take forward the possibility of using electronic messages at bus stops with officers of Dundee City Council for the purpose of making the public further aware of help which could be provided and where that could be obtained; and
- (xiii) to note as indicated by Dr Cotton the importance of providing narrative within reports to assist understanding of figures provided so that data is understood and explained in context.

## **V NATIONAL INDICATOR 17 – INSPECTION GRADINGS ANALYSIS**

There was submitted Report No PAC2-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an in-depth analysis of performance against national indicator 17 (care inspectorate gradings). The report also provided an overview of approaches within the Dundee Health and Social Care Partnership to monitor the quality of services and to provide improvement support where required.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the analysis of performance against national indicator 17 contained within section 4 and Appendix 1 of the report; and
- (iii) to note the range of mechanisms through which the Dundee Health and Social Care Partnership monitored the quality of social care and social work services on an ongoing basis, both for internal services and those that were externally commissioned, as detailed in section 5 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note the work of the Oversight Working Group for Care Homes as advised by Diane McCulloch and the significant level of scrutiny that Care Homes had been under over the period of the Pandemic; and
- (v) to note the advice of Kathryn Sharp following enquiry from Councillor Short that comparative data on level of service between national and local providers was published on an annual basis by Public Health Scotland.

## **VI DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

There was submitted Report No PAC3-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the ongoing work from the 2021/2022 plan and the one remaining review from the 2020/2021 plan.

The Committee agreed to note the continuing delivery of the audit plan and related reviews as outlined in the report and in Appendix 1 of the report.

## **VII GOVERNANCE ACTION PLAN PROGRESS REPORT**

There was submitted Report No PAC4-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

- (i) to note the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendices 1 and 2 of the report.

Following questions and answers the Committee further agreed:-

- (ii) to note following enquiry from Trudy McLeay that Dave Berry would be looking to arrange for inductions for members to be progressed following the possible change in membership which may take place over the coming months and that induction information was also available on a national level;
- (iii) to note following enquiry from Donald McPherson in relation to the range of actions with deadlines of 31st March 2022 that these dates may be subject to change as actions are progressed by Managers through Pentana.

## **VIII CLINICAL, CARE AND PROFESSIONAL GOVERNANCE**

There was submitted Report No PAC5-2022 by the Clinical Director providing an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. The report was presented as an SBAR (Situation, Background, Assessment and Recommendations).

The Committee agreed:-

- (i) to note the exception report for the Dundee Health and Social Care Partnership Clinical Care and Professional Governance; and
- (ii) to note that the authors were recommending that the report provided moderate assurance.

Following questions and answers the Committee further agreed:-

- (iii) to note following enquiry from Trudy McLeay the range of supports including training available to staff in relation to dealing with violence and aggression;
- (iv) to note that advice of Diane McCulloch that regularity of reporting arrangement for this report would be examined and that content may be reported on an annual basis in future;
- (v) to note following enquiry from Trudy McLeay in relation to whether or not the Mental Health Emergency Ambulance was only available for Adults and not children that Diane McCulloch would confirm if any requests had been made for treatment of children;
- (vi) to note following enquiry from Donald McPherson in relation to complaints received that in future dates of complaints would be indicated in the report;
- (vii) to note as advised by Dr Kendall that the service liaised with complainants over the period of their complaint advising them of the position in relation to progress over the period of investigation and the support also given to the staff member who may be subject to a complaint;

- (viii) to note as advised by Diane McCulloch the range of efforts being made by the Partnership in relation to recruitment and retention of staff at various levels and specialisms; and
- (ix) to note following enquiry from Donald McPherson in relation to work undertaken in Perth of awareness raising of the position of GP Practices the explanation from Vicky Irons on support provided in Dundee to provide assistance and support to GP Practices and that she would liaise further with Dr David Shaw and Shona Hyman in this regard towards submitting a report on this to a future meeting of the Integration Joint Board.

## **IX QUARTERLY COMPLAINTS PERFORMANCE - 2ND QUARTER 2021/2022**

There was submitted Report No PAC6-2022 by the Chief Finance Officer summarising the complaints performance for the Health and Social Partnership in the second quarter of 2021/2022. The complaints included 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.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report; and
- (ii) to note the work which had been undertaken to address outstanding complaints within the Health and Social Care Partnership and to improve complaints handling, monitoring and reports detailed in sections 4.6 and 4.13 of the report.

## **X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE**

There was submitted Report No PAC7-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update Report;
- (ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report; and
- (iii) to note the emergent risks as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note following enquiry from Bailie Wright in relation to recruitment of staff to provide Breast Screening Service in Dundee or whether the public would have to travel to Aberdeen for this service that Diane McCulloch would establish the position with NHS Tayside and that the Partnership were also monitoring the position of recruitment of Consultants and Doctors;
- (v) to note following enquiry from Martyn Sloan in relation to the use of downward arrow symbology in report the advice of Dave Berry that this related to previous assessment of risk and that it was now lower; and
- (vi) to note following enquiry from Martyn Sloan in relation to members having access to Pentana the advice of Clare Lewis-Robertson that this issue would be covered during development session on Risk Appetite

**XI ATTENDANCE LIST**

There was submitted Agenda Note PAC9-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2021.

The Committee agreed to note the position as outlined.

**XII DATE OF NEXT MEETING**

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 23rd March, 2022 at 10.00 am.

Trudy MCLEAY, Chairperson.

ITEM No ...3(b).....
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**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – Meeting in July 2022 – PAC18-2022**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	26/05/21	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	Sep 2021	In progress. Further initiatives around sharing of information on range of services / activities available being explored
2.	“	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	June 2022	In progress.
3.	“	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	Sep 2021	In progress – deferred until HSCP restructure confirmed

4.	“	VII (iv)	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE	Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.	Chief Officer	March 2022	Complete. Paper agreed at April 2022 IJB meeting. Agreement to cease reporting LGBF indicators separately to the IJB.
5.	“	VIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Dave Berry to take forward the provision of information on Equality Impact Assessment in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership with Tony Gaskin.	Chief Finance Officer/Chief Internal Auditor	June 2022	In progress – arrangements to be made with DCC to provide training to IJB members based on that previously delivered to Council elected members.
6.	29/09/21	IV(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note following enquiry from Bailie Wright in relation to readmissions to hospital and whether or not it was the same people who were presenting on each occasion and whether or not care packages were in place for them when discharged from hospital the explanation from Jenny Hill as to what was meant by clinically fit and medically fit and she would look further at readmissions to see what could be identified in these cases.	Head of Health and Community Care (JH)	November 2021	In progress- remove from Governance Action Plan as separate item – included with further work on re-admissions to hospital.

8.	29/09/21	VIII(i)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board.	Chief Internal Auditor	November 2021	In progress – Discussions ongoing with NHST re public sharing of information
9.	29/09/21	VIII(iii)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.	Chief Internal Auditor	February 2022	In progress – Deadline to move to coincide with planned completion of Internal Audit Report on provider sustainability – expected September 2022
10.	24/11/21	V(iii)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022.	Chief Finance Officer	4 <sup>th</sup> February 2022	In Progress – to be presented at the September 2022 PAC
12.	24/11/21	V(vii)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Donald McPherson the availability of induction information on a national level and a local level and that Dave Berry may wish to look at the content of the Induction Manual provided by the Perth Partnership for future inductions.	Chief Finance Officer	4 <sup>th</sup> February 2022	Complete – Induction Session held June 2022
13.	24/11/21	V(viii)	AUDIT SCOTLAND ANNUAL REPORTAND	to note following enquiry from Donald Macpherson that information on Transformation would be covered in	Chief Finance Officer	January 2022	Complete – included in development sessions and in 5 Year Financial

			INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	forthcoming Budget Development Sessions.			Framework Report presented in June 2022
14.	24/11/21	V(ix)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note following enquiry from Donald McPherson that Tony Gaskin had made a presentation to the Angus Partnership on the topic of Risk Appetite and that he would share this with the Committee.	Chief Internal Auditor	January 2022	Complete - Development session on risk appetite held in March 2022

15.	24/11/21	V(x)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee.	Chief Internal Auditor	Once approved by South Lanarkshire	In Progress
16.	24/11/21	V(xi)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note the advice of Dave Berry that a further Development Session on Risk Management would be arranged for members in the new year.	Chief Finance Officer	January 2022	Complete - Development session on risk appetite held in March 2022



17.	24/11/21	VI(vi)	INTERNAL AUDIT REPORT – PERFORMANCE MANAGEMENT	to note following enquiry from Lynne Short the advice of Tony Gaskin that he welcomed feedback from the Committee on the possible direction of future audits and that he would arrange for the current annual audit plan to be reissued to Councillor Short for her reference and that he would also liaise with Dave Berry on engagement process with the Committee in relation to the next plan including the possibility of development sessions.	Chief Internal Auditor	4 <sup>th</sup> February 2022	Complete - Internal Audit Plan to presented to the PAC in July 2022
18.	24/11/21	VII(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1	to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report).	Chief Finance Officer	31 <sup>st</sup> March 2022	In progress - deferred due to data availability. Agenda note submitted to July 2022 meeting.
19.	24/11/21	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER	to instruct the Chief Finance Officer to submit an update report on improvement activity that had been undertaken to address the increased rate in hospital admissions due to a fall no later than 31st March, 2022 (sections 5.5 and 6 of the report).	Chief Finance Officer	31 <sup>st</sup> March 2022	In progress - deferred to September 2022.

20.	02/02/22	IV(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP REPORT – 2021/2022 – QUARTER 2	to note that Kathryn Sharp would send Bailie Wright a copy of the previous Falls Report for her reference.	Kathryn Sharp	ASAP	Complete
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24.	02/02/22	IV(x)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP REPORT – 2021/2022 – QUARTER 2	to note the request from Trudy McLeay for the Committee to be provided with a timeframe for Quarter 2 Data and that there may be benefit for report from Lynne Morman to be issued to the Committee for their reference.	Lynsey Webster	September 2022	In progress - This will be contained within delayed discharge and readmission reports
25.	02/02/22	IV(xi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP REPORT – 2021/2022 – QUARTER 2	to note the observation from Donald McPherson in relation to the variance between the figures for Delayed Discharge between The Ferry area and the other areas in Dundee and what could be learned from this and that in this respect the advice of the Chief Officer that a full report on Delayed Discharge would be submitted to the next meeting of the Committee.	Chief Officer	September 2022	In progress – discharge management report due for submission in September 2022.
28.	02/02/22	VII(II)	GOVERNANCE ACTION PLAN PROGRESS REPORT	to note following enquiry from Trudy McLeay that Dave Berry would be looking to arrange for inductions for members to be progressed following the possible change in membership which may take place over the coming months and that induction information was also available on a national level.	Chief Finance Officer	June 2022	Complete – Induction Session held in June 2022

29.	02/02/22	VIII(iv)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note that advice of Diane McCulloch that regularity of reporting arrangement for this report would be examined and that content may be reported on an annual basis in future.	Diane McCulloch	July 2022	In progress
30.	02/02/22	VIII(v)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note following enquiry from Trudy McLeay in relation to whether or not the Mental Health Emergency Ambulance was only available for Adults and not children that Diane McCulloch would confirm if any requests had been made for treatment of children.	Diane McCulloch	September 2022	In Progress - Confirmed that current Standing Operating Procedure refers to a service for 18 – 65 year old. The will be further considered following the evaluation of the first period.
31.	02/02/22	VIII(vi)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note following enquiry from Donald McPherson in relation to complaints received that in future dates of complaints would be indicated in the report.	Diane McCulloch	June 2022	Complete  CCPG group will review the presentation of the complaints data for future reports.
32.	02/02/22	VIII(ix)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note following enquiry from Donald McPherson in relation to work undertaken in Perth of awareness raising of the position of GP Practices the explanation from Vicky Irons on support provided in Dundee to provide assistance and support to GP Practices and that she would liaise further with Dr David Shaw and Shona Hyman in this	Clinical Director	June 2022	Complete  Information shared. Future report to be submitted.

				regard towards submitting a report on this to a future meeting of the Integration Joint Board.			
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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** HEALTH AND CARE EXPERIENCE SURVEY 2021-22 ANALYSIS

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC10-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Performance and Audit Committee on the responses from the 2021-22 Health and Care Experience Survey, which is used to provide measurement for National Health and Wellbeing Indicators 1-9.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report, including benchmarked performance by Dundee for the 2021-22 Health and Care Experience survey provided in appendix 1.
- 2.2 Note the changes to the methodology used to filter responses and report against the National Health and Wellbeing Indicators (section 5).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 BACKGROUND**

- 4.1 The Scottish Health and Care Experience Survey is a postal survey which is sent to a random sample of people who are registered with a GP in Scotland. The survey has been run every two years since 2019 and forms part of the Scottish Care Experience Excellence Programme, which is a suite of national surveys aiming to provide local and national information on the quality of health and care services from the perspective of the people who access them.
- 4.2 The survey results are used nationally to inform planning and monitor performance, to monitor the NHS Scotland Local Delivery Plan standards on accessing GP services and to inform nine out of the 23 health and wellbeing outcome indicators under the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.3 The survey results are used locally by GP practices and associated cluster groups and by Health and Social Care Partnerships to understand people's experiences and allows benchmarking with other partnership areas. Survey results are reported publicly by the Scottish Government and are

also included within the Partnership's annual performance report. Survey results for 2021-22 are contained within appendix 1.

- 4.4 The COVID-19 Pandemic continued during the survey period, and associated remobilisation plans, and some emergency response pathways were still in operation. This meant that not all services had returned to pre-pandemic levels/models of delivery; this is likely to have influenced people's experiences and perceptions of service delivery and therefore survey findings.

## **5.0 LONGITUDINAL ANALYSIS**

- 5.1 In order to only report the responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. The way in which responses are filtered was amended between the 2017-18 survey and the 2019-20 survey, making the data incomparable longitudinally.
- 5.2 Health and Social Care Partnerships are required to monitor performance from the pre-integration 2015-16 position to the current position (or for at least the previous five years). It is not possible for this to be done for Indicators 1-7 and 9 because the survey is biennial and the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that comparing pre and post-2019-20 results should not be done. However, results for the surveys from years 2019-20 and 2021-22 can be compared.
- 5.3 The responses from the section about carers do not require to be filtered, therefore National Indicator 8, which asks if a carer feels supported to continue in their caring role, can be analysed longitudinally. However, it should be noted that not all of these carers will be known to, or receive services from the Partnership or Dundee Carers Centre.

## **6.0 FAMILY GROUP ANALYSIS**

- 6.1 Dundee performed in the top three out of the eight family group partnerships for four out of the nine indicators.
- 6.2 Dundee performed the same as or better than the Scottish average for five out of the nine indicators (compared to two out of nine in the 2019-20 survey).
- 6.3 Overall, Dundee performed well in relation to both the family group and Scottish average in relation to indicators focused on: support to live independently (indicator two); having a say in how care and support are provided (indicator three); co-ordination of care and support (indicator four); and, the overall perception of quality of care and support (indicator five). These indicators reflect focussed improvement work that has been progressed over the last two years to enhance the personalisation of health and social care services and supports, as well as the continuous focus on improving the range and quality of supports targeted to enable people to live independently in their own home for longer.
- 6.4 Indicators that relate to the ability of the population to look after their own health and wellbeing, service impact on improving quality of life, support for unpaid carers and support that enables people to feel safe at home remain areas for improvement. The survey results offer very limited additional detail to aid further analysis in these areas. For example, the survey response options do not allow for free text responses that can be analysed to identify underlying reasons for responses. Indicators that relate to self-care and improved quality of life may have been impacted by wider factors than experiences of health and social care services, with many people having experienced significant negative impacts associated with the pandemic and the emerging cost of living crisis. These wider factors could account, at least to some extent, for poorer performance than the Scottish average, with Dundee's population being more vulnerable to the unequal impacts of the pandemic and poverty than other areas of Scotland. Local intelligence gained through the Carers Partnership pandemic engagement activity points towards the impact of the pandemic having affected results for national indicator 8; through this exercise many carers reflected the negative impact that disruption to services for the cared-for person had on them, rather than describing poor quality in carers support services. The Carers Partnership is continuing to work to

improve services and supports for carers and to implement recently agreed investments to enhance local arrangements.

- 6.5 In addition to the survey questions regarding 'Care, Support and Help with Everyday Living' which are used to report National Indicators 1-9, there are sections in the survey regarding GP and Out of Hours access, care and treatment. Performance in relation to experiences of care provided by GP practices was in-line with the Scottish average, however both the national and Dundee position declined between 2019-20 and 2021-22. It is widely accepted that changes which were necessary during the pandemic to the way in which primary care services are delivered from GP practices has had a significant impact on these indicators in the last survey period. GP Cluster leads are analysing the data for their cluster areas, using this to benchmark across clusters, the city and Tayside and identifying any learning that can be shared.

## 7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 8.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- Continue to support operational managers by providing in depth analysis regarding areas of poor performance.</li> <li>- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> <li>- Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 9.0 CONSULTATIONS

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

**10.0 BACKGROUND PAPERS**

10.1 None.

Dave Berry  
Chief Finance Officer

**DATE:** 5 July 2022

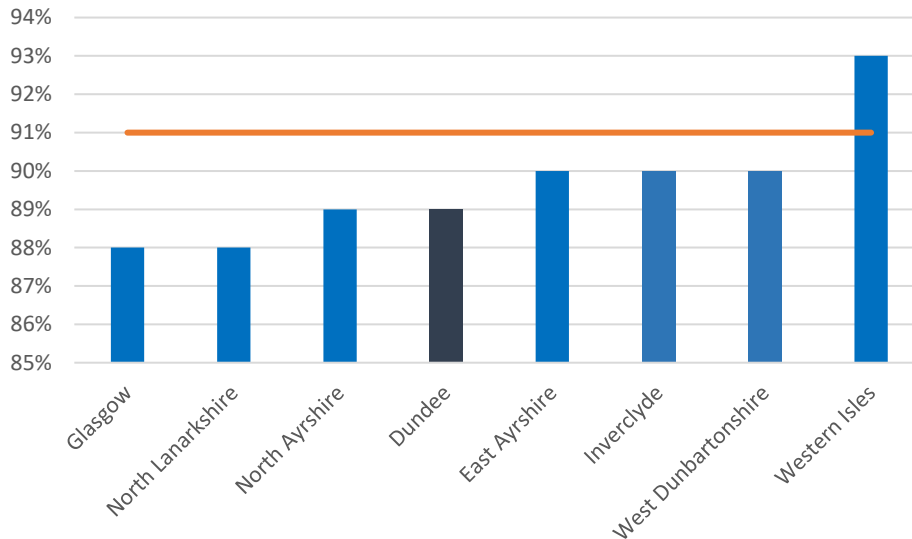
Lynsey Webster  
Senior Officer, Strategy and Performance



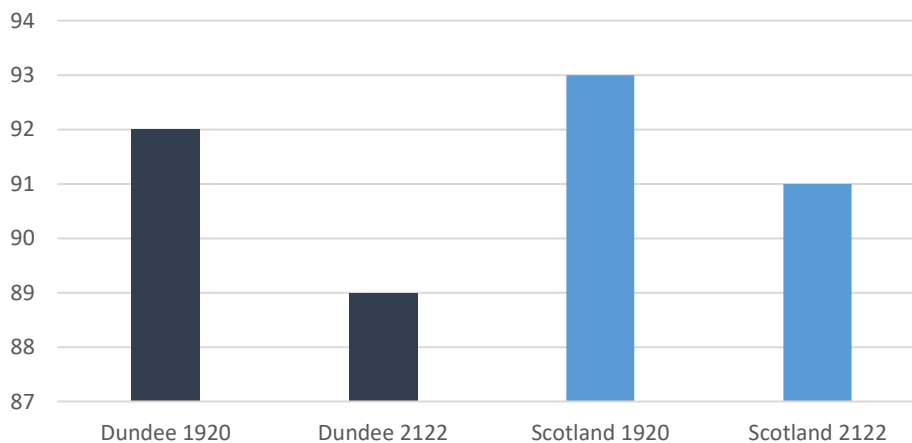
## APPENDIX 1

### National Indicators 1-9 Family Group Analysis

**National Indicator 1: Percentage of adults able to look after their health very well or quite well (Scotland -----)**

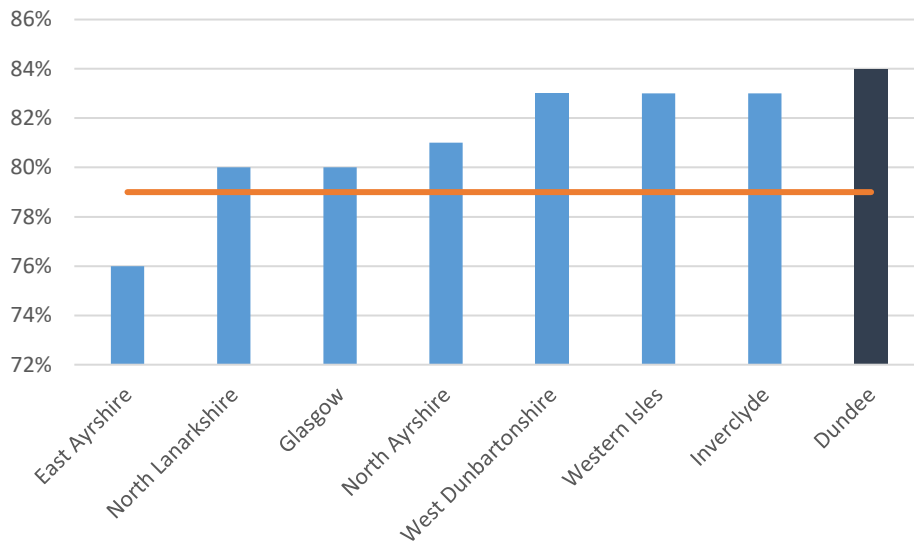


- All family group partnerships except Western Isles performed poorer than the Scottish average.
- Dundee performed 4<sup>th</sup> poorest in the family group and poorer than the Scottish average.

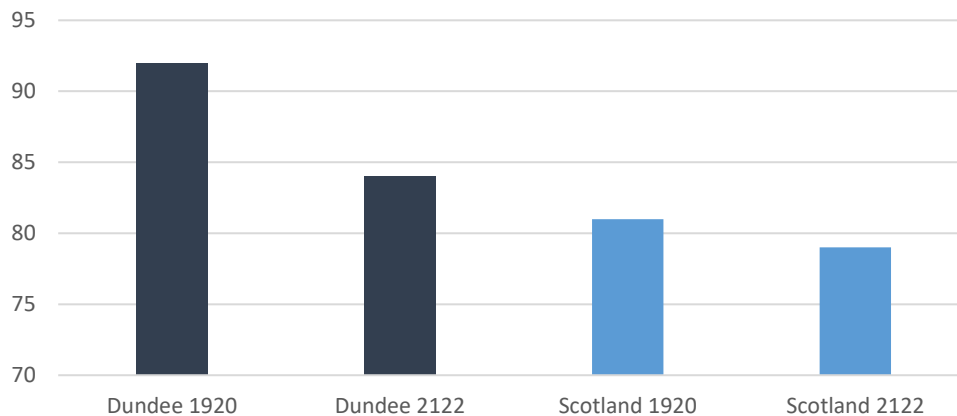


- Dundee performed poorer than Scotland in both 19/20 and 21/22.
- Performance deteriorated in both Dundee and Scotland between the 19/20 and 21/22 surveys.

**National Indicator 2: Percentage of adults supported at home who agree that they are supported to live as independently as possible (Scotland -----)**

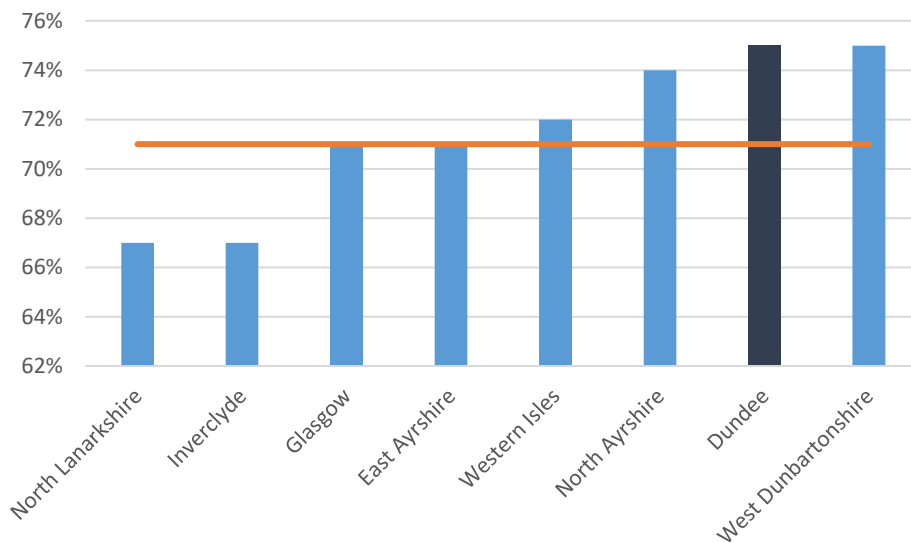


- Dundee performed best in the family group (improvement from being 3<sup>rd</sup> best in 19/20 survey) and considerably better than Scotland.
- 7 of the 8 family group partnerships performed better than the Scottish average.

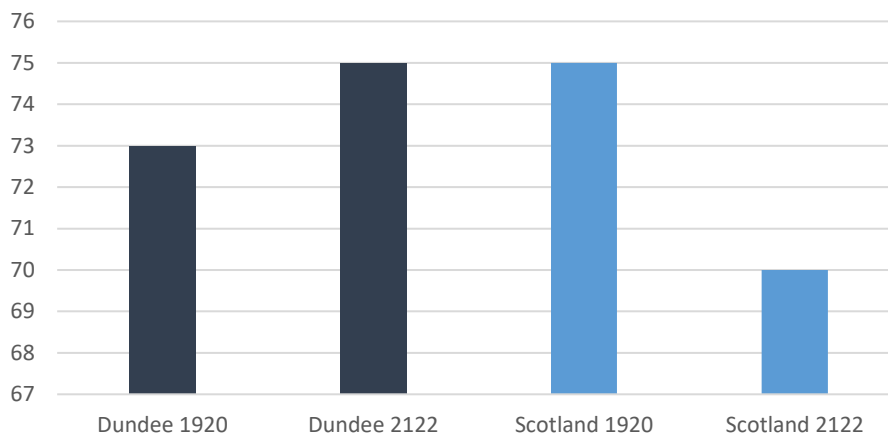


- Dundee performed better than Scotland in 19/20 and 21/22
- Performance deteriorated in both Dundee and Scotland between the 19/20 and 21/22 surveys.

**National Indicator 3: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. (Scotland -----)**

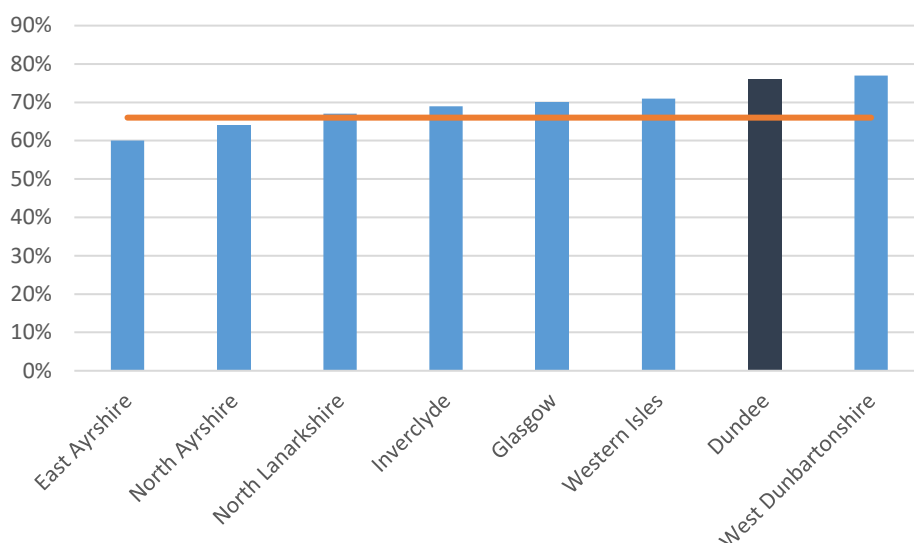


- Dundee performed 2<sup>nd</sup> best in the family group and considerably better than Scotland.
- 6 of the 8 family group partnerships performed the same or better than the Scottish average.

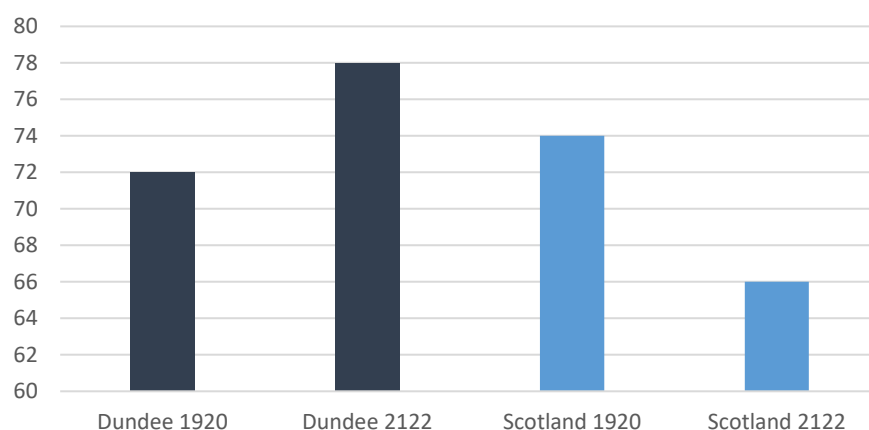


- Dundee performed poorer than Scotland in 19/20, however considerably better than Scotland in 21/22.
- Performance improved in Dundee between the 19/20 and 21/22 surveys, however deteriorated in Scotland.

**National Indicator 4: Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (Scotland -----)**

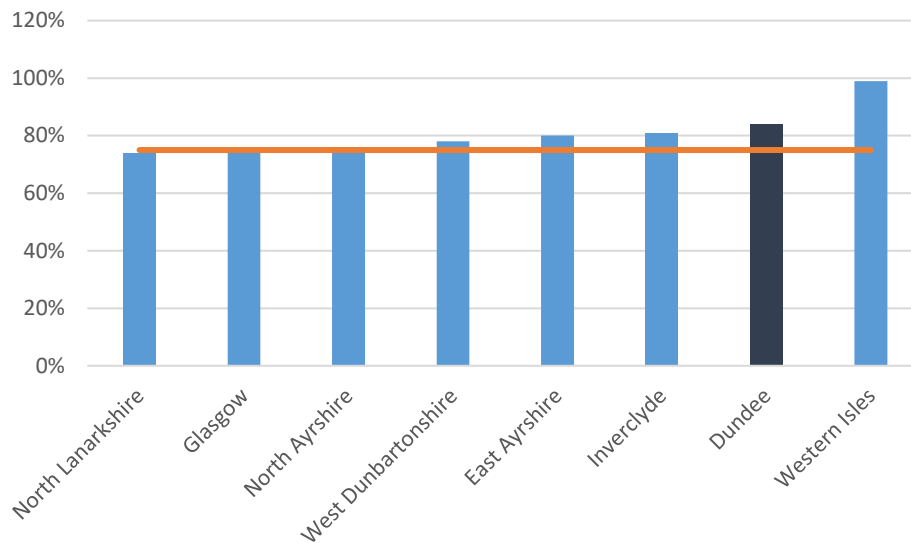


- Dundee performed 2<sup>nd</sup> best in the family group and better than Scotland.
- 6 of the 8 family group partnerships performed the same as or better than the Scottish average.

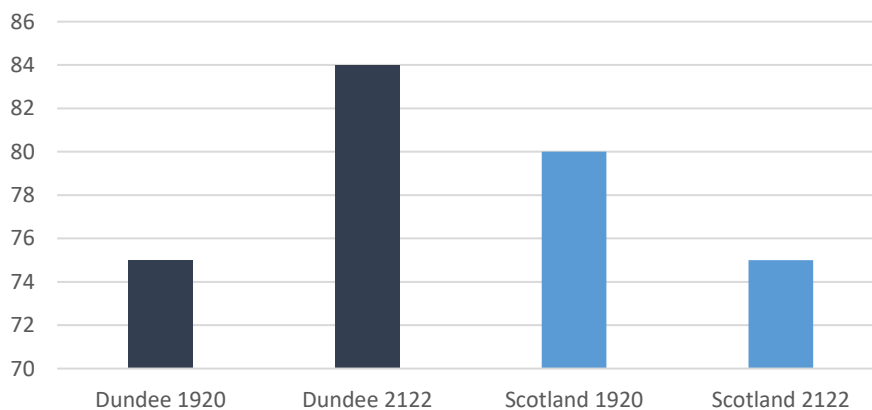


- Dundee performed poorer than Scotland in 19/20, however better than Scotland in 21/22.
- Performance improved in Dundee between the 19/20 and 21/22 surveys, however deteriorated in Scotland.

**National Indicator 5: Percentage of adults receiving any care or support who rate it as excellent or good (Scotland -----)**

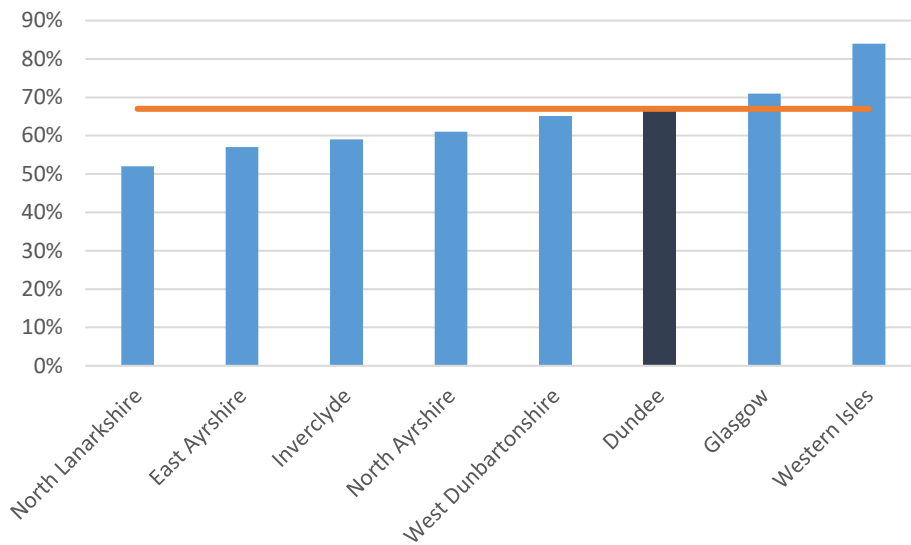


- Dundee performed 2<sup>nd</sup> best in the family group and better than Scotland.
- All of the 8 family group partnerships performed within 1% or better than the Scottish average.

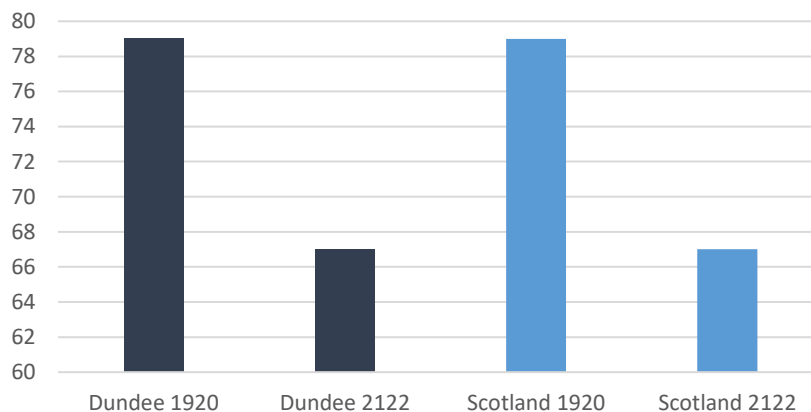


- Dundee's performance was poorer than Scotland in 19/20, however was better than Scotland in 21/22.
- Performance improved in Dundee between the 19/20 and 21/22 surveys, however deteriorated in Scotland.

**National Indicator 6: Percentage of people with positive experience of the care provided by their GP practice (Scotland -----)**

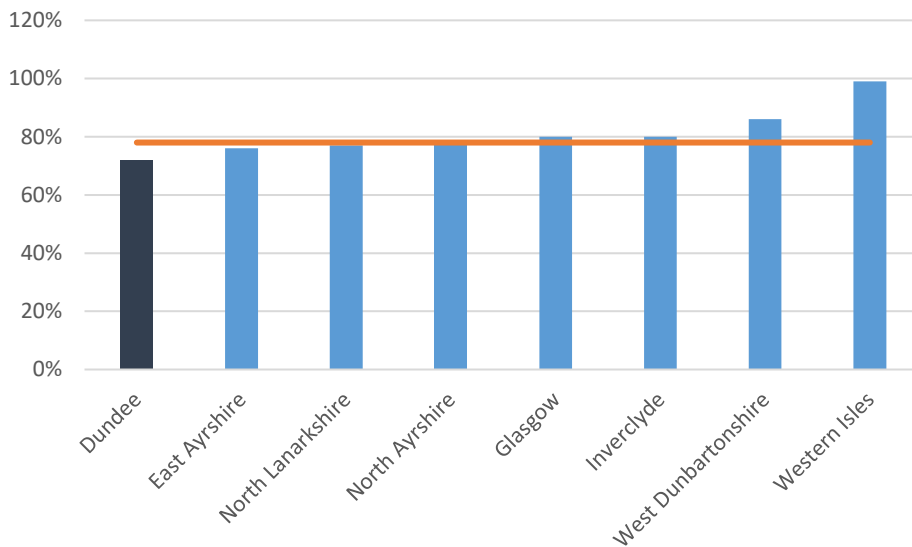


- Dundee performed 3<sup>rd</sup> in the family group and the same as Scotland.
- 3 of the 8 family group partnerships performed better than the Scottish average.

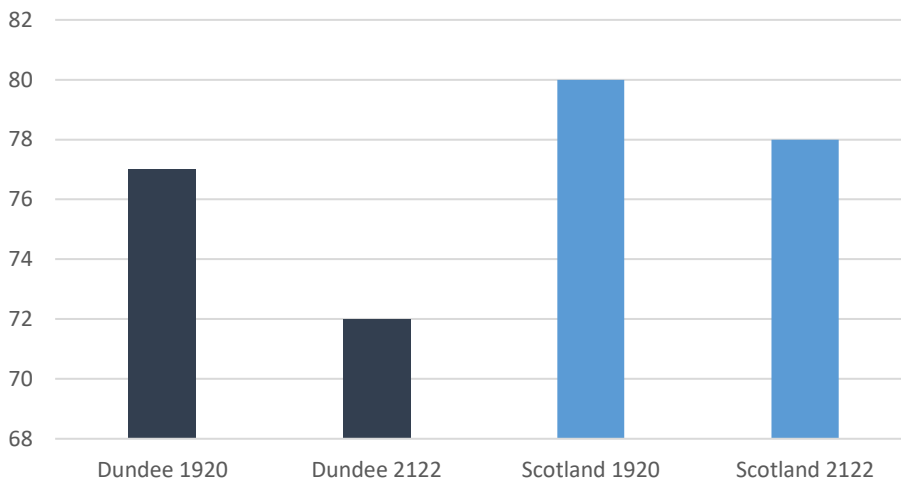


- Dundee performed around the same as Scotland in both 19/20 and 21/22.
- Performance deteriorated in both Dundee and Scotland between the 19/20 and 21/22 surveys.

**National Indicator 7: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.**  
**(Scotland -----)**

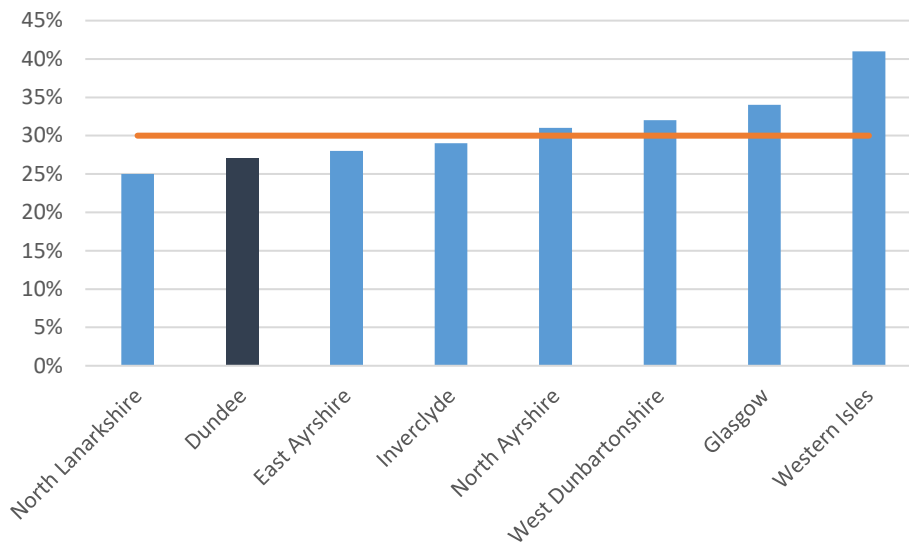


- Dundee's performance was poorest in the family group and poorer than Scotland.
- 6 of the 8 family group partnerships performed within 1% or better than the Scottish average.

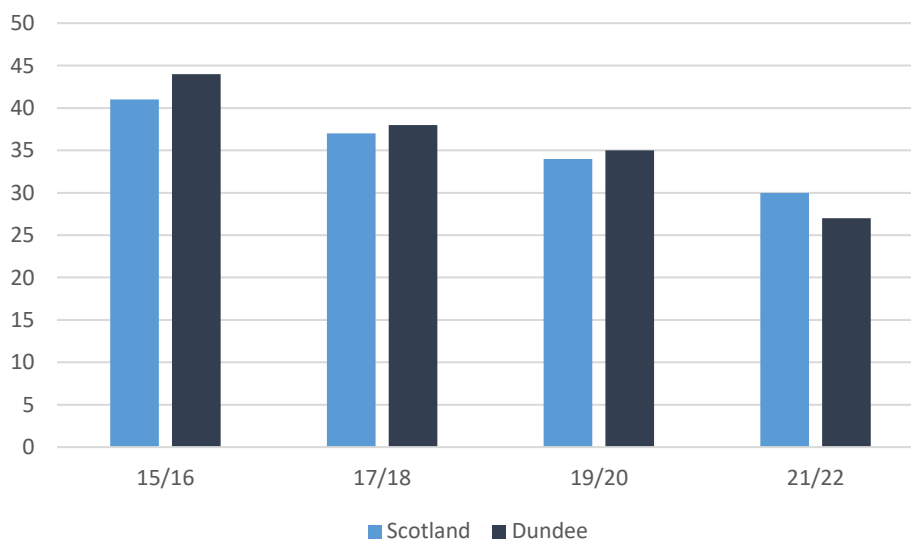


- Dundee's performance was poorer than Scotland in both 19/20 and 21/22.
- Performance deteriorated in both Dundee and Scotland between the 19/20 and 21/22 surveys.

### National Indicator 8: Percentage of carers who feel supported to continue in their caring role (Scotland -----)



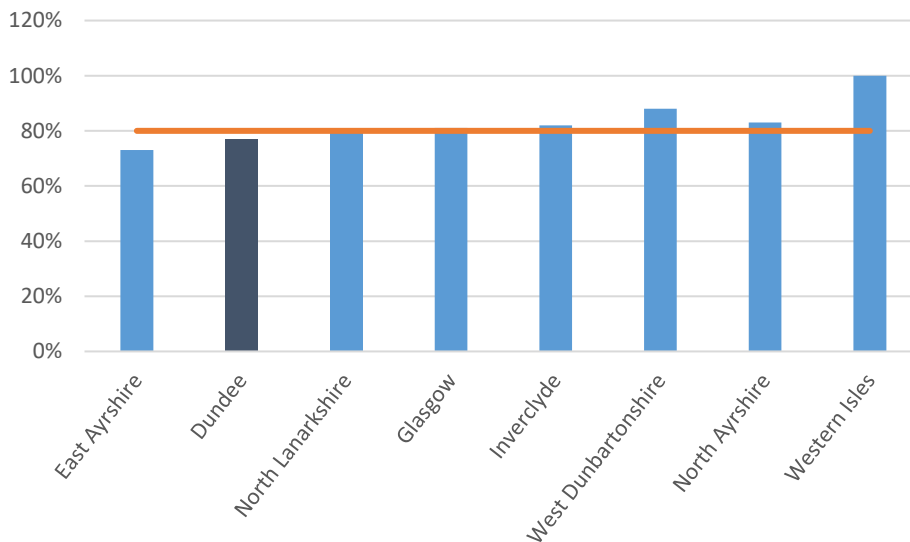
- Dundee performed 2<sup>nd</sup> poorest (3<sup>rd</sup> poorest in the 19/20 survey) in the family group and poorer than Scotland.
- 4 of the 8 (50%) family group partnerships performed better than the Scottish average.



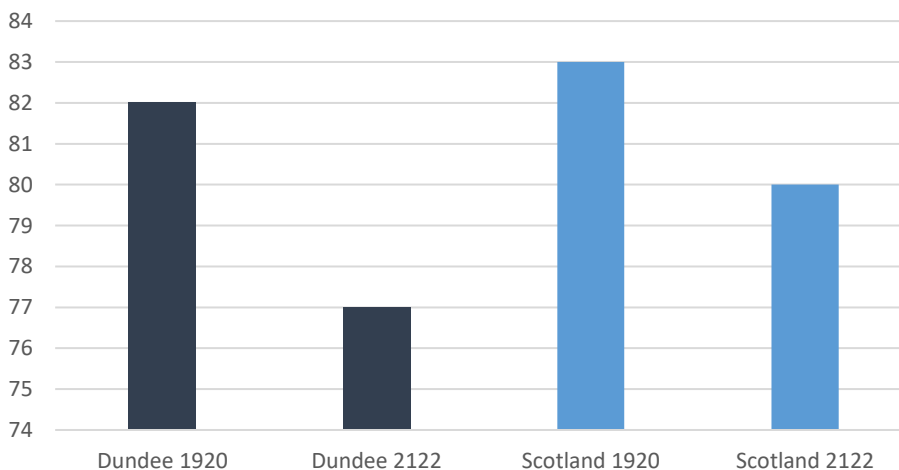
- In 15/16, 17/18 and 19/20 Dundee performance was better than Scotland, however in 21/22 it was poorer than Scotland.
- Performance deteriorated in both Dundee and Scotland between the 15/16 and 21/22 surveys.
- This question was answered by everyone who states they provide unpaid care, which means that the cohort is wider than those unpaid carers supported by the Partnership and Dundee Carers Centre.



**National Indicator 9: Percentage of adults supported at home who agree they felt safe (Scotland -----)**



- Dundee's performance was 2<sup>nd</sup> poorest in the family group (4<sup>th</sup> poorest in the 19/20 survey) and poorer than Scotland.
- 6 of the 8 family group partnerships performed the same or better than the Scottish average.



- Dundee's performance was within 1% of the Scotland performance in 19/20, however was 3% less than the Scottish performance in the 21/22 survey.
- Performance deteriorated in both Dundee and Scotland between the 19/20 and 21/22 surveys.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021-22 QUARTER 4

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC11-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2021-22 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of the summary performance report contained within appendix 1.
- 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).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 REVISION OF QUARTERLY PERFORMANCE REPORT**

- 4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report' and Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21. Appendix 2 sets out the data sources utilised to compile the quarterly performance report.
- 4.2 Following a request from the Performance and Audit Committee, officers are working to amend the format for the performance summary to include an illustration of where variation in monthly data follows a normal pattern within statistical limits, using a technique called Statistical Process Control.

This change will allow the Committee to understand variation which may or may not be within the control of the Partnership and implement improvement strategies where necessary.

## 5.0 QUARTER 4 PERFORMANCE 2021-22 – KEY ANALYTICAL MESSAGES

### 5.1 Key analytical messages for the Quarter 4 2021/22 period are:

- A. Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- B. Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E (Accident & Emergency) 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.
- C. Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2<sup>nd</sup> best out of the eight family group partnerships. Although, performance is poorest out of the three Tayside Partnerships.
- D. The number of emergency admissions from A+E has increased over the last four quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last three quarters (both are higher than the 2015/16 baseline).
- E. The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) over 2021/22. Performance is best in the family group and 3<sup>rd</sup> out of the three Tayside Partnerships.
- F. 91.7% of the last six months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline (improvement) and although performance across Scotland is similar it is best out of the eight-family group partnership and is 2<sup>nd</sup> out of the three Tayside partnerships.
- G. Rate of hospital admissions due to a fall for aged 65+ is 29.2% higher than the 2015/16 baseline and is higher in every LCPP. The rate decreased (improved) between quarters three and four, however is the poorest of the eight family group partnerships and poorest out of the three Tayside partnerships. An improvement report is currently being prepared and will be submitted to the Performance and Audit Committee in September 2022.
- H. % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline. This has been subject to an in-depth analytical report, provided to Performance and Audit Committee in February 2022, which found no clear trends or explanations for the deterioration in performance. Monitoring of service quality continues to be a key aspect of clinical, care and professional governance arrangements.
- I. Rate of bed days lost to a standard delayed discharge for age 75+ is 9.6% more than the 2015/16 baseline. Performance deteriorated in Lochee, East End, Maryfield and The Ferry. A report focused on discharge management will be submitted to the Performance and Audit Committee in September 2022. It should be noted that Dundee performed significantly better than the Scottish position for national indicator 19 (delayed discharge all reasons) from 2017/18 until 2019/20, during 2020/21 and 2021/22, in common with many Partnerships across Scotland, performance has been negatively impacted by the circumstances associated with the COVID-19 pandemic.
- J. Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 35% less than the 2015/16 baseline (improved), with increases across three LCPPs (Lochee, Maryfield and The Ferry). Performance has however deteriorated over the last four quarters. A

report focused on discharge management will be submitted to the Performance and Audit Committee in September 2022.

- 5.2 The quarterly and locality data included in this report for rate of readmissions within 28 days is for Quarter 1 2021/22. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23.

## 6.0 POLICY IMPLICATIONS

- 6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 7.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions.</li> <li>- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> <li>- Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 8.0 CONSULTATIONS

- 8.1 The Chief 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 Finance Officer

**DATE:** 27 June 2022

Lynsey Webster  
Senior Officer, Strategy and Performance

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q4 2021-22 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emergency Admissions rate per 100,000 18+ (Covid and Non Covid)	+4.9%	+7.3%	+9.6%	-1.4%	+5.4%	+10.1%	+12.5%	+0.1%	-3.4%
Emergency Bed Days rate per 100,000 18+ (Covid and Non Covid)	-2.4%	-1.5%	-4.1%	-6.4%	+0.2%	+3.4%	+6.7%	-19.1%	+4.4%
Readmissions rate per 1,000 Admissions All (Q1)*	27%	34%	17%	18%	-11%	6%	38%	31%	64%
Hospital admissions due to falls rate per 1,000 65+	17%	15%	16%	7%	-13%	6%	60%	15%	34%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+9.6%	+29.2%	+33.4%	-29.0%	-19.1%	-11.4%	+5.1%	-10.6%	+70.2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-34.6%	+167.1%	-70.8%	-49.5%	-92.1%	-88.6%	+14.4%	-22.2%	+316.7 %

\* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23

**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee**

									
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emergency Admissions rate per 100,000 18+ (Covid and Non Covid)	12,516	14,766	17,346	13,521	12,255	14,447	11,155	8,007	10,652
Emergency Bed days rate per 100,000 18+ (Covid and Non Covid)	129,732	159,615	174,879	152,538	112,881	128,094	113,741	79,398	131,933
Readmissions rate per 1,000 Admissions All (Q1)*	31.7	35.7	32.2	35.3	18.4	26.6	32.0	36.2	33.2
Hospital admissions due to falls rate per 1,000 65+	29.2	30.5	31.8	31.9	17.9	26.6	37.0	31.8	27.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	526	608	651	553	473	491	596	681	313
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	192	439	153	224	60	47	185	169	172

Source: NHS Tayside data

\* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23

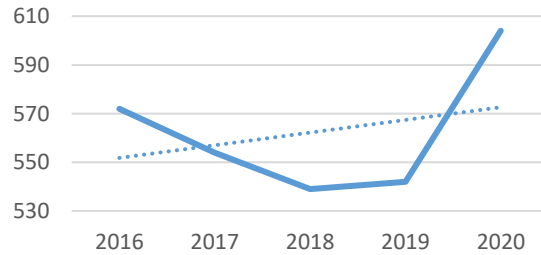
Key:  Improved/Better  Stayed the same  Declined/Worse

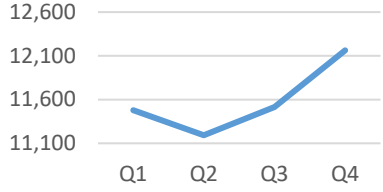
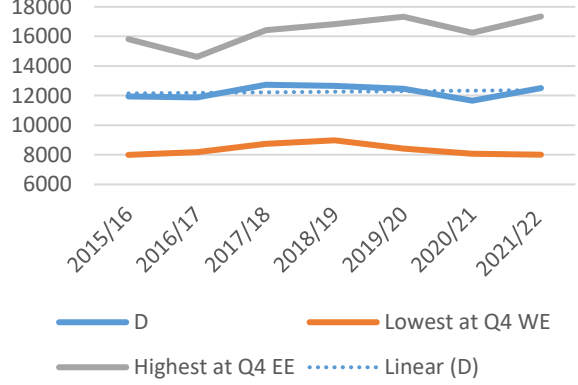
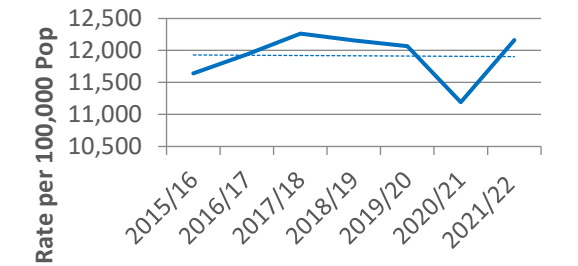


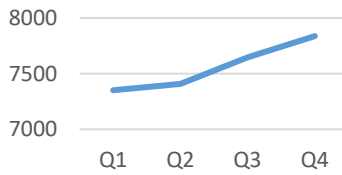
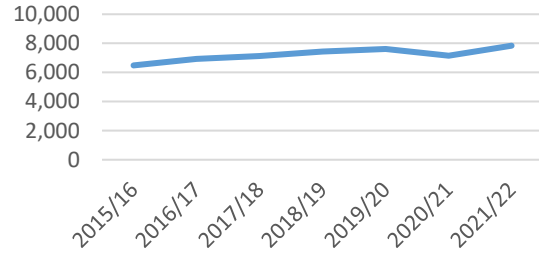
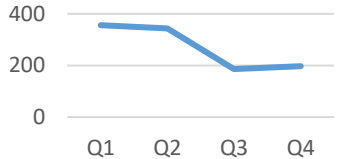
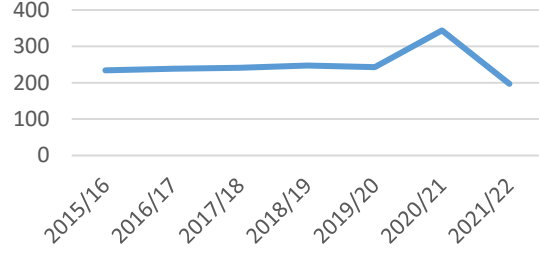
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2021-22 compared to Dundee

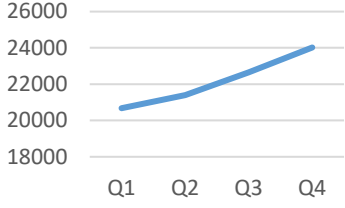
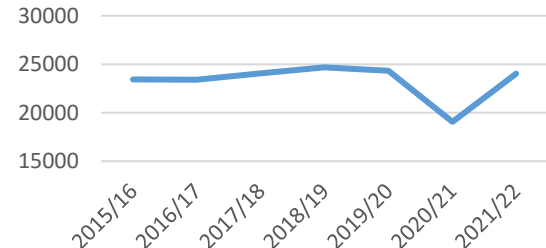
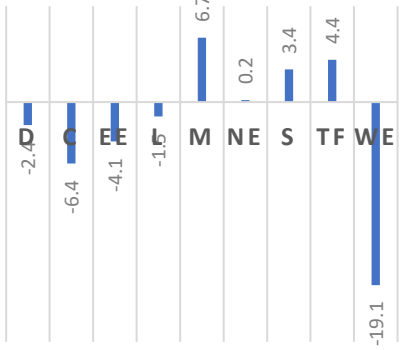
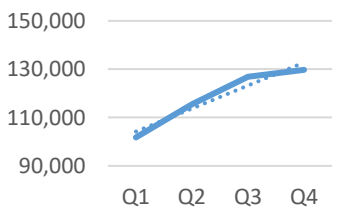
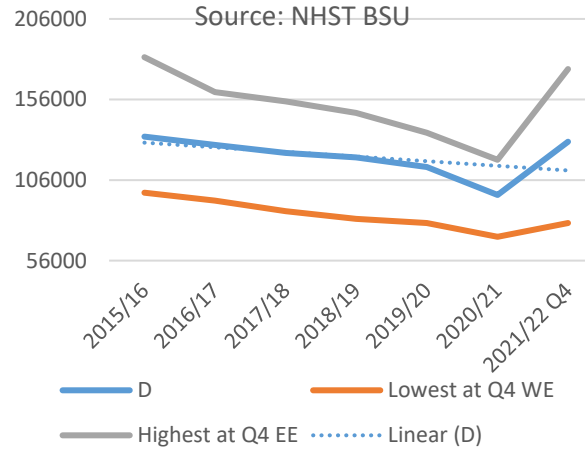
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good				2nd	2nd (84%)	1st
6.% of people with positive experience of care at their GP practice				16th	3rd (67%)	3rd

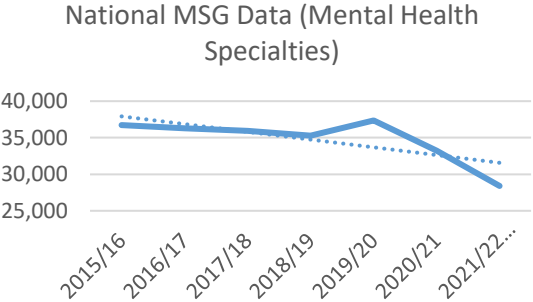
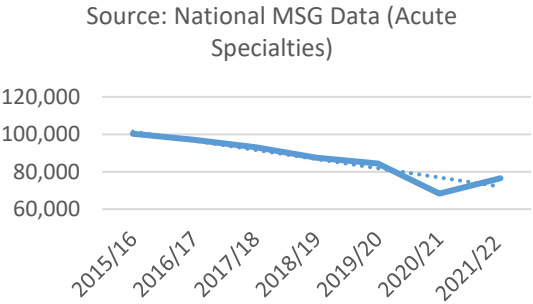
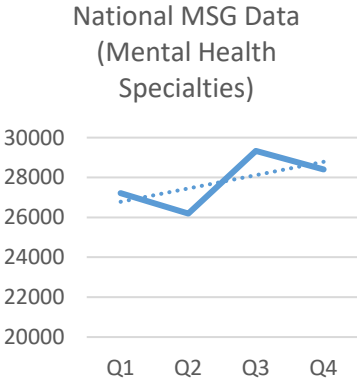
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																		
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life				29th	8 <sup>th</sup> (72%)	3rd																		
8.% of carers who feel supported to continue in their caring role				26th	7 <sup>th</sup> (27%)	3rd																		
9.% of adults supported at home who agreed they felt safe				20th	7 <sup>th</sup> (77%)	3rd																		
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally																					
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available	<div><table><caption>Premature mortality rate per 100,000 persons (2016-2020)</caption><thead><tr><th>Year</th><th>Rate (Solid Line)</th><th>Rate (Dotted Line)</th></tr></thead><tbody><tr><td>2016</td><td>572</td><td>552</td></tr><tr><td>2017</td><td>555</td><td>558</td></tr><tr><td>2018</td><td>540</td><td>562</td></tr><tr><td>2019</td><td>542</td><td>568</td></tr><tr><td>2020</td><td>605</td><td>575</td></tr></tbody></table></div>	Year	Rate (Solid Line)	Rate (Dotted Line)	2016	572	552	2017	555	558	2018	540	562	2019	542	568	2020	605	575	29th	7th	3rd
Year	Rate (Solid Line)	Rate (Dotted Line)																						
2016	572	552																						
2017	555	558																						
2018	540	562																						
2019	542	568																						
2020	605	575																						

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>12. Emer Admissions rate per 100,000 18+</b>	4.9% more in 2021/22 than 2015/16 (deterioration) (source: MSG)	<p>Source: MSG National Data</p> 	<p>Source: NHST BSU</p>  <p>Source: National MSG Data</p> 	13th	2nd	3rd

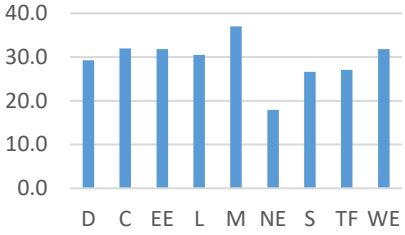
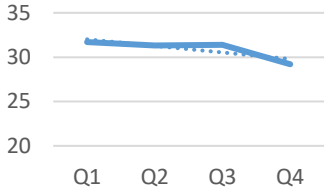
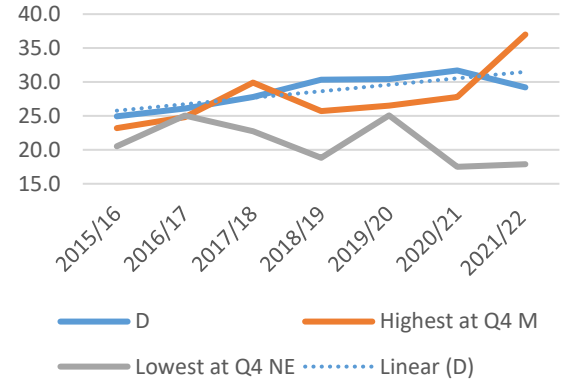
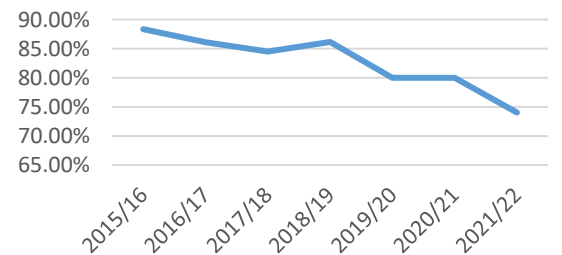
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																										
Emergency Admissions Numbers from A&E (MSG)	1,355 more attendances in 2021/22 than 2015/16	<p>Source: MSG National Data</p>  <table><caption>Emergency Admissions Numbers from A&amp;E (MSG) - Last 4 Quarters</caption><thead><tr><th>Quarter</th><th>Number</th></tr></thead><tbody><tr><td>Q1</td><td>~7,300</td></tr><tr><td>Q2</td><td>~7,400</td></tr><tr><td>Q3</td><td>~7,600</td></tr><tr><td>Q4</td><td>~7,800</td></tr></tbody></table>	Quarter	Number	Q1	~7,300	Q2	~7,400	Q3	~7,600	Q4	~7,800	<p>Source: MSG National Data</p>  <table><caption>Emergency Admissions Numbers from A&amp;E (MSG) - Long Term Trend</caption><thead><tr><th>Year</th><th>Number</th></tr></thead><tbody><tr><td>2015/16</td><td>~6,500</td></tr><tr><td>2016/17</td><td>~6,800</td></tr><tr><td>2017/18</td><td>~7,000</td></tr><tr><td>2018/19</td><td>~7,200</td></tr><tr><td>2019/20</td><td>~7,500</td></tr><tr><td>2020/21</td><td>~7,200</td></tr><tr><td>2021/22</td><td>~8,000</td></tr></tbody></table>	Year	Number	2015/16	~6,500	2016/17	~6,800	2017/18	~7,000	2018/19	~7,200	2019/20	~7,500	2020/21	~7,200	2021/22	~8,000	NA as number and not rate	NA as number and not rate	NA as number and not rate
Quarter	Number																															
Q1	~7,300																															
Q2	~7,400																															
Q3	~7,600																															
Q4	~7,800																															
Year	Number																															
2015/16	~6,500																															
2016/17	~6,800																															
2017/18	~7,000																															
2018/19	~7,200																															
2019/20	~7,500																															
2020/21	~7,200																															
2021/22	~8,000																															
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	4 higher in 2021/22 than 2015/16	<p>Source: MSG National Data</p>  <table><caption>Emergency Admissions as a Rate per 1,000 of all Accident &amp; Emergency Attendances (MSG) - Last 4 Quarters</caption><thead><tr><th>Quarter</th><th>Rate</th></tr></thead><tbody><tr><td>Q1</td><td>~350</td></tr><tr><td>Q2</td><td>~350</td></tr><tr><td>Q3</td><td>~200</td></tr><tr><td>Q4</td><td>~200</td></tr></tbody></table>	Quarter	Rate	Q1	~350	Q2	~350	Q3	~200	Q4	~200	<p>Source: MSG National Data</p>  <table><caption>Emergency Admissions as a Rate per 1,000 of all Accident &amp; Emergency Attendances (MSG) - Long Term Trend</caption><thead><tr><th>Year</th><th>Rate</th></tr></thead><tbody><tr><td>2015/16</td><td>~230</td></tr><tr><td>2016/17</td><td>~230</td></tr><tr><td>2017/18</td><td>~230</td></tr><tr><td>2018/19</td><td>~240</td></tr><tr><td>2019/20</td><td>~230</td></tr><tr><td>2020/21</td><td>~350</td></tr><tr><td>2021/22</td><td>~200</td></tr></tbody></table>	Year	Rate	2015/16	~230	2016/17	~230	2017/18	~230	2018/19	~240	2019/20	~230	2020/21	~350	2021/22	~200	Not Avail	Not Avail	Not Avail
Quarter	Rate																															
Q1	~350																															
Q2	~350																															
Q3	~200																															
Q4	~200																															
Year	Rate																															
2015/16	~230																															
2016/17	~230																															
2017/18	~230																															
2018/19	~240																															
2019/20	~230																															
2020/21	~350																															
2021/22	~200																															

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	584 more in 2021/22 than 2015/16	Source: MSG National Data 	Source: MSG National Data 	NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+	<p>SOURCE: NHST BSU</p>  <p>3,048 (2%) less acute bed days in 2021/22Q4 than 2015/16 (improved) (source: NHST BSU)</p>	Source: NHST BSU 	Source: NHST BSU 	13th	1st	3rd

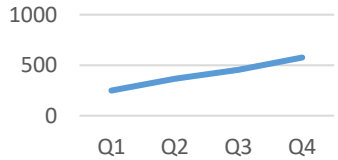
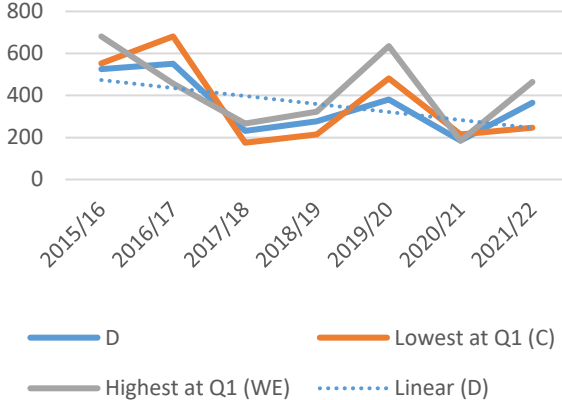
9,934 (22%) less mental health bed days in 2021/22 than 2015/16 (improved) (source: MSG)



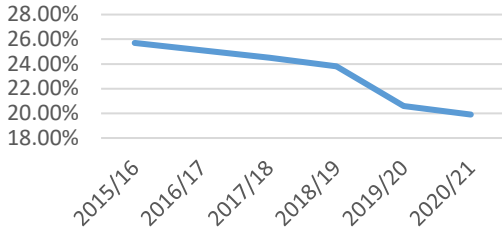
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>14. Readmissions rate per 1,000 Admissions All Ages*</b>  * The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23	<p>41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*</p>			29 <sup>th</sup>	8 <sup>th</sup>	3 <sup>rd</sup>
<b>15. % of last 6 months of life spent at home or in a community setting</b>	Up by 24.9% between 2015/16 and 2021/22 (improvement)	Not Available	Source: PHS National Data  	11 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>16. Hospital admissions due to falls rate per 1,000 65+</b>	 <p>29.2% more in 2021/22 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 37% increase (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Improvement between Q1 and Q4. All LCPPs except Maryfield and North East saw improvements between Q3 and Q4. Maryfield also had the highest rate in Q4.</p>	<p>Source: NHST BSU</p>  <p>Legend: D (solid blue), Highest at Q4 M (solid orange), Lowest at Q4 NE (solid grey), Linear (D) (dotted blue)</p>	32nd	8th	3rd
<b>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	Dropped from 88.36% in 2015/16 to 74.03% in 2021/22 (deterioration)	Not Available	<p>Dundee (Source PHS)</p> 	28th	8th	3rd



National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
18. % adults with intensive care needs receiving care at home	9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year)	Not Available	<p>Source: PHS SOURCE National Data</p>  <table><caption>18. % adults with intensive care needs receiving care at home</caption><tr><th>Year</th><th>Percentage</th></tr><tr><td>2015</td><td>50.00%</td></tr><tr><td>2016</td><td>54.00%</td></tr><tr><td>2017</td><td>54.00%</td></tr><tr><td>2018</td><td>59.00%</td></tr><tr><td>2019</td><td>58.00%</td></tr><tr><td>2020</td><td>60.00%</td></tr><tr><td>2021</td><td>63.00%</td></tr></table>	Year	Percentage	2015	50.00%	2016	54.00%	2017	54.00%	2018	59.00%	2019	58.00%	2020	60.00%	2021	63.00%	23rd	8th	2nd
Year	Percentage																					
2015	50.00%																					
2016	54.00%																					
2017	54.00%																					
2018	59.00%																					
2019	58.00%																					
2020	60.00%																					
2021	63.00%																					
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source: PHS LIST</p>  <p>9.6% increase (deterioration) since 2015/16 although improvements across in Coldside, North East, Strathmartine.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend over the last 4 quarters.</p>	<p>Source: PHS LIST</p>  <p>2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22</p> <p>D Lowest at Q1 (C) Highest at Q1 (WE) Linear (D)</p>	NA	NA	NA																

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b>	<p>Source: PHS LIST</p> <p>Overall 35% improvement since 2015/16 although increase (deterioration) in The Ferry 317%, Lochee 167% and Maryfield 14%.</p>	<p>Source: PHS LIST</p> <p>Deteriorating trend since Q1 although trend levelled off over Q2, Q3 and Q4.</p>	<p>Source: PHS LIST</p>	NA	NA	NA
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	2,624 less bed days lost in 2021/22 Q2 than 2015/16 (improvement)	<p>Source: MSG National Data</p>	<p>Source: MSG National Data</p>	NA	NA	NA

20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement)  *latest data available	Not Available	<div>Source: PHS</div>  <table><thead><tr><th>Year</th><th>Percentage</th></tr></thead><tbody><tr><td>2015/16</td><td>25.5%</td></tr><tr><td>2016/17</td><td>25.0%</td></tr><tr><td>2017/18</td><td>24.5%</td></tr><tr><td>2018/19</td><td>24.0%</td></tr><tr><td>2019/20</td><td>20.5%</td></tr><tr><td>2020/21</td><td>19.5%</td></tr></tbody></table>	Year	Percentage	2015/16	25.5%	2016/17	25.0%	2017/18	24.5%	2018/19	24.0%	2019/20	20.5%	2020/21	19.5%	18th	3rd	3rd
Year	Percentage																			
2015/16	25.5%																			
2016/17	25.0%																			
2017/18	24.5%																			
2018/19	24.0%																			
2019/20	20.5%																			
2020/21	19.5%																			

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## APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling<sup>1</sup> 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 were 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. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

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

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<sup>1</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2021 to 30 March 2022.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC12-2022

## **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 on strategic risk management activities in Dundee Health and Social Care Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.
- 2.3 Note the new risks escalated to the Strategic Risk Register as outlined in section 6 of the report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 BACKGROUND**

- 4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance forum and through reports to the IJB and PAC.

## **5.0 STRATEGIC RISK REGISTER UPDATE**

- 5.1 The three highest scoring risks on the Strategic Risk Register are: Staff Resources, Dundee Drug and Alcohol Recovery Service; and the introduction of a National Care Service. All three highest

scoring risks are the maximum score of 5 (Extreme) Impact x 5 (Almost Certain) Likelihood giving a score of 25 which is an extreme risk level.

- 5.2 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.
- 5.3 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24<sup>th</sup> November 2021 (Item VI of the minute refers).

## **6.0 NEW RISKS**

- 6.1 There are four new strategic risks that have been entered on the Strategic Risk Register. These are the introduction of a National Care Service, IJB's as Category One Responders, Cost of Living Crisis and Lack of Capital Investment in Community Facilities (including Primary Care).
- 6.2 The recent Scottish Government legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards, and this therefore poses a significant risk to the IJB.
- 6.3 Limited assurance has been provided within the recent internal audit report around the IJB's preparedness as a Category One responder. Four recommended improvement actions have been identified and management has agreed to progress actions to meet the recommendations.
- 6.4 The cost of living crisis and inflation will impact on both service users and Health and Social Care Partnership staff, in addition to the economic consequences on availability of financial resources.
- 6.5 A further risk identified is around potential lack of capital investment available for community facilities (including Primary Care). Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.

## **7.0 POLICY IMPLICATIONS**

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## **8.0 RISK ASSESSMENT**

- 8.1 This report has not been subject to a risk assessment as it provides the IJB with an overview of the IJBs Strategic Risks.

## **9.0 CONSULTATIONS**

- 9.1 The Chief Officer, and the Clerk were consulted in the preparation of this report.



## 10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry  
Chief Finance Officer

**DATE:** 30 June 2022

Clare Lewis-Robertson  
Senior Officer, Strategy and Performance

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## DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE JULY 2022

## Appendix 1

Description	Lead Director/Owner	Current Assessment			Status	Control Factors	Date Last Reviewed
		L	C	Exp			
<b>Staff Resource</b>  Post Covid recruitment challenges continue to exist in a range of roles including social care and nursing. Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and have been escalated as risks for the Strategic Risk Register	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>• Developments of new models of care</li> <li>• Organisational development strategy</li> <li>• Service redesign</li> <li>• Workforce plan</li> </ul>	28/06/2022
<b>Dundee Drug and Alcohol Recovery Service</b>  Dundee Drugs Commission follow up report noted some progress being made, however a range of challenges still exist. This poses a significant reputational risk for the DHSCP. Reducing Harm Associated with Drug Use report presented to both the IJB and Dundee City Council in June 2022 sets out findings and priority areas for improvement in relation to substance use services.	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>• ADP Residential Rehab Pathway</li> <li>• Service Restructure</li> </ul>	28/06/2022
<b>National Care Service</b>  The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards.	Dundee HSCP Chief Officer	5	5	25	↑	<ul style="list-style-type: none"> <li>• Change Management</li> <li>• Engagement with consultation process</li> </ul>	28/06/2022
<b>Primary Care</b>  Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice.	Dundee HSCP Chief Officer	4	5	20	→	<ul style="list-style-type: none"> <li>• Maximise skills mix.</li> <li>• Longer term national work to increase undergraduate training</li> <li>• Test of change for IT infrastructure</li> </ul>	28/06/2022

						<ul style="list-style-type: none"> <li>Other funding sources identified as opportunities arise</li> </ul>	
<b>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</b>  The impact of Covid 19 continues to impact on recruitment challenges. Proposals for service restructure are being developed. Pressures still remain, however restructure and enhancement to service planned for over coming months.	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> <li>Planned restructure and enhancement</li> </ul>	28/06/2022
<b>Restrictions on Public Sector Funding</b>  The impact of the Scot Gov spending review indicates that LA funding will be severely impacted upon and NHS spend increasing but not in real terms.	Dundee HSCP Chief Finance Officer	5	4	20	↑	<ul style="list-style-type: none"> <li>Additional Scot Gov funding</li> <li>Budgeting arrangements</li> <li>MSG and external audit recommendations</li> <li>Savings and Transformation Plan</li> </ul>	28/06/2022
<b>Unable to maintain IJB Spend</b>  No IJB savings required for 22/23 however range of pressures exist in addition to uncertainty over inflationary pressures including pay awards.	Dundee HSCP Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Financial monitoring system</li> <li>Increase in reserves</li> <li>Management of vacancies and discretionary spend</li> <li>MSG and external audit recommendations</li> <li>Savings and transformation plan</li> </ul>	28/06/2022
<b>Lack of Capital Investment in Community Facilities (including Primary Care)</b>  Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	↑	To be developed	6/07/2022

until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.							
<b>Cost of Living Crisis</b>  Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources.	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	↑	To be developed	28/06/2022
<b>Impact of Covid 19</b>  Impact of new variants of covid 19 continues to cause an impact to delivery of services and health of our service users.	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Remobilisation plans</li> </ul>	28/06/2022
<b>Mental Health Services</b>  Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Community Wellbeing Centre development</li> <li>Tayside Mental Health Strategy</li> </ul>	28/06/2022
<b>Capacity of Leadership Team</b>  Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges.	Dundee HSCP Chief Officer	3	4	12	↑	<ul style="list-style-type: none"> <li>Restructure</li> </ul>	28/06/2022
<b>Viability of External Providers</b>  Provider sustainability payments will be restricted post June 2022, as directed by Scottish Government. However a range of policy led cost pressures around covid will continue to impact on care providers leading to additional costs e.g. infection prevention control.	Dundee HSCP Chief Officer	3	4	12	↑	<ul style="list-style-type: none"> <li>Maintain regular communication with third sector essential service providers</li> </ul>	28/06/2022
<b>Governance Arrangements being Established fail to Discharge Duties</b>  Further progress made on ensuring actions on Governance Action Plan have been completed. External audit plan for 2021/22 noted a reduction in the key areas of assessment due to reduced risk associated with governance.	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>Implementation of Governance Action Plan</li> </ul>	28/06/2022
<b>Category One Responder</b>  Limited assurance provided within the recent internal audit report around the IJB's preparedness as a Category One responder. 4 actions have been identified.	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>4 actions</li> </ul>	28/06/2022

<b>Increased Bureaucracy</b>  Reduction in bureaucracy around Covid 19	Dundee HSCP Chief Officer	3	3	9	↓	<ul style="list-style-type: none"> <li>Support and roles</li> </ul>	28/06/2022
<b>Employment Terms</b>  There is unlikely to be any further changes pending the development of the National Care Service.	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> <li>Align conditions wherever possible</li> </ul>	28/06/2022
<b>Uncertainty around future service delivery models</b>  Covid remobilisation plan sets out new service models which will continue. The extended Strategic and Commissioning Plan sets out a more detailed service delivery plan.	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> <li>Extended Strategic and Commissioning Plan</li> </ul>	28/06/2022
<b>Stakeholders not included / consulted</b>  Covid 19 response has meant that consultation with stakeholders may not have occurred so frequently. However consultation exercises are continuing. Recent consultation on the development of the extension to the Strategic and Commissioning Plan.	Dundee HSCP Chief Officer	1	3		→	<ul style="list-style-type: none"> <li>Participation and Engagement Strategy</li> </ul>	28/06/2022

## Archived

<b>Staff Perception of Integration</b>  Staff perception over coming period may be influenced by developments around the potential implementation of a National Care Service and implications for local health and social care services	Dundee HSCP Chief Officer				x	Archived as the development of the risk around the development of the National Care Service will incorporate similar issues .	28/06/2022
<b>Impact of EU Withdrawal</b>  The EU UK agreement signed on the 30 December 2020 means that there will not be disruption caused by a no deal transition. However the long term effects of the EU UK transition will still happen. This may include impact on wider staffing levels within HSCP and partner providers. The development of the workforce plan for Health and Social Care will look at this issue in more detail.	Dundee HSCP Chief Officer				x	Archived as any residual risks being captured in other risks e.g. Workforce	28/06/2022

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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ITEM No ...8.....



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** INTERNAL AUDIT REPORT – DUNDEE IJB AS A CATEGORY 1 RESPONDER

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC13-2022

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to present the findings of the Internal Audit Review of Dundee IJB as a Category 1 Responder.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content and findings of the Internal Audit Review of Dundee IJB as a Category 1 Responder attached as Appendix 1 to this report.
- 2.2 Notes and agrees the action plan associated with the report as the management response to the findings.
- 2.3 Instructs the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

- 4.1 Dundee Integration Joint Boards Internal Audit Plan 2021/22 set out a number of reviews to be delivered by the combined Internal Audit resources of Dundee City Council and FTF Audit and Management Services under the direction of the IJB's Chief Internal Auditor. These reviews were identified following a review of the IJB's Strategic Risk Register and are designed to support development of governance arrangements to mitigate against these risks. The scope of this particular report is to review the IJB's arrangements as a Category 1 Responder which became a legal obligation under the Civil Contingencies Act 2004 with effect from 17<sup>th</sup> March 2021. This applies to the functions delegated to the IJB.
- 4.2 The audit reviewed whether the appropriate arrangements are in place to meet the requirements of the legislation as applicable to the IJB in addition to the coordination arrangements with partner bodies.

- 4.3 The conclusion of the report notes that the IJB is still at a preliminary stage to introduce the necessary resilience arrangements and is dependent on the partner bodies to provide assurance that the required resilience components are in place and up to date. Furthermore, it is noted that national guidance for IJB's which will aid preparation has not been forthcoming as planned. The legislation was introduced during the Covid19 pandemic which has seen the IJB and Health and Social Care Partnership fully deployed in responding to this significant civil emergency. However, given the stage of implementation of the formal arrangements, the audit opinion of the level of assurance that the IJB is discharging its Category 1 responder responsibilities is that only limited assurance can be provided.
- 4.4 The review has identified a number of findings and recommendations for management and partner bodies to consider in order for the IJB to be fully compliant with the requirements of being a Category 1 responder. An action plan has been developed to respond to these recommendations.
- 4.5 These actions are set out in the Action Plan on pages 6-9 of the Internal Audit Report. The progress of these actions will be monitored through the Governance Action Plan presented to each meeting of the Performance and Audit Committee.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## **6.0 RISK ASSESSMENT**

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

## **7.0 CONSULTATIONS**

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

## **8.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

**Date:** 30<sup>th</sup> June 2022

# FTF Internal Audit Service

## Dundee IJB

## Category 1 Responders

## Report No. D06/22

**Issued To:** Dundee IJB Officers

V Irons, Chief Officer

D Berry, Chief Finance Officer

K Sharp, Service Manager, Strategy and Performance

D McCulloch, Head of Health and Community Care

NHS Tayside Officers

S Lyall, Director of Finance

M Dunning, Board Secretary

H Walker, Head of Strategic Risk & Resilience Planning

Dundee City Council Officers

G Colgan, Chief Executive

P Thomson, Head of Corporate Finance

E Zwirlein, Executive Director, Neighbourhood Services

T Stirling, Head of Community Safety & Protection

G Mackenzie, Service Manager, Community Safety and Resilience

**Performance & Audit Committee**

**External Audit**

D Vernon, Acting Senior Manager- Internal Audit, DCC

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# Contents

Section		Page
Section 1	Executive Summary	2
Section 2	Issues and Actions	6
Section 3	Definitions of Assurance & Recommendation Priorities	10

Draft Report Issued	06 April 2022
Management Responses Received	26 May 2022
Target Audit & Risk Committee Date	20 July 2022
<b>Final Report Issued</b>	<b>01 June 2022</b>

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## CONTEXT

1. The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders. The Act pre-dates the creation of Integration Joint Boards.
2. Following a consultation exercise in late 2020, the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021 and applies to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments.
3. Inclusion of IJBs as Category 1 responders formalises the Chief Officer's role, which in turn will help to ensure that formal coordinated and appropriate arrangements are in place in the event of emergencies that impacts on IJB delegated functions.

## SCOPE


4. The review considered whether the necessary arrangements are in place to meet the requirements of the Civil Contingencies Act 2004 as applicable to Category 1 responders as well as there being alignment and coordination with partners. No resilience risks relevant to the IJBs responsibilities as a Category 1 responder are included in the IJB's Strategic Risk Register (SRR).
5. In a report to the April 21 IJB meeting, the arrangements being put in place to fulfil its duties as a Category 1 Responder were detailed, with an assessment of the risk relating to this new responsibility included as: 'Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties'. This risk has not been included in the SRR, but it is now being re-assessed for inclusion in it. This was reported to the 02 February 2022 Performance and Audit Committee (PAC) meeting.
6. The audit evaluated the governance arrangements in place to provide oversight and assurance on compliance with the duties of the Civil Contingencies Act 2004 and whether the following list of duties have been discharged by Dundee IJB:
  - Assess the risk of emergencies occurring and use this to inform contingency planning;
  - Put in place emergency plans;
  - Put in place business continuity management arrangements;
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
  - Share information and co-operate with other local responders to enhance co-ordination.

## AUDIT OPINION

7. The Audit Opinion of the level of assurance as to Dundee IJB discharging its Category 1 responder responsibilities is as follows:

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Level of Assurance		System Adequacy	Controls
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.

8. A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

## EXECUTIVE SUMMARY

9. In the report to the April 21 IJB meeting, which explained the arrangements being put in place to fulfil its duties as a Category 1 Responder the mitigating actions to reduce the impact of the resilience risk included managing resilience arrangements through close co-operation with related partner bodies through the Tayside Local Resilience Partnership Group (TLRPG). The paper also highlighted that *“further work is to be carried out to revise internal management and governance arrangements for the effective oversight of resilience and emergency planning functions”*.
10. We conclude that progress to introduce the resilience internal management and governance arrangements is still at a very preliminary stage with no significant progress having been made to implement the requirements of the IJB being a Category 1 responder. Such work will involve further co-operation with related partner bodies.
11. IJBs resilience arrangements for the majority of the services they oversee are managed by the respective lead body, mainly NHS Tayside and Dundee Council. It is from these bodies that the IJB require assurance reporting that the required resilience components are in place and are up to date.
12. National guidance to support the inclusion of IJBs as Category 1 responders was to be reviewed by the Scottish Government to aid the introduction of this new legislative requirement, but as yet this has not been forthcoming. While such guidance will clarify IJBs responsibilities as Category 1 responders, it will not remove the list of duties for Category 1 responders contained in the Civil Contingencies Act that the IJB is responsible for discharging.

### Governance Arrangements

13. No reference has yet been made to resilience within Dundee IJBs governance framework, such as the Performance & Audit Committee's (PACs) terms of reference; nor is there reference to the Tayside Local Resilience Partnership Group (TLRPG), which is an important source of assurance on partners' resilience arrangements.
14. Inclusion of the risk identified from the assessment of the IJBs Category 1 status in the SRR will enable the IJB and PAC to monitor completion of the mitigating actions and the current risk score on a regular basis.
15. One of the PACs duties detailed in its terms of reference is *“To support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by*

*partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population". As the IJB is now a Category 1 Responder this should include the PAC receiving assurance that the IJB's partners have suitable resilience arrangements in place for the services they host on behalf of the H&SCP as overseen by the IJB.*

16. Apart from the report presented to the IJB in April 2021, detailing its status as a Category 1 responder, no further updates and assurance was provided to it on the implementation of its Category 1 responder duties during 2021/22. It was intended to provide a report once guidance was obtained from the Scottish Government, but as this has not been forthcoming further reporting has not been completed. Management informed Internal Audit that a further update has also been delayed due to limited progress in implementing the list of duties relating to Category 1 responders as a consequence of the additional work undertaken to respond to the Covid-19 pandemic. No update reports on resilience arrangements have been submitted to any committee during 2021/22 or reporting of the Resilience risk. A consequence of this lack of reporting is that the IJB and its committees have not been kept informed of the lack of progress being made in meeting its new Category 1 responder responsibilities.

#### **Discharging Category 1 Responder Duties**

17. As advised to the IJB in April 2021 Dundee IJB does not have a dedicated officer with overall designated responsibility for overseeing and managing resilience arrangements. Such responsibilities are shared between several of the IJBs officers. All officers spoken to demonstrated a full awareness of their responsibilities and an appreciation that they are at the initial stages in implementing new procedures for dealing with the IJBs new Category 1 responder responsibilities. They advised that further guidance from the Scottish Government had been expected by now, with the training session held in May 2021, not providing the guidance expected for dealing with the IJBs new responsibilities.
18. Covid-19 pandemic has had a significant impact and still does, in directing the IJBs daily operations since early 2020, and although management advised Internal Audit that this has provided the opportunity to test and further strengthen aspects of existing emergency and business continuity plans, such advances have not been completed as part of an integrated and planned approach to discharging the IJBs Category 1 responder duties.
19. An action plan with target completion dates, incorporating a set schedule for reporting progress to the IJB, has not been prepared as part of a planned approach to discharging the specific list of duties for Category 1 responders. Internal Audit's review of the progress made in discharging the individual duties is as follows:
  - ◇ **Assessing the risk of emergencies occurring** – as yet no action has been completed as further guidance on specifically what the IJBs responsibilities are was anticipated from the Scottish Government. Should an emergency occur, the first responders will be the IJBs main partners such as NHS Tayside, and although the IJB is involved in its emergency planning arrangements, such as Winter Planning, an appropriate assessment of the risk of emergencies occurring that the IJB is responsible for and how it receives assurances that lead bodies have completed such assessments for their services has still to be completed. It is only when this is completed that the associated risks will be known.
  - ◇ **Put in place emergency plans** – as the majority of services the IJB is responsible for overseeing are managed by a partner lead body there is unlikely to be a requirement for the IJB to prepare detailed emergency plans, with it supporting its

partners in preparing their plans instead. However, formal consideration of the IJBs responsibilities for preparing any emergency plans that it is solely responsible for and the mechanisms whereby it receives assurances from its lead partners regarding their emergency planning arrangements for services overseen by the IJB is required. Rather than lead bodies providing assurance on their emergency planning arrangements to IJBs through separate reporting arrangements it should be possible to incorporate reporting into lead bodies' own reporting mechanisms for IJBs, thereby avoiding the necessity for separate reporting.

- ◇ **Put in place business continuity business continuity management arrangements** – as with emergency planning the majority of business continuity planning will be the responsibility of lead service partners of the IJB. Management confirmed that arrangements have commenced to obtain assurances from NHS Tayside that business continuity plans are in place for the services it manages on behalf of the IJB, although progress is still at a very early stage, with a mechanism for receiving such information from all partners still to be put in place.
- ◇ **Making information on civil protection matters, including advising the public when an emergency occurs** – while it is likely that members of the public in Tayside would get advice on emergencies from the Scottish Government, NHS Tayside and Dundee City Council, an exercise still has to be completed to confirm that there is sufficient detail on the IJB website to keep the public appropriately informed on civil protection matters.
- ◇ **Sharing information and co-operating with other local responders** – Dundee IJB is now a full member of the TLRPG, which consists of all Category 1 and Category 2 responders across Tayside. This group is the primary forum for responders to work jointly towards discharging their duties under the Civil Contingencies Act 2004. The group gives the IJB contact with Resilience Officers from its main partner service providers, NHS Tayside and Dundee Council, plus contact with other relevant service providers, including the other Tayside IJBs. When Dundee IJB takes action to fully implement its Category 1 responder responsibilities as detailed in paragraph 6 above, this group could be used as a useful forum for discussing such arrangements with other local responders and as a means of obtaining necessary assurances.

## ACTION

20. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


## ACKNOWLEDGEMENT


21. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**A Gaskin, BSc. ACA**  
**Chief Internal Auditor**

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Action Point Reference 1	
<b>Finding:</b>	
<p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure.</p> <p>The IJB has received no additional reports on resilience since its April 2021 meeting and no update reports on resilience arrangements have been submitted to any groups within the IJB governance framework to date during 2021/22.</p>	
<b>Audit Recommendation:</b>	
<p>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 and that the appropriate governance arrangements for resilience, including reporting of such and the provision of necessary assurances to the IJB are specified within the IJBs governance framework. This should include consideration of how the role of the TLRPG integrates into the IJBs governance framework.</p>	
<b>Assessment of Risk:</b>	
<p>Significant</p> 	<p>Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
<p>Actions to be implemented as per recommendation. IJB / PAC Standing Orders and Scheme of Delegation to be reviewed following agreement of revised Integration Scheme which will incorporate above recommendations.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Head of Health and Community Care / Service Manager, Strategy & Performance	October 2022

Action Point Reference 2	
<b>Finding:</b>	
<p>The PACs duties include supporting <i>“the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population”</i>. As the IJB is now a Category 1 Responder, this should include it receiving assurance that the IJBs partners have suitable resilience arrangements in place for the services they host on behalf of the H&amp;SCP. Such information is currently not being fully received.</p>	
<b>Audit Recommendation:</b>	
<p>Arrangements should be put in place, possibly through the TLRPG, for such information to be received from NHS Tayside, Dundee Council and other service providers to provide assurance that hosted services run by partners are working effectively in terms of having appropriate resilience arrangements in place, including business continuity plans.</p>	
<b>Assessment of Risk:</b>	
Significant 	<p>Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
<p>Request to partner bodies to be made to receive appropriate assurances that suitable resilience arrangements are in place. This is likely to be through receiving copies of resilience reports the partner bodies take to their respective governance committees and reporting their conclusions to the IJB through Category 1 responder reporting, at least annually.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Head of Health and Community Care / Service Manager, Strategy & Performance	October 2022

Action Point Reference 3	
<b>Finding:</b>	
No further updates and assurance have been provided to the IJB on its status as a Category 1 responder since April 2021. It was intended to provide a report once guidance was obtained from the Scottish Government, but as this has not been forthcoming further reporting has not been made. Reporting has also been delayed due to limited progress being made in implementing the list of duties relating to Category 1 responders.	
<b>Audit Recommendation:</b>	
Assurance on the current status of the implementation of the IJBs Category 1 responsibilities should be provided to the IJB as part of the annual reporting arrangements. Any delays in progress should result in additional, not less reporting.	
<b>Assessment of Risk:</b>	
Significant	 <p>Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
Actions to be implemented as per recommendation. Initial report to be produced, including delivery of a Category 1 Responder action plan as referenced in Action Point 4 and submitted to the IJB by October 2022.	
Action by:	Date of expected completion:
Head of Health and Community Care / Service Manager, Strategy & Performance	October 2022

**Action Point Reference 4****Finding:**

The IJB has no action plan with target completion dates, as part of a planned approach to discharging the specific list of duties for Category 1 responders to comply with the Civil Contingencies Act 2004. These duties, as set out in the report to the IJB in April 2021, requiring individual inclusion in an action plan are:

- ◇ Assess the risk of emergencies occurring and use this information to inform contingency planning.
- ◇ Put in place emergency plans.
- ◇ Put in place business continuity management arrangements.
- ◇ Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- ◇ Share information and co-operate with other local service responders to enhance co-ordination and efficiency.

In addition, there is currently no detailed understanding of how these actions relate to the duties of the IJB, with there being a requirement for this to be clarified with the Scottish Government.

**Audit Recommendation:**

An action plan detailing the actions required to be completed for each of the individual duties the IJB is required to discharge as listed above, should be prepared, with a timetable set for the completion of each. While awaiting the formal revision of guidance, contact should be made with the Scottish Government, to clarify any issues relating to discharging the IJBs Category 1 responder duties, including obtaining confirmation as to how the above actions relate to IJBs.

Completion of the action plan should be incorporated into the update reports provided to the CC&PGG, PAC and IJB as appropriate.

**Assessment of Risk:**

Significant



Weaknesses in control or design in some areas of established controls.

**Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

**Management Response/Action:**

Actions to be implemented as per recommendation. Initial report to be produced, including delivery of a Category 1 Responder action plan, and submitted to the IJB by October 2022. Contact to be made with Scottish Government to request an update regarding formal revision of guidance.

**Action by:****Date of expected completion:**

Head of Health and Community Care /  
Service Manager, Strategy & Performance

October 2022







## Section 3

## Definition of Assurance and Recommendation Priorities

*Definition of Assurance*

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:





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.
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.
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.

## Section 3

## Definition of Assurance and Recommendation Priorities

*Assessment of Risk*

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. <b>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</b>	Four
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>	None
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	None



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC14-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the ongoing work from the 2021/22 plan and the one remaining review from the 2020/21 plan. Progress on the non-discretionary elements of the provisional plan is also incorporated below. 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 Performance & Audit Committee (PAC):




- 2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report and noted in Appendix 1 to this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The PAC approved the Integration Joint Board's 2021/22 Annual Internal Audit Plan at its meeting on 26 May 2021 (Article XI of the minute of the meeting refers). The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 Acknowledging the slippage in the delivery of the audit plan, and working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. Fieldwork on outstanding reports has been completed and will be reported to the September 2022 Performance & Audit Committee. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress 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)

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

4.4 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, 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 committees which 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:

**NHS Tayside reports:**

Report	Final report Issued	Opinion	Key findings
T22/21 Executive Team Recruitment & Selection	March 2022	Reasonable assurance	<p>We reviewed a sample of Executive Team appointments between 2019 and 2021 and assessed compliance with the NHS Tayside Recruitment and Selection Policy and the Value Based Executive Recruitment Process (NHS Scotland 2018).</p> <p>Testing confirmed that:</p> <ul style="list-style-type: none"> <li>• There was appropriate governance in relation to the appointments tested;</li> <li>• With the exception of a small number of items referenced in the report, appropriate documentation was completed for the appointments tested;</li> <li>• Data Protection and GDPR training undertaken by relevant staff helps ensure that data is processed lawfully, fairly and in a transparent manner and officers demonstrated a clear understanding of the importance of confidentiality and robust information governance;</li> </ul> <p>Management agreed actions to:</p> <ul style="list-style-type: none"> <li>• Improve retention of supporting documentation in line with national the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 and the NHS Tayside Records Management</li> </ul>

			<p>Policy and Records Retention Schedules;</p> <ul style="list-style-type: none"> <li>• For Executive level posts, develop a checklist to help ensure that all required document is collated and is readily available;</li> <li>• Complete a check to ensure at least one member of each interview panel holds a valid Certificate to Recruit or has completed alternative training, to ensure appropriate knowledge of regulations and best practice;</li> <li>• Ensure retention of documentation to evidence appropriateness of posts and sufficient funding.</li> </ul>
T08/22 Internal Control Evaluation (ICE)	March 2022	N/A	<p>NHS Tayside has successfully managed the shorter term operational risks, ensuring continuation of service delivery and good performance throughout the pandemic. The focus must now be on management of longer term risks, most importantly the Waiting Times risk, and development of overall Clinical Strategy. Completion of the 2020/21 ICE and Annual Report recommendations will be crucial to the organisation's long terms success.</p>
T25/22 NHS Scotland National Payroll System – ePayroll Updates	May 2022	Comprehensive assurance	<p>Throughout the year updates to the Whitley Council Pay Scale Master / Agenda for Change Pay Band file are required to reflect guidance issued by the Scottish Government. Local payroll managers can also request supplementary pay scale updates in respect of staff on national "K" and "T" scales and those on protected scales. Additionally, the national team make changes to allowance/deduction codes upon receipt of an authorised request form.</p> <p>This audit provided comprehensive assurance on the accuracy of updates applied in 2021/22 and in addition, during the course of this audit, a walkthrough was completed to document the processes and controls followed by the National Payroll Systems Team whilst completing such changes.</p> <p>During fieldwork one input error was noted on a payscale amendment for one territorial Board. This was corrected by the National Payroll Systems Team in the next available update and the relevant Board was informed.</p>
T29/22 Missing Clinical Psychology Case Records	January 2022	Limited Assurance	<p>During the period December 2020 to April 2021, 78 Clinical Psychology Case Records were reported as missing. Internal Audit were requested by the Board Secretary / SIRO to undertake a review of the wider governance and risk implications of the missing records, the adequacy of the investigations and implementation of subsequent actions taken by NHS Tayside following identification of the missing records. Internal audit and management</p>

			<p>conducted further investigation, but the missing records have not been found.</p> <p>The Internal Audit review raised a number of serious concerns over the way in which the Local Adverse Event Reviews (LAERs) reviewing the missing records had been conducted and the implementation of the resultant action plans.</p> <p>The full internal audit report was considered by Tayside NHS Board's Audit and Risk Committee in reserved business on 20 January 2022. NHS Tayside has now agreed to undertake a Significant Adverse Event Review (SAER).</p> <p>The Audit and Risk Committee agreed that additional Internal Audit days should be allocated to allow Internal Audit to undertake further work to ensure the issues raised in the Internal Audit Report were progressed and the SAER was progressed in line with the correct organisational processes.</p>
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**Dundee City Council reports:**

<b>Report</b>	<b>Final report Issued</b>	<b>Opinion</b>	<b>Key findings</b>
2020-21  Dundee Health and Social Care Partnership – Adult Support and Protection	January 2022	Limited Assurance	<p>In July 2018, the Joint Inspection of Adult Support and Protection Report was published. The report made recommendations for improvement against three key quality indicators, 'Outcomes', 'Key Processes', and 'Leadership and Governance', which were considered in each partnership using a six-point scale / evaluation criteria from unsatisfactory to excellent.</p> <p>Following the joint inspection report by the Care Inspectorate, the approach taken by the Dundee Partnership was to jointly revise and improve the processes in place for all vulnerable persons across the public protection committees (including adult protection and child protection). The approach taken in conjunction and consultation with the Care Inspectorate was to enact change from the 'bottom up' with practitioners being involved.</p> <p>The Dundee City Council internal audit assessed progress made towards implementing key recommendations for improvement identified in the Joint Inspection of Adult Support and Protection Report.</p> <p>The conclusion from the audit work was that Dundee Health and Social Care Partnership has partially completed the work on the key processes with limited roll-out. Work is continuing on fully implementing these across Adult Support and Protection (AS&amp;P).</p> <ul style="list-style-type: none"> <li>• The DH&amp;SCP has partially completed the implementation and roll out of key processes for AS&amp;P on its ICT system, MOSAIC, but has not sought feedback to</li> </ul>

			<p>ensure the system meets the needs of end users.</p> <ul style="list-style-type: none"> <li>• Appropriate testing and piloting of the updated chronologies process should be completed and fully implemented within the Public Protection teams.</li> <li>• Planned piloting and feedback of the updated risk assessment and risk management plan processes should be completed before full implementation into the wider Public Protection teams.</li> <li>• A schedule should be created for completion of future case file reviews, ensuring they happen at regular intervals. This will assist in the monitoring of the quality of case files produced and confirm new processes are being implemented as planned</li> <li>• An action plan directly linking to the recommendations within the 2018 joint inspection report, which are currently not completed, should be produced and regularly monitored with the progress noted for each action.</li> </ul>
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## 5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS


- 8.1 None.

Dave Berry  
Chief Finance Officer

**Date:** 28/06/22





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2020/21 outstanding								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D06-21	Audit Follow Up/ Governance Action plan	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2021 <del>May 2022</del> September 2022* 	✓	✓	✓		




\*: Additional work was performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication. Fieldwork is now complete and a draft report is under review

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
D01-22	Audit Planning	Agreeing audit universe and preparation of strategic plan	Complete 	✓	✓	✓	✓	N/A

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
D02-22	Audit Management	Liaison with management and attendance at Audit Committee	Complete 	✓	✓	✓	✓	N/A
D03-22	Annual Internal Audit Report (2020/21)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	Complete 	✓	✓	✓	✓	N/A
D04-22	Governance & Assurance	Ongoing, independent review and advice of the Integration Scheme update and provide formal assurance on the final product.	Complete 	✓	✓	✓	✓	The Chief Internal Auditor provided detailed comments on a draft update version. We concluded that whilst the new scheme more clearly articulates operational management responsibilities, the review process did not resolve many of the other areas previously identified as concerns
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan.	<del>November 2021</del> <del>July 2022</del> September 2022** 	✓	✓	✓		

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
		The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.						
<b>D06-22</b>	Category 1 responders	Review the necessary arrangements in place to meet the requirements of the Act as well as alignment and coordination with partners	Complete See separate agenda item 	✓	✓	✓	✓	Limited Assurance

\*\* This audit is being delivered by Dundee City Council Internal Audit department through their co-sourcing partner KPMG. Progress was affected by a number of staff absences. Fieldwork is now complete and a draft report is under review

2022/23:							
Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
Audit Planning	Agreeing audit universe and preparation of strategic plan	July 2022  Complete- separate item      See agenda	✓	✓	✓	✓	N/A
Audit Management	Liaison with management and attendance at Audit Committee	Ongoing 	✓	✓			
Annual Internal Audit Report (2021/22)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2022  Complete- reported to June 2022 IJB	✓	✓	✓	✓	N/A



**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** INTERNAL AUDIT ANNUAL PLAN 2022/23

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC15-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this paper is to seek approval of the Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) for 2022/23 and to agree the appointment of the Chief Internal Auditor.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Agrees to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore taking the role of Chief Internal Auditor.
- 2.2 Approves the 2022/23 Annual Internal Audit Plan as set out in Appendix 1 to this report.
- 2.3 Notes that no updates are required to the Internal Audit Charter at this time.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The Scottish Government issued Finance Guidance for Integration Joint Boards (IJB) via the Integrated Resources Advisory Group (IRAG). That guidance states: *'It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.'* Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. It is proposed to continue these arrangements with both Dundee City Council Internal Audit services and FTF continuing to provide resources under the terms of the joint working arrangements already in place. The Chief Internal Auditor role would continue to be provided by FTF.
- 4.2 At its meeting in September 2020, the Performance and Audit Committee agreed that future changes to the Internal Audit Charter would be approved as part of the Integration Joint Board's Annual Internal Audit Plan. No updates to the Charter are required at this point.
- 4.3 Public Sector Internal Audit Standards set out the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals. The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. It therefore includes the delivery of standard products required each year, and is further based on professional judgement of audit need based on the IJB's risk environment. In addition, account is taken of assurance which can be provided to the IJB based on work performed under the Internal Audit

plans of both parties. The Internal Audit Plan describes how the available resources will be utilised during the year.

- 4.4 Internal Audit have reviewed the extant strategic risks of the organisation, several of which have been the subject of previous audit coverage. Discussions between the Chief Officer, Chief Finance Officer and Internal Audit have taken place to ensure the substantive audit assignments in 2022/23 add maximum value.
- 4.5 Resources to deliver the plan will be provided by the NHS Tayside and Dundee City Council Internal Audit services. Overall 40 days have been allocated in the 2022/23 Internal Audit Plan. Internal Audit would highlight that the plan is predicated on the basis that operational controls over services are maintained and assured through the partners. An Internal Audit Joint Working Protocol has been agreed, as has a Protocol for sharing Internal Audit outputs, and relevant audits will be shared under the Output Sharing Protocol which will provide additional assurance to the IJB.
- 4.6 At the November 2021 meeting, PAC members discussed feedback from the Committee on the possible direction of future audits. We would therefore welcome comments from members in relation to the audit reviews noted below.
- 4.7 In order to ensure a timely flow of assurance, Internal Audit is committed to ensuring that internal audit assignments are reported to the target audit committee date as noted in the proposed plan below.

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it relates to the development of an annual audit plan which aligns with the organisation's risks.

## **7.0 CONSULTATIONS**

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

## **8.0 BACKGROUND PAPERS**

- 8.1 None.

Dave Berry  
Chief Finance Officer

DATE: 28 June 2022

The proposed plan is set out below:

Ref	Audit	Indicative Scope	Days	Target Audit Committee
<b>D01-23</b>	Audit Planning	Agreeing audit universe and preparation of strategic plan	3	July 2022
<b>D02-23</b>	Audit Management	Liaison with management and attendance at Audit Committee	5	N/A
<b>D03-23</b>	Annual Internal Audit Report (2021/22)	CIA's annual assurance statement to the IJB and review of governance self-assessment	7	June 2022 (IJB)
<b>D04-23</b>	Governance & Assurance	Ongoing advice in relation to governance and assurance arrangements to support the response to the Dundee Drugs Commission	2	N/A- Year end report
<b>D05-23</b>	Workforce	Related risk: Staff Resource  Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	15	February 2023
<b>D06-23</b>	Operational planning	Related risk: All  Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans	8	February 2023

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON:** GOVERNANCE ACTION PLAN PROGRESS REPORT

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC17-2022

## **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 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The Governance Action Plan was first presented and approved at the PAC meeting of the 25<sup>th</sup> March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting.
- 4.2 The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1 to reduce the amount of information shown.

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

**7.0 CONSULTATIONS**

- 7.1 The Chief 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 Finance Officer

DATE: 5 July 2022

## PAC - HSCP Governance Action Report




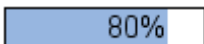

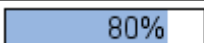

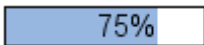

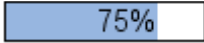

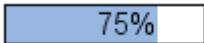
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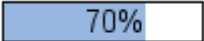

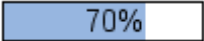

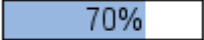
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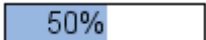

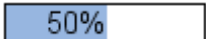

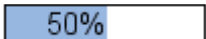

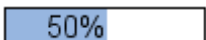

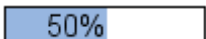
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	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
✓	PAC 34-2019-3 Agree budget with partner organisations to ensure approval prior to the start of the year.	100%	31-Mar-2022	31-Mar-2022	Dave Berry	Although NHST does not formally approve it's annual financial plan until April after the IJB's budget setting meeting in March, the information provided to the CFO from NHST's Director of Finance in relation to the level of resources provided to enable the IJB to set its budget before the year end has been consistent with the NHST final agreed budget for each year of the IJB's existence so in effect the budget is agreed prior to the start of the year
✓	PAC26-2021-2 Submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings	100%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	This was completed and submitted to PAC in early 2022.
✓	PAC30-2021 - 2 The IJBs five-year financial framework is to be updated to reflect the impact of the Covid-19 pandemic.	100%	31-Mar-2022	31-Mar-2022	Dave Berry	Report presented to the June IJB meeting
✓	PAC30-2021-1 Refine financial monitoring reports to the Board related to earmarked	100%	30-Jun-2022	30-Jun-2022	Dave Berry	Financial reporting to the IJB was enhanced during 2021/22 which included a year end

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	funding					monitoring report noting the spend against earmarked additional funding for Covid19 and in-year additional funding from the SGovt
✓	PAC5-2021 – 2 Actions arising from the Transformation & Service Redesign internal audit report (2019) should continue to be monitored by being added to the Governance Action plan	100%	31-Mar-2022	31-Mar-2022	Dave Berry	<p>28-5-2019 minute of PAC – On a reference to the minute of this Committee of 12th February, 2019, Report No PAC20-2019 considering an action plan to progress the recommendations set out within the recent Internal Audit Review of the Integration Joint Boards (IJB) Transformation and Service Redesign Programme. All actions from this plan have now been completed or added to the Governance Action Plan</p> <p>Appendix to Feb 2022 Governance Action Plan Report to PAC to demonstrate full completion or transfer of actions</p>
✓	PAC7-2019-2 Provide the IJB with reporting on workforce issues	100%	31-Mar-2022	31-Mar-2022	Dave Berry	Workforce plan presented to the June IJB meeting. Workforce issues resulting in an increase to risk reflected in the IJB's Strategic Risk Register reported to each meeting of the PAC and annually to the IJB. Further workforce issues are reflected in the CCPG Chairs Assurance Report for the PAC
▶	PAC28-2020-3 A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.	90%	30-Sep-2022	31-Mar-2022	Dave Berry; Diane McCulloch	Recent review of strategic risks carried out and reduced this particular risk due to reduction in reporting arrangements around

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
						Covid19
	PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.		31-Aug-2022	31-Mar-2022	Dave Berry	Integration scheme approved by partner bodies at the end of June 2022 – submitted to Scottish Government for approval
	PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.		31-Mar-2022	31-Mar-2022	Kathryn Sharp	Further development sessions will continue to be provided throughout 2022/23 as required.
	PAC26-2021-3 Submit an update report on improvement activity that has been undertaken to address the increased rate in hospital admissions due to a fall		31-Mar-2022	31-Mar-2022	Kathryn Sharp	Paper is in final stages of development and will be submitted to September 2022 PAC.
	PAC 36-2020-1 Status of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.		31-Dec-2022	31-Mar-2022	Dave Berry	Further progress on this was made within financial monitoring reports to the IJB during 2021/22 and will continue during 2022/23
	PAC20-2019-1 The Transformation Programme should be recorded in an overarching document		31-Dec-2022	31-Aug-2021	Dave Berry	A collated transformation programme document will be presented to the IJB as part of the ongoing development of the 2023/24 budget in response to the anticipated future financial challenges
	PAC31-2021 – 1 Assurance and performance reports should be related to specific risks and contain a conclusion on whether the controls are operating effectively to mitigate the intended risks		30-Jun-2022	30-Jun-2022	Kathryn Sharp	New approach to performance reporting agreed by PAC in November 2021. This includes a clearer focus on performance reports informing the strategic risk register, as well as prioritisation of performance

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
						analysis for areas of identified risk. This new approach is currently being embedded and will continue to strengthen over the remainder of 2022/23.
	PAC 34-2019-4 Combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.		31-Dec-2021	31-Dec-2021	Kathryn Sharp	Revised quarterly performance report and reporting framework was approved by the PAC in November 2021. Further work to develop links to financial information to be developed as part of revision of strategic and commissioning plan.
	PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.		31-Dec-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	The review of the Integration Schemes across Tayside has further clarified arrangements for 'hosted services'; with it being proposed that these to be known as 'lead partner' arrangements in the future. This clarification will support further work to implement arrangements for reporting risk and performance for 'lead partner' services.
	PAC9-2018-1 Clinical and care governance across delegated services review of remits		30-Sep-2021	30-Sep-2021	Matthew Kendall	The GIRFE Group continue to review the processes and structures for Hosted Services. A sample of Hosted services governance reports have been shared across HSCP's for comment and this will be reviewed through the GIRFE Group. Presenting exceptions are escalated through professional lines where required.






	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	PAC20-2019-2 Summary reports on the progress of the Transformation Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.		31-Aug-2022	31-Aug-2021	Dave Berry	The Transformation Programme will be presented as part of the IJB's budget setting papers in March 2022
	PAC26-2021-1 Submit a further in-depth analysis of readmissions data		31-Mar-2022	31-Mar-2022	Kathryn Sharp	Agenda note submitted to PAC in July 2022. Contemporary readmissions is not available for further analysis due to ongoing work by NHS Tayside Business unit on coding and recording. However Partnership information staff have planned next steps in the analytical process and will recommence activity as soon as data becomes available. An update is to be provided to PAC in November 2022.
	PAC29-2021-1 Develop a Psychological Therapies Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group		30-Jun-2022	30-Jun-2022	Diane Mcculloch	Scoping paper developed and agreed for the strategic group and meeting planned
	PAC7-2019-3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.		31-Mar-2023	31-Mar-2022	Dave Berry	Impact of the introduction of a National Care Service to be considered on future development of Large Hospital Set Aside arrangements
	PAC7-2019-6 Further develop performance report information into a		31-Dec-2021	31-Dec-2021	Kathryn Sharp	This is to be delivered via the development of a replacement strategic plan for the IJB for

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	delivery plan framework					April 2023 onwards. Initial planning through the Strategic Planning Advisory Group has commenced, including a focus on developing a longer-term strategic vision and priorities supported by more agile annual delivery plans.
▶	PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy	<div><div>50%</div></div>	31-Dec-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Publication of updated IJB Workforce strategy in June 2022 further strengthens the framework to take forward a revised organisational development strategy
▶	PAC8-2018-2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by DCC and NHST	<div><div>50%</div></div>	31-Dec-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	The revision of the Integration Scheme re-emphasised the need for the partner bodies to provide appropriate corporate support to the IJB. A commitment has been made by the partner bodies to develop a memorandum of understanding rather than a formal SLA
●	PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.	<div><div>40%</div></div>	31-Mar-2022	31-Mar-2022	Clare Lewis-Robertson	Risk management strategy approved by IJB and Risk Management development session held
▶	PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles	<div><div>40%</div></div>	31-Dec-2022	31-Mar-2022	Dave Berry	Management team continues to assess attendance at meetings based on reducing duplication of attendees, relevance and priorities
▶	PAC20-2019-3 Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including	<div><div>20%</div></div>	31-Dec-2022	31-Mar-2022	Dave Berry	Transformation and service redesign arrangements pulled together for first time and reflected in IJB report around 5 year financial strategy. Next stage is to review all terms of reference



	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	the ISPG					
▶	PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	<div><div></div>20%</div>	31-Dec-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Work to commence on this as the HSCP moves back into business as usual mode following the Covid19 pandemic
▶	PAC31-2021-2 The Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks	<div><div></div>20%</div>	31-Dec-2022	30-Jun-2022	Dave Berry	Initial planning to develop the triangulation between finance, performance and risk commenced
▶	PAC31-2021-4 Develop a process to trigger further analytical reports	<div><div></div>20%</div>	31-Dec-2022	30-Jun-2022	Dave Berry	Initial planning undertaken to consider this development
▶	PAC31-2021-6 The IJB should direct its partners to undertake a review of the resources required for performance management	<div><div></div>20%</div>	31-Dec-2022	30-Jun-2022	Dave Berry	Will form part of the development of a memorandum of understanding between the partner agencies and the IJB around Corporate Support
▶	PAC30-2021-4 Review and further develop the IJB's risk management policy	<div><div></div>0%</div>	31-Oct-2022	31-Oct-2022	Clare Lewis-Robertson	As noted in the management response to the audit report – This will continue to be reported through the Governance Action Plan Update Report.
▶	PAC31-2021-3 The IJB should monitor whether the Strategic Commissioning Plan is delivering the required outcomes	<div><div></div>0%</div>	31-Mar-2024	31-Mar-2024	Dave Berry	The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.
▶	PAC31-2021-5 Consider performance information relevant to non integration	<div><div></div>0%</div>	31-Mar-2024	31-Mar-2024	Dave Berry	The Integration Scheme is currently being revised and consideration will be given to

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
functions in the review of the Integration Scheme					establishing the relevant performance information relating to non-integrated functions as part of that process.

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

ITEM No ...13.....



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

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

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC19-2022

## 1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

## 2.0 RECOMMENDATIONS

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

- Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 MAIN TEXT

### 4.1 Situation

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

### 4.2 Background

4.2.1 The role of the Dundee Health & Social Care Partnership Governance group is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.

4.2.2 The Getting It Right For Everyone Framework has been agreed by all three Health & Social Care Partnerships and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three Health & Social Care Partnerships, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A Getting It Right For Everyone Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

4.2.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, Healthcare Improvement Scotland and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient/Service User/Carer and Staff Safety
Patient/Service User/Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

### 4.3 Assessment

A detailed report with reference to clinical, care and professional governance activity and assurance is presented at Appendix 1 – Governance report for the period up to May 2022 which will also be reported to NHS Tayside Care Governance Committee in August 2022. This will also include the annual report for the period of 01 April 2021 to 31 March 2022 which is attached as Appendix 2 for the committees interest. This was recently approved by the IJB in June 2022..

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

<b>Risk 1 Description</b>	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Mitigating Actions</b> (including timescales and resources )	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Planned Risk Level</b>	Likelihood (1) x Impact (3) = Risk Scoring (3)
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

- 8.1 Appendix 1: Dundee Health and Social Care partnership Clinical, Care Governance Report May 2022  
Appendix 2: Annual Report of the Dundee Health And Social Care Partnership Clinical, Care & Professional Governance Group 2021-2022

Dr. David Shaw  
Clinical Director

DATE: 7 July 2022

Diane McCulloch  
Chief Social Work Officer / Head of Health and Community Care

Report Author: Matthew Kendall, AHP Lead.

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**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP  
CLINICAL GOVERNANCE REPORT  
MAY 2022**

## **1 Purpose**

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:





- Safe
- Effective
- Person Centred

## **2 Report Summary**

### **2.1 Situation**

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

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.	
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.	
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.	

## 2.2 Background

The role of the Dundee HSCP Governance Group is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care 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.

The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice



This report is assuring NHS Tayside Board and Dundee Integration Joint Board that clinical governance and risk management processes are in place, that reliable, safe and effective, and person-centred care is delivered in all health and care settings, and learning is identified and shared thereby reducing harm to people.

## 2.3 Assessment

### a. Clinical and Care Risk Management

a.1 The table below shows the top 5 service risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources -DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Demand and capacity mismatch in adult weight management service.	2	16	16

Four of the top five risks continue to sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates through the

pandemic. Recent band 5 recruitment saw the withdrawal of all candidates following publication of the Drug Commission Report.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

#### Lack of available resource to deliver the benzodiazepine dependent pathway

- a.2 Many people dying from drug deaths who are open to DDARS, have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions
- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- Identifying the model and resources required for residential rehabilitation
- Agreeing the multiagency resources required to implement the benzodiazepine pathway
- Identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community

#### Fatality Reviews

- a.3 Fatalities continue being reviewed within the drug death review group and within service level reviews. Staff leave and service demands are main areas of delay for reporting, verification & reviews. There is a downward trend in fatalities within the DDARS service, and there have been no service contributory factors identified through review, leading to fatalities.

#### Demand and capacity mismatch in Adult Weight Management Service

- a.4 As a result of increasing demand for the Adult Weight Management Service patient waiting times are increasing, response times for priority referrals are increasing leading to delayed access to dietetic services for assessment and advice. There is also an impact on the wellbeing of staff in the service who are under increasing pressure, with the team noting an increase in sickness absence.

The service has been significantly impacted through the COVID pandemic in terms of increased referrals and also with pausing of the service as staff were redirected to acute service areas as part of the pandemic response. The team have also not been able to undertake group work due to physical distancing measures post-COVID.

Waiting times by waitband, at May 2022.

Specialty	0-04 wks	04-08 wks	08-12 wks	12-26 wks	26-52 wks	52 + wks	Total
AWMS	111	98	119	309	664	289	1590

A range of mitigations have been developed including:

- Remote consultations are being used extensively across the service.
- RAG Tool implemented to ensure appropriate clinical prioritisation of patients.
- Development of new programme for adult weight management
- Greater use of skill mix across the team, including Healthcare Support Workers to support service delivery.
- Commissioning of external services to provide remote services.
- Vetting process to ensure appropriate signposting at earliest opportunity.

### Staff Resource

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

## **b. Clinical & Care Governance Arrangements**

The arrangements for CCPG in the Dundee HSCP are outlined in Appendix 1: The Annual Report for Clinical, Care and Professional Governance in the Dundee HSCP. This report also details the schedule of business for the Dundee HSCP from April 2021 to March 2022.

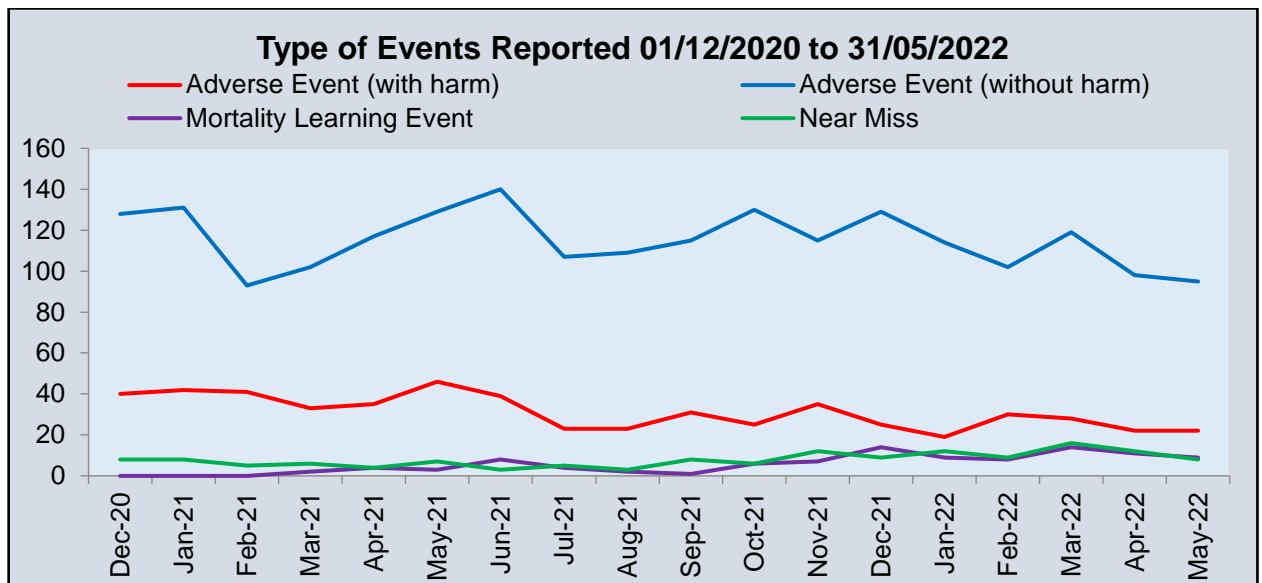
During this reporting period (April 2022 to May 2022) exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- In Patient and Day Care
- Mental Health and Learning Disability Services
- Psychological Therapies
- Health Inequalities

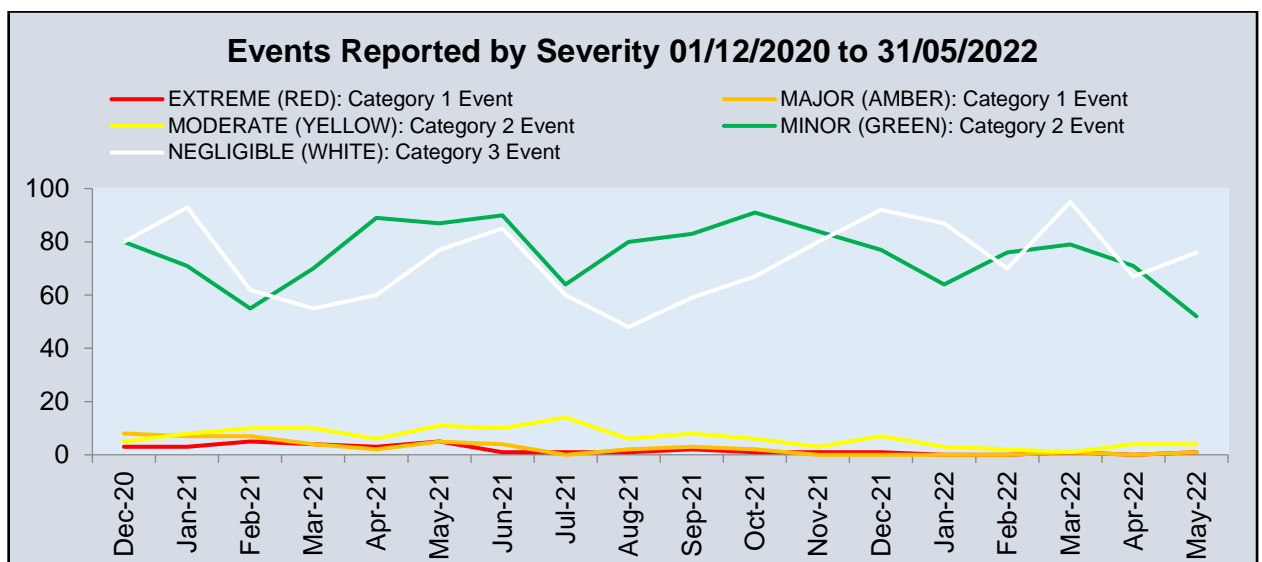
## **c. Adverse Event Management**

- c.1 The following graph shows the type of adverse events reported through Datix by month over the past 18 months.

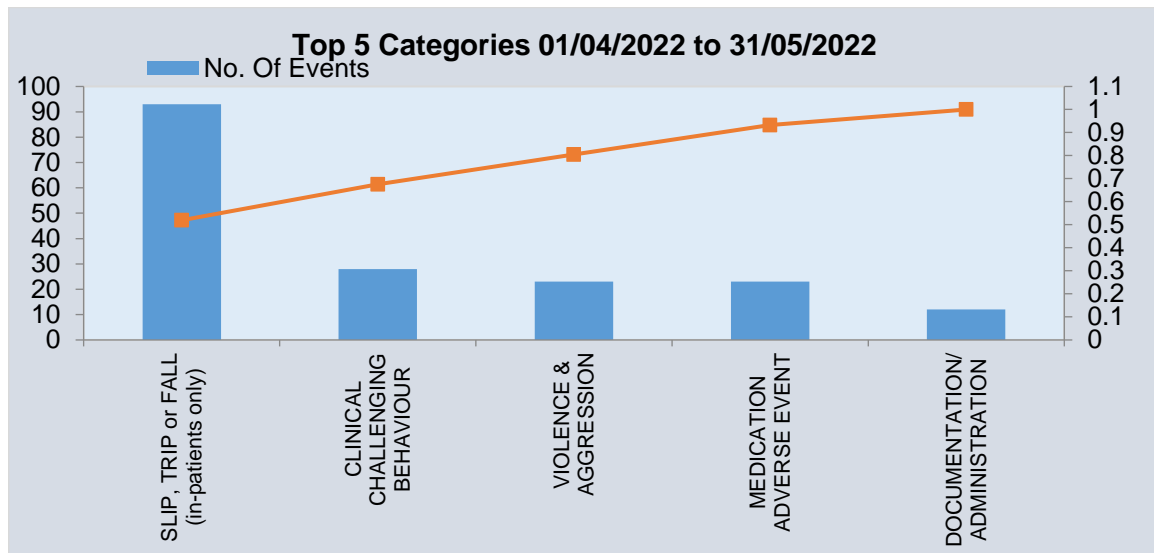
The ratio of events with harm to events with no harm is 1 to 3.7. This shows a decrease from the previous report (1:4).



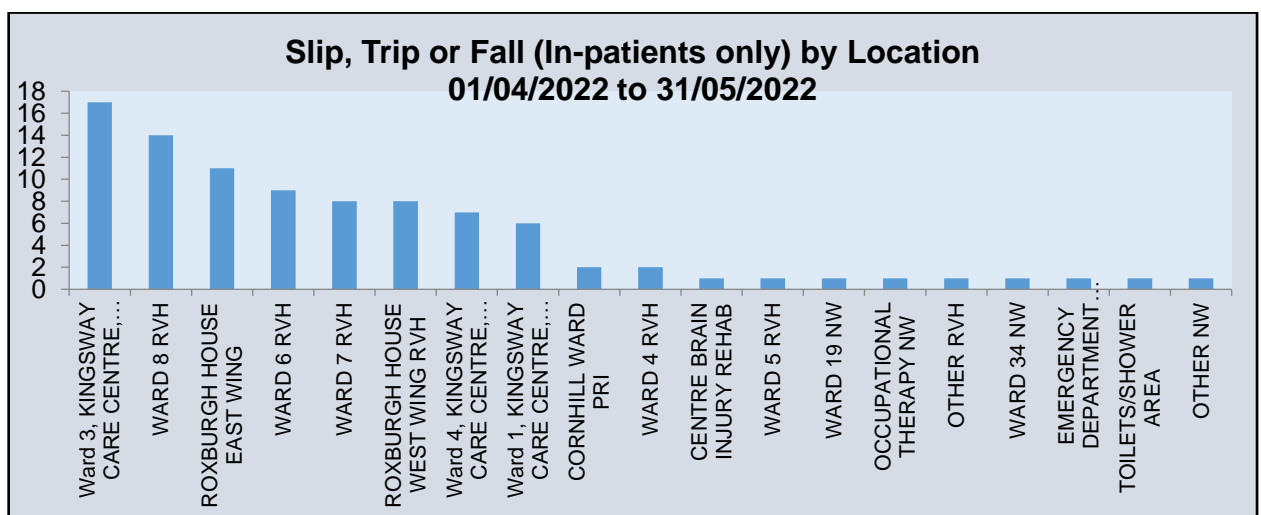
- c.2 The following graph shows the impact of the reported adverse events by month over the past 18 months, with low numbers of extreme, major and moderate events reported.



- c.3 The following graph shows the Top 5 categories reported between 01/04/2022 and 31/05/2022. These categories account for 179 of the 277 events (65%) reported within the time period.

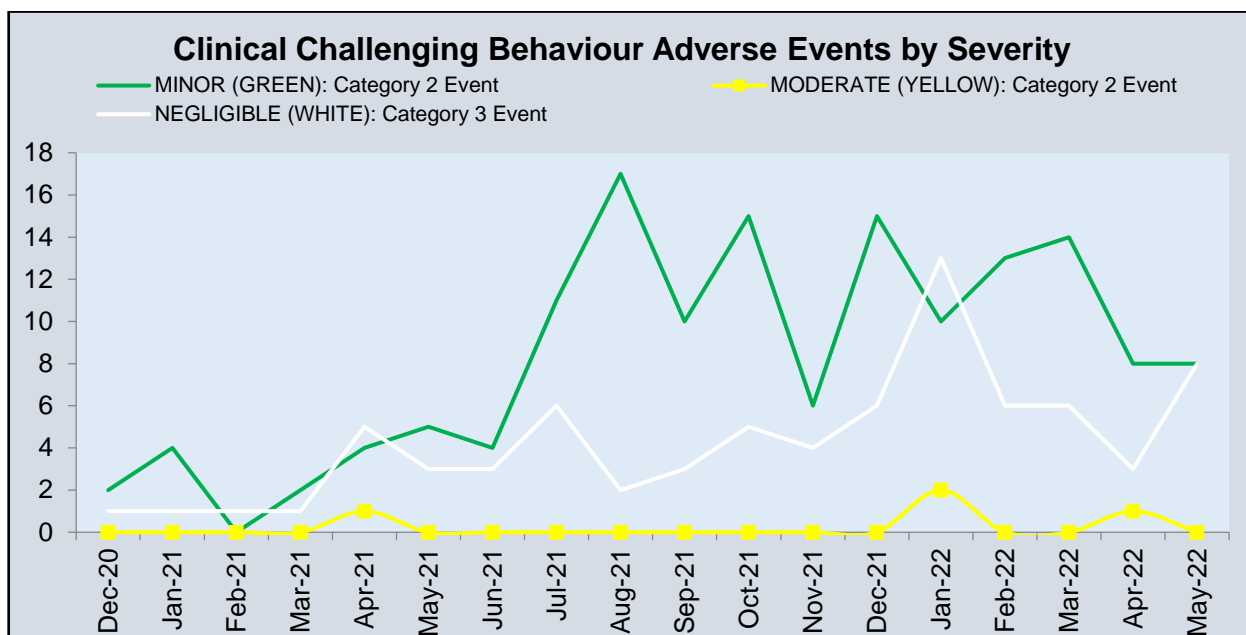


The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 3, Kingsway Care Centre (17), Ward 8 RVH (14) and Roxburgh House East Wing (11).



There are no significant concerns relating to the falls data that require escalation. Inpatient falls groups across inpatient areas continue to meet and review falls screening work and post falls management.

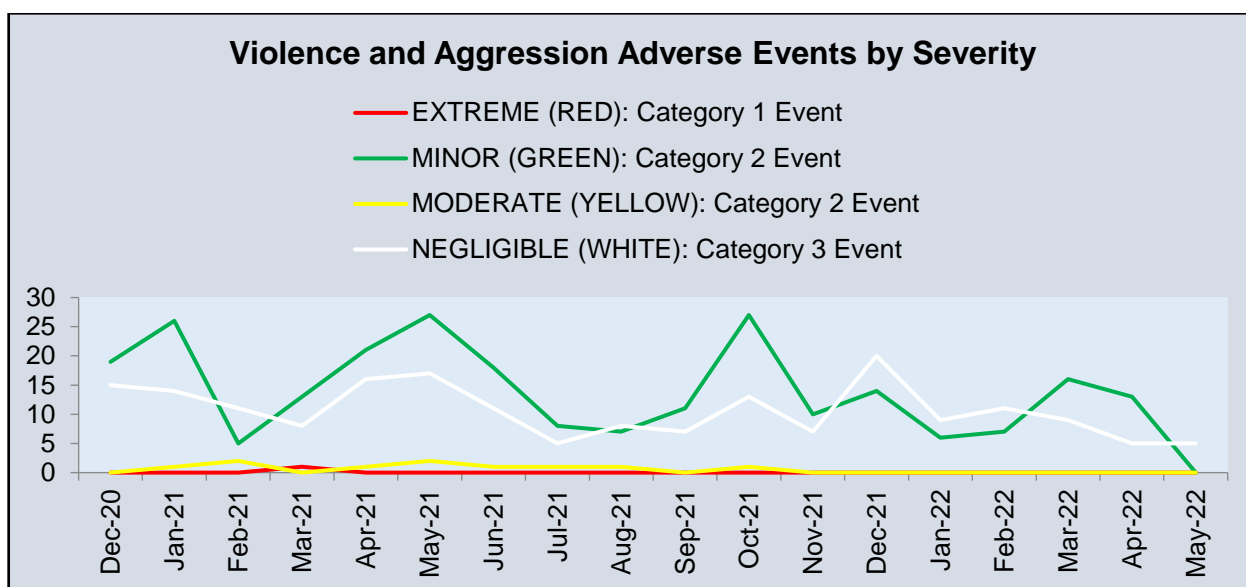
c.4 The following chart shows the number of clinically challenging events by severity.



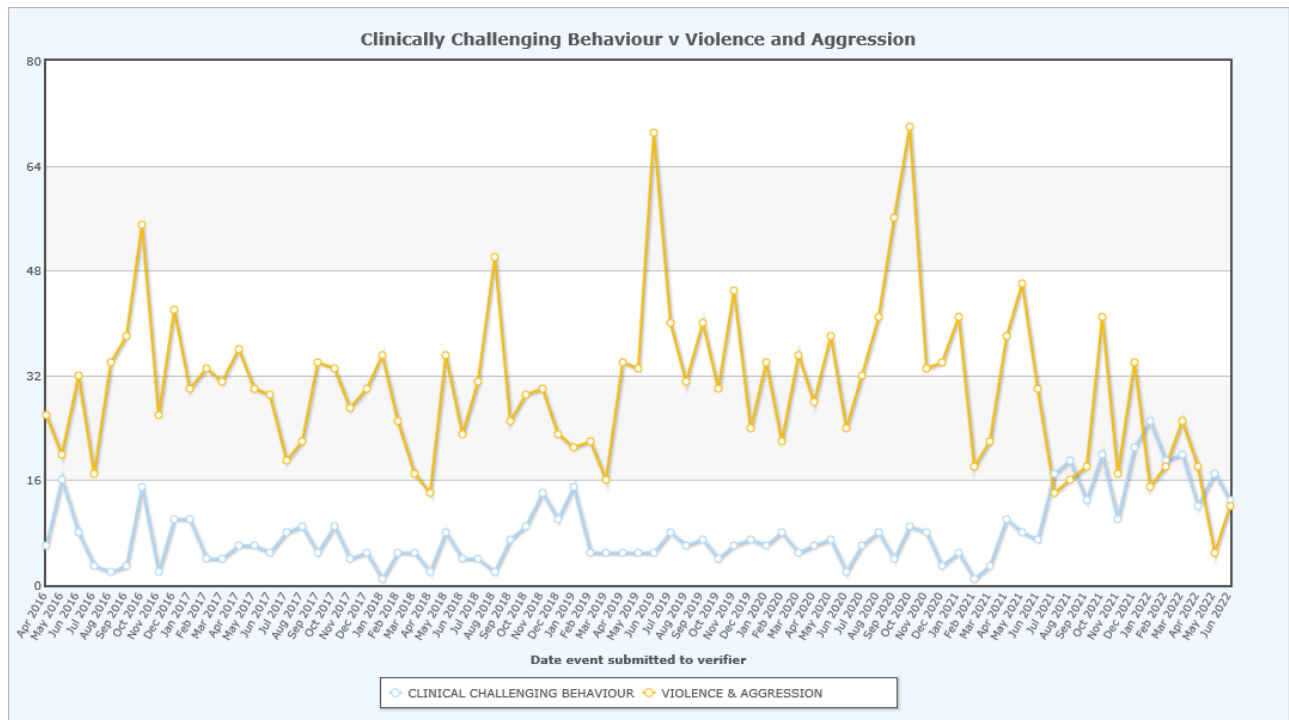
This chart shows an increasing trend for these events from June 2021. This coincides with education for staff regarding accurate reporting for violence and aggression and clinical challenging behaviour incidents. We are seeing an improvement in appropriate event category selection, although work is ongoing to improve this further.

These events are well managed across the HSCP. These events are expected to continue to be reported due to the patient groups being cared for.

c.5 This chart shows the number of violence and aggression events by severity



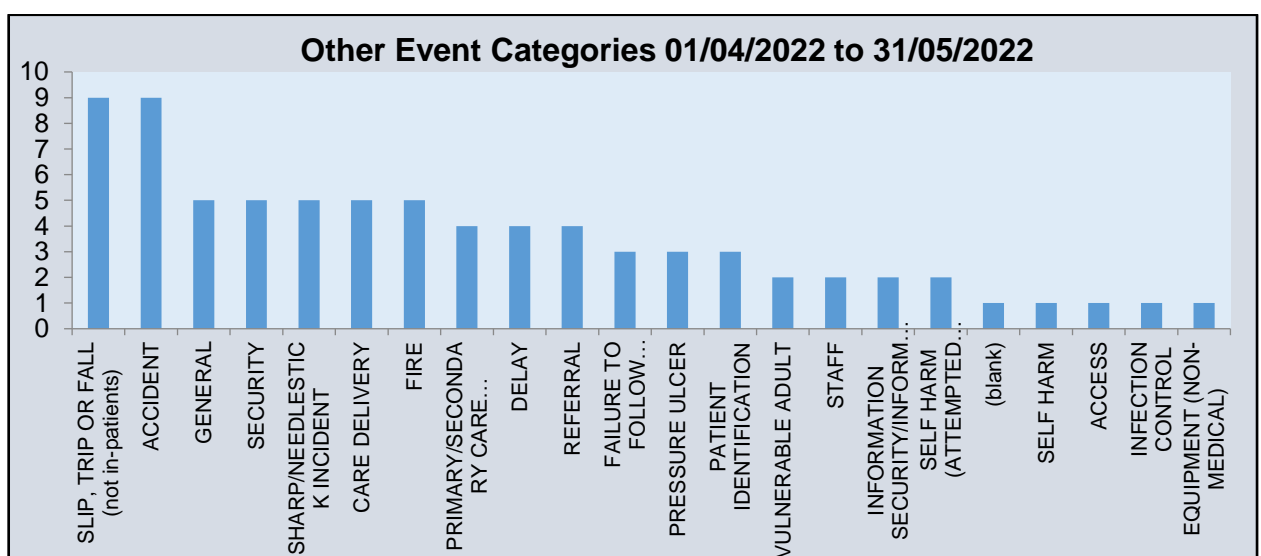
c.6 As indicated in the paragraph above there has been more accurate reporting for these events. The chart below shows the respective changes for these two event types since 2016, with a clear change in reporting numbers following education sessions in June 2021.



### Medication adverse events

- c.7 These continue to be reviewed by teams locally. Numbers remain small (Community Nursing 7, Specialist Palliative Care 6, Older People's Services 5) in this reporting period. A deep dive of events within teams and across the HSCP will be reported through the Primary Governance Groups with a view to identifying key themes for improvement. Key improvements to date have included: revised SOPs, enhanced education, consideration of electronic booking and electronic patient records and procurement of more appropriate equipment.

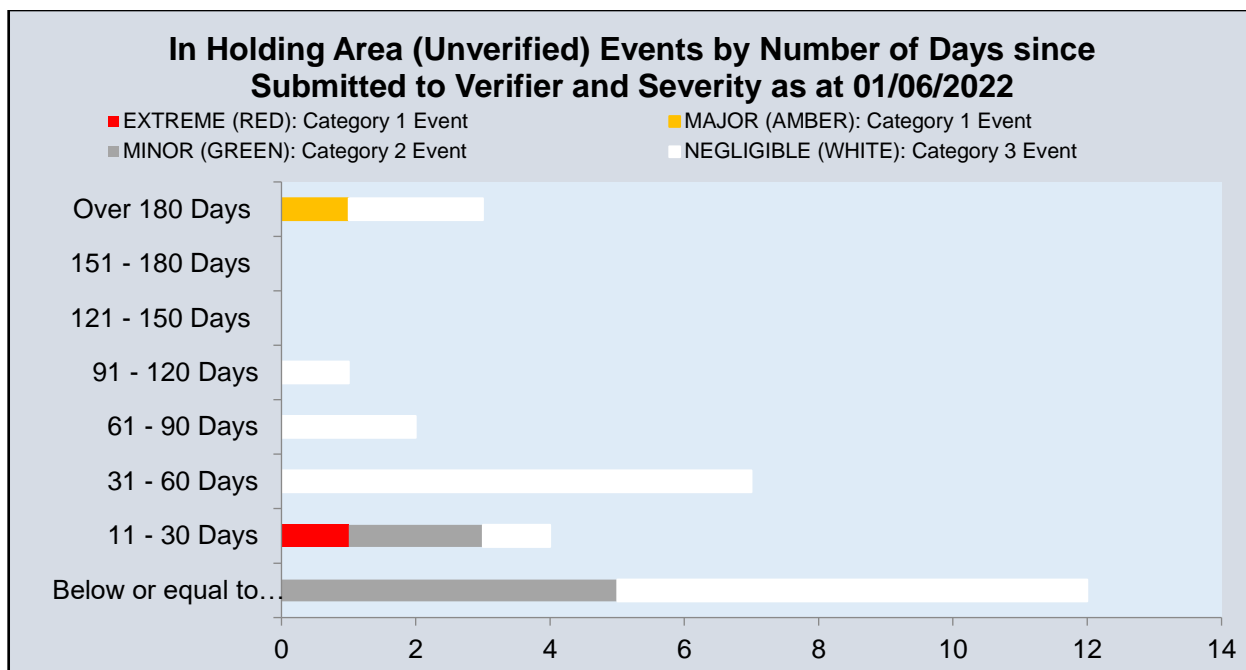
There were 77 events reported between 01/04/2022 to 31/05/2022 outwith the top 5 categories. These are summarised in the table below.



### Adverse events management – systems and processes

#### Overdue Unverified Events

- c.8 At the time of data extraction, there were 29 unverified events. Out of the 29, 27 unverified events had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. There were 12 unverified events in the Below or equal to 10 days section. Of the 29 unverified events, 27 of these were graded Negligible or Minor. On the previous report there were 10 events in the 180 days category.



### Overdue Verified Events

- c.9 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating the number of historical outstanding reviews continues to reduce.

A total number of 186 events are overdue based on verified events awaiting completion.

Event Severity	2018	2019	2020	2021	2022
EXTREME (RED): Category 1 Event	0(1)	7(7)	9(11)	14(24)	1(0)
MAJOR (AMBER): Category 1 Event	0	0	4(4)	9(14)	1(0)
MODERATE (YELLOW): Category 2 Event	0	0	2(2)	4(11)	22(4)
MINOR (GREEN): Category 2 Event	0	0	2(3)	9(9)	8(13)
NEGLIGIBLE (WHITE): Category 3 Event	0	0	0	25(15)	67(18)
(blank)	0	0	0	0	2
<b>Total</b>	<b>0 (1)</b>	<b>7 (7)</b>	<b>17 (20)</b>	<b>61 (73)</b>	<b>101 (35)</b>

The majority of overdue extreme and major events sit within the Mental Health service and DDARS. As has been noted in previous reports, significant improvement has been noted in reducing the numbers of overdue adverse events. Improvement



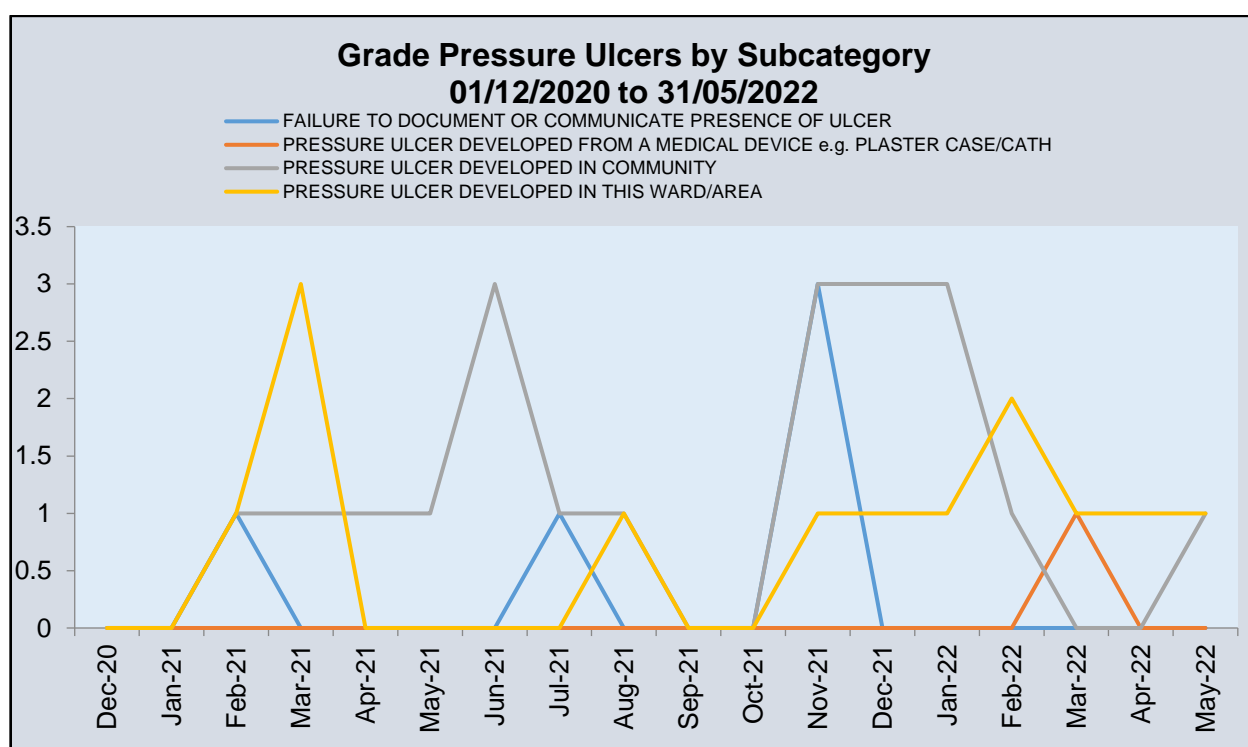
in this area has slowed. With more stable staffing being embedded across DDARS and MH services a renewed focus and priority will be given to this work.

#### d. Significant Adverse Event Reviews

None to report in this reporting period.

#### e. Pressure Ulcers

The following graph shows the number of pressure ulcers by the subcategory reported under. There were 3 in this reporting period.

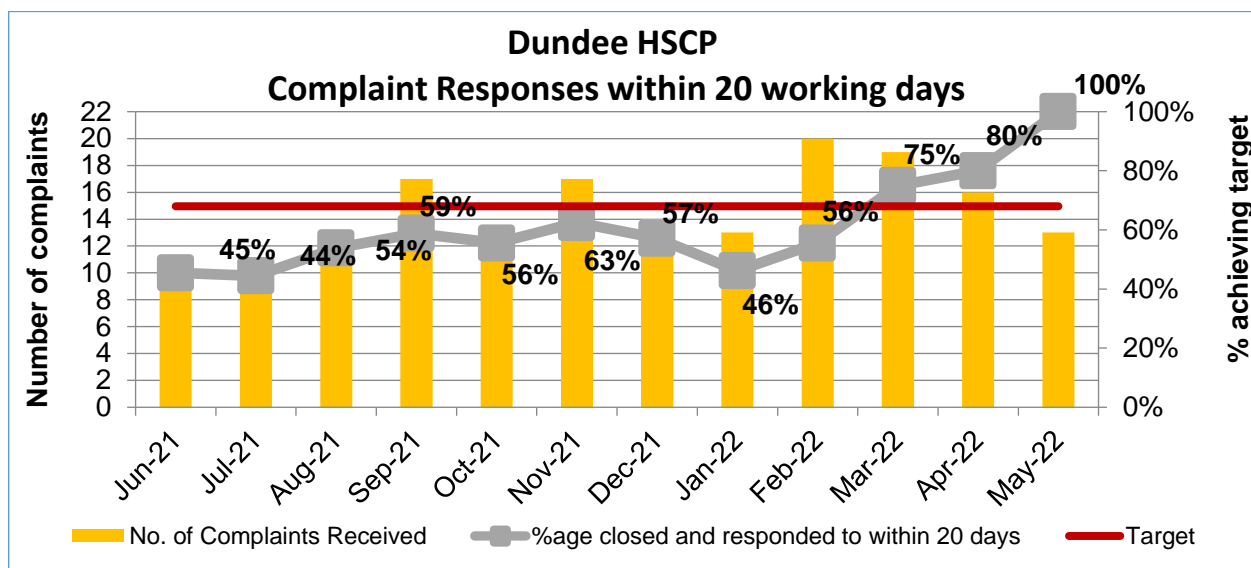


The community teams now have direct access to the tissue viability service. This service supports community teams and also care home teams. The tissue viability team are attending the Dundee HSCP Professional Nurse Forum to outline the service model, detail how to access the service and provide support and guidance to teams as required.

While no significant concerns have been identified regarding the management of pressure ulcers in the HSCP it will be most welcome to have the expertise of the tissue viability service to support and develop practice and enhance levels of assurance the HSCP can offer.

#### f. Complaints

- f.1* The complaint responses performance has improved significantly during this reporting period, with 80% and 100% respectively of closed complaints meeting the 20 day standard for April and May. This can be seen in the graph and the table below.



**f.2 No of closed complaints by month**

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
No. of Complaints Received	11	9	13	17	11	17	14	13	20	19	16	13
No. of Complaints closed	11	9	13	17	9	16	14	13	18	16	10	6
No. of complaints responded to within 20 working days	5	4	7	10	5	10	8	6	10	12	8	6
%age closed and responded to within 20 days	45.5	44.4	53.8	58.8	55.6	62.5	57.1	46.2	55.6	75.0	80.0	100.0
Target (%)	68	68	68	68	68	68	68	68	68	68	68	68

**f.3 Current Complaints as at 23/06/2022 – Stage 1**

No. of Open Cases - 3			
Clinical Care Group/Department	Days_Band	0-5 Days	Total
Mental Health (Dundee)		2	2
Older People Services (Dundee)		1	1
<b>Total</b>		<b>3</b>	<b>3</b>

All current open stage 1 complaints are within the 5 day timeframe.

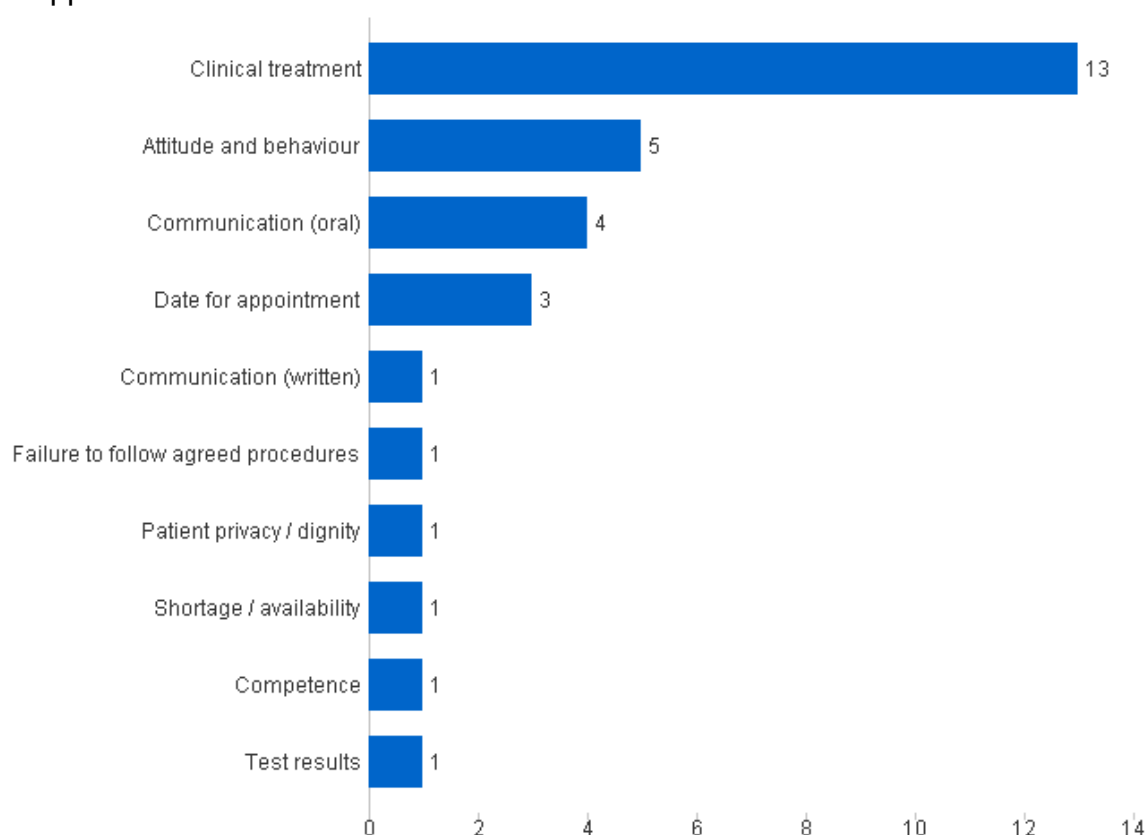
## f.4 Current Complaints as at 23/06/2022 – Stage 2

No. of Open Cases - 14										
Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>80 Days	-	Total
Mental Health (Dundee)		-	-	-	2	1	1	-	1	5
Older People Services (Dundee)		-	1	-	-	1	-	-	-	2
Allied Health Professionals (Dundee HSCP)		-	1	1	1	-	-	-	-	3
CBIR		-	-	-	-	-	-	1	-	1
General Practice - Dundee HSCP		-	-	-	-	-	2	-	-	2
Community Nursing (Dundee HSCP)		1	-	-	-	-	1	-	-	2
<b>Total</b>		<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>15</b>

Meeting the 20 day standard for the more complex complaints remains challenging and the team continue to liaise with the complaints and feedback team for support and guidance on how to best manage these in line with the standards.

## f.5 Themes for complaints in April and May 2022

The range of themes for complaints in April and May is shown in the table below. Key themes are clinical treatment, attitude & behaviour, communication and date for appointment.

Compliments

## f.6 A variety of positive comments were also received in departments across the HSCP. Examples include:

"I was unsure of treatments and care available at Roxburghe House, but after speaking to the staff, my worries and fears were soon eased and now I am relaxed when I visit. Everyone, from the ladies on reception, to the staff on the ward, make me feel welcome and I am always made aware, and informed, of any treatment my husband is having."

#### Student feedback submitted 18/04/2022

"I loved that every nurse enjoyed having me as a student, there wasn't any negative energy around having a student and everyone was willing to teach me something."

"I loved my placement, everyone was so welcoming and every staff member I worked with taught me something, I felt like part of the team and they really prepared me for my qualifying."

"Overall very satisfied with practice learning experience."

"I witnessed person-centred, valued based care during my placement."

#### Patient and carer feedback

7 feedback forms received (4 completed by patient and 3 completed by carer/relative) all patients had been on ward more than 1 week.

6 out of 7 said were always approachable, 1 said most of time.

6 out of 7 said environment was clean, 1 said most of time.

100% said patient and carers treated with dignity and respect.

5 out of 7 said always felt included in decision making, 1 said sometimes and 1 no comment.

5 out of 7 rated overall care and support excellent, 2 said good.

### **g. Scottish Public Services Ombudsman reports**

There were no SPSO cases reported during this reporting period.

The SPSO e-newsletter is discussed at the CCPG Forum where specific cases are discussed for teams to disseminate learning in their own service areas.

### **h. External Reports & Inspections**

There have been no external reports or investigations in this reporting period.

### **i. Adult Support & Protection**

No exceptions to report.

### **j. Mental Health**

#### Community Mental Health Service Activity

- j.1* Dundee has two Community Mental Health Teams, East & West. Patients referred to CMHTs are not seen solely according to chronological wait with patients with more severe illness presentations or those presenting with risk to self or others prioritised. This impacts on the 'shape' of the waiting list. It is also important to note that processes for 'cleansing' TrakCare on receipt of monthly waiting times data are not yet fully embedded meaning that there are patients still showing on TrakCare as waiting to be seen that are not. For example, there are four outliers for CMHT East suggesting a longest wait going back to 2017 when the referrals have been dealt with but not correctly outcomed on the system to stop the waiting times clock.

Data pulled from TrakCare from June 2022 reflects the follows waiting times.

Numbers waiting in weeks (bands)	CMHT East	CMHT West	Total
0-6	45	101	146
6-12	37	57	94
12-26	73	107	180
26-52	41	161	202
52-78	11	188	199
104+	4	73	77

Factors affecting the difference in number waiting include:

1. The service is entirely staffed by Locum Consultants and relative stability has been achieved in this staff group. Each time there is a 'gap' in cover, it impacts waiting times with no capacity in the system to recover from this.
2. CMHT East has 2.8 wte Locum Consultants with CMHT West having only 2.0 wte Locum Consultants.
3. Historically, differences in custom and practice had emerged between CMHTs in the disciplines most likely to be allocated new patient assessments, specifically, an over-reliance on medical assessments in CMHT West.

- j.2* There also needs to be cognisance on return patient activity. The average return attendances per month for CMHT East is 1121 and CMHT West is 935. This yields new:return patient ratios of 1:35 and 1:37 respectively.

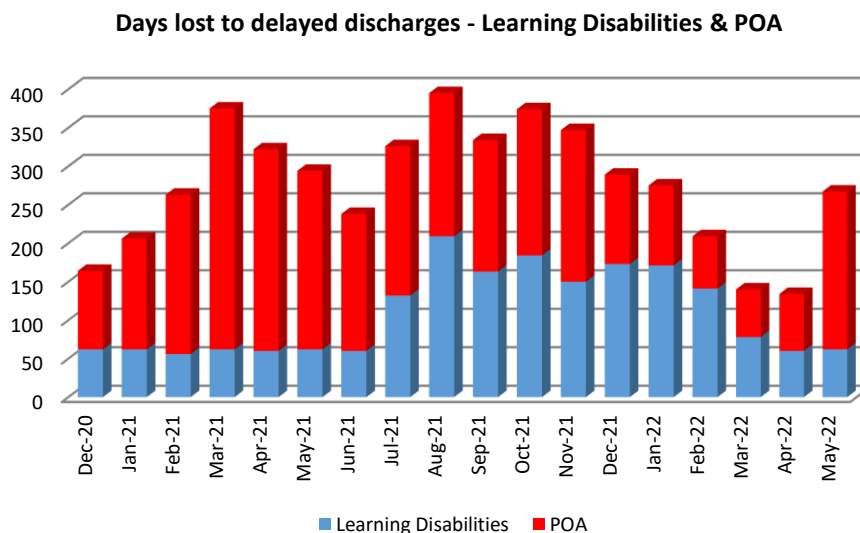
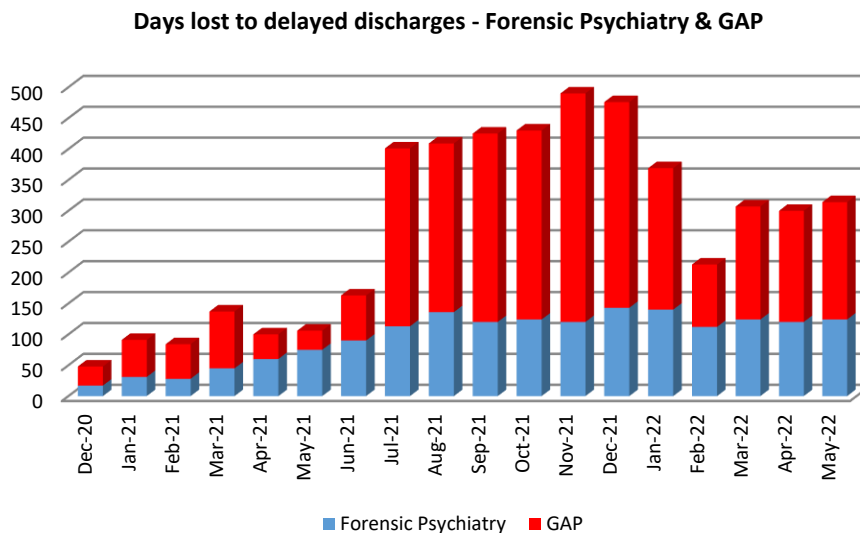
Overall, this reflects a higher level of patient activity than CMHTs in other Tayside localities, even when population size is taken into account. However, the other localities have much lower new:return patients ratios.

To impact on the above, changes have been made to the skill mix within CMHTs. The introduction of Advanced Nurse Practitioners and a specialist Pharmacist (with further ANPs in training at present) has increased capacity, particularly for pharmacological treatments and dealing with prescribing issues, and four additional nursing roles have recently been filled. There has also been significant activity targeted towards 'safe waiting'. This includes a complete review of all patients waiting for CMHT West to redistribute patients away from medical staff where appropriate

and, for those patients awaiting input from a CMH Nurse, there is at least monthly contact to allow for more dynamic triage and signposting towards community-based resources and online interventions, again where appropriate.

### Inpatient Activity (including delayed discharges)

- j.3 There continues to be a number of people for whom providing a timely and safe discharge from hospital is a challenge. There are a number of reasons for this, some of which are associated with the impact of the COVID-19 pandemic. The two graphs below show the days lost to delayed discharges for forensic psychiatry and GAP and also for learning disabilities and POA.



- j.4 Planning continues to be undertaken with each person with a learning disability (and/or their representative) who is delayed in hospital. For some people, a Guardianship Order requires to be in place to enable decision-making about future care arrangements, and this is in place where applicable. Some people have had tenancies secured for some time, however delays in social care recruitment has significantly delayed transition arrangements. In order to ensure safe discharges for

each person, where transitional arrangements are already being progressed it is important that these continue. The complexity of some people's needs has meant that suitable placements have been challenging to secure, particularly where there may have been previous placement breakdowns. It is anticipated that the number of people currently delayed will decrease moderately during July and August.

For people with forensic needs who have been delayed in hospital, some are subject to Multi-Agency Public Protection Arrangements (MAPPA). In order to facilitate a safe discharge, Police colleagues are required to assess prospective areas within communities, usually where houses have been identified, before plans can be agreed.

There are a number of people with mental health challenges who were allocated tenancies with support some time ago. The continued recruitment challenges in social care have significantly impacted transition arrangements. Recently there has been progress in this area and, from the information available at this time, it is anticipated that the number of people currently delayed will reduce moderately over July and August.

The PoA figures equate to 8 current patients, all currently in-patients in Kingsway Care Centre. The vast majority of delays relate to people awaiting Guardianship arrangements but there are also delays relating to social care packages and care home assessment.

## **k. Drug related deaths**

*k.1* The below table shows the Subcategory by Incident Category (Fatality).

Subcategory	DEATH
EXPECTED DEATH	6
UNEXPECTED/TRAUMA RELATED DEATH	7
SUICIDE (CONFIRMED)	<5
SUICIDE (SUSPECTED)	<5
SUSPECTED DRUG-RELATED DEATH	<5
<b>Total</b>	<b>20</b>

The Dundee Drug and Alcohol Recovery Services report that fatalities reflect a downward trend, with 14 fatalities in April and May 2021, reducing to 7 fatalities in April and May 2022. The numbers per month remain low so further detailed evaluation is required to examine this data as robustly as possible.

### Dundee Drugs Commission Report – Update

*k.2* The Dundee Drugs Commission published their follow up report in March 2022. The report states that the 16 recommendations from the original report are still valid and adds a further 12 recommendations for the Dundee Partnership to consider. Overall, the Commission concludes that, even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. Their report states that people who access services and their families reported seeing transient changes rather than sustained improvement to the range and quality of services and supports available. Despite this overall conclusion, the Commission

report does welcome a range of significant developments and recognises that detailed plans have been developed to respond to many of the gaps that they identify within their recommendations.

In response to the report, an action plan will be developed and presented to the Dundee Partnership, Dundee City Council Policy and Resources Committee, the DHSCP Integration Joint Board and to NHS Tayside (forum was not yet agreed at time of writing) in June 2022, for consideration and agreement. A revised 5 year strategic and commissioning plan will consider the full spectrum of strategic development.

### GP Specialist Roles within DDARS

- k.3 DDARS currently have a range of medical resource; with three Consultant psychiatrists employed by the service. The service also has funding for a doctor with special interest post, which support the overall delivery of the service. This funding is within core services funding. One post, employed by the service, is occupied by a current GP. This role is separate to his GP work, although in line with the move to GP Shared Care, they are working with patients in the DDARS service who are aligned to his practice.

Another GP post is funded through CORRA funding for Shared Care. The GP supporting this work is also a working GP within a Dundee practice. This is a post dedicated to the development of shared care. The GP also sees patients aligned to his practice who are registered with DDARS.

There is funding available for another part-time GP as part of this work.

### Medication Assisted Treatment (MAT) Standards

- k.4 Work has commenced in the service regarding the development of outcome measures to support monitoring of compliance of the MAT Standards.

## **2.3.1 Quality/ Patient Care**

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Tayside.



### 2.3.2 Workforce

Delays in Agenda for Change approvals for new and changed job descriptions are having an increasingly problematic impact on service developments including the ability to spend Government or externally funded programmes of work and redesign.

Recruitment continues to pose challenges across all areas of service.

### 2.3.3 Financial

Not Applicable

### 2.3.4 Risk Assessment/Management

Risks are included in the report above.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. Promotion of Equity and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

### 2.3.6 Other impacts

There are no other direct impacts for this report.

### 2.3.7 Communication, involvement, engagement and consultation

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

### 2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group, 18 May 2022.

## 2.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

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### 3 List of Appendices

The following appendix is included with this report:

- Appendix 1 – Annual Report for Clinical, Care and Professional Governance, Dundee HSCP – April 2021 to March 2022.

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**REPORT TO:** DUNDEE INTEGRATION JOINT BOARD

**REPORT ON:** ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2021-2022

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** DIJB37-2022

## **1.0 PURPOSE OF REPORT**

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

## **2.0 RECOMMENDATIONS**

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2021–March 2022 to seek assurance regarding matters of Clinical, Care and Professional Governance.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Objectives and Responsibilities**

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (DHSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across DHSCP.

## **4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group**

4.2.1 The Business considered by the DHSCP CCPG Group during 2021-2022 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group planned to meet on six occasions during the period 1 April 2021 to 31 March 2022 on the following dates:

- 13 May 2021
- 22 July 2021
- 23 September 2021 – Cancelled
- 18 November 2021
- 20 January 2022 – Exceptions Only Meeting
- 24 March 2022

Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 22 April 2021
- 17 June 2021
- 19 August 2021
- 21 October 2021
- 16 December 2021
- 24 February 2022

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

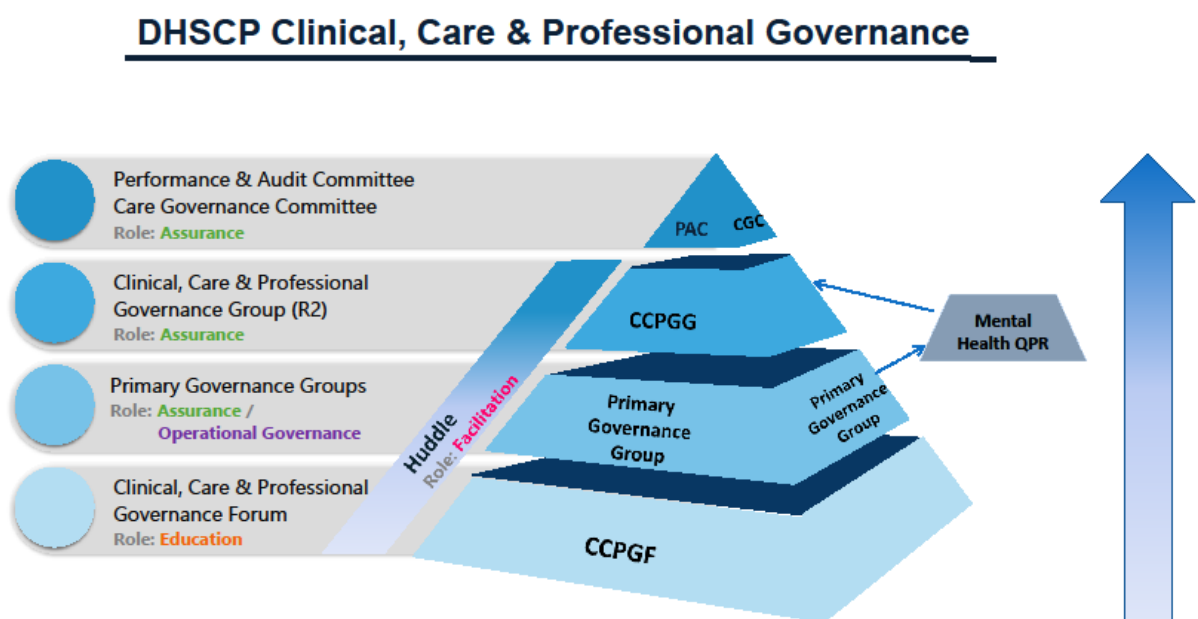
- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board

These assurance reports were produced in:

- June 2021
- August 2021
- October 2021
- December 2021
- February 2022
- April 2022

### Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.



### Dundee HSCP CCPG Group

Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across Dundee HSCP have been redesigned during this reporting period, and continue to be reviewed, and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in the Getting it Right for Everyone (GIRFE) Governance Framework. They will also reference exceptional pieces of

work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme developed through the CCPG Group.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse Events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO and contemporary issues, for example Dundee Drugs Commission review and Trust and Respect Report.

#### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health and Learning Disabilities
- Older People's Mental Health / Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
  - Emergent issues of concern identified
  - Adverse Events



- Recurring themes, Major and Extreme Incidents
- Incidents that trigger Statutory Duty Of Candour
- All Red Adverse Events
- Adverse Event Reviews, Significant Case Reviews
- Complaints
- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new Chairs of these PGGs to support development of these groups.

#### Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

#### Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects this reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.

#### Summary Assurance Statement





The year April 2021 to March 2022 has been one of the most challenging across the Health and Social Care system, due to the COVID-19 pandemic. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively. There have, of course, been challenges and the infrastructure that has been built, and continues to

evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of 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, where Controls are applied continuously or with only minor lapses”.

The current “reasonable” levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2022-2023.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

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.
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.
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.

4.2.4 During the financial year ending 31 March 2022 membership of the Group comprised:

Clinical Director (Chair)  
Head of Health and Community Care Services (Vice Chair)  
Head of Health and Community Care Services  
Associate Nurse Director  
Associate Medical Director  
Associate Locality Managers  
Mental Health and Learning Disability Manager  
Clinical Lead, Psychology Services  
Lead Allied Health Professional (DHSCP)  
Lead Nurse (DHSCP)  
Clinical Governance Lead (DHSCP)  
Senior Officer – Business Planning and Information Governance (DHSCP)

### 4.3 Schedule of Business Considered During the Period April 2021 to 31 March 2022

4.3.1 13 May 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community and Specialist Service Report
- Noted Health Inequalities Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

Focussed discussion on making more active links between service and strategic risks as outlined in the internal audit report.

Adult and Older People's Service working with Stirling University to undertake a thematic review relating to adverse events reports regarding fires in people's homes.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus on staffing, wellbeing, infection rates, vaccination rates and remobilisation plans.

Review of governance structures across the Dundee HSCP with a view to strengthen reports to care governance committee and performance and audit committee. Pyramid model shared with teams. Support provided to chairs of primary governance groups to facilitate implementation of groups across HSCP.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation, including care homes. Focus on comprehensive reporting across all HSCP services.

Report provided on the Primary and Secondary Care Interface group which seeks to address challenges across the boundaries of primary and secondary care.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented

- Increasing number of complaints

- Absence of key staff leading to increased delays responding to complaints.
- SPSO report presented for awareness.

Verbal report provided on the work of the Drugs Commission detailing subgroup infrastructure and reporting arrangements.

Care Home Gradings Report presented.

#### 4.3.2 22 July 2021

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community and Specialist Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted although improvement now being seen.

##### Clinical, Care and Professional Governance Forum Report Presented

- Development of score cards for governance being progressed.
- Education provided on use of the Qlikview system for waiting times and clinical activity.

##### Primary Governance Groups

- All groups remain active despite challenges of COVID-19.
- Draft terms of reference developed to support groups.

Clinical Lead for Governance appointed following resignation of previous lead.

Update verbal report provided on the work of the Getting it Right for Everyone Group with a focus on structure and governance arrangement across the HSCPs and the development of a more risk management-based approach to assurance reporting.

Infection and Prevention Control Report provided.

Mental Health Risk Register – It was noted that work has commenced to strengthen the Tayside approach to mental health risks with a subgroup leading on work for this purpose.

Remote consultations for group working was discussed in relation to information governance challenges. A range of teams currently working with information governance team to determine the way forwards.

Digital Strategy consultation shared with group for comment.

Annual Assurance Framework and action plan noted.

Report of Professional Nursing Registration provided demonstrating excellent compliance across the profession.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted.

Complaints report and SPSO reports noted.

Inspection Report on Registered Services was presented.

Drugs Commission report update provided to group – self-evaluation work complete. Local service pressures have been escalated to relevant committees.

Update provided on the Strang Report (Mental Health). Focus on leadership and performance and culture.

Noted a new group has been established, Clinical Policy Governance Group, with representatives from Dundee HSCP in attendance.

#### 4.3.3 23 September 2021

Meeting Cancelled due to COVID-19.

The CCPG Forum, Primary Governance Groups and the Governance Huddle continued to meet, where able, during this period. Information was collated to ensure a comprehensive report was provided to the appropriate Committee's detailing the levels of assurance provided in the Dundee HSCP.

#### 4.3.4 18 November 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report

GIRFE Update

- Working Group reviewing framework – those present agreed to provide feedback to take into the group. Noted a workshop is planned for wider consultation.

Mandatory Training

- Noted some teams were finding maintenance of mandatory training a challenge. Group agreed for this to be monitored through the Forum, with exceptions reported back to the group as required.

Complaints Report

- Noted increase in number of complaints across the HSCP.
- Noted the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Dundee HSCP Analysis Report Presented for adverse events and risks.

Infection Prevention and Control Report noted.

Significant Adverse Event Review Process Presentation delivered to members.

Dundee HSCP iMatters Report noted.

Significant Adverse Event Review Learning Summary Presented to Group.

Community Learning and Development Plan 2021-2024 Presented. Key Priorities: Building Stronger Communities; Addressing health inequalities; Improving outcomes for young people; Improving outcomes for adults.

Allied Health Professions Documentation Rationalisation Report noted.

- Paperwork presented for Arts Therapy Documentation
- Paperwork presented for Podiatry Documentation

#### 4.3.5 20 January 2022

Full Meeting cancelled due to COVID-19.

Professional Leads (Chief Social Work Officer, Lead Nurse, Associate Medical Director, Allied Health Professions Lead) and Heads of Service met to discuss key emerging issues, key risks and actions required to support pandemic response, remobilisation and areas to highlight via Care Governance Committee and Performance and Audit Committee reports.

#### 4.3.6 24 March 2022

Clinical, Care and Professional Governance Exception Reporting

- Palliative Care Report noted
- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Report noted.

Discussion regarding remobilisation and challenges and opportunities presented.

Staff Wellbeing – Continued focus on supporting the management of staff wellbeing recognised.

New Policy – Adverse Event Management – noted.

Risk Presented: Mental Health Records – Displacement of Case Files.

Dundee Health and Social Care Partnership Workforce Plan noted.

Strategic Risk Profile Report presented.

- Report noted and discussed
- Noted significant impact of COVID-19 on a number of risks.
- Noted improved links between strategic and service risks recorded.

Care Home Inspection Reports

- Group noted new framework implemented over past year
- Group noted very positive outcomes for Dundee Care Homes

Infection Control Report

- NHS Tayside Report and action plan for next 12 months noted

#### **4.4 Assurance Statement**

- 4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2021-2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.
- 4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

#### **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

#### **6.0 CONSULTATIONS**

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

#### **7.0 DIRECTIONS**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

#### **8.0 BACKGROUND PAPERS**

None.

Vicky Irons  
Chief Officer

DATE: 19.05.2022

Diane McCulloch  
Head of Health & Community Care

Krista Reynolds  
Lead Nurse

David Shaw  
Clinical Director

Matthew Kendall  
AHP Lead



PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

## COMMITTEE MEMBERS - (\* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

<u>Organisation</u>	<u>Member</u>					
		2/2	23/3^	20/7	28/9	23/11
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓				
Dundee City Council (Elected Member)	Helen Wright *	✓				
Dundee City Council (Elected Member)	Lynne Short *	✓				
NHS Tayside (Non Executive Member)	Donald McPherson *	✓				
Chief Officer	Vicky Irons	✓				
Chief Finance Officer	Dave Berry	✓				
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	✓				
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A				
Carers' Representative	Martyn Sloan	✓				
Chief Internal Auditor ***	Tony Gaskin	✓				

✓ 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. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

\*\*\* 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.

(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).

^ This meeting was not required to be held.